

VETS MARKET INVESTIGATION

Summary of roundtable discussion held via MS Teams on 19 September 2024

Introduction

1. The following is a summary of points raised in a discussion with a group of newly qualified veterinary surgeons and veterinary students.
2. In advance of the roundtable discussion, Martin Coleman, the Inquiry Group Chair, introduced himself. The Project Director introduced the members of the case team and invited the newly qualified and student vets to introduce themselves.
3. The roundtable discussion focused on the following issues:
 - Training and expectations
 - Communication with clients
 - Regulation
 - Second opinions and referrals
 - Career development

Training and expectations

4. One attendee said that they felt their training had given them a good expectation of what was to come and that practicing as a vet could be very stressful. They noted that, in some ways, some of the negative expectations unfortunately had been borne out by reality. Another attendee said that they were on their final year rotation working in a specialist veterinary hospital and that, partly because people could not afford the fees, it had been incredibly quiet and they had not had many cases. Another attendee agreed that working in practice had met their expectations but not in a happy way.
5. One attendee also said that they were not prepared by their university for using the IT systems when they started working in clinical practice—

something they found stressful when they started working. Another said that at university they felt they were taught to use the 'gold standard' of treatment and to do everything to get the diagnosis but that this was not always possible in reality due to the cost.

6. Another attendee said that they felt that which university vets attended dictated how well prepared they were for entering the profession. They said that the university they themselves attended was very focused on first opinion practice rather than specialisms and so they felt prepared for the first opinion setting.

Communication with clients

7. Attendees agreed that communicating with clients was a challenging part of being a vet. One attendee said that they found the amount of direct communication they got to do while training depended on the placement (eg whether the placement was with a charity or a referral hospital) and the impact of the significant difference in cost between those services.
8. Attendees described some of the ways that universities prepare veterinary students for interactions with clients. One attendee told us that they were given simulation scenarios followed by a debrief where they reflected on what they could have done differently. Another attendee said that sessions with actors (provided by their university) were really helpful for cost discussions but that nothing really prepared a vet for the emotion of actually having to discuss that with a client on your own. Attendees said they felt more comfortable offering the best available diagnostic and treatments to clients – partly because these were options they had been taught at university – and that the situation became more difficult when cost was a concern and they needed to discuss alternative options.
9. One attendee described contextualised care as the recent 'big buzz word' from the RCVS and told us that when clients see the cost of treatment, particularly for conditions like eczema which are relatable for humans, they are very taken aback. Another attendee said that presenting a range of options to clients presented challenges, as often clients wanted to get the best treatment but they could not always afford it and felt guilty about choosing the cheaper option. They said that it was for the vet to judge what level of treatment to offer. Attendees also said that the consequences of something going wrong if less complete treatment or testing was pursued would be in the back of their minds.

Regulation

10. Attendees discussed the fear of getting something wrong and being 'pulled up' in front of the RCVS. One attendee said that prescribing medicines was not something vets did lightly and that a lot of thought went into it, including whether they were following the regulations appropriately. They noted that finance was not something that they were allowed to take into account when resorting to non-authorised veterinary medicine options under the Cascade (which covers the rules governing when a human version of a medicine may be prescribed by a vet for a household pet), and this was where things could get really ambiguous because of the disconnect between the reality and the regulation. This attendee noted multiple concerns to navigate: staying on the right side of the law, the possibility of RCVS disciplinary proceedings, complaints (and claims on professional indemnity insurance), alongside the foremost ethical obligation 'to do no harm'.
11. One attendee said the Veterinary Defence Society (VDS) sent out a regular newsletter to veterinary students which includes 'cautionary tales' of vets who have been in front of disciplinary panels with the RCVS. Another attendee noted that complaints did happen even if the vet had done everything they could because people care about, and want the best for, their animals.

Second opinions and referrals

12. Attendees described what appeared to be a heavy reliance on other vets at this early stage of their careers. They generally agreed that, as newly qualified vets, they would frequently seek a second opinion from another, more experienced, vet or mentor in their practice. Attendees agreed this was not the same as seeking a referral, rather it was a more informal way of checking that they had not missed anything. Attendees also said that often this was possible without the client having to bring the animal back in as there was usually another vet on site to seek a view from. One attendee said that they were frequently working by themselves in their practice (one branch of a multi-branch practice) and that sometimes it was a struggle to manage without support on hand.
13. One attendee from a practice owned by a large corporate group said that they have a 'WhatsApp chat' of vets so that they could ask if they needed help. They said that sometimes it was just not possible to reach diagnosis without consulting a specialist and referred to a recent case where the issue was a very rare parasite.

14. Another attendee said that they retained links with the hospital attached to their university and senior staff at that hospital encouraged them to get in touch by phone or email if they needed help with cases.
15. Discussing referrals, one attendee said that they would err on the side of referring straight away because they did not have access to an immediate second opinion, and on balance it would take too much of that attendee's and the client's time/money to work out whether a referral was needed or not. Another attendee working in a larger practice said they tried hard not to refer as the nearest referral centre was 2 to 3 hours away.
16. One attendee said that they felt there was a bit of a taboo about referrals and that people align it with the NHS where it's quite structural where someone sees a GP and they refer that person to another department. Another attendee said that their experience so far was that referrals were made in their practice for complicated surgeries, neurological cases and eye treatments.

Career development

17. Attendees had a mixture of reasons for choosing their first role following graduation. Some attendees said that they particularly wanted to work in an independently owned veterinary practice whereas others noted that large corporate groups tended to make a more comprehensive offer. Others said that they focused on the continuing professional development offer from the practice or the location of the practice. One attendee said that they worked in mixed practice rather than just small animal and a lot of the large corporate groups did not offer a mixed practice in the same way. They said that having now worked at an independent practice and heard from friends who worked in large corporate groups about their experiences, they felt that they would struggle to move from an independent practice into the large corporate group sector.
18. One attendee said that, as part of their training, they had done placements in both large corporate group and independent practices, and they had a much more positive experience in the independent practices. Another attendee referred to the mental health crisis amongst the profession and said that they sought a practice that would truly support them.
19. One attendee said that, on the whole, large corporate groups tended to offer a more comprehensive, fully involved, one to two year structured experience for new graduates, as compared with many (though not all) independent practices.

20. Another told us that they were working in a large corporate group and the package offered (both financial and non-financial) was what attracted them. They also said that, while they appreciated that the large corporate groups needed to make money, sometimes they felt this was excessive (giving the example of the mark-up on a particular medicine). This attendee told us that there were no incentives for them to charge more but that they did sometimes feel constrained by the business's rules around having to charge clients particular fees.
21. Another attendee told us they worked in an independent practice and they felt it made a huge difference on day to day charging that the business was run by vets. An attendee working for a large corporate group supported this view, while noting the difficulties independent practices had in competing with the large corporate group model.
22. Attendees working in independent practices said that they had friends who had graduated at the same time who worked for large corporate groups who were 'pulled up' for not charging for every little thing.
23. Attendees discussed whether in future they could see themselves opening their own practices. Some attendees said that this was the only way they could see themselves staying in the profession long-term as they would be able to retain control over their careers. Another attendee mentioned a possible career in academia, and another said that they would want train for a specialisation after a couple of years in general practice.

Appendix: List of attendees

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