



Veterinarian found guilty of professional misconduct

A veterinarian has been found guilty of professional misconduct, fined \$3,000, ordered to pay investigative and hearing costs of \$1,912.09 and has had conditions imposed by the Veterinary Council's Judicial Committee, for supplying prescription animal remedies (PARs) without a veterinary consultation. The PARs in this case were antibiotics for dry cow treatment. The veterinarian has been granted name suppression.

The veterinarian pleaded guilty, at a hearing held in Wellington in early April, to charges that relate to the supply of PARs to a farmer without first undertaking a clinic or telephone conversation to the required level to determine the farm's requirements for Dry Cow therapy.

"The Judicial Committee found there was a clear breach of the consultation requirements stated in the Veterinary Code of Professional Conduct, including in the standard for the use of dry cow therapy in that Code" said Committee chairperson, Dr Ron Gibson.

"The Government, through the Food Safety Authority, relies on the consultation and prescribing process as a significant part of their risk management for the animal products industry," said Dr Gibson. "The standard for the prescribing of dry cow therapy has been published in the Code of Professional Conduct since 2000. The profession has been well informed of the Council's expectations in relation to consultation and prescribing of prescription animal remedies. The Judicial Committee was unable to accept that the breach of consultation requirements in this instance occurred without knowledge of appropriate standards of practice."

Dr Gibson noted that when considering penalty the

Judicial Committee started from the position that the penalty should be a period of suspension from practice. However it took into account submissions of the counsel for the veterinarian and the veterinarian's acknowledgement of the breach and the guilty plea, and the cooperation that the veterinarian gave the CAC in its investigation. It also took into account the veterinarian's assertion that practice systems had been reviewed to ensure that the practice would maintain and document a process for the supply of prescription animal remedies.

The Judicial Committee also considered the application for name suppression by the veterinarian. The veterinarian provided medical evidence that raises a strong likelihood that a family member who has no involvement in the misconduct has fragile health and would be likely to suffer harm as a result of publication. In these circumstances that the Judicial Committee viewed as exceptional, it was determined to grant the application for prohibition of the name and identifying features of the veterinarian.

The conditions upon the veterinarian are that, at its cost, the practice will be subject to three audits between July 2005 and March 2007, the audits to ensure that his processes comply with the Code of Professional Conduct and the Agricultural Compounds and Veterinary Medicines Act.

"The Committee hopes that this ruling sends a clear message to the veterinary community – veterinarians must take a professional and active role when prescribing prescription animal remedies," said Dr Gibson.

Inside this Issue

Judicial Hearing	1	Code of Professional Conduct.....	5
Veterinarians Bill	2	Induction Code.....	6
Complaints Report.....	3	Discretionary Use Code.....	6
Court action completed	3	Technical Support for Avian health concerns	7
Consultation: Alternative and complementary treatment	4	Approved Veterinarians providing Export Certification for Dogs & Cats	7
Use of MRCVS.....	5	Workforce Survey Information.....	8
Non-practising certificates.....	5		
Continuing Professional Development forms .	5		

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Veterinarians Bill

The Veterinarians Bill was reported back to the House on 14 June. The report of the Primary Production Select Committee can be viewed at: <http://www.clerk.parliament.govt.nz/Publications/CommitteeReport/Default.htm>

The Bill has been set down for a second reading. At present the plan is for the new legislation to take effect from 1 January 2006, but if it is not passed prior to the election then it may be another year before it gets passed into law.

Council members appeared before the Select Committee on 17 May. The Committee showed particular interest in how the Bill might improve the supply of overseas veterinarians to deal with rural and specific industry shortages, and also sought assurance that the new legislation would not inhibit the Council's ability to run a fair complaints and disciplinary process. 10 submissions were received from organisations such as the New Zealand Veterinary Association, Massey University, the Pork Industry Board, the Privacy Commissioner as well as some individual complainants and veterinarians.

The Council has been closely consulted with on the wording of the Bill since its first reading. There was a great deal of discussion on limited registration, which some submitters saw as creating a second tier of veterinarians, thereby lowering the general standard. This is not the view of the Council which sees limited registration as a way of allowing individuals with specific expertise and training to work in New Zealand under specific conditions.

If the Select Committee's recommendations are accepted by Parliament, then the following summarises the effect of the legislation due to become law in 2006.

Definitions

- The definition of a veterinarian will be a person who is registered and holds a current practising certificate. This definition is included in the current legislation, but is stated more clearly in the new legislation.

Registration

- A new category of 'limited registration' will allow the Council to prescribe scopes of practice under which it can consider individual applications for registration with conditions for those who would not be eligible for immediate registration.

Fitness to practise, competency, medical assessment

- The Council will be able to require a veterinarian to

undergo an assessment of their competency, following advice of the CAC or of its own accord.

- The Council will be able to prescribe through Gazette notice the annual requirements for renewal of a practising certificate. This is likely to include a fitness to practise statement, currently completed on a voluntary basis. The Council will be able to consider matters such as recency of practice and, potentially, continuing professional development (though the latter is not considered necessary at present). If a person does not comply with the requirements the Council may withhold their practising certificate.
- The Council will have powers to suspend a person's practising certificate pending medical and competency assessments. There will be a time limit on this suspension. Suspensions in both situations would only be used where there were serious concerns about a veterinarian's fitness to practise.

Complaints and discipline

- The CAC will be able to consider mediation at any point after the complaint has been received.
- The CAC will be able to consider the relevancy of the complaint to the legislation before deciding to investigate.
- The CAC will have the power to require records to be provided as part of its investigation.
- The Complaints Assessment Committee will be able to recommend that the Council impose conditions of practice on the veterinarian—this requires the agreement of the veterinarian, and is an alternative to a disciplinary hearing.
- The composition of the judicial committee changes, it will include a barrister and be 3-5 members, 1-2 being Council members.

Council functions

- Functions will now also include the ability to prescribe the minimum standards for registration and continued registration.
- The Council will be able to set its fees by prescribing through gazette notice. Consultation is required if fees increase. The Council should work to a set of principles guiding decisions on fees, including a cap on the level of the Council's reserves.

Complaints Report

Fifteen complaints against veterinarians had been received by mid June this year. One investigation has been completed and closed with no evidence of professional misconduct. One complaint was withdrawn by the complainant. The committee decided one complaint did not reach the threshold to investigate. Another complaint has been investigated and mediation is being considered. The remaining complaints are either under investigation or going through the initial assessment process.

Of complaints remaining from 2004, in relation to two complaints against a veterinarian, the veterinarian has sought judicial review in the Wellington High Court.

Court action completed

The Complaints Assessment Committee and Council have unavoidably had to spend a considerable time and cost defending various actions by one veterinarian in the Courts, as well as defending the complainant in the case who was also named in the court action by the veterinarian. The Court action is now completed and the diversion will proceed.

The matter arose from a complaint over the care of a cat which presented with a blocked urethra. Whilst undergoing treatment it was injured in the bars of a cage at the veterinarian's practice. The cat suffered musculoskeletal and neurological injuries and died a week latter of cardiac arrest while still in the care of the veterinarian concerned. This was understandably of concern to the cat's owner.

During the investigation it was found that there were a number of deficiencies of practice. Inadequate records of treatment were kept in relation to morphine administration, and communication with owner, and the date of the accident was not noted. The poor record keeping left open the assertion by the complainant that she had not been notified of the accident for two days. No dangerous drugs register was kept. Moreover the veterinarian did not recognise the seriousness of the injuries, failed to offer the owner the option of referral and then was uncooperative in forwarding records to another veterinarian.

The veterinarian was charged with professional misconduct in April of 2004. At the time the CAC recommended that diversion be attempted. (Diversion means a veterinarian admits the charges and agrees to a set of conditions and terms aimed at addressing the causes of the failures. When these conditions/terms are successfully completed the charges are withdrawn.)

The terms of this diversion included admission of the breach; working with a mentor to improve record keeping;

This review is expected to be heard in August.

Another 2004 complaint has led to a charge of professional misconduct against the veterinarian, and this will be heard by the Judicial Committee in June.

Mediation by an independent facilitator has been used to resolve a further complaint received last year. This mediation (paid for by the Complaints Assessment Committee) has been completed successfully.

One 2003 complaint can now proceed through diversion as noted below.

the keeping of a dangerous drugs register; review of cases where referral is an option; the undertaking of appropriate professional development in urological, neurological and communication skills; audits at two months and twelve months to ensure compliance; the publishing of details of the case; refund of any charges made to the complainant and payment of 50% of the CAC investigative expenses; and a suitable apology to the complainant. The veterinarian initially agreed to accept diversion, but withdrew after the Judicial Committee proposed changes to some terms. The Complaints Assessment Committee then proceeded towards a judicial hearing.

The veterinarian brought an appeal against the complainant, the Complaints Assessment Committee, the Veterinary Council, and others. His appeal to the District Court against the laying of the charges was completely dismissed by the District Court. He then appealed that decision to the High Court, and also sought a High Court judicial review claiming various breaches in relation to acts or omissions by all the named defendants including the complainant.

In early June both his appeal and his application for judicial review were dismissed by the Auckland High Court. The decision records that at the hearing the veterinarian agreed to diversion in the exact terms as those determined by the Judicial Committee of the Council.

Diversion is an accepted method (in a number of professional jurisdictions) for addressing causes of problems in a rehabilitative rather than disciplinary manner. The Council and the CAC will review the events and issues surrounding this complaint in order to improve and strengthen their processes. The diversion process will proceed so that the problems identified at the heart of the complaint are satisfactorily addressed.

Consultation: Veterinarians recommending or promoting alternative treatments

The New Zealand Veterinary Association recently asked the Council for its opinion on the ethical position of veterinarians actively promoting alternative and complementary medicines, in particular homeopathy. The Companion Animal Society has also written, arguing that veterinarians who believe in homeopathy as a treatment modality are the best people to practise it since they will not practise it to the exclusion of more accepted modalities in situations where this would compromise the patient's welfare.

The NZVA request focused on promotion rather than use. Use is covered under the Discretionary Use Code and under 6.8 of the Code which classifies the use of such therapies as discretionary, since they do not have the weight of scientific proof of their efficacy. The Discretionary Use Code requires that a veterinarian must first assess if there is a registered or exempted veterinary medicine available which meets the treatment and welfare needs of the animal within the general conditions imposed upon the medicine. If such a veterinary medicine is available, then discretionary use is not justified. The Council is reasonably assured that veterinarians using alternative and complementary remedies/treatment understand and comply with the requirements of both the Code of Conduct and the Discretionary Use Code.



In terms of sale, recommendation and promotion of veterinary medicines including OTC treatments and any provided under discretionary use Sections 4.1-4.4 of the Code provide the standard. For prescription animal remedies there are often restrictions on their promotion under the conditions of registration. For veterinary medicines and over the counter remedies where veterinarians are involved in their sale, manufacturing and/or marketing, they must maintain scientific integrity and impartiality, providing an unbiased professional opinion on their product and any competitive products. The position of being a registered veterinarian must not be used to gain advantage in the promotion of particular products. Any advertising should be done in such a manner as not to jeopardize the public's confidence in the scientific integrity and impartiality of the veterinarian or practice involved or the veterinary profession as a whole. Section 5.9 of the Code also advises veterinarians not to provide endorsements or testimonies to be used in commercial advertising material aimed at the public. This

is to avoid the exploitation of public trust in the veterinary profession.

Veterinarians wanting to sell and promote alternative remedies then face the same ethical question as those selling, recommending or promoting any other product. Their actions must not jeopardise their own scientific integrity and impartiality, or that of the veterinary profession.

The difficulty with some alternative treatments and remedies is that whilst there might be increasing acceptance of their use and efficacy by consumers, in many instances this acceptance is based on faith and anecdote rather than hard scientific evidence. Increased use does not prove efficacy. Certainly where there is no standard for the control of product purity for preparation of a remedy and no data on which to base the appropriate dosage of a remedy (particularly when those standards and data are required in relation to registered veterinary medicines), veterinarians should be expected to justify the decision process they use when choosing or promoting that remedy over another.

It could also be reasonably argued that the one of the causes of increasing acceptance by members of the public is the increasing recommendation and use of them by scientifically trained and professionally regulated veterinarians. It enhances the status and the perception of the efficacy of those treatments. "My veterinarian says it is good, so it must be ok."

The principle that underpins Sections 4.1-4.4 of the Code as well as the Discretionary Use Code is that the welfare of the animal is of paramount consideration. There is a risk of harm to animals either through the direct use of an untested remedy or treatment, or as a result of its use instead of one that is proven.

The Council is gathering information on how human health professional regulatory bodies and other international veterinary regulatory agencies respond to the issue, and also wishes to facilitate dialogue on the matter – this is the point of this article.

You are invited to provide written comment to the Council on the recommendation of and promotion of alternative remedies treatments by veterinarians. Comment should be sent to the Secretary by 31 August 2005. The Council will report back on the various opinions received and allow for further discussion before it makes any decisions on whether the Code needs amendment.

Use of MRCVS

In response to comments by veterinarians about the use of the post nominal MRCVS (Member of the Royal College of Veterinary Surgeons) in the register and other publications, VCNZ is considering its policy on this matter.

Current membership with the RCVS allows veterinarians in the UK to use the term MRCVS after their name. The only people who can use the term in the UK when they are not current members of RCVS are veterinarians who passed the diploma MRCVS examination before degree courses were introduced in the 1950s in UK and Irish schools—they can style themselves MRCVS (Ret).

In the past the Council has relied upon veterinarians to advise that they are no longer members of the Royal College, but many forget. A recent audit against the online register of the RCVS showed that 114 New Zealand registered veterinarians using this term on our Register are not current members of RCVS. Those 114 have had MRCVS removed from their listing. 248 New Zealand registered veterinarians are current members of the RCVS, and so retain the post nominal.

Some Australian state boards consider that since MRCVS is membership, not a qualification (except in the instance of the diploma examination) they do not allow veterinarians to use the term in their register.

The Council has tended to include relevant memberships amongst the qualifications list, however it would invite comment on what you think should be in the listing following a veterinarian's name on the Register, e.g. academic qualifications only?, academic and industry qualifications? relevant memberships?

If you think you should be able to use MRCVS after your name, you may check the Council's listing of you on the online register of the VCNZ at www.vetcouncil.org.nz, or check in the handbook to be distributed in early August.

Those who are using the title (for example on letterhead, in the Yellow Pages and other advertising) without being current members of the Royal College should consider their ethical position and take steps to ensure that they do not present a false impression to the public of their professional membership.

Non-practising certificate/ handbook

The Council decided at its May meeting to stop providing non-practising certificates from 2006. The non-practising category will of course be retained, but the Council sees no purpose in providing a certificate to those on that list, and the potential for inappropriate use. Those on the non-practising list will receive a letter advising their non-practising status.

Following a request from NZVA, the Council decided to provide non-practising veterinarians resident in New Zealand with a copy of the Veterinary Handbook. Those who are living overseas can receive a handbook on request as long as they pay the (fairly high) postage costs, and there is stock on hand.

CPD forms 2006

The Council decided at its recent meeting, on recommendation from the Professional Standards Committee, and following comments from veterinarians, that recording of continuing professional development in the 2006 Annual Retention Certificate forms will be for the 2005 calendar year, rather than the practising year to 31 March 2006. This allows veterinarians

not to have to delay the return of their form until the end of the practising year before they provide their CPD record. In the last practising year 1780 currently practising and 172 non-practising veterinarians completed their cpd form, an 88% response rate. Almost two thirds of the veterinarians who responded had gained half or more of the required cpd points (60 over three years) in one year.

Code of Professional Conduct

In March the Council called for any proposals to amend the Code of Professional Conduct. At time of publication only the changes to the Discretionary Code and the inclusion of the Induction Code have been considered.

The Council does not want or intend to weigh down the Code of Professional Conduct by including every industry Code of Practice and Standard listed under S28 of the ACVM Act, and for that reason it intends only to refer to the other Codes and Standards that veterinarians need to follow and where the Codes can be found. They are generally specific to particular species or activities and so veterinarians working in those areas should in any case be familiar with them.

Approved code for routine induction of parturition dairy cattle now law and part of Code of Conduct

A code for the routine induction of parturition of dairy cattle using long acting dexamethasone esters has been approved under the ACVM Act and is now law. It specifies the standard of performance of both veterinarians and dairy farmers required to ensure animal welfare is reasonably protected when this procedure is carried out. The specific conditions of registration allowing these products to be used for inductions have been removed. Use of the long acting dexamethasone esters for routine inductions is now subject to compliance with the code.

Key messages for veterinarians who will be performing routine inductions from now on are:

- The code requires that farmers and vets work together, with a common understanding around inductions.
- The terms of the code do not affect the existing therapeutic indications for induction of calving (e.g. cases of hydrops or undersized heifers - considered as "non-routine"), or the other potential uses of corticosteroids in cattle such as treatment of primary ketosis, orthopaedic conditions including arthritis, tenosynovitis and bursitis, shock and stress, allergic conditions, and acute laminitis.
- The code specifies that when routine induction is to be carried out, farmers and veterinarians develop management plans to manage risks to animal welfare associated with the procedure. Veterinarians must be satisfied that the management plans for the animals to

be induced meet the requirements of the code.

- The code contains guidelines setting out matters that need to be considered when developing management plans (cow selection, stage of pregnancy, state of health, body condition score, record keeping et al).

In the case of disputes, veterinarians are bound to act according to the current VCNZ Code of Professional Conduct. This defines the requirements for veterinary consultation and immediate care, and also professional relationships. In particular, veterinarians must recommend that a second opinion be sought when judgment indicates this would be desirable and feasible. When a client requests a second opinion, veterinarians must accede graciously and make the necessary arrangements. If a veterinarian is called to make a second



opinion, or to attend an animal that has been attended by another veterinarian for the same reason (supersession) they should ensure that the veterinarian being superseded has been notified.

Along with other codes affecting veterinarians that have been approved under the ACVM Act the induction code has been incorporated into the VCNZ Code of Professional Conduct.

Discretionary Use Code

Changes have been made to the Code of Practice for the Discretionary Use of Human and Veterinary Medicines, following revision via the NZVA consultation process and ratification by NZVA and VCNZ at their respective May board meetings. The changes will be made to that Code within the Code of Professional Conduct.

The main changes are:

- It specifies that some registered veterinary medicines, which have 'product specific conditions' and label statements (eg phenylbutazone) precluding them from being used in animals producing food for export, may not be used in a discretionary way in such animals.
- The Code now applies only to Prescription Animal Remedies and not Over the Counter Remedies.
- It includes an addition of the requirement to "balance negative effects against benefits".
- It allows for there being no need to advise the owner of discretionary use.

- For production animals one default withholding period has been replaced with a variety. These are species specific.
- In relation to companion animals the requirements relating to in-clinic use and those relating to prescribing/dispensing have been separated out.

Veterinarians are reminded of the legal context of this Code. The ACVM Act, in itself does not allow for the use of human and compounded medicines in animals or 'off label' use of registered or exempted veterinary medicines. However regulations made under the Act do allow for such medicines to be used subject to compliance with approved codes of practice.

There is a condition of registration (condition 12) on most (but not all) PARs which allows for their discretionary use in accordance with an approved code of practice. If condition 12 is not listed as a condition on a particular veterinary medicine, then that product can be used only according to label (eg HGP's). The NZVA Code is such an approved code

Availability of Technical Support for Avian health concerns

This article was provided by PIANZ & EPF

As most veterinarians will be aware, the veterinary support network for both the poultry (meat) and egg production industries is somewhat different to the support network in place for other primary production industries, with the majority of the work associated with poultry falling to four veterinarians. These four veterinarians work closely with each other and the representative organisations to ensure that veterinary supervision and associated issues for the national commercial flock are maintained at a high level.

The representative organisations are the Poultry Industry Association of New Zealand Inc. (PIANZ) and the Egg Producers Federation of New Zealand Inc. (EPF). The former represents the broiler chicken industry and their members account, by volume, for 99% of the total meat production and 100% of day old chick supply within New Zealand. All New Zealand egg producers, farming with more than 100 laying hens are represented by EPF.

The overall health status of the national commercial flock and the national native and wild populations is of considerable importance to the industry as a whole and plays a significant role in ensuring the long term sustainability of the poultry and egg production industries within New Zealand.

Whilst there is good veterinary supervision of the national commercial flock by the four current avian vets, we realise that local veterinarians are more likely to encounter health problems in back yard flocks and wild birds. As back yard flocks are a high risk vector for the introduction of diseases into the national flock,

due to the open association between birds on farm and contaminants in the environment, local veterinarians play a very important role in helping to curtail/reduce such risks, simply by acting as the Industry's eyes and ears in the field.

As with all species, the rapid and correct diagnosis, combined with effective treatment of any disease is of vital importance. Both PIANZ and EPF further realise, that as a result of the industry structure, most practising vets are not exposed to the commercial avian industry or avian medicine (with its own unique challenges) on a regular basis and may require some assistance or further information from time to time. Both PIANZ and EPF wish to help improve this information gap. In many instances, industry is willing to provide avian veterinary expertise free of charge because of the wider benefits associated with fast diagnosis.

As local veterinarians work regionally, we urge them to contact the PIANZ and EPF offices, should they encounter backyard flocks or any avian species with a health issue, to help ensure that these incidents, which may not be localised, do not go unnoticed and that links can be established between potential disease outbreaks in varying parts of the country.

Both PIANZ and EPF can be contacted on the telephone number 09 520 4300 or by fax on the number 09 520 1553. Alternatively emails can be sent to info@pianz.org.nz. More information can be obtained at www.pianz.org.nz or www.epfnz.org.nz

Approved Veterinarians providing export certification to dogs and cats to Australia

Biosecurity New Zealand is currently updating the contact details of the list of approved veterinarians providing export certification to dogs and cats to Australia. Please check your details at the following Biosecurity New Zealand website address:

www.biosecurity.govt.nz/exports/animals/aus-vet-list.htm

Use the 'Approved Veterinarians' link to contact the Exports Group if details are incorrect. Alternatively send/fax correct contact details to: Wendy Newsham, Technical Support Officer, Exports Group, Biosecurity New Zealand, PO Box 2526, Wellington, Tel: 04 498 9897, Fax: 04 498 9888,

Email: wendy.newsham@maf.govt.nz

Contact details required are: first name, surname, name of practice, address and email address.

An updated manual for procedures for approved veterinarians providing exportation certification to dogs and cats to Australia published by Agriquality Limited is also available from the link mentioned above. Practitioners are advised to update their current procedures with this new manual.

Grant Clarke
Senior Adviser, Exports

Workforce Survey 2005

	95-100%	75-94	50-74	25-49	1-24	Total	% of all respondents
Cats & Dogs	359	236	109	125	159	988	52.2%
Small animals/Pocket pets	41	14	17	40	420	532	28.1%
Dairy Cattle	41	147	130	118	133	569	30.1%
Beef Cattle	1	1	16	60	215	293	15.5%
Cattle	10	10	7	14	47	88	4.7%
Equine	82	24	21	45	228	400	21.1%
Sheep	2	4	17	51	220	294	15.5%
Pigs	3	1		4	14	22	1.2%
Goats			1	1	33	35	1.8%
Deer	6	6	7	34	118	171	9.0%
Production Animal general		2	1	3	12	18	1.0%
Lifestyle block				2	7	9	0.5%
Exotics	1		1	6	64	72	3.8%
Avian/Poultry	3		1	4	188	192	10.1%
Wildlife	2	2	3	5	25	37	2.0%
Anaesthesia	1					3	0.2%
Animal Welfare	4	1	3	16	97	121	6.4%
Research/Lab Animals	1		1	4	8	14	0.7%
Reproduction/Breeding/Genetics		1	1	2	3	7	0.4%
Pathology	12	6	2	2	4	26	1.4%
Laboratory	1			1		2	0.1%
Teaching	5	9	12	13	31	70	3.7%
Pharmaceutical/Animal Health Practice	14	8	5	7	6	40	2.1%
Meat Inspection	5	1	4	10	31	51	2.7%
Export Cert	8	10	16	36	99	169	8.9%
Compliance Programmes	16	38	60	29	22	165	8.7%
Epidemiology	8		11	4	12	35	1.8%
Disease Control	4	8	6	9	11	38	2.0%
Food Safety/Public Health	1	1	4	1	2	9	0.5%
Biosecurity	3	1		1	3	8	0.4%
Consultancy	11	3	6	10	33	63	3.3%
Practice Management	4	14	23	36	71	148	7.8%
Other	7	4	6	8	35	60	3.2%
	656	552	491	701	2351	4749	

In the 2005 Workforce Survey the Council received 1892 completed forms, a 90% response rate.

This year's survey differed from that in previous years in that the Council asked veterinarians to estimate the amount of time they spent on each of the top three species/area of veterinary science.

The table above shows data gathered from all responses. Some statements that could be drawn from this include:

- + 34% (656) of respondents work predominantly (95-100% of time) in one area of practice/species.
- + 52.2% of all respondents work to some extent with cats and dogs. 19% work 95-100% of their time with those species.
- + 30% work with dairy cattle to some extent. 15% work with beef cattle to some extent between 1-50% of their time, and another 4.7% work with cattle generally (not specified dairy or beef)
- + 21.1% work with horses, 4.3% of these 95-100% of their time, the large majority between 1-25% of their time
- + 15.5% work with sheep, the majority of these less than half of their time.
- + 10% of respondents work with birds, most of these 5% or less of their time.
- + 28% of respondents work with small animals or pocket pets from time to time.
- + 10% of respondents work with deer.
- + 7.8% of respondents are involved in practice management