

RCVS Position Paper on Evidence Based Veterinary Medicine (EBVM)

1. The RCVS is the regulatory body for veterinary surgeons in the UK. The role of the RCVS is to safeguard the health and welfare of animals committed to veterinary care through the regulation of the education, and ethical and clinical standards of veterinary surgeons and nurses, thereby protecting the interests of those dependent on animals, and assuring public health. It also acts as an impartial source of informed opinion on relevant veterinary matters.
2. The RCVS expects veterinary surgeons and veterinary nurses to make clinical decisions according to their professional judgement, based on the best available evidence at the time and what is right for the individual animal/keeper.
3. In the year of 2010 alone, around 18,000 veterinary papers were published across a myriad of different scientific journals^a. The RCVS understands that it can be extremely challenging for a veterinary surgeon or nurse to support their treatment decisions by thorough research of the most recent literature.
4. Nonetheless, in order to be considered fit-to-practice, veterinary practitioners hold the responsibility to ground their decisions on sound, objective and up-to-date evidence, when available. The safeguard of the welfare of animals committed to veterinary care and of the wider public interest, which constitutes the core remit of the RCVS, is indeed dependent on it.
5. There is currently an acknowledged large time gap between “the discovery of new knowledge and its acceptance and adoption to routine practice”^[1-2]. Any efforts to shorten this gap will undoubtedly result in better clinical care.
6. When rigorous research underpins medical decisions, adverse events can be minimised (i.e. unintended injuries caused by medical management rather than the disease process)^[3] and patient outcomes can be improved.
7. The case for evidence based veterinary medicine (EBVM) is therefore one for improving the success rates of clinical decisions, saving lives and providing better standards of care.
8. Systematic reviews and meta-analysis are now recognised as the best summary of the scientific evidence in relation to clinical interventions. In the medical sciences, a framework for such assessments has been developed and an evidence hierarchy has been established that classifies scientific studies on any given topic according to their relative statistical rigor. This has led to the setting up of repositories of good quality evidence such as the Cochrane Library, which provides one of the most scientifically thorough evidence resources to date.

^a SCImago. (2007). SJR — SCImago Journal & Country Rank. Retrieved May 17, 2012, from <http://www.scimagojr.com>

9. Comparatively, veterinary science still has relatively small numbers of published systematic reviews (255 published up to August 2012). It has been argued that the existing systematic review methods may not be directly applicable to certain areas of veterinary science (such as food and feed safety) but guidelines for the application of systematic review methodology in veterinary related issues will undoubtedly be more common in the future.^[4] Additionally, expectations exist that veterinary science will work towards encouraging their publication, and that veterinary scientific journals will increasingly recognise such systematic reviews as valid research (rather than expanded literature reviews).
10. Given its ties with time and cost efficiency, EBVM has sometimes been seen by the healthcare professionals as an undutiful appropriation of medical care by management personnel and policy makers. The RCVS sees EBVM (and CPD) as tools to assist veterinary healthcare teams with their clinical decisions and to help ensure their fitness to practice, rather than a way to siphon away their clinical authority or 'forcing' them to read scientific papers. By definition, the EBVM approach "incorporates the conscientious use of current best evidence from well-designed studies, a clinician's expertise, and the owner's values and preferences, with a view to provide care that goes beyond the status quo."^b
11. Clinical governance is now also a requirement for all veterinary surgeons, under the Code of Professional Conduct, which goes on to state that "clinical governance may include (...) critically analysing the evidence base for procedures used and making appropriate changes to practice.", which falls directly under the principles of evidence-based veterinary medicine. In addition, the Practice Standards Scheme, a voluntary RCVS inspection and accreditation scheme which includes half of the veterinary practises and facilities in the U.K., reflects this viewpoint by encouraging its members to ensure that clinical governance forms part of their professional activities (including, but not limited to, monitoring and reviewing of clinical outcomes).
12. Veterinary teams should be aware of the principles of evidence-based veterinary medicine (formulation of problem, tracking of best evidence, critical appraisal of the evidence, implementation of results in clinical practice and performance evaluation)^[5] and how it benefits them and their patients. Veterinary undergraduate curricula should reflect this need, as EBVM provides an ideal link between the clinical sciences and statistics/epidemiology and a fundamental paradigm shift in the way that information is sourced and handled.
13. For the reasons stated above, the RCVS is strongly supportive of the RCVS Charitable Trust's intention to foster collaboration in the profession with views to develop a range of evidence- based resources for veterinary surgeons and nurses.

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^b <http://www.professionalnursing.org/article/S8755-7223%2805%2900145-6/abstract>

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<http://www.ebvma.org/?q=content/evidence-hierarchy-introduction>.
- [3] C. Vincent, G. Neale, M. Woloshynowych, *BMJ* **2001**, 322, 517-519.
- [4] EFSA, *Application of systematic review methodology to food and feed safety assessments to support decision making*, **2010**, www.efsa.europa.eu
- [5] T. Greenhalgh, *How to read a paper: the basics of evidence based medicine*, 2 ed., BMJ Books, London, **2001**.