

CMA Consultation April 2024

Response from [Bristol Veterinary School](#), University of Bristol

Background

In response to the CMA Consultation into the veterinary profession, we would like to highlight the concept of “Contextualised Care” or “Spectrum of Care” which is currently a priority within veterinary education. Spectrum of care has been defined as “a continuum of acceptable care that considers available evidence-based veterinary medicine while remaining responsive to client expectations and financial limitations” ([Fingland et al 2021](#)). It also takes into account the skills and knowledge of the veterinary surgeon, and the practice culture and resources.

What is the challenge?

It is recognised that the traditional approach to veterinary training includes significant time spent in referral teaching hospitals. The rapid developments in diagnostic and treatment options in recent decades, and the role of pets in society, mean that procedures are now possible in referral settings that would not have been envisaged twenty years previously, with a concurrent dramatic increase in the standards and expectations of care in primary care practices. Extensive and/or advanced diagnostic testing increase diagnostic accuracy and reduce uncertainty, facilitating decision-making for client and veterinary surgeon.

Veterinary schools recruit highly-motivated, high-achieving people, who strive to do their best for the patients under their care. However, a “gold standard” approach to care (essentially treating every patient in a textbook manner) inevitably comes at a significant financial and caregiver cost, and is not accessible to all clients, or appropriate in all situations. This can create a value dissonance for individual professionals, helped or hindered by practice context and wider professional and societal culture. The concept of Spectrum of Care highlights that alternative approaches, tailored to the needs of the individual, are appropriate and acceptable. Rather than striving to replicate textbook practice in every circumstance, the veterinary surgeon’s skill becomes that of creating and adapting plans to accommodate individual needs, acknowledging the inherent uncertainties this leads to in decision-making.

It is essential that veterinary teaching institutions, whilst ensuring students are aware of the possibilities of advanced treatments, appropriately prepare their students to flourish in primary care settings. This requires attention to multiple aspects of the curriculum – content (what is learned), context (where it is learned) and culture (how it is learned). It is also essential to support professional identity formation such that providing contextualised care is not viewed as failure or compromise (by veterinary surgeon, employer, or client), but is recognised and celebrated as serving the client and animal in a way that best suits their circumstances.

What are we doing?

As a School, we are part of the American Association of Veterinary Medical Colleges’ [Spectrum of Care Initiative](#), creating resources to support schools to enhance this aspect of their training provision. At Bristol, we have a collaborative approach throughout our curriculum, with primary care and specialist clinicians working together to deliver many aspects; our curriculum centres on case-based learning approaches which create space for discussion of contextualised care; and we have established clinical educational partnerships with a wide range of primary care practices to ensure our students receive high quality training in both primary care and hospital settings. We believe that

actively promoting spectrum of care throughout the curriculum will both improve access to care for clients, and improve veterinary surgeon wellbeing and retention in the profession.