

How to achieve contextualised care

Insights from the veterinary sector and pet owners

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Preface

This report is the result of a sustained effort to bring together people from across the veterinary sector, together with pet owners, to explore how to support the delivery of veterinary care that is adapted to the circumstances of each animal, its owner and the wider context.

As an independent charity with a focus on and track record of supporting evidence-based veterinary practice and quality improvement, RCVS Knowledge is uniquely placed to provide a safe space for open conversations about a subject that touches on nuanced ethical, professional, animal welfare and societal issues.

The level of engagement and interest in this work to build a roadmap of support for contextualised care has been overwhelming. The energy and commitment from individuals across the veterinary community to identify what is working well, what needs to change and what solutions could be implemented, has been both impressive and heart-warming.

What is needed now is concerted action to follow through on the recommendations laid out in this report. It is only through collective, deliberate steps that we will be able to support all veterinary teams and pet owners to achieve care that is adaptive to the circumstances of each animal, its owner and the wider context. We hope that all organisations and individuals with a stake in the delivery of high-quality contextualised care will take action and follow up on the recommendations made in this report.

Embedding support at all levels for contextualised care will require an agreed plan of activity, a clear sense of what success looks like, and a way of measuring whether it has been achieved. We would be delighted to work with you all to help make this happen.

Amanda Boag, Chair of Trustees, RCVS Knowledge

Katie Mantell, Chief Executive Officer, RCVS Knowledge

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Many thanks to the Veterinary Humanities Group, who introduced the term ‘contextualised care’ to the veterinary sector in 2021 and have been tremendously supportive of RCVS Knowledge’s work to bring together the veterinary sector and pet owners to discuss the practical application of this approach to veterinary care.

Our thanks also go to Battersea, who supported this research through their grants programme. Their recognition of the importance of contextualised care in the provision of affordable, accessible veterinary care for dogs and cats has been instrumental in enabling us to advance this work.

Executive summary

The aim of this research was to investigate how contextualised care is understood, experienced and applied within small animal veterinary practice in the UK, and to use the insights from the research to make evidence-informed recommendations that lay out a roadmap of support for contextualised care, setting out who needs to do what to encourage and enable this approach.

The research explored the following questions: what contextualised care means to veterinary teams and pet owners; what contextualised care looks like for relevant stakeholders, and specifically what it looks like when done well; the barriers and facilitators; and what needs to change to support contextualised care.

To answer these questions and develop the recommendations, we drew on responses from more than 400 veterinary professionals and 700 pet owners, and input from a diverse range of stakeholders at the National Forum on Contextualised Care and National Summit on Contextualised Care.

What does contextualised care look like in practice?

Contextualised care in veterinary practice is broadly understood by veterinary team members as care that considers the ‘whole picture’ and wider context of the animal and its owner. Some considered it to be the way that veterinary care has always been practised.

Pet owners value care that is adapted to their individual circumstances and having information presented in accessible language about the range of available options, including cost and potential outcomes. When making decisions about veterinary care, the quality of life of their animal is a key consideration for pet owners.

Veterinary team members emphasised that when contextualised care is done well it involves the entire practice team, with registered veterinary nurses (RVNs) and receptionists playing key roles in building relationships and supporting client understanding. Pet owners and veterinary professionals alike think that taking a contextualised care approach can strengthen trust between pet owners and veterinary teams and enhance quality of care.

What are the barriers to contextualised care?

The barriers most commonly identified, by both veterinary professionals and pet owners, were lack of continuity of care and affordability/financial constraints.

The research identified significant differences in the barriers encountered by veterinary surgeons and RVNs, reflecting their different roles in practice. There were also differences in barriers to contextualised care reported by veterinary surgeons depending on years of experience and the type of practice they were working in. For pet owners, differences in the barriers encountered related to length of experience of pet ownership, and extent of insurance cover.

The emotional nature of veterinary care was also perceived as a barrier, with veterinary professionals identifying fear of regulatory scrutiny, complaints and clinical failure as barriers to implementing contextualised care. Pet owners reported that they feel emotional when pets are unwell and feel guilty about not being able to afford treatment.

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, this figure also shows that more support is needed to ensure that contextualised care is more widely available.

What is needed to support contextualised care?

The research findings and conversations at the Summit underlined the importance of leadership across the sector – including veterinary associations, employers, universities and regulators – in providing clarity that contextualised care is endorsed and supported.

There was strong support for veterinary education that better reflects the realities of general practice, including: earlier and more extensive exposure to first-opinion settings; greater emphasis on people and communication skills, especially concerning finances, quality of life and managing emotions; and the need to build confidence and competence in clinical decision-making.

The delivery of contextualised care would be facilitated by an increase in the amount and relevance of published data and research evidence to enable outcomes from different treatment pathways to be compared. Research should focus on providing evidence to compare the diagnostic and treatment options that are most relevant to the cases seen in

practice, and to measure outcomes that are most relevant to patients, clinicians and owners.

The research indicates that the delivery of good quality contextualised care relies on a supportive practice culture and the active involvement of all members of the veterinary team. To enable sufficient time for discussion of options and costs and to provide continuity of care, practices may need to look at ways to capture and share information within the practice about owners and pets to support the delivery of consistent contextualised care.

The findings show that the delivery of contextualised care is supported by collaborative relationships among the vet team and with pet owners. Most pet owners would like to see more reliable online information about different diagnosis and treatment options. They would also like more transparency about costs, including the cost of follow-up care. Written summaries and resources were also seen as particularly helpful in supporting decision-making and reducing stress.

Recommendations

To embed a contextualised approach consistently across all veterinary care, everyone involved in the veterinary care of pets must play their part. Veterinary team members can champion contextualised care and support colleagues who are facing barriers. Pet owners can seek out evidence-based information and support to ready themselves for the decisions involved around their pet's healthcare. All individuals and organisations in the veterinary community can reflect on what they are doing to enable contextualised care, what they are doing that might inadvertently be hindering it, and how they could both support and learn from others.

Based on the findings of the research, there are five broad areas where concerted action is needed to support contextualised care:

1. Professional leadership
2. Veterinary education
3. Practice support
4. Evidence and research
5. Pet owner empowerment

Professional leadership

A culture of contextualised care should be fostered across the veterinary sector, recognising it as the most appropriate way to deliver veterinary care.

What needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Debunk the notion of 'gold standard' in veterinary care.	Clearly and kindly call out the use of the term 'gold standard'. Explain why this is important.	All	Ongoing	The idea of a single best way to diagnose or treat a disease is replaced by an understanding of the need to adapt care to individual circumstances and context.
	Publish clear messaging about the importance of contextualised care.	Veterinary associations, veterinary publishers and communicators	Short term	
	Ensure publishing guidelines and writers' support tools explain how this term should and should not be used.	Veterinary associations, veterinary publishers and communicators	Short term	
Ensure veterinary professionals are clear that making warranted adjustments to diagnosis and treatment routes based on the individual patient and client circumstances will not result in disciplinary action.	Run a campaign to increase awareness that contextualised care is required by the Royal College of Veterinary Surgeons (RCVS) as set out in the guidance to the Codes of Professional Conduct.	RCVS, with support from veterinary associations and leaders	Short term	Veterinary professionals report that they are clear that practising contextualised care appropriately is not a reason for disciplinary action.
Promote and celebrate examples of good contextualised care.	Share examples of contextualised care in practice. This could include stories from the perspective of both vet teams and animal owners, and discussions about how specific cases of clinical care have been adapted to a particular context.	Veterinary associations, veterinary publishers and communicators	Medium term	Teams know what good contextualised care looks like.
	Create contextualised care awards to celebrate good contextualised care.	RCVS Knowledge	Medium term	

Veterinary education

The knowledge and skills needed to practise contextualised care should be more explicitly embedded in education and training for all team members, in both academic and workplace-based learning environments.

What needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Ensure that a spectrum of evidence-based options is explicitly included, together with teaching on how diagnostic and treatment pathways can be adapted to individual circumstances.	<p>Critically review curricula and continuing professional development (CPD) content to ensure teaching explicitly includes a spectrum of evidence-based options and how diagnostic and treatment pathways can be adapted to individual circumstances. Review the <u>impact of the 'hidden curriculum'</u>.</p> <p>Ensure there is explicit reference to contextualised care in day one competences.</p> <p>Ensure VetGDP has an explicit emphasis on a contextualised approach and communication skills.</p>	Veterinary educators, CPD providers RCVS	Medium term Medium term	Learners report that their education emphasised the spectrum of evidence-based diagnostic and treatment options and supported them to deliver contextualised care.
Embed people and communication skills as a key component into all training.	<p>Review curricula and CPD to ensure that learners are equipped on subjects such as quality of life, managing emotions, discussing risk and talking about money and value.</p> <p>Review day one competences to ensure there is more explicit emphasis on the people skills enabling contextualised practice.</p>	Veterinary educators, CPD providers RCVS	Medium term Medium term	<p>Learners report that their education included a focus on people and communication skills.</p> <p>Veterinary team members report that people and communication skills are valued and embedded in clinical CPD.</p>
Teach vet and vet nurse students to apply knowledge in a contextualised way and to make decisions under conditions of uncertainty.	Critically review curricula to ensure they are sufficiently covering how to apply evidence in a contextualised way and make decisions amid uncertainty.	Veterinary educators	Medium term	Newly qualified vets and RVNs report that their education included how to apply knowledge in a contextualised way and to make decisions under conditions of uncertainty.

Practice support

Active steps should be taken to ensure that veterinary practices have the systems, support and team culture in place to enable contextualised care.

What needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Foster a team-based approach to contextualised care, creating a culture of psychological safety for pet owners and team members to have open discussions.	<p>Take deliberate steps to develop a culture of learning rather than blame, involving all team members (including the pet owner).</p> <p>Provide support and mentorship on contextualised care to students, recent graduates and other team members.</p> <p>Facilitate team-based reflection, training, and shared learning to clarify roles and strengthen collaboration.</p> <p>Create safe systems for pet owner feedback and advocacy, such as through pre- and post-consultation information collection.</p>	Veterinary practices and teams	Ongoing	<p>Pet owners and veterinary team report enhanced safety culture and team working.</p> <p>Students and team members report that they are able to work together to achieve continuity of care and contextualised care.</p>
Implement systems that encourage continuity of care.	<p>Use technology to improve information flow between team members to ensure that key contextual details are captured.</p> <p>Develop guidance on how to record and use contextual information about the owner that is compliant with data protection regulations.</p> <p>Implement scheduling systems that enable booking with the same member of the veterinary team, where possible/appropriate.</p>	<p>Veterinary practices</p> <p>RCVS, veterinary practices</p> <p>Veterinary practices</p>	<p>Medium term</p> <p>Short term</p> <p>Medium term</p>	Teams and pet owners report that systems are facilitating continuity of care.
Critically review practice systems and processes to ensure that they do not restrict the delivery of contextualised care.	<p>Review measurement frameworks, policies and protocols that could directly or inadvertently impact contextualised care.</p> <p>Ensure that the difference between guidelines, protocols and checklists are clear to all team members.</p>	Veterinary practices and teams	Short term	Decrease in reports from veterinary teams that practice systems and processes restrict appropriate clinical decision-making.

Evidence and research

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.

What needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Promote widespread engagement in generating evidence on the outcomes for different treatment options.	Support veterinary teams and pet owners to actively contribute to practice-based research, and to national audits and registries that develop the evidence base for the outcomes of different treatment pathways.	RCVS Knowledge, veterinary associations, veterinary leaders, veterinary groups and practices	Ongoing	Increase in use of national audits and registries, and increased participation in practice-based research. Veterinary teams report that they are better equipped with information to support contextualised care. Pet owners feel that they have enough information on different options to make informed decisions.
Develop evidence-based tools to support shared decision-making between the veterinary team and pet owner.	Create tools that explicitly compare the impact of different diagnostic and treatment options, and that consider the different contextualised factors and impact on the animal's quality of life and burden on the client (for example, value matrices).	RCVS Knowledge and funders, with promotion by veterinary practices and leaders	Medium term	Widespread use of resources by vet teams and pet owners with evidence that this is supporting shared decision-making in practice.
Prioritise primary research that compares diagnostic and treatment options that are most relevant to the needs of individual animals, their owners, and their circumstances.	Develop structures that facilitate stakeholders (including animal owners, practitioners, researchers, funding bodies and insurers) to collaboratively identify areas of research that are most relevant to clinical practice within the veterinary sector.	Funders, researchers, veterinary publishers, RCVS Knowledge	Long term	Increase in practice-based research and in practice-research institution collaborations on issues relevant to supporting pet owner decisions about care.

Pet owner empowerment

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 needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Provide greater transparency on the costs and value of veterinary care for pet owners.	<p>Ensure that pricing of treatment and diagnosis options is transparent and, where possible, information is given about the likely outcome.</p> <p>Provide written information after the consultation when appropriate, to help owners reflect and make decisions post-consult.</p>	Veterinary teams and practices	Short term	Pet owners report that the costs of veterinary care are transparent, and that they understand the value of different options.
Empower pet owners to feel confident and guilt free in selecting the options that are right for them and their pet.	Run a campaign to empower pet owners to make confident, guilt-free decisions about their pet's care, covering topics such as animal welfare, quality of life, euthanasia and how to cover the costs of veterinary care.	Animal charities, breeders, RCVS, RCVS Knowledge	Medium term	Pet owners have increased confidence in making choices about their pet's care.
Develop evidence-based, online resources to support pet owners and veterinary teams to make decisions about diagnostic and treatment options.	Create online, freely accessible resources that clearly present different options for diagnosis or treatment of the most common presenting conditions, being explicit about the outcomes that are most relevant to pet owners.	RCVS Knowledge and funders, with promotion by veterinary practices and leaders	Medium term	Widespread use of resources by veterinary teams and pet owners, with evidence that this is supporting shared decision-making in practice.
Provide support and encouragement for conversations about quality of life and caregiver burden as part of the vet consultation.	<p>Secure resources and protected time for veterinary team members to undertake CPD in these areas.</p> <p>Practices might consider structured ways, such as quality-of-life assessment tools, to support conversations about treatment options.</p>	Veterinary teams, veterinary practices, veterinary groups, veterinary associations	Short term	<p>Pet owners report that they are well supported through quality of life and treatment discussions.</p> <p>Veterinary teams report an increase in CPD being undertaken in these areas.</p>

Contents

Preface	3
Acknowledgements.....	4
Executive summary	5
1. Introduction	15
2. What is contextualised care?	17
3. Why focus on contextualised care now?	21
4. Methodology	24
5. What does contextualised care look like in practice?	29
Part 1: The fundamentals of contextualised care.....	29
Part 2: Factors considered when making care decisions	40
Part 3: Benefits of a contextualised approach	42
Summary: what contextualised care looks like in practice.....	44
6. What are the barriers to contextualised care?	45
Part 1: Barriers to contextualised care for veterinary teams	45
Part 2: Barriers to contextualised care for pet owners	56
Summary: barriers to contextualised care	62
7. What are the facilitators of contextualised care?	63
Part 1: Veterinary policy and regulation.....	64
Part 2: Veterinary education	66
Part 3: Tools, resources and support for veterinary teams and pet owners.....	70
Part 4: Changes to improve pet owner satisfaction.....	74
Summary: facilitators of contextualised care	76
8. Discussion and conclusions	77
Part 1: How contextualised care is currently understood and practised	77
Part 2: Professional leadership	78
Part 3: Veterinary education	79
Part 4: Practice support	80
Part 5: Evidence and research	82
Part 6: Pet owner empowerment.....	83
Part 7: Caveats and limitations	84
9. Recommendations	86
Professional leadership	87
Veterinary education	88
Practice support.....	89
Evidence and research	90
Pet owner empowerment	91
10. Appendices and References	94

Figures

Figure 1: Contextual factors for contextualised care – with examples	18
Figure 2: In a non-emergency/an emergency situation, I would like the vet to.....	33
Figure 3: When would you would prefer the conversation about euthanasia to start?	36
Figure 4: How would you like your vet to let you know about the potential costs of treatment?	38
Figure 5: When making choices about diagnosis or treatment options that your vet recommends.....	40
Figure 6: How often do the following contextual factors influence your approach (vet)	42
Figure 7: To what extent do you agree or disagree with the following statements? (vet)	43
Figure 8: To what extent do you agree or disagree with the following statements? (pet owner).....	43
Figure 9: The biggest barriers to you providing contextualised care (select up to three). Shown by role.....	46
Figure 10: The biggest barriers to providing contextualised care. Shown by practice ownership.....	47
Figure 11: The biggest barriers to providing contextualised care. Shown by year of qualification	48
Figure 12: Barriers: to what extent do you agree or disagree? By qualification cohort.....	49
Figure 13: How easy do you find it to involve the owner in decisions about their animal's care?	50
Figure 14: How confident are you in adapting care?	50
Figure 15: Barriers: to what extent do you agree or disagree? Shown by practice ownership.....	51
Figure 16: Biggest barriers to receiving care that has been personalised.....	56
Figure 17: Biggest barriers to receiving care that has been personalised. Shown by age.....	57
Figure 18: Biggest barriers to receiving care that has been personalised. Shown by level of experience.....	58
Figure 19: Do you think any changes are needed in veterinary policy or regulation?.....	64
Figure 20: Do you think any changes are needed in veterinary education?.....	66
Figure 21: What would you find more useful to support you in delivering contextualised care	70
Figure 22: Would you like more reliable online information (pet owner).....	71
Figure 23: How easy is it for you to access support from other veterinary professionals?	73
Figure 24: On average how satisfied are you (pet owner)....	74

1. Introduction

Practising contextualised care, in other words, adapting veterinary care to the needs of each specific animal, its owner and the wider context, is nothing new. Some would say it's just a relatively new term for what veterinary teams have done for decades.

However, the way that veterinary care and wider society have changed recently has arguably made contextualised care more difficult to achieve. Scientific and technological advancements in veterinary medicine, changing owner expectations and societal attitudes towards animals, and the rising costs of veterinary care (among other factors) have made decisions about care more complex.

Throw into the mix a Competition and Markets Authority investigation into veterinary services for household pets – scrutinising, among other things, transparency over the costs and outcomes of different treatment options – and the concept of contextualised care has become the centre of much debate in the veterinary sector. However, while the concept has attracted much interest, the evidence base for what good contextualised care looks like in practice, and how this approach to care can best be supported, is scant.

As a charity that supports veterinary teams to provide evidence-based, quality care and improved animal health and welfare outcomes, RCVS Knowledge set out to bring people together from across the veterinary sector to address that gap.

Working with Kaleidoscope Health and Care – a research and evaluation organisation with experience in human healthcare – we have gathered and analysed the perspectives of pet owners and veterinary team members to identify what good contextualised care looks like, what the barriers and facilitators to its delivery are, and what needs to happen to support contextualised care now and in the future.

Our aim has been to use these insights to lay out a roadmap of support for contextualised care, setting out who needs to do what, to encourage and enable this approach to care.

The research focuses on owners of dogs and cats, and veterinary teams that treat these species, as together these make up the vast majority of consultations in UK small animal veterinary practice.¹

¹ [BMC veterinary research: Demographics of dogs, cats, and rabbits attending veterinary practices in Great Britain as recorded in their electronic health records](#).

However, it is reasonable to assume that the principles of contextualised care, and adapting the care provided to the individual circumstances and context in which care is delivered, will be relevant to veterinary teams working in other contexts including farm, equine and exotic practice as well as with wildlife.

We hope that the findings and recommendations laid out in this report will support all those working in the veterinary sector, together with pet owners, to achieve veterinary care that is most appropriate to each animal, its owner and the broader context. Doing so promises benefits for the health and welfare of animals, and for the wellbeing of pet owners and veterinary teams that care for them.

About this report

The report starts by exploring the term ‘contextualised care’ – its origins, its definition and an overview of related terms that describe similar approaches to care. We then go on to discuss why a focus on contextualised care is important now, briefly describing some major shifts in the veterinary landscape and wider society over recent years that have provided a changed backdrop to the delivery of contextualised care.

Chapter 4 describes the methodology underpinning the research, covering the mixed-methods approach that was taken to gather the perspectives of people from across the veterinary sector, and dog/cat owners.

The results of the study are then presented in three chapters. The first (chapter 5) provides the results on what contextualised care looks like in practice, covering contextualised care done well, factors considered by veterinary team members and pet owners when making care decisions, and the benefits of a contextualised approach. The findings regarding the barriers to contextualised care are then presented (chapter 6) followed by findings relating to the facilitators for the delivery of contextualised care (chapter 7).

In chapter 8, we present our discussion and conclusions on what needs to be done to support contextualised care. We discuss this under five key areas: professional leadership; veterinary education; practice support; evidence and research; and pet owner empowerment.

We end with recommendations (chapter 9) of who needs to do what, and over what timeframe, to support the delivery of contextualised care. By doing so, we hope to set out a clear path that will lead to concerted, collective action to achieve veterinary care that is adapted to the individual needs of each animal, its owner and the wider context.

2. What is contextualised care?

RCVS Knowledge defines contextualised care as: “*A way of delivering 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 and their caregivers, and the context in which the care is delivered. This requires a partnership between caregivers/owners and the veterinary team, all working together for the best quality of life for the animal patient*”.²

Contextual factors

Taking a contextualised approach involves taking a broad range of factors into account when making decisions about care. The animal is always the main focus when making clinical decisions, as vets and vet nurses take an oath to make animal health and welfare their first consideration when attending to animals.³ However, the veterinary team also need to think about other factors that affect how care is given, as shown in Figure 1 (below).

² [RCVS Knowledge: Contextualised Care](#).

³ [RCVS: Code of Professional Conduct for Veterinary Surgeons, 1.1](#).

Figure 1: Contextual factors for contextualised care – with examples



Origins and use of the term

The term ‘contextualised care’ was first published in the veterinary literature in 2021, as part of an acknowledgement that “*different treatment pathways are able to offer equally acceptable patient journeys in different contexts. The most appropriate pathway for each patient and owner should be navigated through an iterative process of shared decision making; we cannot separate clinical decisions from their social contexts*”.⁴

The term was suggested as a counter to the term ‘gold standard care’, which presumes that there is a single ‘best’ or ‘textbook’ way to approach the diagnosis and treatment of a disease. While there is no objectively recognised ‘gold standard’ in veterinary care, the term is often associated with care that uses intensive and technologically advanced methods in the belief that they are most likely to lead to the best outcomes.⁴

‘Gold standard care’ has been described by the Association of American Veterinary Medical Colleges (AAVMC) as a “fallacy” because “many conditions do not clearly have one treatment option.”⁵

In 2024, the Royal College of Veterinary Surgeons (RCVS), the regulator of veterinary surgeons and registered veterinary nurses (RVNs) in the United Kingdom, updated their guidance to the Code of Professional Conduct to recognise that contextualised care is an essential part of appropriate and adequate veterinary and veterinary nursing care.⁶

Related terms

While the term ‘contextualised care’ was coined relatively recently, the idea of adapting care based on the individual circumstances of animals and their owners, as well as the context in which the care is provided, is not new and has previously been described as the “art of veterinary practice”.⁷

Other related terms, each with its own nuance, that describe ways to approach the interplay of different factors in decisions about veterinary care include:

Spectrum of care, a concept gaining traction in the United States, which refers to the wide range of care options that veterinary professionals can provide.⁵

⁴ [Vet Record; ‘Gold standard care’ is an unhelpful term.](#)

⁵ [AAVMC; Spectrum of care initiative: Glossary of key terms.](#)

⁶ [RCVS; Code of professional conduct for veterinary surgeons: Veterinary care.](#)

⁷ [Veterinary Clinics of North America: Small Animal Practice; Integrating Science and Well-being.](#)

Evidence-based veterinary practice, defined as applying the best and most relevant scientific evidence, integrated with clinical expertise, whilst taking into account each patient and owner's individual circumstances, when making clinical decisions.⁸

Pragmatic care, a term often associated with the charity and shelter medicine sectors, that has been described as "*a big picture approach that avoids the over-focusing on a single defined cause, but takes into account overarching, complex, social and animal welfare/quality of life issues*".^{9,10,11}

Relationship-centred care, a concept that focuses on communication and relationships: between the client and the animal, between the client and members of the veterinary team, and between veterinary team members.¹²

Value-based care, an approach in human medicine that measures how much benefit comes from diagnosis and treatment, such as better outcomes and experience for the animal and owner, compared to the total resources used. These resources can be economic, personal, societal and environmental.¹³

All these approaches are useful in understanding and improving aspects of veterinary care, particularly those involving interactions between the animal patient, their owner, the veterinary team and the wider context in which the care is delivered.

⁸ [RCVS Knowledge: Evidence-based veterinary medicine](#).

⁹ [BSAVA; Pragmatic decision-making in the charity situation](#).

¹⁰ [BSAVA; Focus on... Contextualised care \(Part 1\)](#).

¹¹ [BSAVA; Focus on... Contextualised care \(Part 2\)](#).

¹² [Ontario Veterinary College; Relationship-Centred Veterinary Medicine](#).

¹³ [Centre for Evidence-Based Medicine, University of Oxford; Defining value-based healthcare in the NHS](#).

3. Why focus on contextualised care now?

While adapting care to individual circumstances is not new – and a contextualised approach to veterinary care has been adopted implicitly for decades – there are a number of reasons why it is timely to focus now on how contextualised care can best be achieved in the world in which veterinary care is delivered today. This chapter outlines changes in the veterinary sector and society at large over recent years that together set the scene for why a focus on contextualised care is needed now.

The wider range of diagnostic and treatment options now available adds more complexity to decision-making.

Thanks to advances in science and technology, veterinary practices now have more tools to diagnose and treat animals. Advances in imaging (including CT and MRI), laboratory diagnostics, anaesthesia and analgesia, and surgical techniques, can parallel care provided in human medicine. There is an increased body of published evidence in veterinary science, albeit a fraction of the literature on human medicine.

Specialisation and provision of referral services have increased, with multi-disciplinary referral hospitals, led by recognised veterinary specialists, providing advanced veterinary services to pet owners referred from first-opinion practice. Many owners believe that their pets should have access to similar care as humans, and undoubtedly there are many pets whose quality of life has been improved by advancements in the care available. However, the inevitably higher costs associated with providing care at this level raises concerns about affordability and access to care.^{14,15} Ethical questions are also being asked, such as whether some of these options are in the best interests of the animal. This is summed up by the phrase: “*Just because we can – doesn't mean we should.*”^{16,17,18}

The rising costs of veterinary care have exacerbated issues of affordability and accessibility.

The cost of veterinary care and other pet services has increased by around 50% since 2015, considerably more than the overall rate of inflation.¹⁹ Both veterinary teams and pet owners see these costs as high, with affordability viewed by veterinary professionals as one of the profession's

¹⁴ [PLOS One; Cat and dog owners' expectations and attitudes towards advanced veterinary care \(AVC\)...](#)

¹⁵ CABI; Companion animal economics: the economic impact of companion animals in the UK.

¹⁶ [MDPI; Ethical Challenges Posed by Advanced Veterinary Care in Companion Animal Veterinary Practice.](#)

¹⁷ [Vet Record; Drawing the line in clinical treatment of companion animals...](#)

¹⁸ [Equine Veterinary Education; Just because we can – Doesn't mean we should.](#)

¹⁹ [CMA; Veterinary Services for Household Pets in the UK: Consultation on proposed market investigation reference.](#)

biggest challenges.²⁰

There are growing concerns that high costs of veterinary care may affect animal welfare, with some pets not receiving timely care, or any care at all. Rescue and rehoming centres have reported that the pressure of increased veterinary costs is having an impact on the relinquishment and abandonment of pets.²¹ Over a quarter of owners (26%) have doubts about how they would pay if their cat became sick or injured.²²

Cost isn't the only barrier. Transportation, language, cultural differences, and location of veterinary practices also affect access to care.²³

The practices and regulation of veterinary businesses are under increasing scrutiny, with likely changes on the horizon.

There has been a rapid change in the ownership of veterinary practices, from 10% of UK veterinary practices under corporate ownership in 2013 to approximately 60% in 2024.²⁴

Veterinary businesses of all types are coming under increasing scrutiny through the Competition and Markets Authority (CMA) market investigation into the veterinary services for household pets, which is investigating issues around consumer choice, pricing and value, transparency and regulation. At the time of writing, the CMA has provisionally concluded that there is "*evidence of a lack of consistency in the provision of appropriate and timely information about treatment options and prices*" and that "*high quality contextualised care is consistent with our view of a well-functioning market*".²⁵ The investigation will make its final recommendations in early 2026.²⁶

Alongside this, work is underway towards legislative reform in the regulation of veterinary services. Veterinary surgeons and Registered Veterinary Nurses are currently regulated under the Veterinary Surgeons Act (1966) and Supplemental Charter of 2015. It is widely recognised that the 1966 Veterinary Surgeons Act is outdated and needs reform to enable regulation of practices and a greater role for RVNs and other regulated paraprofessionals in the delivery of veterinary care.²⁷

Shifting societal attitudes to animals and increasing numbers of new pet owners have altered expectations of veterinary care.

The role of animals in our society is changing, with pets increasingly being seen as members of the

¹⁹ [RCVS; The 2024 Survey of the Veterinary Profession report.](#)

²¹ [Battersea Dogs & Cats Home: Response to the CMA Consultation on Veterinary services for household pets...](#)

²¹ [Cats Protection: CATS Report 2025.](#)

²³ [Frontiers; Putting Access to Veterinary Care on the Map: A Veterinary Care Accessibility Index.](#)

²⁴ [CMA; CMA launches review of vet sector.](#)

²⁵ [CMA; Veterinary Services for Household Pets in the UK: Provisional findings – part A.](#)

²⁶ [CMA; Veterinary services for household pets.](#)

²⁷ [Vet Record; Editorial: Legislative reform at last?](#)

family. Pet ownership levels rose significantly from relatively stable levels (45–47% of households between 2012 and 2018) to 62% in 2022 (thought to be a result of the coronavirus pandemic²⁸), reducing slightly to 57% in 2024. The latest figures estimate that there are 13.5 million dogs and 12.5 million cats owned in the UK.²⁹ There have also been changes in the types of pets owned, with a shift towards smaller (and brachycephalic) dog breeds and ‘designer’ crosses, along with an increase in pets being bought over the internet or rescued from abroad.³⁰ These changes may impact the health of the animals and lead to an increased need for veterinary care.^{31,32}

Changes in the way that veterinary teams work have affected the way that veterinary teams and pet owners interact.

The structure of the veterinary workforce has changed over recent decades, with part-time working rising steadily from 11% in 2000, 19% in 2014 and 23% in 2019 to 27% in 2024.³³ This may make it more difficult for pet owners to consistently see the same vet at each visit. Small animal veterinary services are increasingly delivered by teams of veterinary surgeons, RVNs, animal care assistants, receptionists and practice managers. There has been a shift towards dedicated out-of-hours providers and referral services, meaning that pet owners may visit several different practices with their animal, even during treatment for a single condition.

Technology is also changing the way that vet teams and pet owners interact, with 19% of practices now reporting that they provide remote services to clients, of which 86% provide consultations/advice, and 56% tele-triage.³³ It is anticipated that rapid developments in technology and use of artificial intelligence to support a wide of activities, such as triaging or providing follow-up notes to pet owners, will impact the way that veterinary teams and pet owners interact in future.

There is increasing awareness of the environmental impact of veterinary care.

There is growing evidence that environmental factors are of importance to the veterinary community^{34,35}, with increasing awareness about environmental concerns related to pet parasiticide use³⁶ and the use of anaesthetic gases³⁷. Pet owners are showing an interest in the sustainability of pet foods³⁸, and may start to show a similar interest in the sustainability of other aspects of veterinary care.

²⁸ [Statista; Pet ownership in the UK 2023](#).

²⁹ [Statista; Pet population in the UK 2024](#).

³⁰ [PDSA; Pet Acquisition](#).

³¹ [PLOS One; Great expectations, inconvenient truths, and the paradoxes of the dog-owner relationship...](#)

³² [MDPI; Knowledge of UK Residents About Importing Puppies from EU Countries](#).

³³ [RCVS; The 2024 Survey of the Veterinary Profession report](#).

³⁴ [Vet Sustain](#).

³⁵ [Green Team Vet](#).

³⁶ [Vet Sustain; The 4Rs of Responsible Prescribing of Pet Parasiticides](#).

³⁷ [AVA/RCVS Knowledge; Green theatre checklist](#).

³⁸ [RCVS Knowledge/inFOCUS; Unconventional diets for dogs and cats](#).

4. Methodology

This research was designed to investigate how contextualised care for cats and dogs is understood, experienced and applied within the UK veterinary landscape, and to develop practical, evidence-informed recommendations to further support its implementation. The study addressed six key questions. It explored what contextualised care means to veterinary teams and pet owners; what contextualised care looks like for relevant stakeholders, and specifically what it looks like when done well; the barriers and facilitators; and what needs to change to support contextualised care.

The research team combined expertise in health and care research (Kaleidoscope Health and Care) and evidence-based veterinary practice (RCVS Knowledge). The study was a mixed-methods design, collecting both quantitative (questionnaire) and qualitative (focus group, interview, and open-ended survey question) data. The approach was designed to incorporate real-life experiences of as many stakeholders as possible, including veterinary surgeons, RVNs, receptionists, practice managers, educators, regulators, veterinary groups, animal charities, veterinary associations, recent graduates, and cat and dog owners.

The research process included input from seven core components:



Published literature

To inform the research framework, the research team reviewed key sources of literature. This consisted primarily of peer-reviewed journal articles, but also included letters published in journals and tools designed for veterinary professionals. These sources were identified and selected by the Clinical Lead for Evidence at RCVS Knowledge (Sally Everitt), who conducted a scoping review of relevant literature and annotated this to guide the team at Kaleidoscope. The literature review was used to develop the key research questions.

National Forum on Contextualised Care: Shaping the Strategy

Held on 4th February 2025, the National Forum brought together more than 70 stakeholders (including veterinary surgeons and RVNs from independent and corporate practice, receptionists, educators, regulators, leaders of veterinary associations, leaders from charity and rescue settings, recent graduates, and pet owners) to help shape the direction of the research and engagement programme. Roundtable conversations focused on the relevance of contextualised care, and identified barriers and enablers to its delivery. Feedback from the Forum informed the research framework design and tools, including the surveys and interview guides. The agenda for this event can be found in the appendices of this report.

Survey for veterinary professionals and survey for dog and cat owners

The data collection tools, including surveys and interview guides, were developed by the research team and informed by the results of the literature review and input from the Forum.

The two surveys, one for veterinary professionals and one for pet owners, comprised multi-select, multiple-choice, and Likert-type questions which collected quantitative data, and open-text fields which captured qualitative data. The draft surveys were piloted with a subset of the target populations, who provided feedback on question wording, structure, and flow. This informed refinements prior to launch.

The veterinary professionals survey was for veterinary surgeons and RVNs in clinical practice (including in general practice, referral and hospital settings) and in all practice types (including in corporate, independent, charity and university settings). The survey was promoted through RCVS Knowledge channels, including a press release, newsletters and social media. Inclusion criteria were delivering veterinary care to dogs and/or cats in the UK as a vet or RVN. Exclusion criteria were

being younger than 18 years of age.

The pet owners survey was distributed via Kaleidoscope's networks and social media and via RCVS Knowledge press release. Inclusion criteria were currently owning at least one dog or cat and having visited a veterinary practice in the past three years. Exclusion criteria were being younger than 18 years of age and residing outside the UK.

The surveys were launched in April 2025 through Kaleidoscope's online Alchemer platform account and were active for three weeks. The veterinary survey exceeded recruitment targets, with an initial sample of 418; one participant was excluded during the cleaning stage due to straight lining, resulting in a final sample of 417. A framework to compare demographic composition with data from the professions, based on RCVS data, was used to monitor demographic representation, with a heavier weighting on veterinary surgeons due to their central role in clinical decision-making. The final sample achieved a 95% confidence level with a 5% margin of error, and a 3% overrepresentation of early career veterinary surgeons.

The final sample was made up of 75% veterinary surgeons and 25% RVNs, and was majority female (83%). Of these 52% worked in corporate practices, 33% in independent practices, 13% in charity practices and 8% in other types of practices (respondents were able to choose more than one category of practice ownership type, so the percentages total more than 100%). The sample was relatively balanced by years of experience. Nearly half (45%) of veterinary surgeon respondents qualified between 2000 and 2019, while 28% qualified since 2020 and 27% qualified before 2000. The majority of RVNs (67%) had 10 or more years of experience.

Initial response rates for the pet owners survey were low; the addition of a Facebook advert and prize draw helped to increase participation to 763 completed responses. Application of the inclusion and exclusion criteria (described above) led to 45 exclusions in the final analysis of the sample of 718. The pet owner sample was 71% female, 76% white and 58% aged 55+ years. The majority of the sample (87%) had owned a dog and/or cat for six years or more, while 5% had between three and six years of ownership experience, 3% had less than 3 years' experience and 5% were breeders. Assessing the representativeness of this sample is difficult, as although robust data exists on the demographics of the UK population as a whole, there is little data on the demographics of the population of dog and cat owners or of the vet-visiting population to act as a comparison.

The questionnaires can be found in the appendices of this report.

Focus groups

Two online focus groups were held with a total of ten dog and cat owners, recruited from survey participants who expressed an interest in further involvement. Participants were reimbursed for their time. The focus groups explored themes emerging from the survey and allowed for new topics to develop, adding depth to the qualitative findings. The protocols for the focus groups can be found in the appendices of this report.

Semi-structured interviews

Fifteen online interviews were conducted with veterinary surgeons, RVNs, practice managers and receptionists, as well as with individuals from other veterinary-sector organisations, such as those providing veterinary education. Interviewees were purposively sampled to ensure diversity in experience, practice type, and role. Interviews followed a semi-structured guide, providing rich qualitative insights that complemented the survey data, helping to deepen understanding of stakeholder perspectives. The interview guide can be found in the appendices.

National Summit on Contextualised Care: Deciding a Way Forward

Held on 10th July 2025, the National Summit focused on translating the initial research findings into practical actions. It convened a diverse group of stakeholders, many of whom had also participated in the Forum in February, to reflect on the initial research findings and provide insight into the actions needed for the delivery of contextualised care. It provided a structured space for collaboration, with participants engaging in focused discussions around the emerging themes identified through the research. The contributions informed the final recommendations set out in this report. The agenda for this event can be found in the appendices of this report.

Data analysis

Quantitative data was cleaned and analysed using PSPP. Statistical comparisons between subgroups were made using Chi-Square, Mann-Whitney U, and Kruskal-Wallis tests, with Bonferroni correction applied for multiple comparisons. Subgroup differences indicated on figures by an asterisk were statistically significant at 5%.

Qualitative data from interviews and focus groups was coded by a team of three researchers using an initial list of descriptive and interpretive codes derived from the research framework. Coding reliability was checked, and additional codes were developed as needed. Open-text survey responses were initially coded using AI platforms (Claude Sonnet 4 and Gemini 2.5-pro-preview), with all coding reviewed and refined by researchers. Thematic analysis was conducted by research question and subquestion.

The research team synthesised qualitative and quantitative findings for each research question. This multi-faceted approach allowed the team to triangulate findings across different data sources and stakeholder groups, providing a robust understanding of current experiences of contextualised care in UK veterinary practice and how the delivery of contextualised care can be improved.

Ethics and limitations

Ethics approval was obtained from the RCVS Ethics Review Panel in March 2025. All participants provided informed consent, and data was handled in accordance with data protection regulations.

While every effort was made to ensure rigour and representativeness, some limitations remain. These are included at the end of the discussion and conclusions chapter.

5. What does contextualised care look like in practice?

In this chapter, we present the research findings on what contextualised care looks like from the perspective of veterinary team members and pet owners, and the benefits of adopting this approach.

The chapter is divided into three parts:

- 1) The fundamentals of contextualised care
- 2) Factors considered when making care decisions
- 3) Benefits of a contextualised care approach.

Throughout the chapter, key results from the analysis of the quantitative data are supplemented by quotes from the qualitative data to illustrate the range of perspectives. The chapter ends with a summary of the key themes emerging from the data for both veterinary team members and pet owners.

Part 1: The fundamentals of contextualised care

The majority of veterinary professionals (92%) in the survey agreed or strongly agreed with the RCVS Knowledge definition of contextualised care: *“a way of delivering 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 and their caregivers, and the context in which the care is delivered. This requires a partnership between caregivers/owners and the veterinary team, all working together for the best quality of life for the animal patient.”*³⁹ A further 8% of the sample said that it somewhat matched, were neutral, or stated that it did not match their understanding (0.5%) (Q10). Free text comments suggested minor changes in wording or incorporating a reference to a specific contextual factor(s). Veterinary team members described contextualised care as tailored care that considers the ‘whole picture’ and wider context of the animal. Some considered it to be the way that veterinary care has always been practised over the years.

³⁹ [RCVS Knowledge; Contextualised Care.](#)

“Contextualised care is not one-case-fits-all. It’s a holistic look at a patient. A diabetic patient may require consistent care and you have to factor in the client, the patient, the circumstances and give a plan that works for everyone.” **RVN (interview)**

“Contextualised care to me is delivering veterinary medicine that takes into consideration all aspects of the client’s needs, the owner’s needs, things like finances but also things like how tolerant the patient is to daily medications, whether they travel well, how able the owner is to administer medications.” **Veterinary surgeon (interview)**

“When you speak to a lot of vets of my generation, they’re sometimes a little bit perplexed because to their mind, they’ve always carried out contextualised care.” **Veterinary surgeon (interview)**

“Contextualised care shouldn’t be considered as something new. It’s what we should have been doing all along, unfortunately we lost our way.” **RVN (survey)**

Pet owners gave similar descriptions of what good care looks like when it is adapted to their individual circumstances.

“A friendly vet/practice that looks at the pet and owner as individuals (and demonstrates their personal knowledge), not one that sees any visit as a source of revenue.” **Pet owner (survey)**

“We have an excellent vet and he always explains all of the various options, but immediately advises us on what he feels is effective in furthering a diagnosis, or what may cause more upset for the pet for not much gain. He tailors everything about the animal, effectiveness and quality of life, with also a strong outlook at keeping costs down and concentrating on diagnostics and treatments that will have the most impact.” **Pet owner (focus group)**

Communication and trust

Veterinary professionals and pet owners alike emphasised the importance of good communication and trust. Pet owners noted that, when communication is done well, veterinary team members listen actively to understand their needs, capabilities and priorities. This includes feeling like part of the team and having their concerns and preferences respected and acted upon. This builds trust and empowers them to make informed decisions for their pet’s care through a collaborative process to determine the best course of action with the vet team, including having discussions around diagnostic and treatment options and the costs of veterinary care, and having sensitive conversations around end-of-life care and euthanasia.

“Trust in a vet is so important.” **Pet owner (survey)**

“Seeing someone who knows my animals. It is so important to build a relationship with a vet over the life of the animal where possible.” **Pet owner (survey)**

“I felt I became part of the team which was very interesting to be part of the decision-making. At one point I refused for [my dog’s] leg to be removed... I knew the dog would not have a quality of life if she lost her leg. I felt the need to say no, let’s try one last cleaning out. Not one time did the vet make me feel bad or wrong, he accepted it and said let’s do it. She came out of the operation and by a miracle it worked and all went well. I felt part of the team all the way through.” **Pet owner (focus group)**

“You have to be able to trust your vet to be the best advocate for your pet. Once that trust breaks, you need to find another vet.” **Pet owner (survey)**

Veterinary professionals also noted that it is important to consider the emotional impact of certain care decisions on themselves and on other members of the vet team, and to have a mentor or supportive peer with whom they can process difficult situations and challenging decisions.

“I think you would find there is a lot of anxiety out there. I try to be pragmatic but 100% there are nights when I come home obsessing over whether I should have done this or that, did I write that properly, should I have offered this? That is all emotional mental load.” **Veterinary surgeon (interview)**

“It isn’t just a mental health approach but it’s building resilience within our veterinary population, to help them understand that change is okay and not having gold standard is okay. Also helping them to deal with unhappy clients and emotional clients. Because I think there is a lot of defensiveness over that.” **Veterinary surgeon (interview)**

A theme emerging from the qualitative data is that when contextualised care is done well it involves the entire practice team. Vet nurses and receptionists often have different types of interactions with clients than vets and they can help to build relationships with clients, listening to their concerns, and providing information and support. They are also sometimes considered more approachable by clients, who may be more likely to ask them questions about the care plan, such as medication administration or follow-up care.

“[Contextualised care is] everyone’s responsibility – the client care team and vet nurses, owners of the practice... [If] you’re picking up the phone and talking to the client, ironically, these are the people who know the most because clients [share everything with] whoever’s on the phone.”

Practice manager and RVN (interview)

Decisions about diagnosis and treatment options

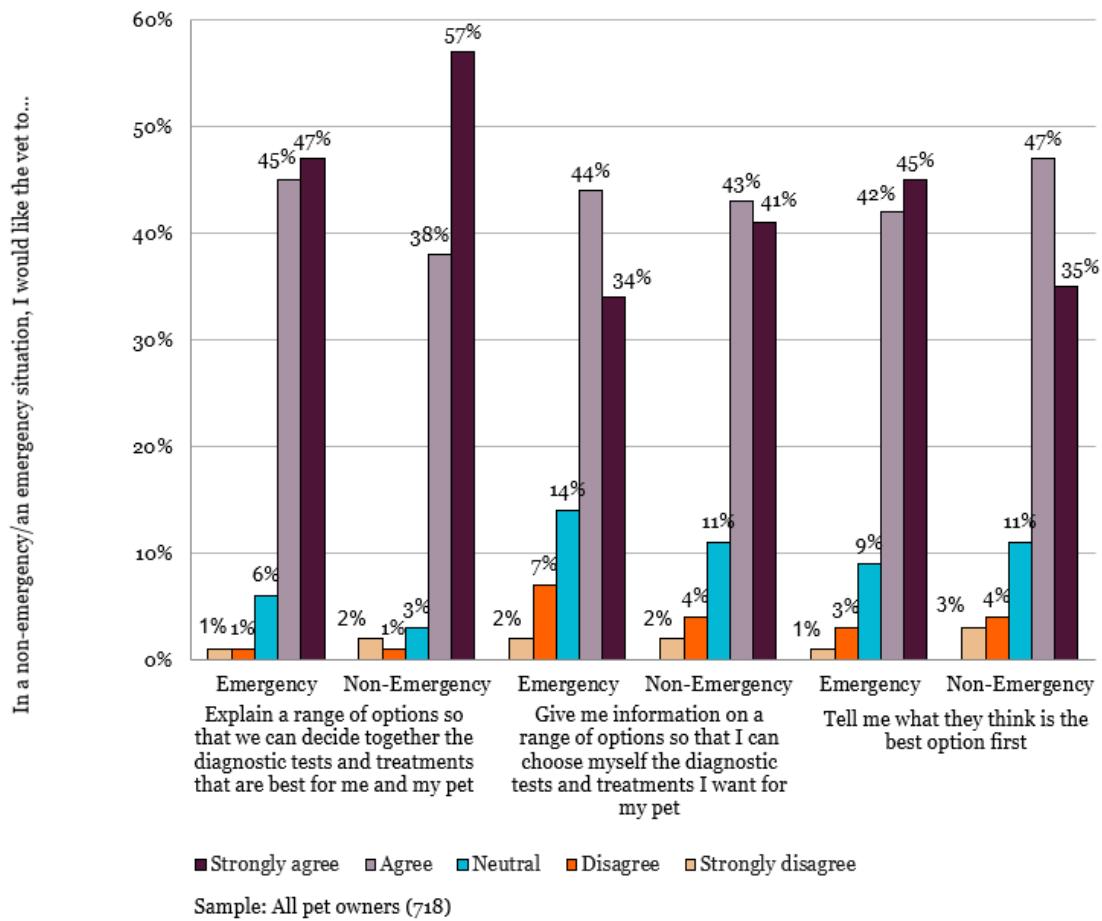
Discussion of options and empowering pet owners to make informed decisions emerged as a key component of contextualised care. Veterinary professionals overwhelmingly (93%) reported that they believe it is *“very important” for pet owners to be involved in decisions about their animal’s care* (Q12). Similarly, pet owners gave priority to *“being well informed by their veterinary practice on the full range of options available to them”*.

Pet owners in the survey were asked to indicate the extent to which they agreed with (non-mutually exclusive) statements about how they would like options to be presented to them in a non-emergency situation (Q11). They were then asked to answer the same questions for an emergency situation (Q12).

The findings indicate that the vast majority of owners wanted to be given information on a range of options. However, the extent to which owners want guidance from the veterinary professional in making a decision can vary depending on circumstances. In a non-emergency situation, 95% of pet owners agreed or strongly agreed that they would like the vet to *“explain a range of options so that we can decide together the diagnostic tests and treatments that are best for me and my pet”* (92% in an emergency situation). The majority (87% in an emergency situation; 82% in a non-emergency situation) agreed or strongly agreed that they would like the vet to *“tell me what they think is the best option first”*.

Figure 2: In a non-emergency/an emergency situation, I would like the vet to...

Pet owners survey, Q11 and Q12



Findings from the qualitative data provide additional detail about what is important in the decision-making process. For pet owners, being listened to and having their values, priorities and circumstances considered was important. Pet owners described wanting to be heard and respected, and wanting vet teams to acknowledge that pet owners know their pets best. Pet owners noted that they can recognise changes in their pet's habits or behaviour that the vet might not notice.

“We know our pets and live with them 24/7 and that should always be a consideration. It’s about respect and no judgement really and having the ability to listen to each other and take that all on board.” **Pet owner (focus group)**

“Having vets who are up to date on what new meds are available and listening to and helping the owner manage their pet’s chronic illness without judgement.” **Pet owner (survey)**

A strong theme in the qualitative data from the pet owners survey and focus groups was the importance of vet teams explaining options, costs and potential outcomes in a way that clients can understand.

“[Our vet] explained the options carefully, what effects there would be on the animal, aftercare and taking into account the health of the animal and what it would take for us to look after him. It was comprehensive and not rushed at all. It couldn’t have been better.” **Pet owner (focus group)**

“The extent to which the vet explains the issue and treatment needed in detail and in layman’s terms [is an important factor].” **Pet owner (survey)**

“I would like the full possibilities of what issue the animal could be suffering from and what tests would be required to check for these at the first consultation. The vet and I could then discuss likely probabilities and select whichever tests would be necessary to rule these in or out, rather than have to keep returning to the practice every week or so to do the next test and the next until a solution is found, all the while the animal is suffering.” **Pet owner (survey)**

“I may not have the same knowledge of the vet in understanding all the options and consequences... It does help when they take the time. I’m always happy to hear their recommendation but ultimately having that information myself helps so there is a balance between information exchange.” **Pet owner (focus group)**

Owners also highlighted the importance of being given time to process information.

“For me I would want the full range of options, and the time to consider them. The two need to go hand in hand, not one or the other.” **Pet owner (survey)**

“My dog had a bleeding spleen and I was given the time to decide between euthanasia or removal. I had time to think about the choices and possible outcomes.” **Pet owner (survey)**

Pet owners and veterinary professionals in both the survey and focus groups noted that discussions about options can be enhanced by having information that pet owners can access before the appointment, as well as resources on hand in the consultation (e.g. posters or information sheets with diagrams and plain language explanations) to help the client understand diagnosis options, conditions, and treatments.

“My experiences have been more positive when I go in researched so I know I can have conversations and the vets and nurses won’t bounce me into tests and treatment. Sometimes things just take time to get better.” **Pet owner (focus group)**

“I always find resources that have been put together by referral companies that detail the procedure to be useful. It’s about trying to provide the client with enough knowledge about each option that it doesn’t overwhelm them. While some people do want a full list of options, a lot of clients don’t have the knowledge to understand the options and which is best. There are information sheets that are

targeted at clients and provide detail about every aspect of the procedure.” **Veterinary surgeon (interview)**

Pet owners also noted that they value written summaries of the discussion and options that they can take home and process outside of the consultation.

“My vets have emailed me when it’s been a complicated diagnosis or aftercare. I felt that they’ve emailed so you have it in writing you can keep referring back to it. I find that really helpful. You are in an emotional state especially if it’s an emergency so when they offer email or print it’s a great service.” **Pet owner (focus group)**

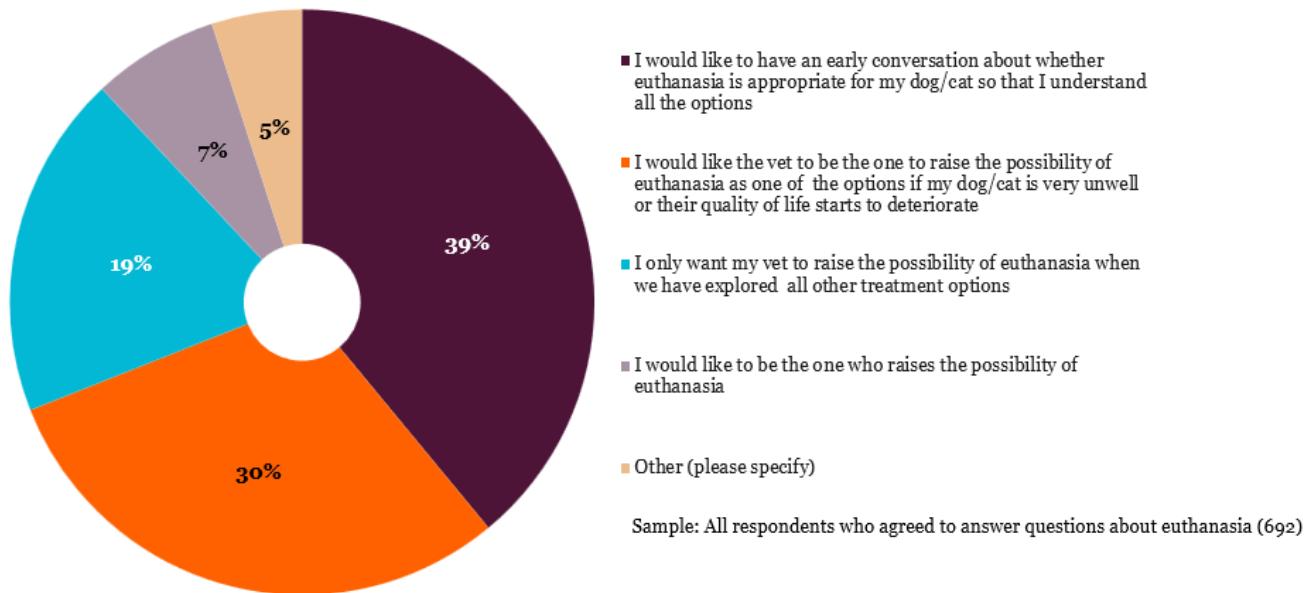
“I did with my previous vet find I had problems remembering what they told me. My current vet sends a summary so that’s not really an issue any more.” **Pet owner (focus group)**

The pet owners survey included optional questions on euthanasia to explore how pet owners would prefer this sensitive topic to be raised and discussed as an option. Pet owners were only presented with these questions after agreeing to answer questions on euthanasia.

When asked about how they would like the possibility of euthanasia to be raised, the top preference, selected by 39% of respondents, was to *have an early conversation about whether it is appropriate so that they understand all the options*. Just under a third (30%) preferred the vet *to raise the possibility of euthanasia as an option when the animal is very unwell or quality of life is deteriorating*. About a fifth (19%) preferred the vet *to raise the possibility only when all other options had been explored* and 7% would prefer to raise the possibility themselves.

Figure 3: Which statement best describes when you would prefer the conversation about euthanasia to start?

Pet owners survey, Q24



The qualitative data provides insights into pet owners' desire for vets to be upfront and open about euthanasia as an option for their pet.

“[Euthanasia should be discussed] kindly, ideally based on a relationship built up over time with me.” **Pet owner (survey)**

“[Discuss it] gently and explain everything else that they've done and why it's the best option.” **Pet owner (survey)**

“[Euthanasia] is best raised as an option amongst any other treatments with a focus on longer term outcomes for the pet if euthanasia is not chosen.” **Pet owner (survey)**

The responses also highlight the importance of discussing the pet's wellbeing and quality of life as part of conversations about euthanasia, with some respondents noting that explicit quality-of-life assessment can be helpful.

“[Be] open and honest, to the point. Explain what will happen if not euthanised and how it will affect quality of life.” **Pet owner (survey)**

“Quality of life scales should be discussed as they help remove emotion from the decision.” **Pet owner (survey)**

Veterinary professionals also acknowledged their role in raising the possibility of euthanasia as an option.

“A big thing for me... is not being afraid to ask the owner when they come in, especially [in an emergency], ‘Can I just check where you’re at, are you at the quality-of-life stage? Or are we looking at what else you want to do for your pet?’... I just open up that door of euthanasia because I have had cases where they’ve said, ‘I didn’t realise that was an option.’ We forget that not everyone realises it is an option, it is for us to open up that conversation.” **Veterinary surgeon (interview)**

Transparency of costs

Qualitative data from the survey illustrates the importance of costs as a factor for pet owners in making care decisions.

“The vet needs to consider how able the owner is to afford the treatment, i.e. how necessary is the treatment or could some medication be bought online that is cheaper.” **Pet owner (survey)**

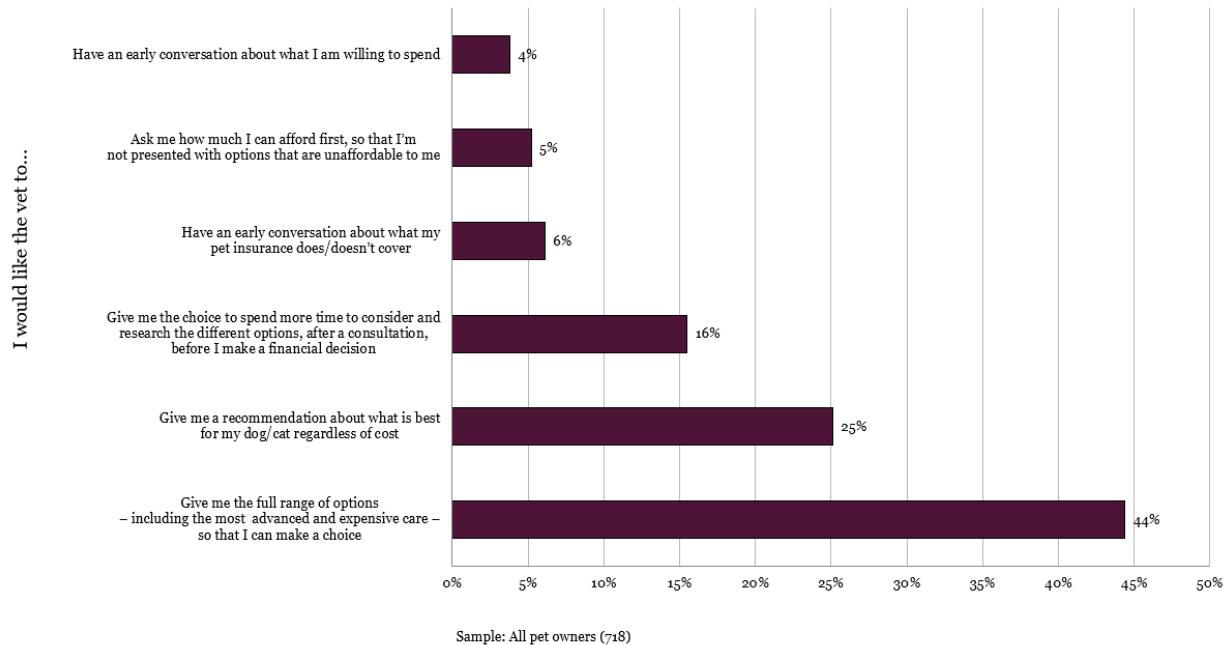
“A vet needs to be able to give an estimate of pricing prior to any surgery.” **Pet owner (survey)**

“Depending on the age of a pet, it may be better to allow the animal to die a natural death or even be euthanised rather than engage in costly treatments.” **Pet owner (survey)**

When asked about how they would like vets to discuss costs of treatments, the most common choice, selected by nearly half of the pet owner sample, was to be given the full range of options so that they can make a choice. The next most popular option, selected by approximately a quarter of the sample, was to be given a recommendation about what is best for the pet regardless of cost.

Figure 4: Which statement best describes the way you would like your vet to let you know about the potential costs of treatment?

Pet owners survey, Q20



The qualitative data indicates that pet owners wish to know about ongoing costs and whether insurance (if they have this for their pet) will cover it. Pet owners told us that they wanted vets to be transparent about the pricing of treatments, including potential follow-up care. They said they appreciated when vets suggested monitoring a situation before proceeding with potentially unnecessary procedures.

“We prefer hearing the costs upfront, as the options are being discussed. It doesn’t need to be to the penny, but it needs to give a clear ballpark, and of subsequent treatments that may be required.” **Pet owner (focus group)**

“My previous cat got attacked by a dog. I had to take him to the emergency vet. I was really impressed with the vet, she gave me choices and all the information I needed, including her recommendations and price. Unfortunately, the cat passed away but I felt he was well cared for and I was informed all along... It’s good they point out prices before you commit to something. I wanted to know what she thought would be the best, all things considered.” **Pet owner (focus group)**

“The ongoing cost options [is an important factor] and a reminder that insurance may not cover it.” **Pet owner (survey)**

Pet owners also emphasised the importance of kindness and empathy when discussing the costs of pet care. They noted they may need time to process difficult diagnoses before discussing money.

When owners struggle to afford the cost of treatment, they may feel guilt, anxiety and grief, which compounds the difficulties of making decisions about their pet's care.

“People really love their pets but may not be able to meet the cost of treatment. This is extremely distressing for the owner, and a little compassion goes a long way!” **Pet owner (survey)**

“If you've had a horrible diagnosis, you need time to process before talking money.” **Pet owner (survey)**

Veterinary team members also noted the importance of discussing cost openly and early with clients and being sensitive to possible feelings of guilt that clients might feel if they cannot afford all the options.

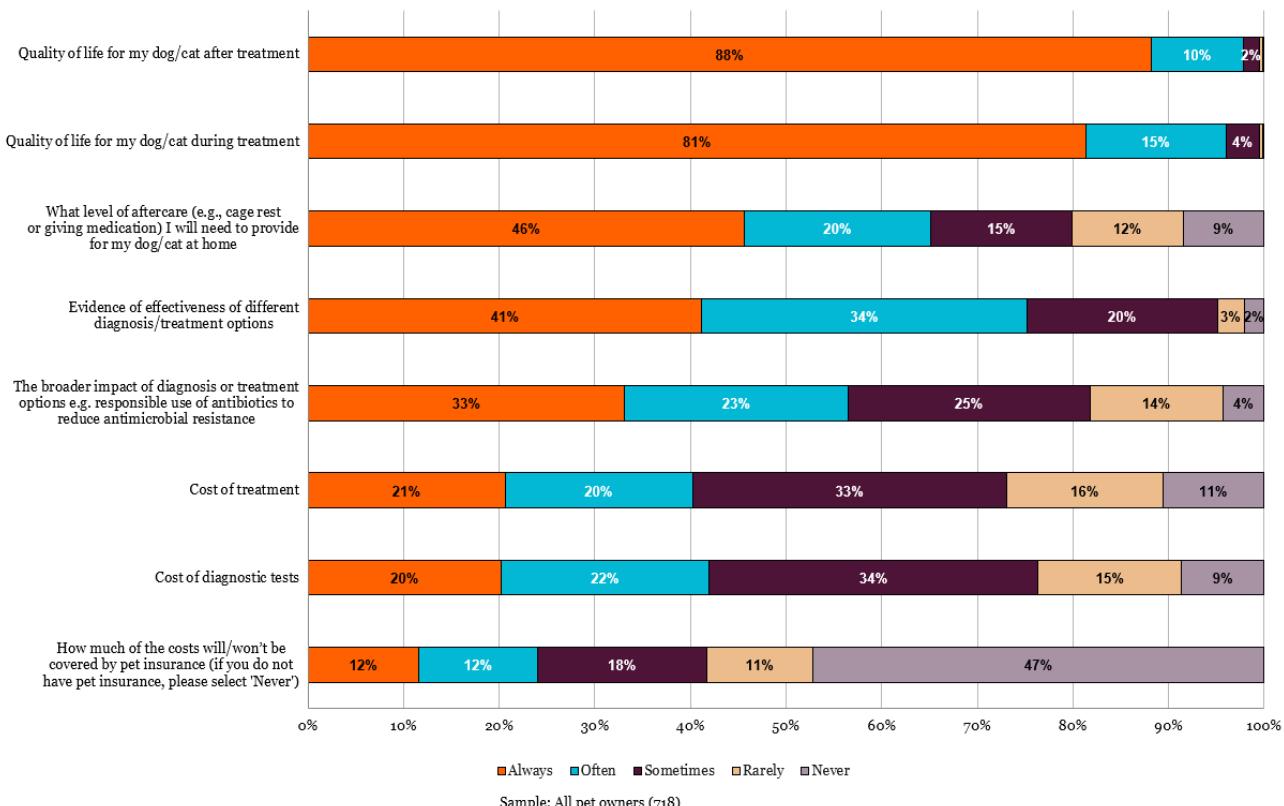
“The vets that do [cost communication] well literally provide estimates for the client and it's all done in the appointment. One of the vets is the best at it. And you do hear her saying ‘gold standard would be this, but we can also try this and there is no harm in trying this first’ so the client doesn't feel bad if they can't afford gold standard. So, she's brilliant but it's about getting that level taught out to all other vets.” **Practice manager (interview)**

Part 2: Factors considered when making care decisions

Survey data indicates that for pet owners the most important factors in care decisions are quality of life for the animal, with nearly all reporting that they always or often consider *quality of life after treatment* (98%) and *during treatment* (96%).

Figure 5: When making choices about diagnosis or treatment options that your vet recommends for your dog(s)/cat(s), how often do you consider the following factors?

Pet owners survey, Q14



Quality of life during and after treatment was also a strong theme in the qualitative data, with pet owners noting the importance of minimising stress for their pets.

“I agree with the statement ‘because we can, doesn’t mean that we should’; we have to be realistic about what the animals go through and quality of life after.” **Pet owner (focus group)**

“I try and think about how much stress this might add to my pet’s life, versus the benefits.” **Pet owner (survey)**

“The fairness of putting pets through stressful treatments etc and knowing when to withdraw even though it’s heartbreaking to lose a pet.” **Pet owner (survey)**

“When I was in a situation I had to choose quality of life or treatment. I went for quality of life...

When I was making a decision that involved a lot of money, I had to think about what I'd be doing with that money, and the quality of life, which was a hard decision. I would ultimately focus on quality of life.” **Pet owner (focus group)**

“Be honest and upfront about the likely outcome of treatment (prognosis). Is it worth putting an old dog through possibly invasive or painful treatments to prolong life for two or three weeks/months, especially if the quality of that life is poor.” **Pet owner (survey)**

The next most important factor for pet owners when making care decisions was *evidence of effectiveness*, with three-quarters of the pet owner sample reporting that they always or often consider this (see Figure 5, above). Qualitative data indicates that understanding the side effects and risks is an important part of understanding effectiveness.

“Latest clinical evidence [is an important factor].” **Pet owner (survey)**

“Effect and risk from surgery and anaesthetic on an elderly pet.” **Pet owner (survey)**

“Sometimes I think when there’s different options and decisions, I want to know numbers, if they could say, for example, ‘In three-quarters of cases this happens.’ I would like evidence-backed recommendations.” **Pet owner (focus group)**

Two-thirds of owners reported that they always or often consider *the level of aftercare they will need to provide at home*, something that was also considered by veterinary professionals.

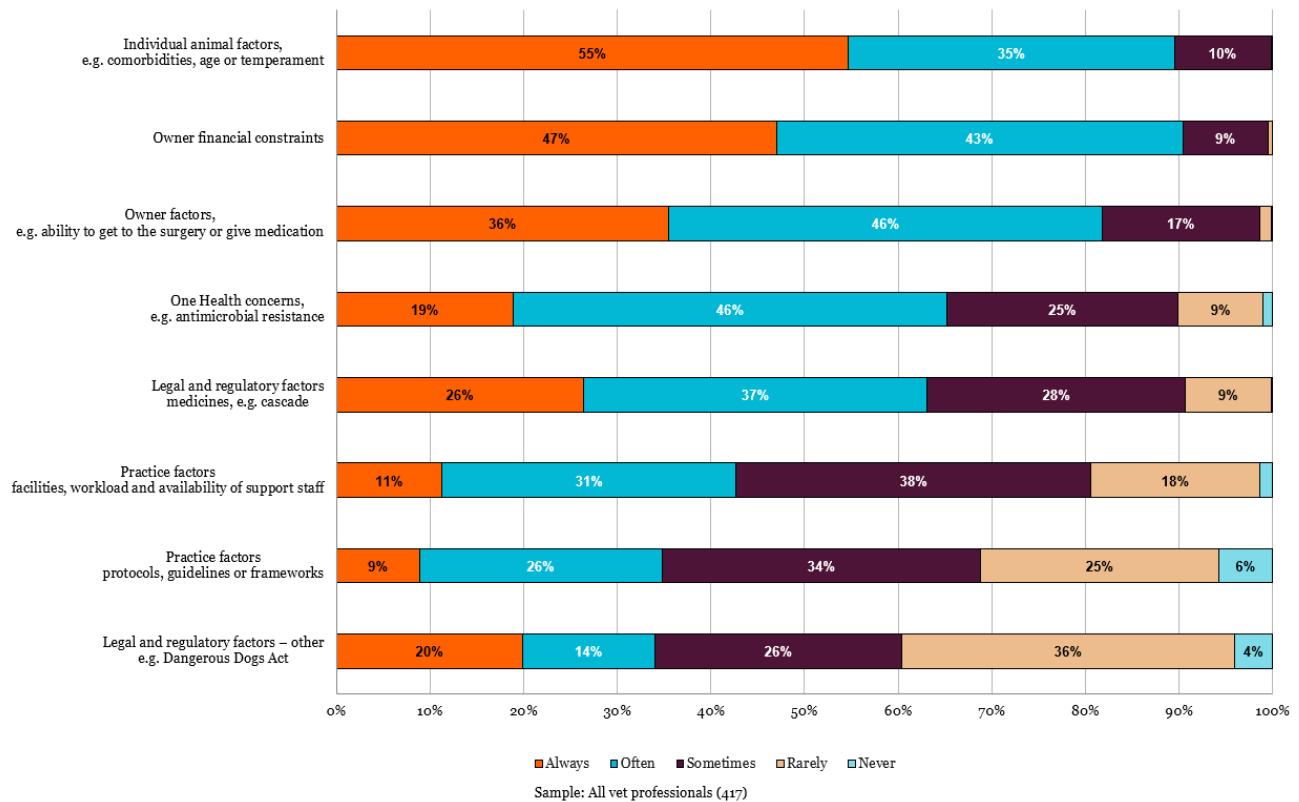
“The time required from me as part of the treatment, e.g. taking time off work for repeat visits to clinics etc. I will weigh this up against expected outcomes and the impact on my pet of the treatment/procedure.” **Pet owner (survey)**

“If we have a cat that needs lifelong oral medication but between the owner and the cat, the stress of giving that medication means it’s going to ruin the relationship, we have to find a less ideal medication that will not cause that stress.” **Veterinary surgeon (interview)**

Data from the veterinary professionals survey indicates that the contextual factors most commonly reported to influence their approach to care were *individual animal characteristics* (such as comorbidities, age and temperament) and *owner financial constraints*, with the vast majority (90%) of the sample reporting that these factors always or often influenced their approach. *Owner characteristics* (such as their ability to get to the surgery or give medication) was also an important factor, with 82% of the sample reporting that this always or often influenced their approach. *Factors affecting human and environmental health*, such as antimicrobial resistance, were considered always or often by 65% of veterinary professionals.

Figure 6: How often do the following contextual factors influence your approach to the care of individual patients?

Veterinary professionals survey, Q14



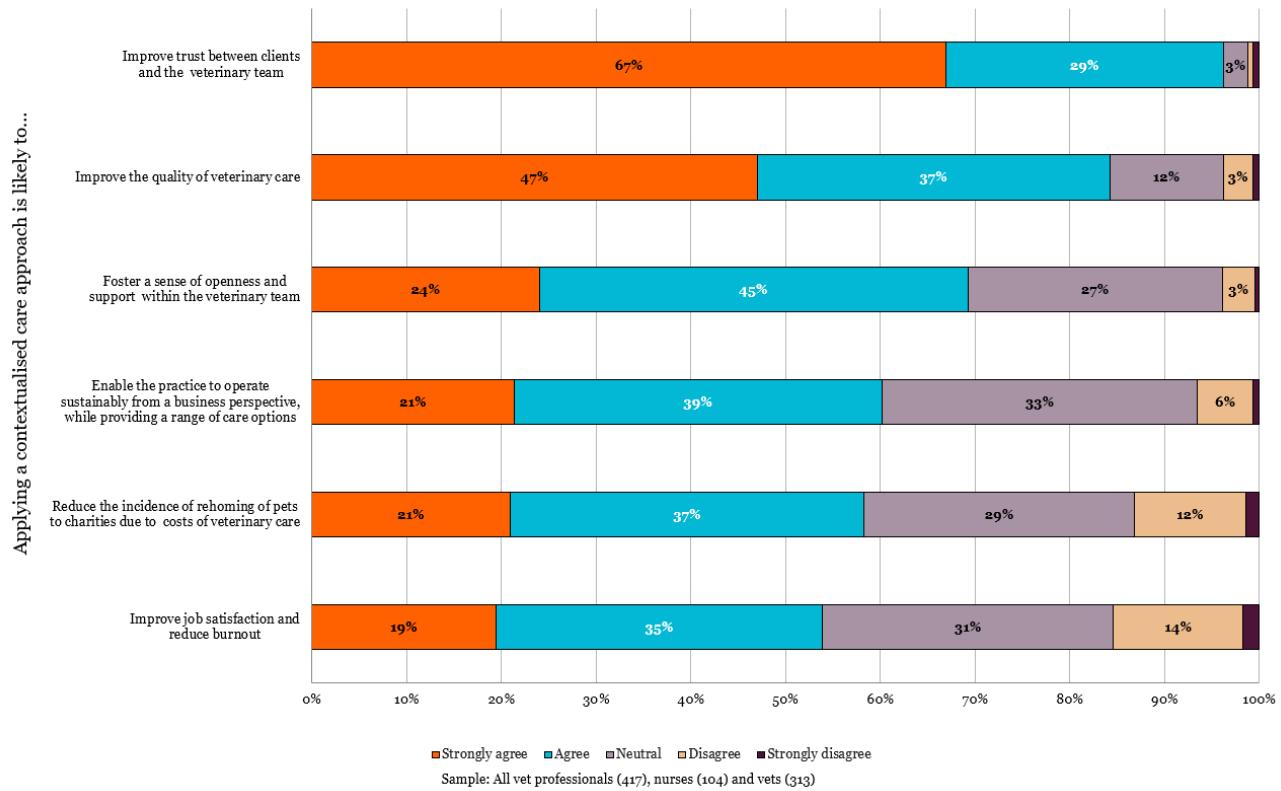
Part 3: Benefits of a contextualised approach

Overall, the vast majority of veterinary professionals agree or strongly agree that *applying a contextualised care approach would improve trust between clients and the vet team* (96%) and *improve the quality of care* (84%). However, the findings show mixed opinions among veterinary professionals about other potential benefits, such as practice sustainability and job satisfaction.

A majority of veterinary professionals (69%) agree or strongly agree that *a contextualised care approach is likely to foster a sense of openness and support within the vet team*, and about a third were neutral (neither agree nor disagree). A smaller majority of veterinary professionals agree or strongly agree that a contextualised care approach would: enable the practice to operate sustainably (60%), reduce the incidence of rehoming (58%), and improve job satisfaction and reduce burnout (54%).

Figure 7: To what extent do you agree or disagree with the following statements?

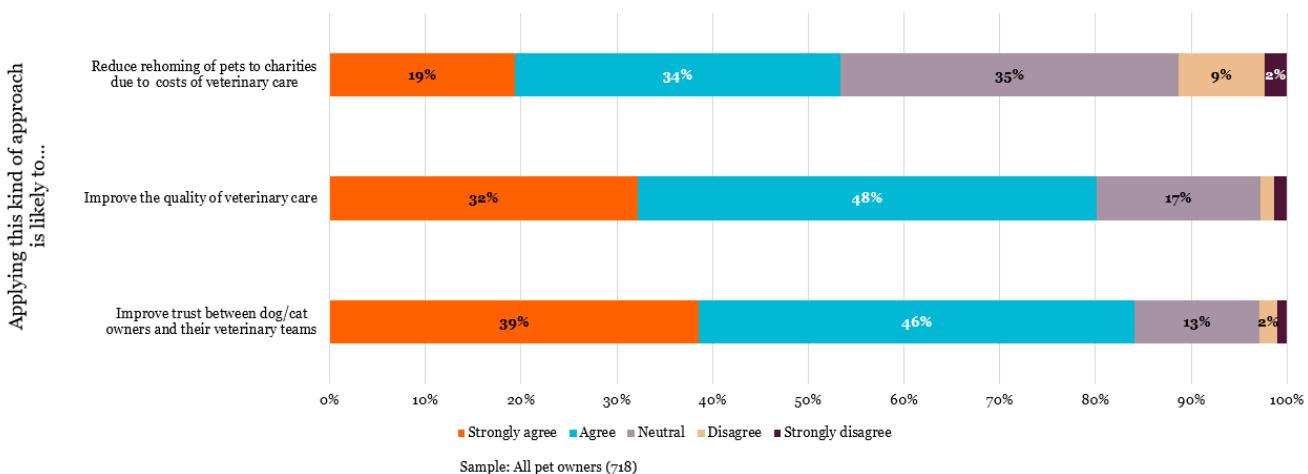
Veterinary professionals survey, Q16



Pet owners also agree or strongly agree that *applying a contextualised care approach would improve trust between pet owners and vet teams* (85%) and would *improve the quality of care* (80%). Pet owners were also asked about whether contextualised care would reduce rehoming of pets, with just over half (53%) agreeing or strongly agreeing, 35% reporting a neutral opinion, and 11% disagreeing or strongly disagreeing.

Figure 8: To what extent do you agree or disagree with the following statements?

Pet owners survey, Q17



Summary: what contextualised care looks like in practice

Contextualised care in veterinary practice is broadly understood by veterinary team members as care that considers the ‘whole picture’ and wider context of the animal and its owner. Some considered it to be the way that veterinary care has always been practised.

Both veterinary teams and pet owners emphasised the importance of clear communication and developing trust. Findings indicate that pet owners value information presented in accessible language about the range of available options, including cost and potential outcomes. They appreciated having time to process information and access to written materials before and after consultations. Veterinary teams similarly recognised the importance of these resources and noted that these may be particularly helpful in emotionally charged scenarios.

Pet owners expressed a desire for their knowledge of their pets to be respected and for transparent discussions that empower them to make informed decisions. While they welcomed professional recommendations, particularly in urgent situations, they wanted to be involved in making decisions about the best course of action for them and their pet.

Views on how and when the subject of euthanasia should be introduced varied. Some pet owners preferred early discussions, while others wanted it raised only after all other options had been explored. Quality of life was a key consideration, with some suggesting that explicit assessments could support decision-making. Veterinary professionals acknowledged their role in initiating these conversations.

Pet owners expressed a strong preference for open and honest conversations about the costs of care, including potential follow-up care. However, while cost was an important factor, pet owners reported that quality of life of their pet during and after treatment was their primary focus. Most wanted to be presented with a range of options to make the best decision for their circumstances.

Veterinary team members emphasised that when contextualised care is done well it involves the entire practice team, with RVNs and receptionists playing key roles in building relationships and supporting client understanding. They also acknowledged the emotional toll that care decisions can have on veterinary team members, highlighting the need for internal support. Pet owners and veterinary professionals alike thought that contextualised care could strengthen trust between pet owners and veterinary teams, and enhance the quality of care provided.

6. What are the barriers to contextualised care?

In this chapter, we present the research findings around the barriers that veterinary teams and pet owners face when attempting to achieve contextualised care, including systemic and organisational factors that inhibit the delivery of contextualised care.

The chapter is divided into two parts:

- 1) Barriers to contextualised care for veterinary teams
- 2) Barriers to contextualised care for pet owners.

Throughout, key themes are illustrated by quotes from the qualitative data to illustrate the practical barriers to providing contextualised care. The chapter ends with a summary, which includes the similarities and differences between the key themes emerging from these two groups.

Part 1: Barriers to contextualised care for veterinary teams

Veterinary professionals were asked to identify their biggest barriers to providing contextualised care (Q17). The most frequently selected barriers related to *lack of continuity of care* (47%) and *financial constraints* limiting the care they can provide (42%). However, almost half (45%) of veterinary professional respondents reported feeling that there are very few barriers to providing contextualised care.

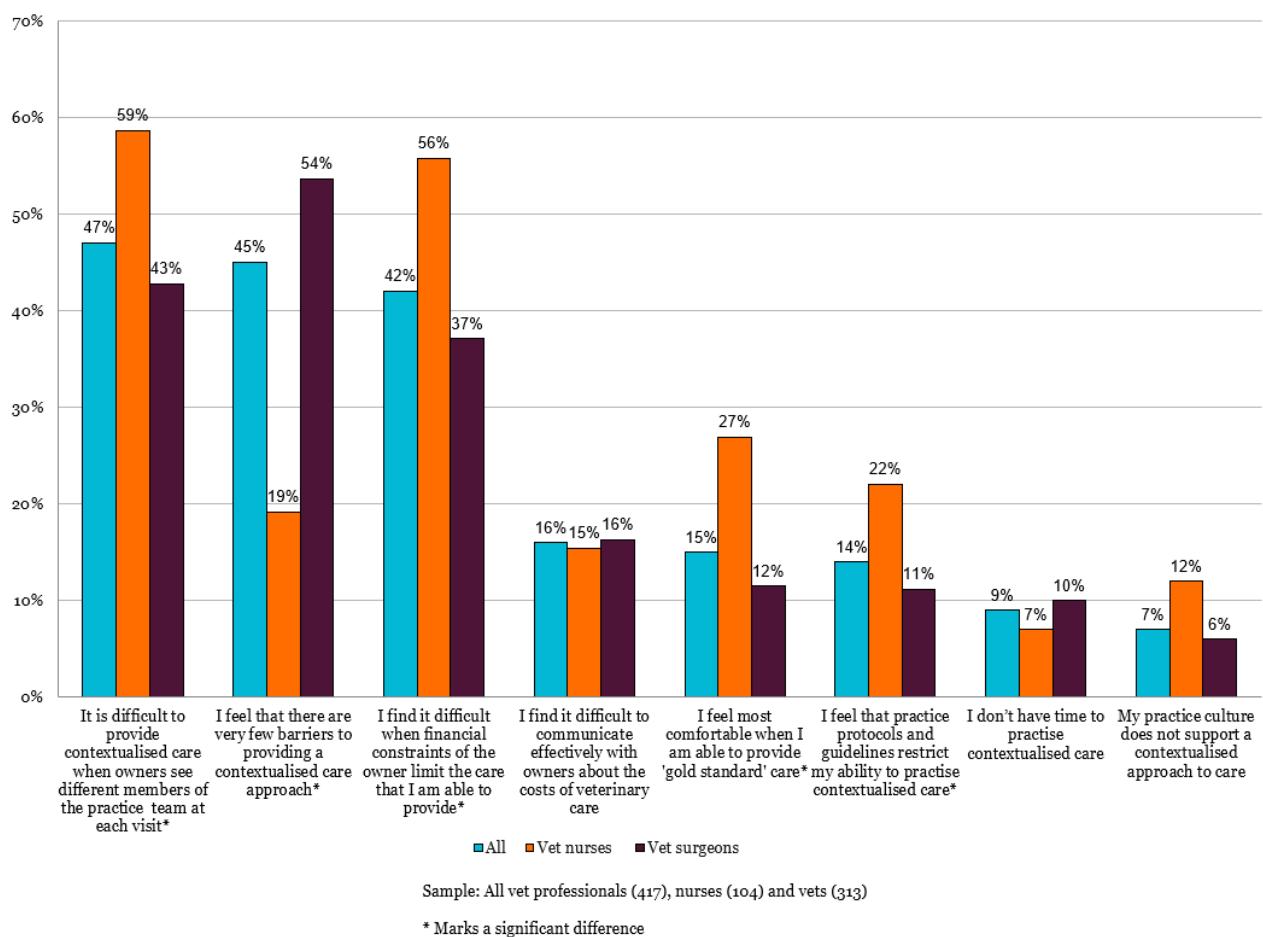
There were differences in response by role (Figure 9, below), with veterinary nurses consistently reporting higher perception of barriers across most categories, particularly as regards to financial constraints (56% vs 37% for veterinary surgeons) and continuity of care issues (59% vs 43%). Significantly fewer RVNs reported that they felt there were very few barriers to providing contextualised care (19% vs 54%).

In comparison to veterinary surgeons, RVNs were more likely to report feeling more comfortable when they can provide ‘gold standard’ care (27% vs 12%). RVNs were also significantly more likely to report feeling that practice protocols and guidelines restricted their ability to practise contextualised

care (22% vs 11%).

Figure 9: From your experience, please select what you think are the biggest barriers to you providing contextualised care (select up to three). Shown by role.

Veterinary professionals survey, Q17

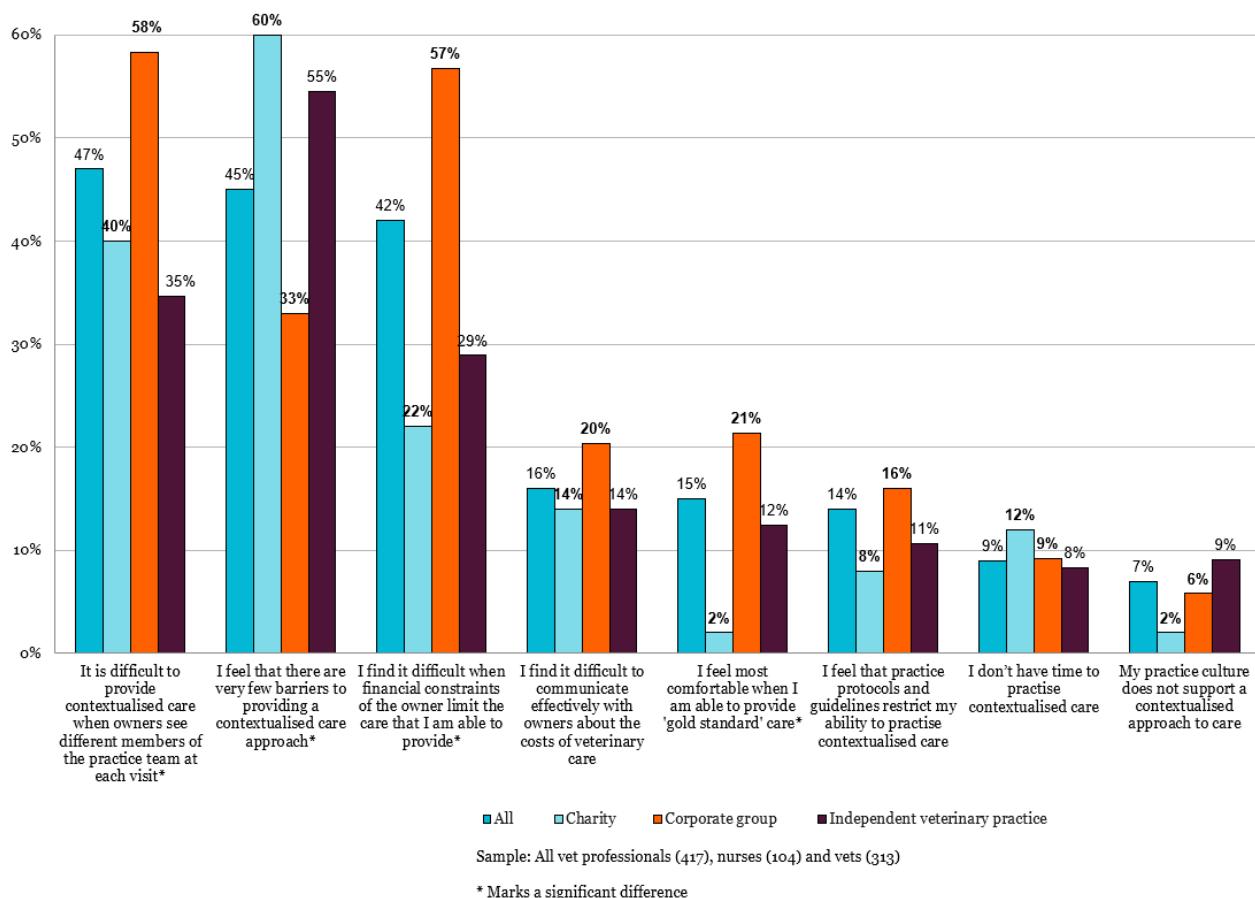


The responses to Q17 were further analysed by practice type and years since qualification.

Practice ownership (corporate, independent or charity) was significantly associated with several perceived barriers including continuity of care (58% corporate, 35% independent, 40% charity), owner financial constraints (57% corporate, 29% independent, 22% charity), and feeling most comfortable when able to provide 'gold standard' care (21% corporate, 12% independent, 2% charity). In our sample, more recently qualified vets made up a much larger proportion (48%) of those working in corporate practices than in independent (15%) or charity (7%) practices, meaning that interpretation of this subgroup analysis is not straightforward due to potential confounding factors. (See below for the findings on the association between years since qualification and perceived barriers, and chapter 8 for the discussion on interpretation of these findings.)

Figure 10: From your experience, please select what you think are the biggest barriers to you providing contextualised care (select up to three). Shown by practice ownership.

Veterinary professionals survey, Q17

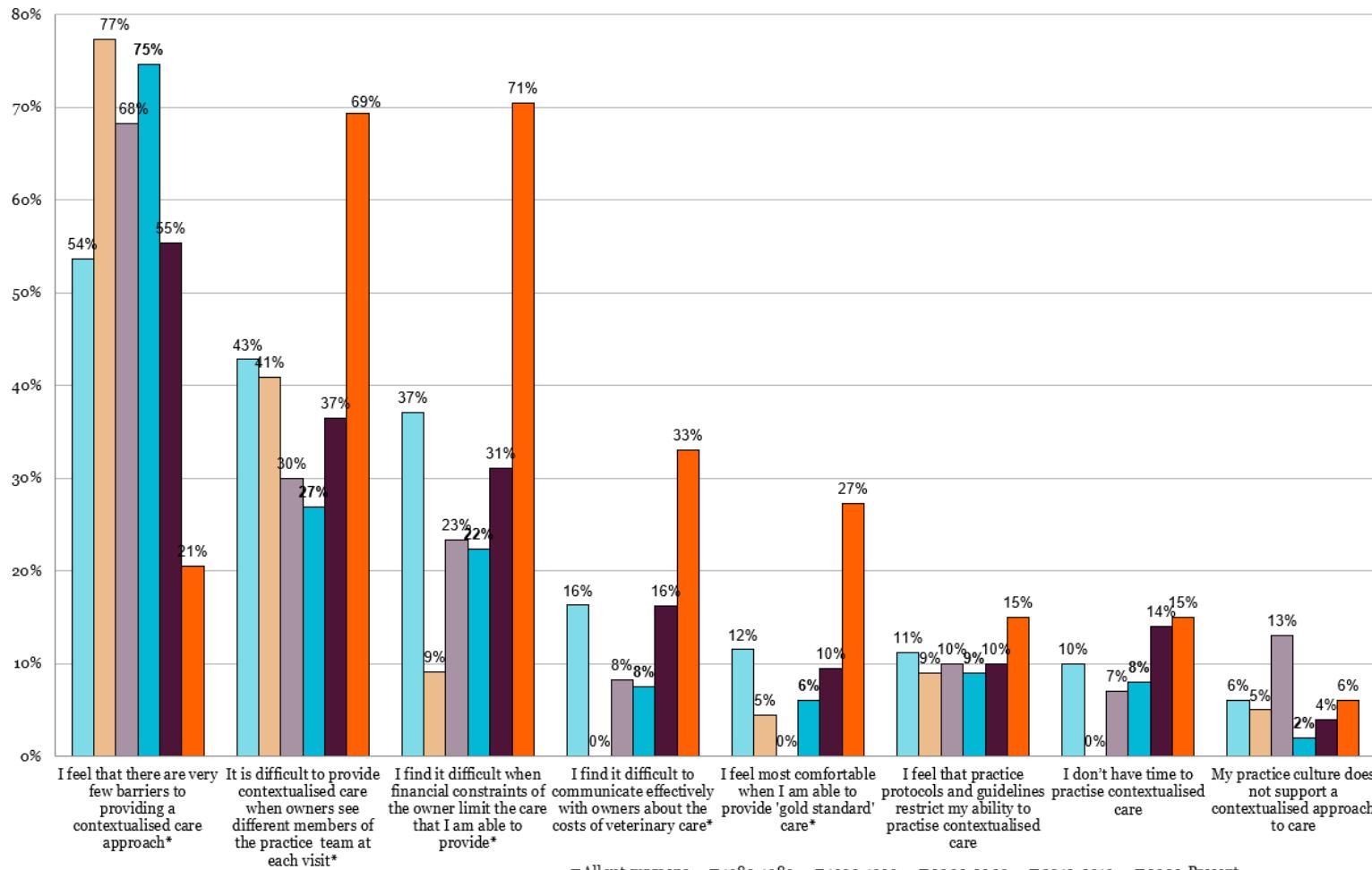


Analysis of the veterinary surgeons quantitative data, by year of qualification, shows that more recently qualified vets perceive more barriers to contextualised care than vets with more years of experience. Notably, only 21% of recent graduates (qualified 2020–present) in the sample felt they faced few barriers compared to 77% of those qualified in the 1980s. There were significant differences in reported barriers across graduation cohorts. Recent graduates showed the highest rates of struggling with continuity of care (69%, compared to 41% for the 1980s cohort), financial constraints (71% vs 9%), cost communication (33% vs 0%), and preference for 'gold standard' care (27% vs 5%). The cohorts that qualified in the 1990s and 2000s showed intermediate levels, suggesting a progressive pattern where the perception of barriers to contextualised care decreases with experience.

No association with experience was found for RVNs in this study; however, it should be recognised that the demographic of RVN respondents to this research was skewed towards those with greater experience (>10 years).

Figure 11: From your experience, please select what you think are the biggest barriers to you providing contextualised care (select up to three).
Shown by year of qualification.

Veterinary professionals survey, Q17



Sample: All vet surgeons (313), 1980-1989 (22), 1990-1999 (60), 2000-2009 (67), 2012-2019 (74), 2020-present (88)

Note cohort 1970-1979 was excluded from subgroup analysis due to small base size (2)

* Marks a significant difference

Most veterinary surgeons in the research sample agreed or strongly agreed that they felt *comfortable offering the option of euthanasia* (94%) and that they felt *comfortable providing appropriate care even when they do not have a definitive diagnosis* (82%). A majority (61%) also agreed or strongly agreed that they were relieved when a pet is insured, as they could carry out more diagnostic tests, although just over 20% of respondents chose “neutral” for this statement.

There are significant differences by level of experience for three of the statements examined. The most striking finding is the increase in reliance on tests due to fear of complaints – rising from just 9% among those who qualified in the 1980s to 50% among those who qualified since 2020. Similarly, relief when pets are insured jumps from 36% to 83% across the same two groups. Conversely, a high percentage of vets who qualified before 2010 (between 91% and 92% across the three cohorts) felt confident providing appropriate care without a definitive diagnosis, while this number was 66% among recent graduates.

Figure 12: To what extent do you agree or disagree with the following statements? (Percentage of veterinary surgeons only who chose either ‘agree’ or ‘strongly agree’, by qualification cohort.)
Veterinary professionals survey, Q19

	Qualification cohort				
	1980-1989	1990-1999	2000-2009	2010-2019	2020-Present
I feel relieved when a pet is insured as this enables me to carry out more diagnostic tests*	36%	48%	55%	55%	83%
I tend to rely on tests and diagnostics to get a clear answer because I am worried about client complaints or disciplinary action if I make the ‘wrong’ decision*	9%	7%	12%	31%	50%
I feel under pressure to recommend certain diagnostic or treatment options	5%	12%	13%	16%	30%
I feel confident and comfortable that I can provide appropriate care to an animal even when I don’t have a definitive diagnosis*	91%	92%	91%	80%	66%
I find it difficult to provide owners with the information they need to choose between diagnostic or treatment options	5%	10%	9%	8%	21%
I find it difficult to keep on top of the latest evidence for different treatment and diagnosis options	46%	42%	39%	49%	57%
I am comfortable offering the client the option of euthanasia	96%	93%	99%	99%	88%

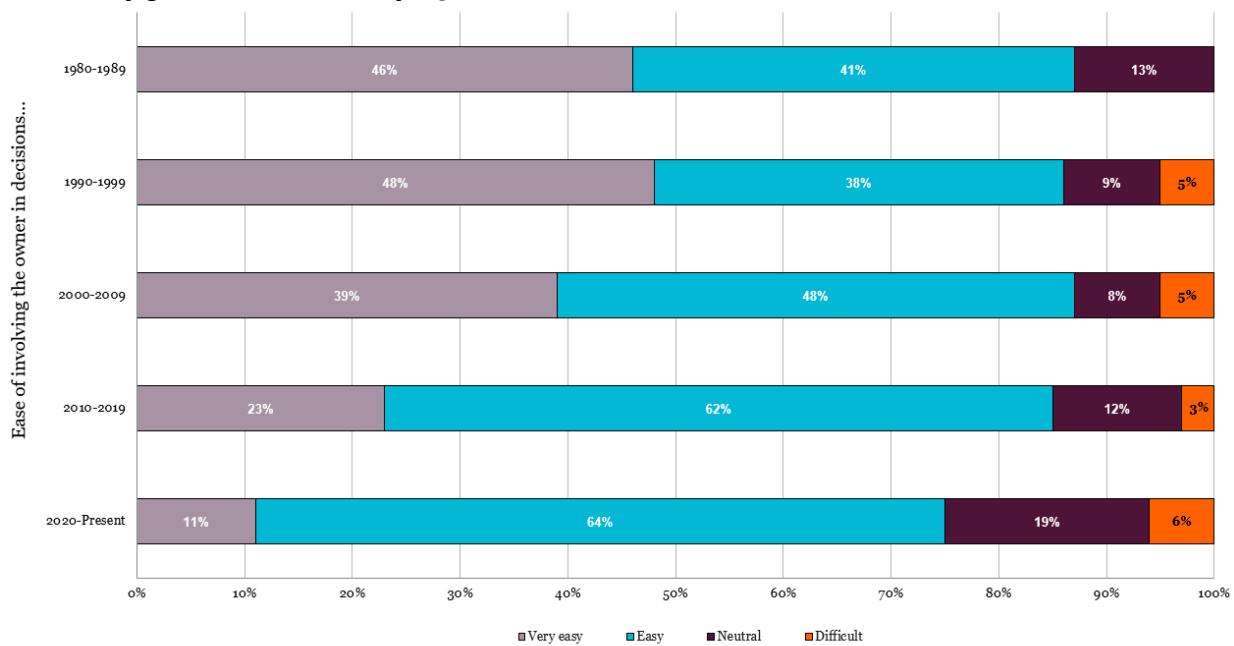
Sample: All vet surgeons (313), 1980-1989 (22), 1990-1999 (60), 2000-2009 (67), 2010-2019 (74), 2020-present (88)

Note cohort 1970-1979 was excluded from subgroup analysis due to small base size (2)

* Marks a significant difference

A similar finding regarding experience was found in answer to the question *How easy do you find it to involve the owner in decisions about their animal’s care?* (Q13). For veterinary surgeons, there were differences across experience cohorts in ease of involving owners in care decisions, with more experienced vets reporting “very easy” more frequently. Among RVNs, there were no significant differences when looking by years of experience.

Figure 13: How easy do you find it to involve the owner in decisions about their animal's care?
 Veterinary professionals survey, Q13

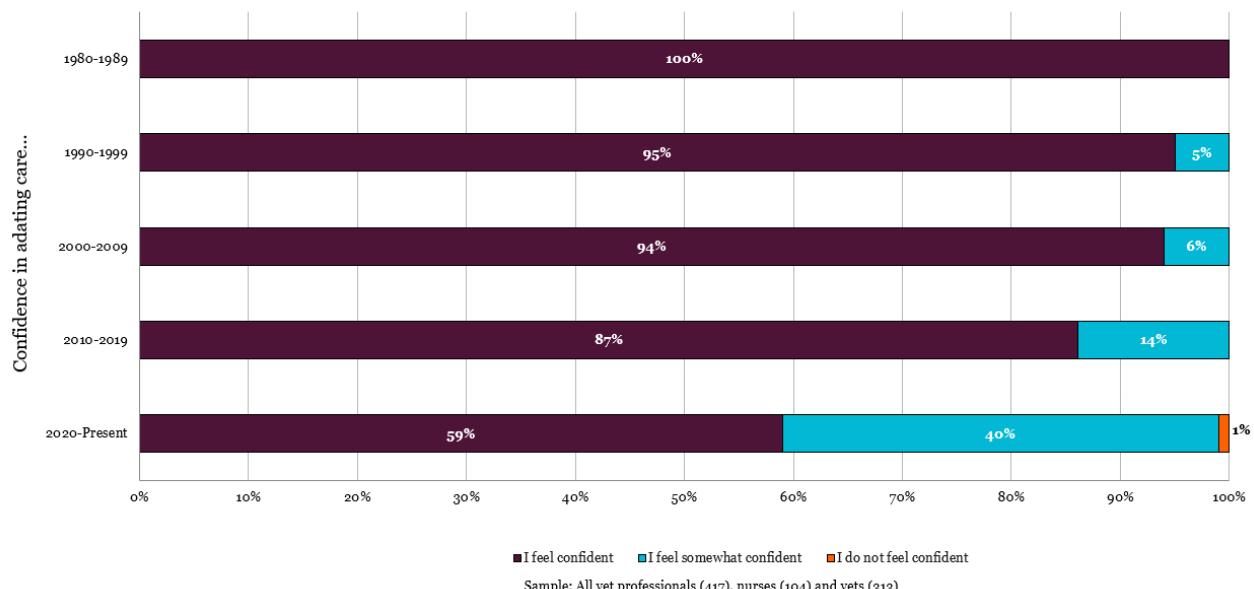


Sample: All vet surgeons (313); 1980-1989 (22); 1990-1999 (60); 2000-2009 (67); 2010-2019 (74); 2020-present (88)
 Note cohort 1970-1979 was excluded from subgroup analysis due to small base size (2)

A similar pattern emerged in answers to the survey question about level of confidence in adapting care to the circumstances of the individual animal and its owner. Veterinary professionals who qualified in the 1980s–2000s showed consistently high confidence levels, while this dropped slightly for 2010s graduates and more steeply for those who qualified in 2020 or later.

Figure 14: How confident are you in adapting care to the circumstances of the individual animal and its owner?

Veterinary professionals survey, Q15

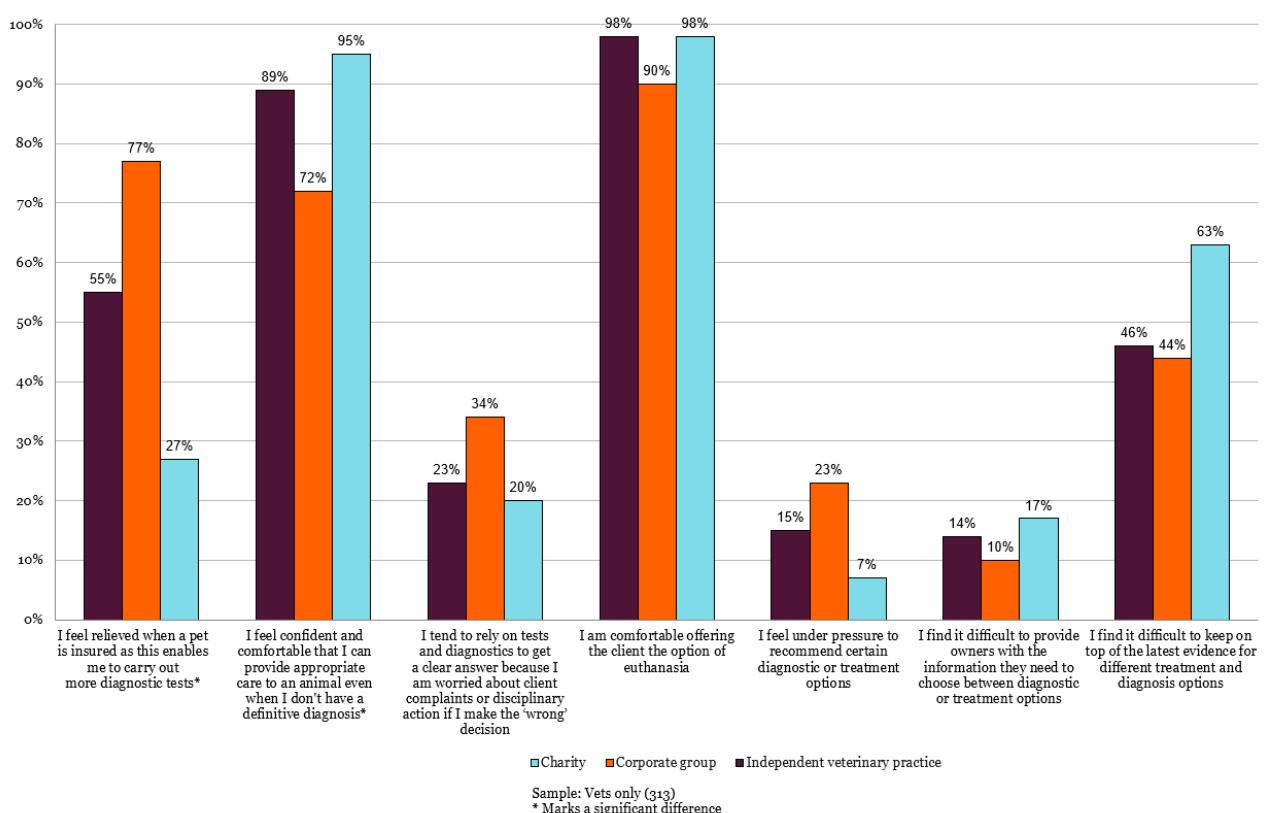


Sample: All vet professionals (417), nurses (104) and vets (313)

There were also some differences by practice type. Veterinary surgeons in all practice types showed relatively high levels of clinical confidence when providing care, but there were some statistically significant differences with veterinary surgeons in corporate-owned practices reporting lower rates of confidence without definitive diagnosis (72%, compared to 89% independent and 95% charity) and higher rates of feeling relieved when pets are insured (77% vs 55% independent and 27% charity). As highlighted above (page 46), this may reflect different age demographics for those working in different types of practice in our sample.

Figure 15: To what extent do you agree or disagree with the following statements? Shown by practice ownership.

Veterinary professionals survey, Q19 (asked of veterinary surgeons only; scores represent top-two-box answers)



Qualitative data from the interviews and open-ended survey responses from veterinary teams illustrates the practical barriers to providing contextualised care.

Continuity of care

Veterinary professionals reported the challenges of delivering contextualised care when owners see different members of the veterinary team at different visits.

“The common complaint is ‘I always see a different person every time I go in.’ They’re having to start the story from scratch, and sometimes you get duplication of testing because the next vet isn’t fully aware of what’s gone on before or even the thinking of the previous day.” **Veterinary surgeon (interview)**

“Lack of continuity of care [is a barrier]. We still don’t have a good culture of the same vet seeing the same owner and we aren’t always good about recording details about the client because we are nervous about including personal details in the notes.” **RVN (interview)**

“I think it’s easiest to deliver if you have a good relationship with the client but unfortunately [clients] rarely see the same doctor because they are working part time and it’s hard to get an appointment with them. It’s so much easier [when] you get to know the client’s approach. You get to know the client’s willingness to do things... if you have that relationship it’s much easier to discuss the case in depth then to find the appropriate route.” **Veterinary surgeon (interview)**

Financial constraints

Veterinary team members described experiencing tensions between providing optimal care and managing cost limitations, with pet owners struggling to afford treatments. Some expressed concern that a significant increase in veterinary fees over recent years is making veterinary care less accessible to many. Others expressed concern that business models could influence clinical decision-making.

“Owners not accepting their own financial limitations, i.e. offering cheaper options, but owners becoming aggressive and blaming staff for the fact that it’s not possible for the patient to receive gold standard treatment.” **Veterinary surgeon (survey)**

“Due to the current economic climate, we’ve seen more patients be euthanised or more clients wait to bring their pet in for care due to financial concerns, so by the time we see someone they may be much worse off than they could’ve been.” **RVN and practice manager (interview)**

“I appreciate that most veterinary practices don’t run on a huge profit margin, which the public don’t understand... But I am very alarmed by the increasing veterinary fees over the years, and I stand there thinking if I were a pensioner and I was suddenly presented with a surgical case that is £3.5K, where am I going to find that money? ... I am aware that for a large proportion of our population, veterinary care is getting out of reach.” **Veterinary surgeon (interview)**

“I feel some clinics may be incentivised to increase client spend in order to repay large equipment purchases such as MRI/CT.” **RVN (survey)**

“In the corporates, it is about bringing in the money. I know that there is pressure on my manager to bring in money, what more could we be doing. We have a team meeting this afternoon before the shift starts and that will be an uncomfortable conversation for me because I will still not be recommending things that are unnecessary. So probably one barrier is organisational financial goals and priorities. And they are businesses. I get that.” **Veterinary surgeon (interview)**

“I am in the position of practising pragmatism (as we call contextualised care!) in my full-time job and am very comfy with it but find my locum work really hard as I work for corporates that want to push everything at a client even when I don’t feel it is needed.” **Veterinary surgeon (survey)**

Consultation length

Although lack of time to practise contextualised care was only selected by 9% of veterinary professionals as one of their top three barriers, the qualitative data shows that limited consultation time is perceived as a barrier, as it can limit the time to discuss options and adapt care to individual circumstances. However, it is also acknowledged that there is a balance to reach between the length and costs of consultations.

“Timing of consult [is a barrier]. We’ve just run a trial month on consultations where we did 20-minute medical appointments and 10-minute vaccine appointments. The 20-minute consults have been great; clients are able to have proper care and proper conversations. But the 10-minute vaccine appointments have barely been enough to do a clinical exam and vaccinate. Having longer consults would be worthwhile instead of just cramming in as many as you can all day.” **RVN (interview)**

“Time [is a barrier] – consults are limited in time and to specify and adapt for patient and client you need time to discuss options.” **Veterinary surgeon (interview)**

“Longer consultation times, cost of a consult means owners want to fit everything into one consult.” **Veterinary surgeon (survey)**

Owner expectations and levels of understanding

Veterinary team members perceived that pet owners have varied expectations and levels of understanding of veterinary care. They reported barriers such as unrealistic expectations, misinformation and emotional responses such as shame. Communication was particularly difficult when clients had limited capacity to understand treatment implications.

“I find it difficult to provide contextualised care because of the owners’ expectations nowadays.”

Veterinary surgeon (survey)

“There are owner factors too, such as shame and inability to understand the implications of a treatment option.” **Veterinary surgeon (survey)**

“It is sometimes difficult for owners to understand/accept that financial constraints may limit the care that is available to their pet.” **Veterinary surgeon (survey)**

“[Another barrier to contextualised care is the] social media impact on owners’ understanding and knowledge, that they will source their own information that may be misleading.” **RVN (survey)**

“Client understanding. I can think of a specific client who lives in sheltered accommodation, she does have mental health issues. So when we treat her cat, she normally comes along with a carer. It can be quite difficult because the owner doesn’t fully understand everything we are saying to her. The cat has hypothyroidism and has to be seen regularly and needs medication every day. She doesn’t always give the medication. I don’t know if that responsibility lies on the carers. Quite often you can tell [the clients] are not understanding what you are saying.” **RVN and practice manager (interview)**

“I find that communicating that to a client is quite difficult, if you bombard them with all the options, it can quite quickly become very overwhelming. The common question they then ask you is ‘What would you do if it’s your animal?’, which is always a difficult question to answer.” **Veterinary surgeon (interview)**

“Sometimes owners also feel upset when you offer gold star care simply because it would feel dishonest not to offer even if you are happy to work with them. I’ve been accused of ‘shaming’ owners for not being able to afford the gold star option even when I’m very happy to adjust.”

Veterinary surgeon (survey)

Defensive medicine

Veterinary professionals identified fear of regulatory scrutiny, complaints and clinical failure as barriers to implementing contextualised care approaches. Interviewees and survey respondents described how this fear drives defensive medicine practices, particularly among newly qualified professionals who may not be confident in adapting care to individual circumstances. The resulting mindset can prevent veterinary professionals from using clinical judgement to tailor care when appropriate for the specific pet and owner situation.

“I find that vets are often so scared of stepping out of a box that they don’t even consider an alternative approach.” **Veterinary surgeon (survey)**

“New grads feel so overwhelmed, they fear the RCVS is going to look at them, or owners are, they are going to get complaints.” **RVN (interview)**

“I think contextualised care is more difficult for younger vets because they are frightened, they are going to miss things. A younger vet will do a lot more blood testing than I would because they haven’t got that experience yet.” **Veterinary surgeon (interview)**

“There seems to be a pattern with more recent graduates (some not all) that they feel more comfortable in always offering a very robust set of diagnostics and treatments for every case so as not to miss anything and get a clinical complaint. In some cases an honest conversation with the owner about their expectations and limitations in terms of finances, medicating first could then drive what is a sensible path forward. I think younger vets sometimes lack the confidence to have this conversation and this should be explicitly taught as part of training.” **Veterinary surgeon (survey)**

Part 2: Barriers to contextualised care for pet owners

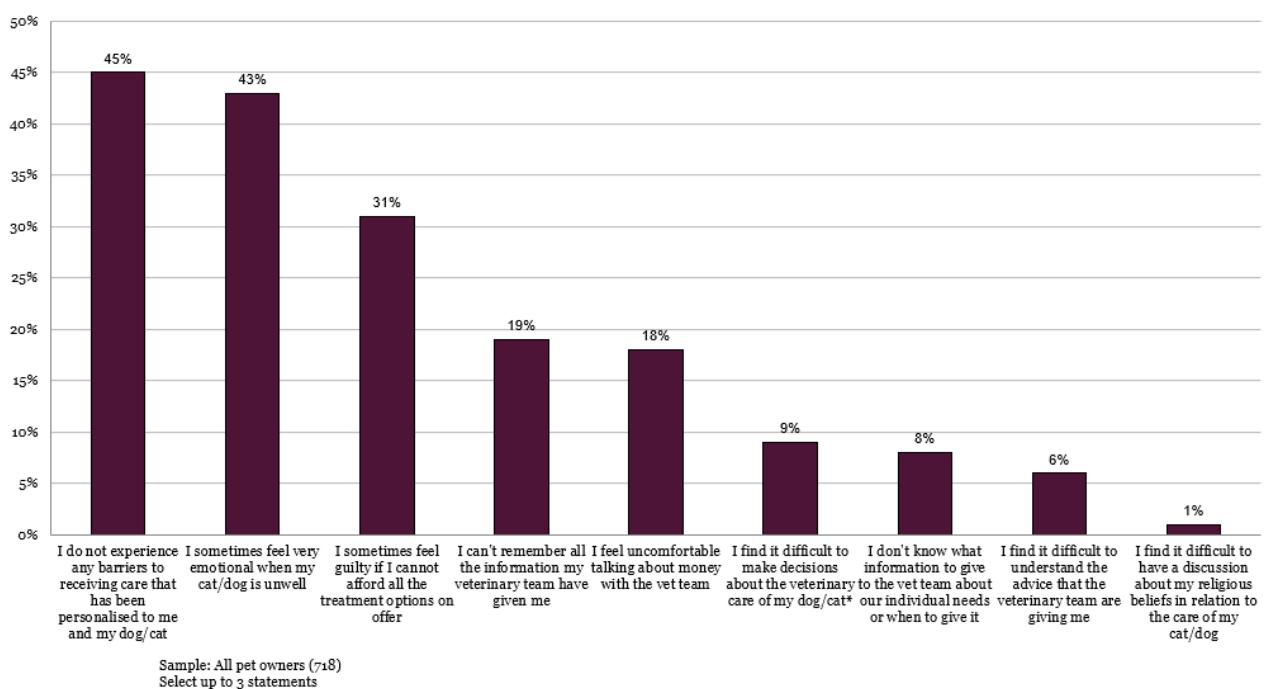
The pet owners survey asked owners about the barriers they experienced in receiving personalised care (the term 'personalised care' was used here on the basis that this term is more widely understood by the public than 'contextualised care').

Notably, 45% of pet owners reported experiencing no barriers to receiving personalised care, mirroring the proportion of veterinary professionals who said they experienced very few barriers to delivering contextualised care. However, this means that 55% of pet owners reported experiencing barriers to personalised care.

The most commonly reported barriers were emotional in nature. The top two barriers reported were *feeling very emotional when pets are unwell* (43%) and *feeling guilty about not being able to afford treatment* (31%). Information retention emerged as a moderate concern (19%), along with discomfort discussing money (18%).

Figure 16: From the list below, please choose up to 3 statements that best reflect your biggest barriers to receiving care that has been personalised to you and your dog/cat.

Pet owners survey, Q18

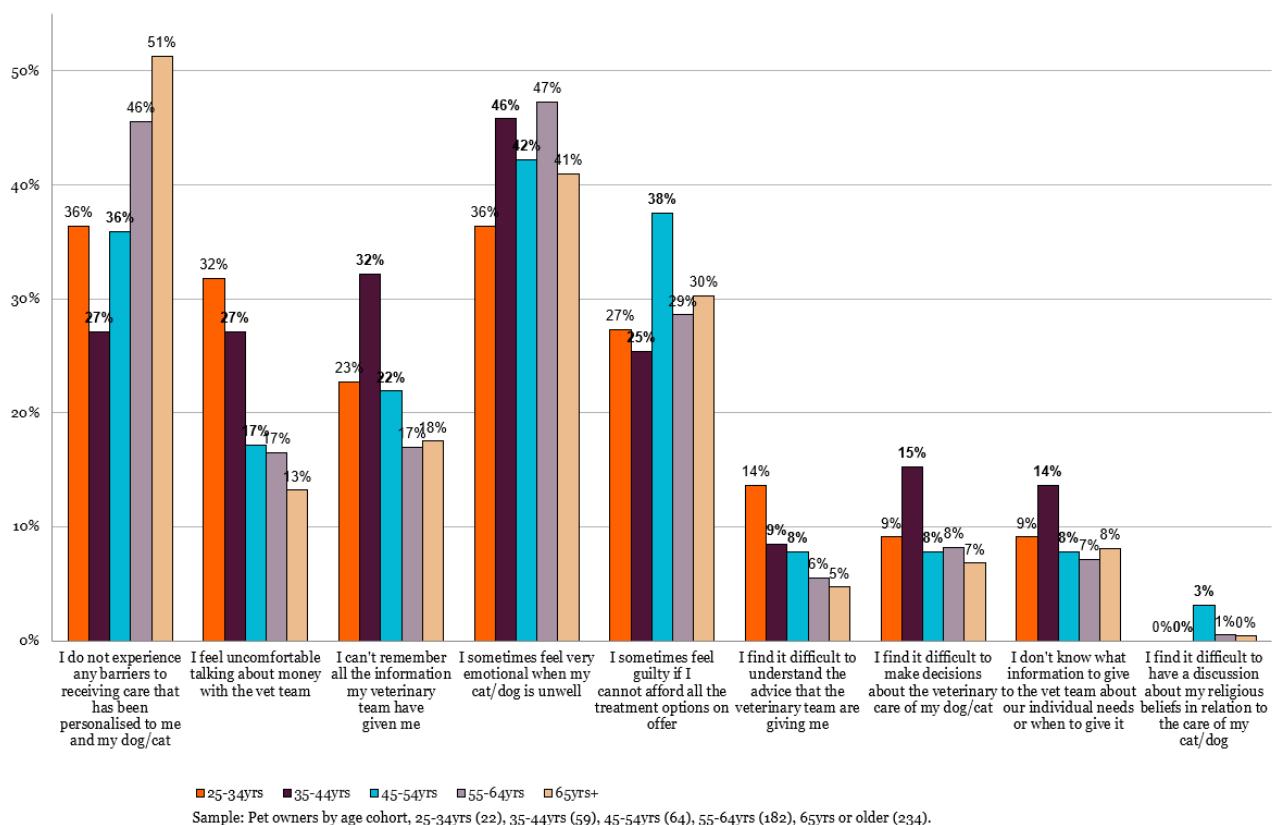


Within these overall numbers, there are some differences based on age, experience and insurance cover, although these should be interpreted with caution because of the small size of some of the subgroups.

Age shows an interesting pattern in experience of barriers to personalised care. These differences

between age cohorts are not statistically significant but may still provide insight into particular needs of pet owners by age. Older pet owners generally reported fewer barriers, with about half (51%) of those aged 65 years and older reporting no barriers, compared with 36% of those aged 25–34 and 27% of those aged 35–44. Discomfort talking about money with the vet also appears to drop substantially with age, from 32% in the youngest group (25–34) to 13% in the oldest (65+). Emotional responses when pets are unwell remained relatively stable across age groups (36% to 47%).

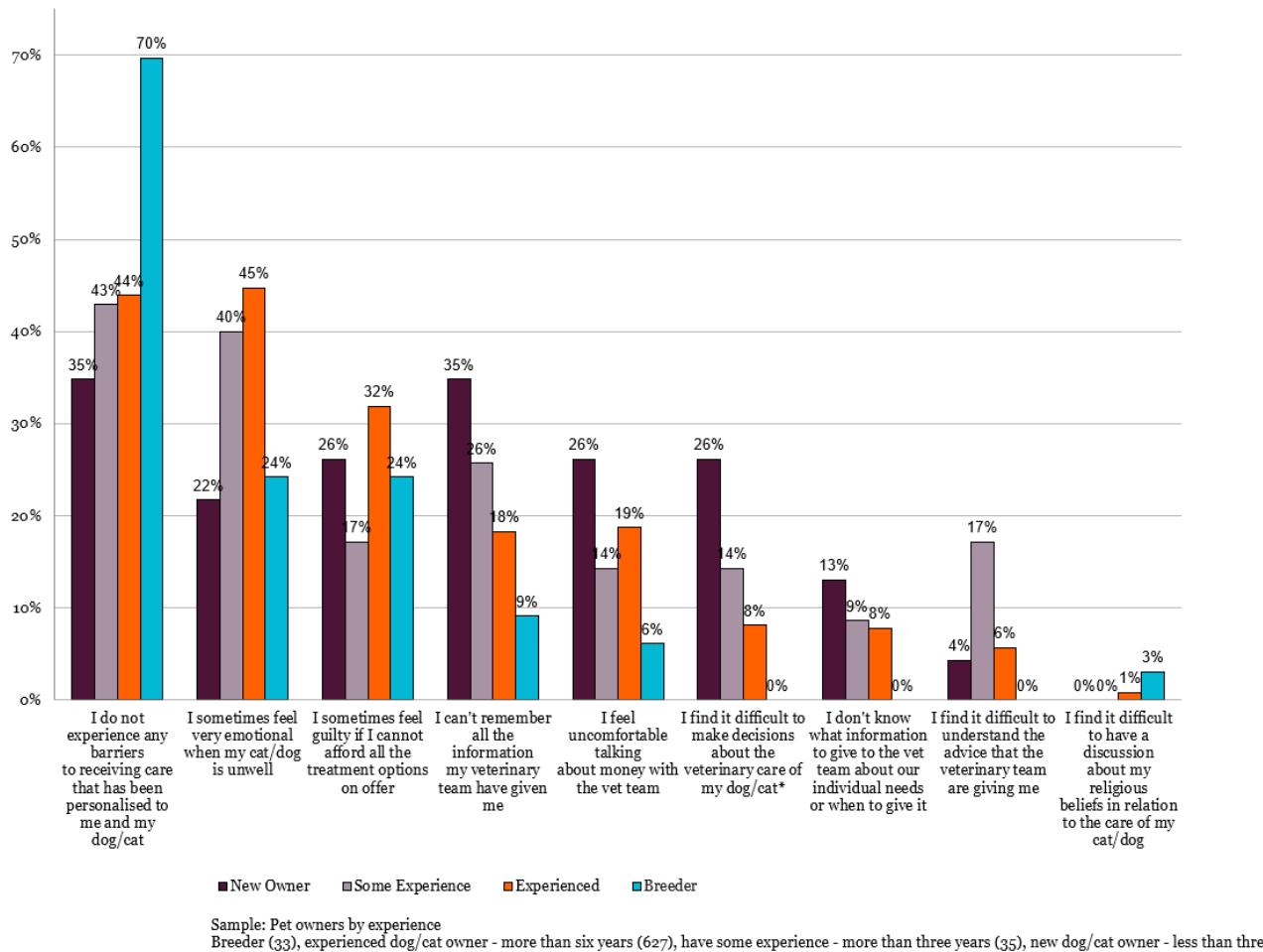
Figure 17: From the list below, please choose up to 3 statements that best reflect your biggest barriers to receiving care that has been personalised to you and your dog/cat. Shown by age. Pet owners survey, Q18



When looking at barriers through the lens of pet ownership experience, the data revealed one statistically significant difference: decision-making difficulties, affecting 26% of new owners compared to 14% of owners with some experience and 8% of those with a lot of experience. The other observed differences suggest that newer pet owners may face more practical challenges across various categories, including information retention, money discussions, and knowing what information to share. However, given the small subgroup sample size, these findings should be considered exploratory and indicative of potential differences in owner needs rather than definitive patterns.

Figure 18: From the list below, please choose up to 3 statements that best reflect your biggest barriers to receiving care that has been personalised to you and your dog/cat. Shown by level of experience.

Pet owners survey, Q18



Financial guilt was felt by owners in all insurance categories, but there were significant differences by level of insurance coverage for feeling financial guilt, with those having partial coverage (some cats/dogs insured, others not) experiencing the highest rates of guilt about unaffordable treatments (52% vs 32% for no pet insurance and 24% for those with insurance for all of their cats/dogs).

Qualitative data from the focus groups and open-ended survey responses from pet owners illustrates their perspectives on the practical barriers to receiving veterinary care that is tailored to their needs and circumstances.

Affordability and financial constraints

Many pet owners highlighted a significant increase in veterinary costs and queried why costs had risen so sharply. Pet owners described how they experienced financial constraints across multiple aspects of veterinary care, including the cost of emergency services and medication costs exacerbated by restrictions on prescribing human alternatives. Many owners reported lack of transparent communication about costs from veterinary practices, while some expressed concerns that treatment recommendations may prioritise practice profitability over working within their budget constraints.

“[The] biggest problem for me is the ridiculous cost of out of hours veterinary care. My own vets are great but not open at weekends. The out of hours service is run by a different company and the cost is extortionate.” **Pet owner (survey)**

“Just costs [are the barrier], especially since vets are now not allowed to advise human medicines for pets, meaning the licenced alternative is hugely expensive.... the cost of medication should be one of the criteria which allows vets to prescribe off licence meds for pets.” **Pet owner (survey)**

“The vets always assume money is no object and I am not usually told the costs (e.g. for blood tests) in advance.” **Pet owner (survey)**

“When my vet went from being independent and sold out to a big company, suddenly they didn’t want to talk money, rather it’s we need to do this test, or this test... I’m currently with an independent vet who is open and happy to talk about money... It needs to be not a taboo topic, honest and open from the beginning so it’s not a shock at the end.” **Pet owner (focus group)**

Some owners expressed concern that having insurance might lead to unnecessary procedures, or that a lack of insurance could lead to assumptions being made about the level of care that could be afforded.

“Knowing our dogs are well insured, we have received inappropriate and unnecessary treatment options.” **Pet owner (survey)**

“They can assume that low income and no insurance will mean only offering limited options including euthanasia which has happened and then with the same condition for different dog and insurance suddenly it wasn’t a death sentence! We would have sold everything to have had the other options for our other dog as well.” **Pet owner (survey)**

Continuity of care

The pet owners survey results demonstrated a strong preference for continuity of care with 78% of pet owners selecting “strongly agree” or “agree” to the statement *It is important to me to see the same vet team members when I visit the practice* (Q13), a sentiment that is reiterated in the qualitative data.

A lack of continuity of care emerged as a critical factor preventing the development of trusted relationships, sometimes resulting in conflicting advice from different professionals within the same practice and making it more challenging for pet owners to share in the decision-making process.

“Seeing a different vet every time you visit [means the] vet has no personal relationship with me or with the dog, therefore carries no direct knowledge of me or of the dog or the dog’s history.” **Pet owner (survey)**

“Being able to find a good vet and being able to consistently visit with them is a major factor for us. Certainly, for procedures and when dealing with illness.” **Pet owner (focus group)**

“At my current vet practice, there’s been a lot of change-over of vets. This means my pet is seen by a different vet each time, and that makes it challenging for anyone to develop a relationship or trust. Often, different vets give different advice as well, which means we’re getting conflicting information.” **Pet owner (survey)**

“Looking back at the time when I was going to a chain, seeing different people at different times was difficult. When I made the switch to a vet clinic that only focuses on cats, in this setting I had the option to go with the same vet so there was more of an option to focus on personalised care.” **Pet owner (focus group)**

Communication and relationships

Pet owners also identified significant barriers in communication and relationship-building with veterinary teams. Some owners felt disempowered in the decision-making process or felt that they were being judged by their vet, with others expressing concerns that their detailed knowledge of their pet’s specific situation and history was not respected or incorporated into treatment planning.

“I feel that the vet team often don’t agree with and therefore ignore/dismiss information I’ve given them.” **Pet owner (survey)**

“Doing my own research to understand conditions and medications along with side effects and bringing up this in consultations and being met with hostility when I seem to know more or ask deeper questions about things pertaining to my dogs’ illnesses.” **Pet owner (survey)**

“Sometimes the vet can ... assume they know best, which doesn't make them approachable when it comes to discussing contextual care.” **Pet owner (survey)**

“Not feeling like you're being judged for the decision you're making [would be something I would change]. I've met a few vets that try and push a decision onto you and almost guilt trip you a little bit.” **Pet owner (focus group)**

Standardised protocols and targets

Owners expressed a view that less experienced vets in particular seemed to focus on standardised protocols rather than individualised care. Others expressed a view that some types of practices were more likely to offer personalised approaches.

“When it comes to personalised care, it has a lot to do with the vet..., the amount of pressure, targets, facilities, if they are focusing on one species or multiple.” **Pet owner (focus group)**

“Newly trained vets seem like they're going through a set protocol which will direct you into certain treatments. This worries me. It's difficult finding a vet with all the experience who can look at an animal and think yes it doesn't need surgery.” **Pet owner (focus group)**

Accessibility and availability

Pet owners described practical barriers in accessing veterinary care, with challenges for disabled owners around physical accessibility and transportation. These barriers often compound other issues, such as home visits being prohibitively expensive or unavailable for many owners. Pet owners also described how appointment scheduling creates barriers to timely care.

“I'm a wheelchair user and can't get my chair into the building.” **Pet owner (survey)**

“I struggle to get my cats to the vet as I'm disabled and rely on friends for transport and help to put my cats in the carriers.” **Pet owner (survey)**

“A current barrier for us is actually being able to get an appointment promptly. Far too often the front of house staff do not prioritise between routine visits, illness and potential or real emergencies.” **Pet owner (focus group)**

“I have disabilities and sometimes I don't feel that vets understand how this limits my ability to deliver certain forms of care at home.” **Pet owner (survey)**

Summary: barriers to contextualised care

The research has provided evidence of a range of barriers to contextualised care. The barriers most commonly identified by both veterinary professionals and pet owners were lack of continuity of care and affordability/financial constraints.

Veterinary teams reported that lack of continuity of care, where clients see different team members, hampers relationship-building. Pet owners echoed this, also highlighting that seeing different veterinary professionals could lead to inconsistent advice. It is also notable how emotive veterinary consultations are, with pet owners reporting how emotional they feel when their pet is ill, and the guilt they sometimes feel if they cannot afford all treatment options.

Barriers relating to communication were also highlighted, with veterinary professionals citing challenges in gauging owner understanding and managing owner expectations, and some pet owners reporting that their insights and individual needs were undervalued or ignored.

Veterinary professionals identified fear of regulatory scrutiny, complaints and clinical failure as barriers to implementing contextualised care. Pet owners expressed concerns about being judged or about assumptions being made by the vet about affordability.

Organisational pressures were raised by veterinary teams, including constraints from standardised protocols and financial targets.

The research identified significant differences in the barriers encountered by veterinary surgeons and RVNs, reflecting their different roles in practice. There were also differences in barriers to contextualised care reported by veterinary surgeons depending on time since qualification and the type of practice. There were significant differences across practice types in confidence providing care without definitive diagnosis and feelings about pet insurance. As highlighted above (page 46), this may reflect different age demographics for those working in different types of practice in our sample.

For pet owners, differences in the barriers encountered related to experience of pet ownership and extent of insurance cover.

7. What are the facilitators of contextualised care?

In this chapter, we present the research findings on what facilitates the delivery of contextualised care and the changes that veterinary teams and pet owners said are needed to support this approach.

The chapter is divided into four parts:

- 1) Veterinary policy and regulation
- 2) Veterinary education
- 3) Tools, resources and support for veterinary teams and pet owners
- 4) Changes to improve pet owner satisfaction.

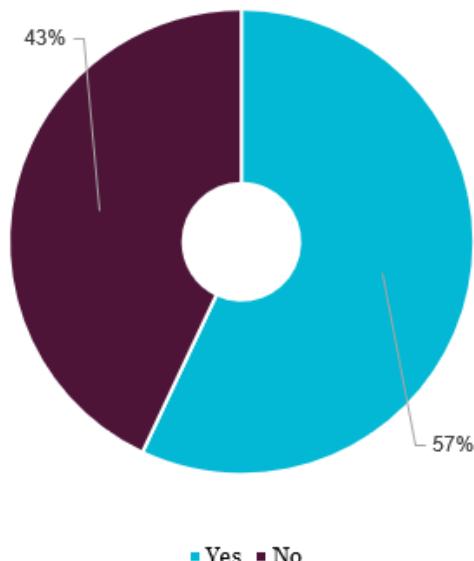
Throughout the chapter, key themes from the analysis of the quantitative data are supplemented by quotes from the qualitative data to illustrate the range of perspectives. The chapter ends with a summary of the key findings.

Part 1: Veterinary policy and regulation

Veterinary professionals were asked if they thought changes were needed in veterinary policy or regulation (Q24) to support the delivery of contextualised care.

Figure 19: Do you think any changes are needed in veterinary policy or regulation to support the delivery of contextualised care?

Veterinary professionals survey, Q25



Sample: All vet professionals (417), nurses (104) and vets (313)

While 57% of veterinary professionals thought that some policy and regulatory changes were needed, analysis of the qualitative data indicated that calls for regulatory change primarily focused on regulation of veterinary medicines, which was perceived as preventing the use of less expensive options and impacting owners' ability to afford treatment for their pets.

“The biggest thing, not to do with contextualised care really, is the price of the medicines. I don’t understand why we can’t buy our medicines just like we would in the doctors. Why the big hike if you get it from the practice? Especially because we’ve see-sawed so that our services are now expensive but the medicine costs have also kept going up. It stops people getting treatment for their pets.” **RVN (interview)**

“More reasonably priced medications or ability to use human generics.” **Veterinary surgeon (survey)**

Currently, RCVS is perceived by some as promoting specialism and gold standard approaches, which is seen as conflicting with the need for contextualised care, driving a referral culture and undervaluing general practice.

“The RCVS has a ... drive for certificates, advanced practitioners, diplomas and specialised pathways. Most people are not specialists or certificate holders; most people just do a good job day in and day out but [are made to feel bad] for not having a certificate.” **Veterinary surgeon (interview)**

Some veterinary surgeons also worry that providing contextualised care (rather than pursuing a ‘gold standard’ approach) will lead to complaints and disciplinary action. This creates a defensive approach to medicine, where some vets feel obliged to pursue every possible diagnostic or treatment option, even if it’s not in the best interest of the patient or client.

“So many vets are terrified of disciplinary action that this informs how they practice.” **Veterinary surgeon (survey)**

“Indemnity insurers – how do we reassure vets that you don’t have to deliver gold standard care to be a competent vet? Contextual care is competent. [We need to remind vets that] you don’t have to do all the tests to be a good vet.” **Veterinary team member (interview)**

“Emphasis on differing the terms. We should ban the word gold standard. If vets don’t think they are doing gold standard they think they’ve failed.” **Veterinary educator (interview)**

However, RCVS was recognised as having a critical role to play in strengthening the delivery of contextualised care by supporting professional autonomy and providing reassurance that adapting care appropriately will not result in disciplinary action (for discussion on this, see chapter 8).

“Reassurance from RCVS that application of contextualised care will not lead to disciplinary action.” **Veterinary surgeon (survey)**

“People with the qualification need to stand by their decision-making and judgement. I think we have to take it back to the individual rather than the corporate entity. Just do your job at the named veterinary level, and the senior vets leave them to it.” **Veterinary surgeon (interview)**

“Guidelines have their place, but they are not procedural aspects. You can flex away from them. I think what people actually want is to be told what they can do in a given situation, so that there’s no repercussions on them. But in actuality, we actually have to spend time getting people used to making their own decisions, being comfortable with making decisions with the information they have at the time and knowing then they’re not going to be hammered down for it.” **Veterinary surgeon (interview)**

Concerns were also raised about the pressure that employers can place on employees, with many suggesting that some control of business practices would be beneficial.

“Within a business, ensuring that vets know that it is okay to carry out contextualised care and they won’t be pulled up for not following that awful term ‘gold standard’.” **Veterinary surgeon (interview)**

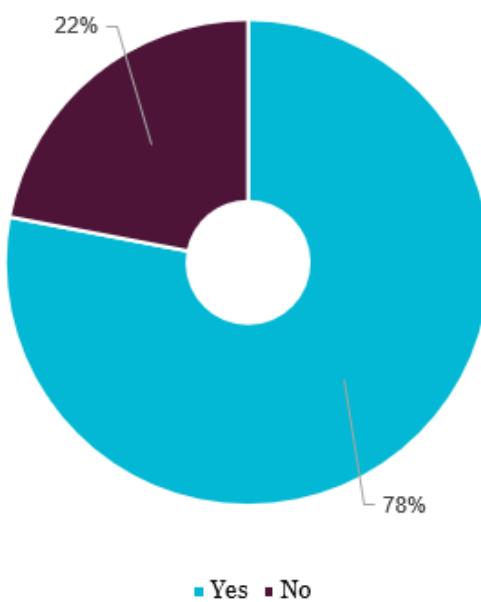
“Not to be pushed by an employer to offer things that are not needed.” **Veterinary surgeon (survey)**

Part 2: Veterinary education

A large majority (78%) of veterinary professionals think *changes are needed in veterinary education* to support contextualised care delivery (Q26).

Figure 20: Do you think any changes are needed in veterinary education to support the delivery of contextualised care?

Veterinary professionals survey, Q26



Sample: All vet professionals (417), nurses (104) and vets (313)

The qualitative findings showed a perception that veterinary education has had too much focus on referral cases and ‘gold standard’ care, and that while new graduates have a good level of theoretical knowledge, they are not well prepared for the realities and financial constraints of practice.

“In my recent experience of veterinary education, there is a huge emphasis on gold standard care - it wasn’t until I started working in practice that I was able to learn about other options available as part of ‘contextualised care’.” **Veterinary surgeon (survey)**

“I can only go by the experience I have when hosting vet students for EMS [extramural studies] placements. I feel that there is still an over-riding emphasis on “gold standard” treatments and diagnostics in veterinary education.” **Veterinary surgeon (survey)**

“As a 2024 graduate, a lot of my small animal clinical lectures focused on gold standard diagnostics and treatment, so more teaching on non-gold standard would have been helpful as I am now relying on discussing cases with colleagues and reading about different options to offer clients who cannot afford gold standard.” **Veterinary surgeon (survey)**

“More focus [is needed] during university on how to deliver cheap accessible care rather than purely gold standard.” **Veterinary surgeon (survey)**

“I think education could demonstrate how to problem solve on a budget.” **Veterinary surgeon (survey)**

Veterinary professionals acknowledged that practising contextualised care may be more difficult for less experienced vets, who need to be given the confidence to deliver contextualised care.

“There is a taught standard that means clinicians are fearful of not working up to the nth degree, which is gold standard... It’s fear. It’s a lack of belief in their own judgement... It’s taught fear.”

Veterinary surgeon (interview)

“I feel that they’re [new graduates] really good at knowing what the options are. And they’re really good for treatment, knowing what the best one is for that condition in isolation, but I think they lack confidence in being able to make a call to say ‘I think this is the best for you’. Because I think that’s a clinical confidence as well as a communication confidence.” **Veterinary educator (interview)**

“I think there is a stigma around offering contextualised care, I have seen this first hand in practice, where vets get angry about clients not being able to afford gold standard or berating other vets for offering contextualised care. There needs to be some work done on reducing this stigma, whether this is at vet school level or beyond.” **Veterinary surgeon (survey)**

Many veterinary professionals reported that experience in general practice (GP) would help students understand veterinary realities and prepare them for successful careers. Increased GP exposure emerged as a major theme for educational change, with participants noting that experience of first-opinion practice helps students understand day-to-day realities, choices and trade-offs.

“First opinion/GP is great for exposure and learning how clients express themselves, as well as how more experienced colleagues express themselves.” **Veterinary team member (interview)**

“Experience of cases in a setting with fewer options (e.g. farm, charity) to give practice and first-hand experience of what is possible/likely without following a full diagnostic pathway.” **Veterinary surgeon (survey)**

“I think primarily just getting them out into practice earlier is really important and they just think about case exposure. And then once you graduate, you’re a bit more aware of all the options available. And I think you just then are able just to deliver that better contextualised care really.”

Veterinary surgeon (interview)

“When I was at university, I didn’t start going out into practice until maybe third, fourth year. They [RCVS] are saying, you know, we’re going to get them out into practice from first year and I think that’s really important. Getting students into practice to see other vets practising and opening their eyes to all the different factors that influence a vet’s decision when treating an animal is important.”

Veterinary surgeon (interview)

Veterinary professionals would also like to see veterinary surgeon and veterinary nursing students taught more communication skills, particularly around sensitive topics such as finances and dealing with differences in opinions on treatment options. However, there was also acknowledgement that the curricula are already full.

“Being able to deliver good contextualised care is based primarily on having good communication skills so that you can build that rapport with the client and explain all the options. If you have a good rapport with the client, it is much easier to have open and honest conversations. And that stems from having good communication skills. So, we need to encourage students at university to learn those communication skills earlier.” **Veterinary surgeon (interview)**

“When I was at college, I don’t recall doing any sort of training on communication with clients or anything about complaints resolving.” **RVN and practice manager (interview)**

“It’s difficult because I worked with new graduates a lot as well before I qualified. I don’t feel that new graduates were well prepared. In particular, financial constraints. I think they didn’t feel confident to discuss finances with clients. And that’s my experience with new graduates.”

Veterinary educator (interview)

“Vet nurses definitely don’t get enough clinical comms experience. They maybe get one couple hours’ session during all their training. I don’t think they do any scenario.” **Veterinary educator**

(interview)

“More training and support on having conversations with clients about euthanasia as an option.”

Veterinary surgeon (survey)

“I do not think the term 'gold standard' should be taught or used. This should not be something that is discussed with owners as falling short of this may infer failure on the vet and owner's part for the animal.” **Veterinary surgeon (survey)**

“[There is a need for] more evidence based learning, case led approaches rather than black and white tick box exercises. A collaboration of vets and nurses training together at university and specific modules that relate to customer care, business and client communication.” **RVN (survey)**

Improving skills and confidence to deliver contextualised care was not only highlighted as a priority for undergraduates. Veterinary team members in the survey and the interviews said that more training is needed, both for new graduates and experienced team members, on contextualised care and communication skills.

“Some form of communication workshop, role play where you've got a client that really doesn't understand and you have to go very basic. The contrast of conversation depending on what owner you have in front of you, how much they understand, and what you have to do to get through to that owner.” **RVN (interview)**

“For each individual, more making sure that communication teaching is going in depth enough. But not too soon... I also feel that we would benefit from more interdisciplinary work looking at human health, psychology and sociology. And that's an area that's really grown in recent years. And I think we could learn a lot from them in terms of communication supporting contextualised care.”

Veterinary educator (interview)

“I think it takes much longer than the length they have in the course, so actually having a year after they're out in which they're still training to help them practise the skills that they've learnt and work on them.” **Veterinary educator (interview)**

“Training on talking through costs with clients. The vets that do it well literally provide estimates for the client, and it's all done in the appointment. One of the vets, who is our clinical director, is the best at it. And you do hear her saying 'gold standard would be this, but we can also try this and there is no harm in trying this first' so the client doesn't feel bad if they can't afford gold standard. So, she's brilliant but it's about getting that level taught out to all other vets.” **Practice manager (interview)**

Part 3: Tools, resources and support for veterinary teams and pet owners

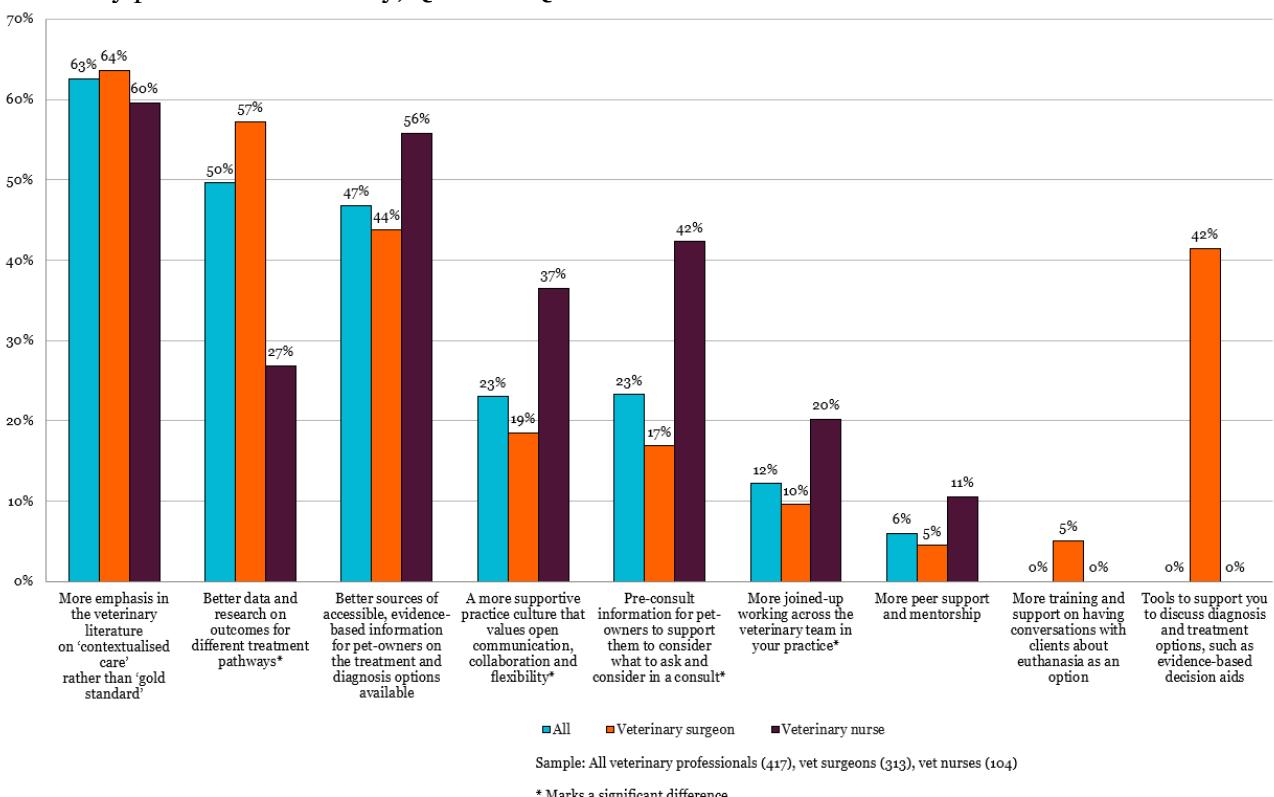
Veterinary professionals were asked to identify tools and support that would be most useful for delivering contextualised care effectively (Q20 and Q21). *More emphasis in the literature on 'contextualised care' rather than 'gold standard'* was identified as the being most helpful by both veterinary surgeons and RVNs.

Veterinary surgeons also prioritised *better data and research on outcomes for different treatment pathways; better sources of accessible evidence-based information for pet owners on the treatment and diagnostic options available; and tools to support you to support diagnosis and treatment options, such as evidence-based decision aids*.

RVNs prioritised *better sources of accessible evidence-based information for pet owners on the treatment and diagnostic options available and pre-consult information for pet owners to support them what to ask and consider in a consult*. They were also significantly more likely than veterinary surgeons to choose *a more supportive practice culture that values open communications, collaboration and flexibility and more joined-up working across the veterinary team in your practice* as key areas of support for contextualised care.

Figure 21: Which of the following would you find more useful to support you in delivering contextualised care effectively? (Please select up to three.)

Veterinary professionals survey, Q20 and Q21



RVNs were not presented with the final two options as differences in their scope of practice would have made the responses difficult to interpret.

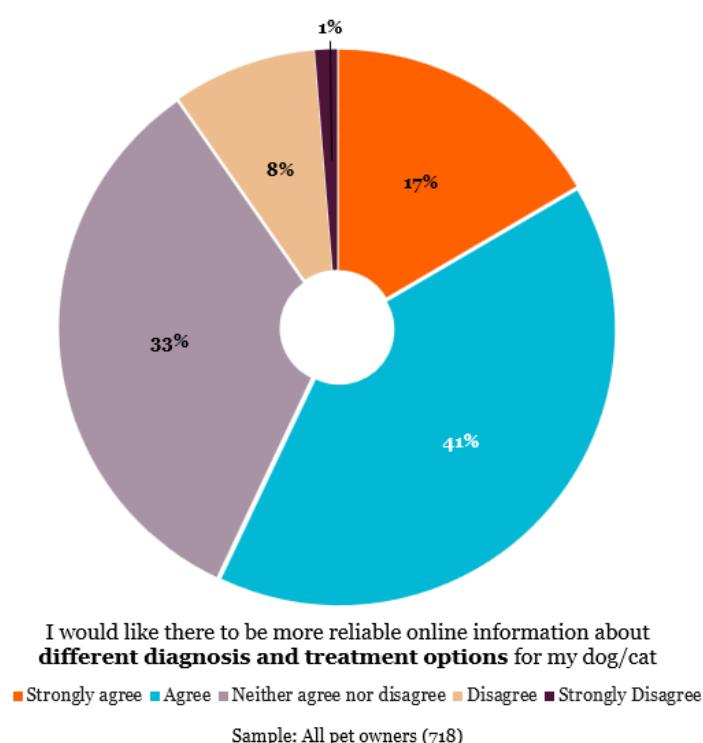
Evidence-based information

Almost half (47%) of veterinary professionals agreed or strongly agreed with the statement *I find it difficult to keep on top of the latest evidence for different treatment and diagnosis options* (Q19), indicating a need for synthesised evidence to support contextualised care.

The survey findings for pet owners (Q13) similarly indicate *a desire for more reliable information to inform decisions about options*, with 58% agreeing or strongly agreeing that they would like there to be more reliable online information about different diagnosis and treatment options for their pets.

Figure 22: To what extent do you agree or disagree with the following statements? (Showing responses to “I would like there to be more reliable online information about different diagnosis and treatment options for my dog/cat.”)

Pet owners survey, Q13



The qualitative findings indicate the importance of appropriate evidence and information to both veterinary teams and pet owners. The importance of being able to access information before and after the consultation was also highlighted.

“The more we can inform owners to be able to assess options and then take the relevant information to put into context within their lives, the better.” **Veterinary team member (interview)**

“[Providing pre-consult information for pet owners to support them to consider what to ask and consider in a consult] would give clients a bit more autonomy and a bit more control.” **Veterinary surgeon (interview)**

“If it’s a first diagnosis, maybe having flow charts for the owners and something they can fill out about what their dog’s routine is, so we can have a better understanding of what’s going on and they feel like their concerns are listened to.” **RVN (interview)**

“Having good links to resources and different types of resources. Not every owner wants all that information and there is always going to be conflicting advice online. So having videos we can send or recommended websites.” **RVN (interview)**

“It is very hard to take in what information the vet is giving you, when quite frequently you are an emotional wreck at the time. Receiving it in writing at the time would be useful.” **Pet owner (focus group)**

Culture and team-working

Other factors identified as supporting the delivery of contextualised care relate to practice culture and team working.

In the interviews, many veterinary professionals said that the delivery of contextualised care needs a whole team approach. It was recognised that RVNs, receptionists and practice managers may have different types of interactions with clients and can help to build relationships with clients, listening to their concerns and providing information and support.

“Everyone on the team has to be part of the process. Practice manager, support staff, vets, nurses, etc. Everyone on the team plays a different role but they all have to be supporting contextualised care otherwise it isn’t going to work.” **RVN (interview)**

“Training with other veterinary professionals is very helpful, so that you can learn where your role intersects and at what point you can consult other professionals so you don’t feel like you have to do everything.” **RVN (interview)**

“Sometimes the clients are very much like, ‘Can I ask you the question?’ because they are shy with the vet and they don’t want to ask a silly question of the vet. But with us nurses, they do.” **RVN (interview)**

The importance of building a strong relationship with the client was also recognised, as well as the importance of using a team approach to deliver continuity of care when individual team members are not available.

“Animal owner and the practice team [are the most important relationships in delivering contextualised care]. Everyone in the team plays a part. A client’s context is seen in bits by everyone in the practice. The team needs to put it together. They need to talk to one another. A ‘one team’ approach.” **Veterinary team member (interview)**

Support and mentorship

Most veterinary professionals find it reasonably easy to access support from other veterinary professionals when making decisions, although this is easier for veterinary surgeons than RVNs.

Figure 23: How easy is it for you to access support from other veterinary professionals including colleagues or specialists when making decisions?

Veterinary professionals survey, Q23

Ease of accessing support	All	RVNs	Vets
Very easy	25%	16%	28%
Easy	49%	46%	50%
Neutral	21%	29%	18%
Difficult	5%	9%	4%

Sample: All vet professionals (417), nurses (104) and vets (313)

However, veterinary team members noted that it can be important to also consider the emotional impact of certain care decisions on them and other members of the vet team and to have a mentor or supportive peer with whom they can process difficult situations and challenging decisions.

“I think you would find there is a lot of anxiety out there. I try to be pragmatic but 100% there are nights when I come home obsessing over whether I should have done this or that, did I write that properly, should I have offered this? That is all emotional mental load.” **Veterinary surgeon (interview)**

“It isn’t just a mental health approach but it’s building resilience within our veterinary population, to help them understand that change is okay and not having gold standard is okay. Also helping them to deal with unhappy clients and emotional clients. Because I think there is a lot of defensiveness over that.” **Veterinary surgeon (interview)**

Part 4: Changes to improve pet owner satisfaction

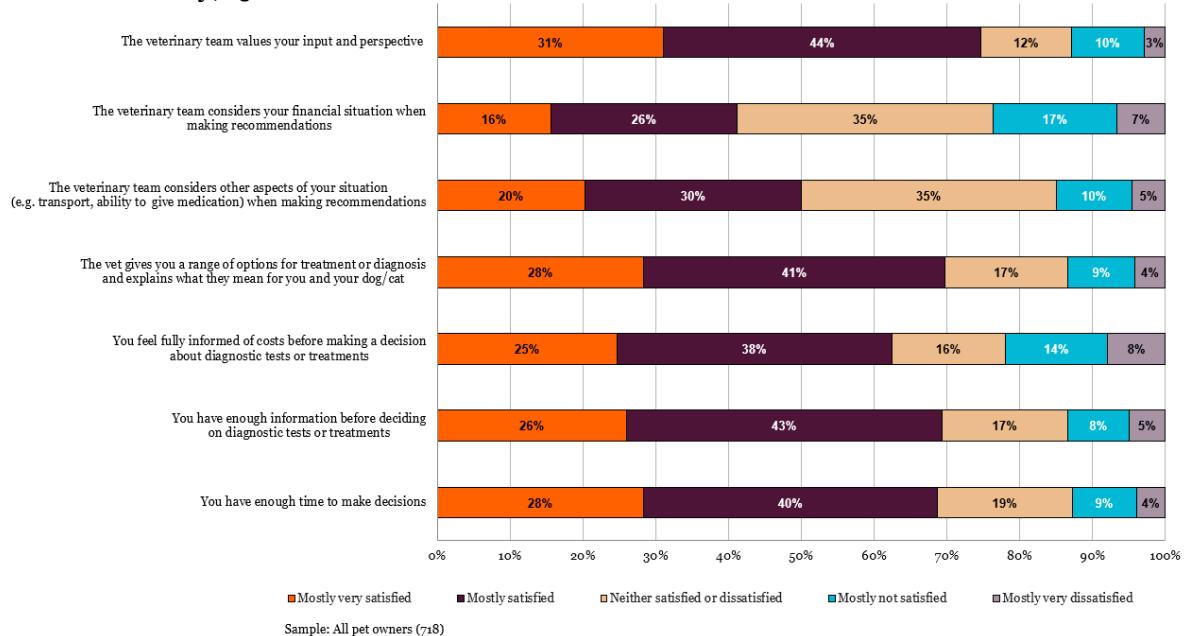
To understand what pet owners felt needs to change, they were asked how satisfied they were with aspects of the veterinary care they received over the past three years. Reasonably high levels of satisfaction (mostly very satisfied/mostly satisfied) were achieved in the following areas:

- The veterinary team values your input and perspective (75%)
- The vet gives you a range of options for treatment or diagnosis and explains what they mean for you and your dog/cat (69%)
- You have enough information before deciding on diagnostic tests or treatments (69%)
- You have enough time to make decisions (68%).

These show that meeting client expectations in these areas is possible, although there is still room for improvement, for example by providing information that pet owners can refer to and ensuring that they have time and support to process the information.

Figure 24: Thinking about the times you have visited the vet over the past three years, on average how satisfied are you that...

Pet owners survey, Q16



There are also areas where changes may be needed to address lower satisfaction rates. Pet owners desired *clearer communication and transparency*, particularly regarding pricing and treatment options. Only 42% of pet owners felt satisfied that veterinary teams considered their financial situation when making recommendations, with 24% expressing dissatisfaction, the highest dissatisfaction rate across all aspects of care listed in the survey question. Similarly, only 63% felt fully informed of costs before making treatment decisions.

Further detail about areas where owners consider there to be room for improvement were obtained when they were asked about the single positive change that would make the biggest difference to their experience of care. *Cost and affordability* were the most mentioned theme; this related not just to the costs of a particular procedure, but also to comparing prices between practices and the perception that corporate ownership is associated with higher prices.

“I’d like my vet to be honest about the possible outcomes of diagnosis and treatment available before I agree to subject my dog to any diagnostic procedures. My current vet is, my previous vet wasn’t.”

Pet owner (survey)

“[I wonder] will I get more affordable care at another practice? Vets don’t often give transparency around fees or where they have commercial interests (and conflicts).” **Pet owner (survey)**

“My previous vet (for 40 years) was sold to a chain. The prices more than doubled immediately and the standards of care dropped. The very good vet remaining at the practice left and set up an independent practice some distance away. We followed as did most of his clients.” **Pet owner (survey)**

Many pet owners explicitly noted the need for payment plans or other flexible payment options to help them manage the cost of veterinary care, particularly for expensive procedures or long-term treatments. This could include a grace period or a few days to pay the full bill.

“I would also love a payment plan. I wish I could pay my vets off slowly. It would not stop me getting her what she needed, but it has sometimes made for a difficult few months.” **Pet owner (survey)**

“I think a clear, written down, price structure, outlining the cost, together with possible outcome of treatment would be very helpful, as well as the option for payment plans.” **Pet owner (survey)**

Another area that owners identified for improvement was *consideration of the owner’s context* (e.g. transport, ability to give medication), where only 50% were satisfied and 15% were dissatisfied. Some owners thought home visits and virtual consultations could provide a solution.

“I struggle to get my cats to the vet as I’m disabled and rely on friends for transport and help to put my cats in the carriers.” **Pet owner (survey)**

“I asked if a home visit was possible to reduce anxiety for the cat...the vets quoted me £215 to do a home visit.” **Pet owner (survey)**

“Virtual consultations are really helpful, especially for ongoing conditions, to reduce the stress of my cat where appropriate.” **Pet owner (survey)**

Summary: facilitators of contextualised care

The findings revealed that some veterinary professionals are fearful that practising contextualised care could lead to disciplinary action. There is a perceived need for RCVS to indicate clearer support for contextualised care: providing reassurance that adapting care appropriately to individual circumstances is not only acceptable but encouraged. There was also a call to review regulations to allow access to more affordable medicines.

There was strong support for veterinary education that better reflects the realities of general practice. This includes earlier and more extensive exposure to first-opinion settings, where students can develop practical decision-making and communication skills. Veterinary team members said that training should place greater emphasis on navigating sensitive conversations, such as those involving finances, euthanasia and differing treatment preferences, and on building confidence and competence in clinical decision-making. They also reported the need for ongoing professional development and mentorship in the skills needed to practise contextualised care, particularly for early-career professionals. Veterinary surgeons and RVNs felt that more emphasis on contextualised care in the literature rather than 'gold standard' was key, with a shift in professional discourse from 'gold standard' to 'contextualised care' being widely supported. Veterinary surgeons also identified the need for better data and research to enable outcomes from different treatment pathways to be compared.

Veterinary team members identified practical tools to support contextualised care, including evidence-based decision aids, accessible client information, and pre-consultation materials. RVNs especially emphasised the importance of a collaborative, communicative, and flexible team culture that values all roles and supports open dialogue.

Most pet owners in the sample would like to see more reliable online information about different diagnosis and treatment options for their pets. Written summaries and follow-up resources were seen as particularly helpful in supporting decision-making and reducing stress.

The findings indicate that the delivery of contextualised care is supported by collaborative relationships among the vet team and with 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.

Pet owners showed good levels of satisfaction with many aspects of veterinary care, although there is still room for improvement. To enhance satisfaction, pet owners called for greater transparency around costs, flexible payment options, and more consideration of their personal circumstances, such as transport limitations or caregiving capacity.

8. Discussion and conclusions

The aim of this research was to investigate how contextualised care is understood, experienced and applied within small animal veterinary practice in the UK, and to use the insights from the research to make evidence-informed recommendations that lay out a roadmap of support for contextualised care, setting out who needs to do what to encourage and enable this approach to care.

The research set out to answer a range of questions related to contextualised care, and the results have been presented in the preceding three chapters.

In this chapter, we provide an overview of how contextualised care is understood and practised currently, followed by our conclusions regarding how to support further the delivery of contextualised care. This further support is summarised under the broad areas of: professional leadership; veterinary education; practice support; evidence and research; and pet owner empowerment.

We end the chapter by considering caveats and limitations of the research.

Part 1: How contextualised care is currently understood and practised

Veterinary professionals agree that contextualised care is veterinary care that acknowledges different ways to approach the diagnosis and treatment of an animal, depending on the circumstances of the individual animal and their caregivers, and the context in which the care is delivered. Explaining options, costs and potential outcomes in a way that pet owners can understand is critical to empowering them to make informed decisions about the veterinary care that is most appropriate for them and their pet.

Throughout this research, we found a groundswell of support for a contextualised approach to the delivery of veterinary care. There is strong agreement from both pet owners and veterinary professionals that applying a contextualised care approach could improve trust between clients and veterinary teams, and improve quality of care. Most veterinary professionals think that providing contextualised care could reduce the incidence of rehoming by enabling more pets to stay with their owners; improve job satisfaction for veterinary team members; and enable more practices to operate sustainably.

It is not surprising that those contextual factors relating to the animal, owner/carer and consultation – that is, the inner concentric rings (Figure 1, page 18) – are considered most important in the delivery of contextualised care. However, our research has also shown that the outer rings relating to the practice, profession and wider societal contexts can have a significant impact on the ability of veterinary teams to deliver care that is adapted to the needs of their patients and clients.

A positive finding of this study is that 45% of veterinary professionals and pet owners report that they encounter very few barriers in delivering, or receiving, contextualised care, confirming that this is something that is achievable in practice. However, the findings also show that there are multiple barriers to the delivery of contextualised care. Therefore, further support is needed to ensure that veterinary care is consistently being delivered in a way that is adaptive to the circumstances of the individual animal and their caregivers, and the context in which the care is delivered.

Part 2: Professional leadership

Both the research findings and conversations at the Summit underlined the importance of leadership across the sector – including veterinary associations, employers, universities and regulators – in providing clarity that contextualised care is endorsed and supported.

The Royal College of Veterinary Surgeons (RCVS), as the regulator of veterinary surgeons and RVNs in the UK, is seen as having an important role in supporting contextualised care. The RCVS Code of Professional Conduct states that “*veterinary surgeons and RVNs must provide veterinary care and veterinary nursing care that is appropriate and adequate*”. The supporting guidance to the Code states that veterinary surgeons and RVNs must “*make decisions on treatment regimes based first and foremost on animal health and welfare considerations, whilst providing contextualised care and exercising professional judgement about what is best for the animal in each individual case, taking into account the needs and circumstances of the client.*”⁴⁰ However, the research suggests that this guidance is not widely understood in the profession; rather there is a perception that RCVS promotes a ‘gold standard’ approach.

RCVS, along with other veterinary organisations, has a role in proactively debunking the idea that there is a single ‘gold standard’ that is appropriate to diagnose or treat all animals with a particular condition. It would be beneficial to provide further clarity that making warranted adjustments to diagnosis and treatment routes based on the individual patient and client circumstances will not result in disciplinary action. This may help to reduce the practice of defensive medicine, which can result in overuse of diagnostic tests and treatments in the hope of avoiding complaints.

In terms of regulatory change, the most frequent request raised in the research was in respect of the cost of veterinary medicines and the cascade, which makes provision for the use of different products where there is no suitable licensed product available.⁴¹ While the regulation of veterinary medicines falls under the remit of the Veterinary Medicines Directorate, RCVS is considered to have a role in providing guidance to veterinary professionals as to what it means to have an animal under their care and what is required when carrying out a clinical assessment before prescribing POM-Vs (Prescription Only Medicines – Veterinarian) and veterinary medicinal products under the cascade.

⁴⁰ [RCVS; Code of Professional Conduct Supporting Guidance, 2. Veterinary care.](#)

⁴¹ [RCVS; Code of Professional Conduct Supporting Guidance, 4. Veterinary medicines.](#)

The CMA in their investigation into veterinary services for household pets has also highlighted the cost of veterinary medicines as an issue and proposed remedies to address this.⁴²

In addition to regulatory bodies, a wide range of veterinary organisations have a role to play in showing leadership around the importance of fostering a culture of contextualised care. Veterinary associations, publishers and communicators should share examples of contextualised care in practice and publish clear messaging about the importance of contextualised care. Discussions at the Summit revealed a need for more examples of what good contextualised care looks like. An awards scheme was seen as a way to celebrate excellence in this area, raise the profile of contextualised care, and provide examples to inspire others.

Part 3: Veterinary education

A large majority of veterinary professionals we surveyed perceived a need for changes in veterinary education to support the delivery of contextualised care. Three main themes emerged: the need to build confidence and competence in clinical decision-making, especially where there is uncertainty; the importance of exposure to first-opinion practice; and people and communication skills, especially concerning finances, quality of life and managing emotions.

There is an acknowledgement that veterinary graduates have a good level of theoretical knowledge but are often not well prepared for the realities and financial constraints of general practice. In terms of supporting decision-making for contextualised care, there is a need not just to teach a spectrum of evidence-based options but also how to apply evidence in a contextualised way, including modelling how to adapt care to individual cases.

RCVS has in recent years updated its accreditation standards for veterinary degree programmes, stating that from January 2023 “*the majority of clinical education delivered by the School must focus upon casework in the ‘general practice’ context, reflecting the reality of veterinary practice in society*”.⁴³ While veterinary schools have different approaches to the delivery of clinical teaching and this change in the accreditation standards will not yet have made its way through to graduates, it does have the potential to better prepare graduates for practice. A further step that should be taken is to ensure there is explicit reference to contextualised care in day one competences.

The American Association of Veterinary Medical Colleges has developed an initiative to prepare graduates to deliver contextually appropriate, evidence-based care across a range of clinical settings. It has recently published an implementation strategies guide which could be drawn on to help prepare graduates to practise contextualised care.⁴⁴

Although training in communication skills is now included in the veterinary curriculum, the findings from this study, and the published literature, suggest that further training may be needed to enable

⁴² [CMA; Veterinary services for household pets](#).

⁴³ [RCVS Standards and Guidance for the Accreditation of Veterinary Degree Programmes](#).

⁴⁴ [AAVMC; AAVMC Spectrum of Care Initiative](#).

confident communication about financial aspects of veterinary care, including communicating value, and to deal with more difficult situations, such as navigating emotionally charged situations with compassion and clarity.^{45,46} The important role that RVNs increasingly play in communicating with animal owners means that people and communication skills should also be given appropriate coverage in veterinary nursing education.

As education does not stop after initial qualification, it is important that the knowledge and skills to practise contextualised care well are explicitly included in postgraduate education at all levels, in both academic and workplace-based learning environments.

The transition from student to professional is a particularly challenging time, when additional support and mentoring are needed.^{47,48} VetGDP, the RCVS Veterinary Graduate Development Programme, provides tailored support to help recent graduates adjust to their new roles.⁴⁹ It would be beneficial if more emphasis on a contextualised approach and the skills needed to deliver contextualised care were made explicit in the information for graduates and VetGDP advisors.

Veterinary educators and CPD providers should critically review curricula and CPD content to ensure that teaching *explicitly* includes a spectrum of evidence-based options and shows how diagnostic and treatment pathways can be adapted to individual circumstances. Educators should also teach how to apply evidence in a contextualised way, including modelling how to adapt care to individual cases.

Attention should also be paid to the ‘hidden curriculum’: the unwritten, tacit lessons about professional norms, values and moral environment that are learnt through informal interactions, and staff and peer behaviour. For example, formal learning content on contextualised care can easily be undermined by students predominantly seeing certain approaches or hearing judgemental comments about vets not delivering gold standard care.

Part 4: Practice support

The research indicates that the delivery of good quality contextualised care relies on a supportive practice culture and the active involvement of all members of the veterinary team. This was emphasised by RVNs and other members of the practice team, who noted that pet owners often feel more at ease asking questions of others in the practice team besides vets.

Continuity of care is highly valued by pet owners as it is associated with building trusting relationships and ensuring consistent care. Veterinary professionals also recognise that the lack of continuity of care is a major barrier to providing contextualised care.

Pet owners value having enough time in the consultation to allow for clear discussion of the options and

⁴⁵ JVME; Final-Year Veterinary Students' Perceptions of Their Communication Competencies and a Communication Skills Training Program Delivered in a Primary Care Setting and Based on Kolb's Experiential Learning Theory.

⁴⁶ JVME; Expectations of Graduate Communication Skills in Professional Veterinary Practice.

⁴⁷ Vet Record; Success in career transitions in veterinary practice: perspectives of employers and their employees.

⁴⁸ BMC Medical Education; The transition into veterinary practice: Opinions of recent graduates and final year students.

⁴⁹ RCVS; Veterinary Graduate Development Programme (VetGDP).

costs of proposed diagnostic tests or treatments. Some veterinary professionals perceive lack of time, particularly in the consultation, as a barrier to the delivery of contextualised care. However, given concerns about the already high costs of veterinary care, it is not clear whether pet owners would be willing to pay more for longer consultations.

Therefore, it may be necessary to consider other ways to achieve continuity of care. Practices could consider using technology to improve information flow between team members. This will require contextual information to be captured in a way that is compliant with data protection regulations and shared between members of the practice team. It would be helpful for professional bodies to provide guidance about how this can be done. Practices could also consider implementing scheduling systems that enable booking with the same member of the veterinary team, where this is possible and appropriate, or providing continuity of care at a team level, which will need members of the practice team to have a shared understanding of their roles.

These insights point to the need for practices to foster open communication and joined-up working. Deliberate steps to develop a culture of learning, rather than blame, regarding the need to adapt care to individual circumstances, would help bolster communication and trust within the veterinary team and with pet owners. Practices could also consider creating safe systems for pet owner feedback and advocacy such as through pre- and post-consultation information collection.

There have been many initiatives recently to improve workplace culture, focusing on creating a positive working environment, for example *The Great Workplaces* initiative by the British Veterinary Association (BVA).⁵⁰ There are also approaches such as *What matters to you?*⁵¹ which aim to ensure that people are treated and valued as individuals, and can be applied to both members of the practice team and to pet owners.

To understand the barriers to contextualised care, subgroup analysis was carried out by experience, role and practice type.

Analysis of barriers for veterinary surgeons by year since qualification showed that some of the perceived barriers and challenges to contextualised care were higher in those who graduated more recently. This included feeling less confident in adapting care to the individual animal and owner, a greater reliance on diagnostic tests and feeling less confident when they don't have a definitive diagnosis (Figure 12 and Figure 14).

The analysis by role showed that RVNs were significantly more likely to report barriers to the delivery of contextualised care than veterinary surgeons (Figure 9), including concerns about financial constraints, protocols or guidelines limiting care, and feeling more comfortable when they can provide 'gold standard' care. This suggests that more support is needed to empower RVNs to participate fully in team-based contextualised care, aligning with findings of the RCVS VN Vision work, which showed that many RVNs report that their skills and capabilities are not fully utilised.⁵²

⁵⁰ [Great Workplaces by BVA](#).

⁵¹ [RCVS Knowledge: What matters to you, and why does that matter? Free learning module](#).

⁵² [RCVS: VN Vision: the future of team-based veterinary healthcare](#).

Veterinary practices should make support and mentorship on contextualised care available to all members of the practice team, particularly RVNs and veterinary surgeons with less experience. They should also facilitate team-based reflection, training and shared learning to clarify roles and strengthen collaboration.

Subgroup analysis showed that those working in corporate practices were more likely to perceive a range of barriers to contextualised care than those working in independent or charity practice (Figure 10) and reported lower rates of confidence without definitive diagnosis compared to those working in independent and charity practices (Figure 15). However, this may reflect different age demographics for those working in different types of practice in our sample, which contained a much higher proportion of recently qualified vets in corporate practice (48% of vets working in corporate practices in the sample qualified in the past five years compared to 15% of vets working in independent practices).

Veterinary practices vary significantly in their size, management structure and business model, and there are a number of other factors, such as the size of the practice team and the percentage of part-time working, which may impact the ability of the practice to deliver continuity of care (a key facilitator of contextualised care), which were not analysed as part of this research.

It is incumbent on those in leadership positions in all types of veterinary practice to review their working practices to ensure that they do not restrict or inadvertently impact the delivery of contextualised care.

We hope that the recommendations laid out in the next chapter will provide a blueprint for doing this. These include the need to critically review practice systems and processes to ensure that they do not restrict the delivery of contextualised care. As part of this, increasing awareness in veterinary teams of the differences between guidelines, protocols and checklists would be beneficial.⁵³

Part 5: Evidence and research

Contextualised care is facilitated by accessible, evidence-based information that enables veterinary professionals and pet owners to compare diagnosis and treatment options.

The research findings reported here support the need for an increase in the amount and relevance of published data and research evidence to enable outcomes from different treatment pathways to be compared. Research should focus on providing evidence to compare the diagnostic and treatment options that are most relevant to the cases seen in practice, and to measure outcomes that are most relevant to patients, clinicians and owners.⁵⁴ This will require bringing veterinary team members and pet owners together to agree on priorities for research, and which outcome and experience measures should be used.⁵⁵

⁵³ [RCVS Knowledge: QI Boxset Series 4 – When is a guideline not a guideline? When it's a protocol!](#)

⁵⁴ [Preventive Veterinary Medicine: What outcomes should be measured in feline chronic kidney disease treatment trials? Establishing a core outcome set for research.](#)

⁵⁵ [James Lind Alliance.](#)

Nearly half of veterinary professionals in the survey indicated that they find it difficult to keep up with the latest research on diagnostic and treatment options, which acts as a barrier to delivering contextualised care. Information based on best available evidence should be made available in accessible formats so that veterinary team members and pet owners can make choices between options in an informed way. This may include online information resources as well as decision support tools to support shared decision-making in the consultation.

Pet owners are looking for veterinary care that takes their values, priorities and circumstances into consideration when making choices, so these decision aids should not only present a spectrum of options but should include discussions that take account of different values, such as the value matrices developed at the Ontario Veterinary College.⁵⁶

Veterinary associations, veterinary groups and practices should promote widespread engagement in research that generates evidence on the outcomes of differing procedures alongside advancement and innovation. Veterinary teams and pet owners should be supported to actively contribute to research and to national audits and registries that develop the evidence base for different treatments.

Part 6: Pet owner empowerment

Most pet owners in the research wanted their vet team to give them information about a range of options. However, the extent to which owners want guidance from the veterinary professional in making a decision can vary depending on circumstances.

The most important priority for most pet owners when making decisions about veterinary care was quality of life for their animal, both during and after treatment. Pet owners indicated that they were keen to have explicit conversations about the impact of different options on their animal's quality of life. Some owners highlighted that quality of life tools can be useful for supporting decisions about care. Integrating these tools more consistently, and at an early stage, can provide a framework to support discussions about the most appropriate care for an individual animal. Normalising discussions about animal welfare during consultations, and where necessary developing an evidence base to support these discussions, will help to keep animal welfare at the forefront of clinical decisions, and may make it easier to introduce the subject of euthanasia at the appropriate time.

Widespread concern was expressed by both pet owners and veterinary team members about the rising costs of veterinary care. Pet owners called for transparency about costs, including the cost of follow-up care. Veterinary practices should ensure that pricing of treatment and diagnosis options is transparent and, where possible, information is given about the value of each option by including information about likely outcomes and implications for care. Providing written information after the consultation, when appropriate, can help pet owners understand the diagnosis, treatment and aftercare.

⁵⁶ [JAVMA: The Value Matrix: a communication tool to support shared decision-making and the practice of Spectrum of Care.](#)

Pet owners highlighted how they often felt emotional when making decisions about care for their animal, especially when they couldn't afford all treatment options. Guilt was a common theme in relation to not being able to afford treatment and was felt by owners with pet insurance as well as those without, suggesting that pet insurance is not a panacea. It also suggests that there may be benefit in doing more to empower and support pet owners to feel confident making choices about care that are right for them and their pet, without guilt.

Most pet owners wanted there to be more reliable online information about diagnosis and treatment options. Given the importance of cost in decision-making and the financial constraints identified by both veterinary team members and pet owners, it is important that evidence-based resources compare not just the outcomes of different options but also consider the likely cost. This will support pet owners to incorporate information on cost-effectiveness and value for money into their decisions about the most appropriate care for their pet.

Part 7: Caveats and limitations

As with any study, this research has limitations, which are discussed below.

The term contextualised care is relatively new in veterinary practice, which meant there was limited existing literature to inform the development of survey questions. To address this, the initial literature review was broadened to include related topics such as spectrum of care, affordability, accessibility, and shared decision-making. Input from Forum participants, the Ethics Review Panel, and pilot testers helped refine the wording. Nonetheless, our understanding of contextualised care evolved throughout the project, and some questions would likely be revised if the study were repeated.

The research was conducted at pace, which enabled timely insights but also introduced constraints. Limited time for iterative testing and refinement may have affected the depth of stakeholder engagement, the breadth of recruitment, and the opportunity to explore emerging themes more fully. While efforts were made to ensure rigour, a longer timeline might have allowed for more comprehensive analysis and validation.

Survey and interview responses are inherently subjective and open to interpretation. Some participants may have felt uncomfortable sharing sensitive views. To mitigate this, data collection and analysis were conducted by Kaleidoscope Health and Care, an independent organisation unconnected to the veterinary sector. Privacy information clarified that identifiable data would not be shared with RCVS Knowledge or other parties. It was also emphasised that RCVS Knowledge is a separate entity from the regulator.

Voluntary participation introduces the possibility of selection bias, with individuals more engaged in, or with stronger views about, contextualised care more likely to respond. A framework to compare demographic composition with data from the professions, based on data held by RCVS, was used to

assess representativeness based on role, practice type and career stage. Targeted recruitment helped address underrepresentation of RVNs and recent graduates, though the final sample included a slight overrepresentation (3%) of early-career veterinary surgeons.

The pet owners survey sample was skewed demographically, being majority female (71%), majority white (76%), and majority aged 55+ (58%). This may limit the generalisability of the findings.

Interviewees were selected to reflect diverse perspectives, adding depth and nuance to the survey findings. However, their views are personal and may not represent the broader veterinary sector.

External factors such as media coverage of veterinary costs and corporatisation may have influenced responses. Multiple-choice formats can also shape answers, though “other” and free-text options were included to allow greater flexibility. Social desirability bias (the tendency to answer questions in a way that is believed to be socially acceptable) remains a potential influence.

9. Recommendations

In this chapter, we set out our recommendations, informed by the insights of more than 1,000 people from the veterinary sector and pet owners who contributed to this research, and shaped by input from the National Summit on Contextualised Care.

For each recommendation, we indicate which organisations and groups of people are best placed to take each recommendation forward. We also suggest specific actions that could be taken, set out what success would look like, and propose potential timeframes for implementation.

Definitions of the suggested timeframes and of the groupings of individuals and organisations that could take each recommendation forward are given at the end of this chapter.

A need for support for contextualised care at all levels

Concerted action, involving a wide range of organisations and individuals, is needed to embed a contextualised approach consistently across all veterinary care. Everyone involved in the veterinary care of pets has a part to play. Veterinary team members can champion contextualised care and support colleagues who are facing barriers. Pet owners can seek out evidence-based information and support to ready themselves for the decisions involved around their pet's healthcare. All individuals and organisations in the veterinary community can reflect on what they are doing to enable contextualised care, what they are doing that might inadvertently be hindering it, and how they could both support and learn from others.

We urge everyone with a stake in the delivery of high-quality contextualised care to follow up on the recommendations made in this report. It will require the purposeful actions of many people and organisations, working together, to create the conditions to support all veterinary teams and pet owners to achieve care that is tailored to each animal, its owner and the wider context.

This will require an agreed plan of support for contextualised care, a clear sense of what success looks like, and a way of measuring whether it has been achieved. RCVS Knowledge is committed to working with the veterinary community and pet owners to take this forward and support the translation of the recommendations into actions.

Professional leadership

A culture of contextualised care should be fostered across the veterinary sector, recognising it as the most appropriate way to deliver veterinary care.

What needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Debunk the notion of 'gold standard' in veterinary care.	Clearly and kindly call out the use of the term 'gold standard'. Explain why this is important.	All	Ongoing	The idea of a single best way to diagnose or treat a disease is replaced by an understanding of the need to adapt care to individual circumstances and context.
	Publish clear messaging about the importance of contextualised care.	Veterinary associations, veterinary publishers and communicators	Short term	
	Ensure publishing guidelines and writers' support tools explain how this term should and should not be used.	Veterinary associations, veterinary publishers and communicators	Short term	
Ensure veterinary professionals are clear that making warranted adjustments to diagnosis and treatment routes based on the individual patient and client circumstances will not result in disciplinary action.	Run a campaign to increase awareness that contextualised care is required by the Royal College of Veterinary Surgeons (RCVS) as set out in the guidance to the Codes of Professional Conduct.	RCVS, with support from veterinary associations and leaders	Short term	Veterinary professionals report that they are clear that practising contextualised care appropriately is not a reason for disciplinary action.
Promote and celebrate examples of good contextualised care.	Share examples of contextualised care in practice. This could include stories from the perspective of both vet teams and animal owners, and discussions about how specific cases of clinical care have been adapted to a particular context.	Veterinary associations, veterinary publishers and communicators	Medium term	Teams know what good contextualised care looks like.
	Create contextualised care awards to celebrate good contextualised care.	RCVS Knowledge	Medium term	

Veterinary education

The knowledge and skills needed to practise contextualised care should be more explicitly embedded in education and training for all team members, in both academic and workplace-based learning environments.

What needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Ensure that a spectrum of evidence-based options is explicitly included, together with teaching on how diagnostic and treatment pathways can be adapted to individual circumstances.	<p>Critically review curricula and continuing professional development (CPD) content to ensure teaching explicitly includes a spectrum of evidence-based options and how diagnostic and treatment pathways can be adapted to individual circumstances. Review the <u>impact of the 'hidden curriculum'</u>.</p> <p>Ensure there is explicit reference to contextualised care in day one competences.</p> <p>Ensure VetGDP has an explicit emphasis on a contextualised approach and communication skills.</p>	Veterinary educators, CPD providers RCVS	Medium term Medium term	Learners report that their education emphasised the spectrum of evidence-based diagnostic and treatment options and supported them to deliver contextualised care.
Embed people and communication skills as a key component into all training.	<p>Review curricula and CPD to ensure that learners are equipped on subjects such as quality of life, managing emotions, discussing risk and talking about money and value.</p> <p>Review day one competences to ensure there is more explicit emphasis on the people skills enabling contextualised practice.</p>	Veterinary educators, CPD providers RCVS	Medium term Medium term	<p>Learners report that their education included a focus on people and communication skills.</p> <p>Veterinary team members report that people and communication skills are valued and embedded in clinical CPD.</p>
Teach vet and vet nurse students to apply knowledge in a contextualised way and to make decisions under conditions of uncertainty.	Critically review curricula to ensure they are sufficiently covering how to apply evidence in a contextualised way and make decisions amid uncertainty.	Veterinary educators	Medium term	Newly qualified vets and RVNs report that their education included how to apply knowledge in a contextualised way and to make decisions under conditions of uncertainty.

Practice support

Active steps should be taken to ensure that veterinary practices have the systems, support and team culture in place to enable contextualised care.

What needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Foster a team-based approach to contextualised care, creating a culture of psychological safety for pet owners and team members to have open discussions.	<p>Take deliberate steps to develop a culture of learning rather than blame, involving all team members (including the pet owner).</p> <p>Provide support and mentorship on contextualised care to students, recent graduates and other team members.</p> <p>Facilitate team-based reflection, training, and shared learning to clarify roles and strengthen collaboration.</p> <p>Create safe systems for pet owner feedback and advocacy, such as through pre- and post-consultation information collection.</p>	Veterinary practices and teams	Ongoing	<p>Pet owners and veterinary team report enhanced safety culture and team working.</p> <p>Students and team members report that they are able to work together to achieve continuity of care and contextualised care.</p>
Implement systems that encourage continuity of care.	<p>Use technology to improve information flow between team members to ensure that key contextual details are captured.</p> <p>Develop guidance on how to record and use contextual information about the owner that is compliant with data protection regulations.</p> <p>Implement scheduling systems that enable booking with the same member of the veterinary team, where possible/appropriate.</p>	<p>Veterinary practices</p> <p>RCVS, veterinary practices</p> <p>Veterinary practices</p>	<p>Medium term</p> <p>Short term</p> <p>Medium term</p>	Teams and pet owners report that systems are facilitating continuity of care.
Critically review practice systems and processes to ensure that they do not restrict the delivery of contextualised care.	<p>Review measurement frameworks, policies and protocols that could directly or inadvertently impact contextualised care.</p> <p>Ensure that the difference between guidelines, protocols and checklists are clear to all team members.</p>	Veterinary practices and teams	Short term	Decrease in reports from veterinary teams that practice systems and processes restrict appropriate clinical decision-making.

Evidence and research

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.

What needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Promote widespread engagement in generating evidence on the outcomes for different treatment options.	Support veterinary teams and pet owners to actively contribute to practice-based research, and to national audits and registries that develop the evidence base for the outcomes of different treatment pathways.	RCVS Knowledge, veterinary associations, veterinary leaders, veterinary groups and practices	Ongoing	Increase in use of national audits and registries, and increased participation in practice-based research. Veterinary teams report that they are better equipped with information to support contextualised care. Pet owners feel that they have enough information on different options to make informed decisions.
Develop evidence-based tools to support shared decision-making between the veterinary team and pet owner.	Create tools that explicitly compare the impact of different diagnostic and treatment options, and that consider the different contextualised factors and impact on the animal's quality of life and burden on the client (for example, value matrices).	RCVS Knowledge and funders, with promotion by veterinary practices and leaders	Medium term	Widespread use of resources by vet teams and pet owners with evidence that this is supporting shared decision-making in practice.
Prioritise primary research that compares diagnostic and treatment options that are most relevant to the needs of individual animals, their owners, and their circumstances.	Develop structures that facilitate stakeholders (including animal owners, practitioners, researchers, funding bodies and insurers) to collaboratively identify areas of research that are most relevant to clinical practice within the veterinary sector.	Funders, researchers, veterinary publishers, RCVS Knowledge	Long term	Increase in practice-based research and in practice-research institution collaborations on issues relevant to supporting pet owner decisions about care.

Pet owner empowerment

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 needs to happen	Example actions	Who could take this forward	Timeframe	What success would look like
Provide greater transparency on the costs and value of veterinary care for pet owners.	Ensure that pricing of treatment and diagnosis options is transparent and, where possible, information is given about the likely outcome. Provide written information after the consultation when appropriate, to help owners reflect and make decisions post-consult.	Veterinary teams and practices	Short term	Pet owners report that the costs of veterinary care are transparent, and that they understand the value of different options.
Empower pet owners to feel confident and guilt free in selecting the options that are right for them and their pet.	Run a campaign to empower pet owners to make confident, guilt-free decisions about their pet's care, covering topics such as animal welfare, quality of life, euthanasia and how to cover the costs of veterinary care.	Animal charities, breeders, RCVS, RCVS Knowledge	Medium term	Pet owners have increased confidence in making choices about their pet's care.
Develop evidence-based, online resources to support pet owners and veterinary teams to make decisions about diagnostic and treatment options.	Create online, freely accessible resources that clearly present different options for diagnosis or treatment of the most common presenting conditions, being explicit about the outcomes that are most relevant to pet owners.	RCVS Knowledge and funders, with promotion by veterinary practices and leaders	Medium term	Widespread use of resources by veterinary teams and pet owners, with evidence that this is supporting shared decision-making in practice.
Provide support and encouragement for conversations about quality of life and caregiver burden as part of the vet consultation.	Secure resources and protected time for veterinary team members to undertake CPD in these areas. Practices might consider structured ways, such as quality-of-life assessment tools, to support conversations about treatment options.	Veterinary teams, veterinary practices, veterinary groups, veterinary associations	Short term	Pet owners report that they are well supported through quality of life and treatment discussions. Veterinary teams report an increase in CPD being undertaken in these areas.

Timeframe definitions

The following categories have been assigned to propose an indicative timeframe for delivery of these recommendations.

Ongoing: Begin immediately and continue indefinitely. These are typically foundational or cultural shifts that require sustained effort and reinforcement over time.

Short term: Initiate and complete within the next year. These are quick wins or preparatory steps that lay the groundwork for broader change.

Medium term: Complete within three years. These may involve development, piloting or scaling of initiatives that require more time and coordination.

Long term: These are typically complex initiatives requiring sustained investment and adaptation that may take five or more years to complete.

Definitions of terms used in 'Who can take this forward'

Animal charities: Charities that work to improve animal health and welfare, including the shelter and rescue sector.

Breeders: Individuals or organisations involved in the planned and responsible reproduction of companion animals.

CPD providers: Individuals, organisations or institutions that deliver continuing professional development (CPD) opportunities to veterinary team members. This includes universities and colleges, independent educators and consultants, professional bodies and charities, commercial training companies and large veterinary groups that create their own in-house training.

Funders: Organisations with available funds, including charitable foundations focused on animal health and welfare; government agencies that support veterinary research or public health; private donors or philanthropists with an interest in veterinary science; corporate sponsors that invest in veterinary innovation or education; and academic or research institutions that allocate grants for veterinary studies.

Pet owners: People who are responsible for the care and wellbeing of their companion animals, and decision-making on their behalf.

RCVS (Royal College of Veterinary Surgeons): The Royal College that regulates the veterinary professions (veterinary surgeons and veterinary nurses) in the United Kingdom.

RCVS Knowledge: A charity dedicated to advancing the quality of veterinary care for the benefit of animals, the public and society.

Veterinary associations: Organisations that provide support to members of the veterinary team and veterinary practices, for example, the British Veterinary Association (BVA), British Veterinary Nursing Association (BVNA), British Veterinary Receptionists Association (BVRA), Federation of Independent Veterinary Practices (FIVP), Society of Practising Veterinary Surgeons (SPVS) and the Veterinary Management Group (VMG).

Veterinary communicators: Veterinary journalists, writers, content creators, editors and educators, as well individuals with a substantial number of social media followers in the veterinary sector.

Veterinary educators: Individuals or organisations involved in the training, development and education of veterinary team members across a variety of settings. This includes academic educators in universities and colleges, practice-based educators, consultants and training providers, and educators in professional bodies or charities.

Veterinary groups: Organisations, networks or corporate entities that own, manage or support multiple veterinary practices or professionals. These may include corporate veterinary chains, joint ventures, and collaborative networks or alliances.

Veterinary leaders: Influential individuals within the veterinary profession who guide, shape and promote best practices, innovation and strategic direction. These may include high-profile clinicians or practice owners, heads of veterinary organisations, academic leaders and policy influencers.

Veterinary practices: The business entities for veterinary care delivery.

Veterinary publishers: Organisations or entities that produce, curate, and disseminate veterinary literature, including journals, magazines, books and digital content.

Veterinary teams: All staff working within the veterinary practice team, including veterinary surgeons, veterinary nurses, animal care assistants, receptionists and practice managers.

10. Appendices and References

- 1) [Research questions](#)
- 2) [Survey questions for dog and/or cat owners](#)
- 3) [Survey questions for veterinary professionals](#)
- 4) [Semi-structured interview guide for the veterinary sector](#)
- 5) [Focus groups protocol for dog and/or cat owners](#)
- 6) [National Forum on Contextualised Care: Shaping the Strategy \(agenda\)](#)
- 7) [National Summit on Contextualised Care: Deciding on a Way Forward \(agenda\)](#)
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