

LETTERS & NOTICES

established itself in the local midge populations. Swift action could have allowed for a much larger uptake of vaccine – this alone would not have prevented the establishment of BTV-3 but certainly could have reduced its impact and prevented the severity of the current situation in the West Country.

Again, it is a case of too little too late, aided by complacency and lack of urgency.

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Reference

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EVIDENCE-BASED MEDICINE

Evidence-based clinical guideline development

CLINICAL guidelines are considered essential in human medicine by the NHS in the UK and by other medical organisations globally for improving care effectiveness, reducing undesired variation in clinical practice, minimising the risks of patient harm and empowering patients to make more informed decisions about their health.^{1–4} There are universally accepted robust methods for how to develop relevant and universally implementable guidance in human medicine, such as the GRADE⁵ and SIGN⁶ approaches.

Clinical guidelines also exist in veterinary medicine. But there is one key difference between many of our guidelines and those in human medicine – the methods used to create them. These can make a huge difference to what is produced. Specifically, many veterinary guidelines have omitted steps considered vital within these structured methods, such as:

- Inclusion of end users, such as first-opinion vets, nurses, receptionists and owners – the people using and applying the guidelines – throughout

the guideline development process to ensure that outcomes and recommendations are relevant for real-world practice.

- Systematic use of evidence with reference to its relevance and assessment of its quality.
- Rigorous and transparent processes for the guideline development panel, including declarations of conflicts of interest and disclosures of support (financial or otherwise).
- Structured, transparent processes for the gathering of expert opinion.
- Consideration and acknowledgement of uncertainty.
- Consideration of implementation across settings.
- Date-stamping guidelines, with inclusion of suggested future review dates to encourage clear timelines for guidelines to be updated.

While many existing guidelines remain a useful resource, we hope this letter will be a stimulus for continued improvement in the ways in which guidelines are created and revised in the future. The landscape for knowledge and support for developing evidence-based veterinary clinical guidelines has shifted over the past 10 years.⁷ It is our hope that those involved in creating and updating clinical guidelines will make efforts to consider and engage with these very useful existing methods. This is to improve not only the quality of what is produced, but also the chances of these guidelines being implementable in clinical practice and ultimately benefitting the animals and owners we serve.

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- 3 Kredt T, Bernhardsson S, Machingaidze S, et al. Guide to clinical practice guidelines: the current state of play. *Int J Qual Health Care* 2016;28:122–8
- 4 National Institute for Health and Care Excellence. How our guidance and standards can help you. <https://bit.ly/4yf5dqT> (accessed 9 October 2026)
- 5 GRADE. What is grade? www.gradeworkinggroup.org (accessed 13 October 2026)
- 6 SIGN. Methodology. <https://bit.ly/4rYayBf> (accessed 13 October 2026)
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BOVINE TB

Bovine TB positivity?

SUZANNE Jarvis' editorial (VR, 13–27 June 2026, vol 198, p 495) on the launch of recommendations from the Defra TB Steering Group¹ quotes group member and the University of Cambridge's James Wood as claiming whole genome testing studies



indicate an average 15-fold greater transmission of bovine TB (bTB) between cattle than between wildlife and cattle. A message repeated as 'very clear' by him at the AberTB conference in Aberystwyth on 16 September, where he also stressed wildlife remained 'a significant and important risk'.²

This claim is unevicenced by modern studies. It is sufficiently close to the impugned 2013 policy report of badgers directly infecting up to 5.7 per cent of herds, around one in 20 breakdowns,³ to raise serious concerns regarding confirmation bias being carried forward from the past.

Genome testing studies have not yet been done with the detail necessary to make such a claim, and multiple studies and authors have written as much in recent years. Rather than avoid battling over what has happened in the past with bTB research,⁴ such comments simply repeat the misreporting of scientific data in key aspects of bTB control, where more cogent messaging is needed.

This is a sensitive time for Wales as Llyr Gruffydd, minister for rural resilience and sustainability, prepares an autumn statement on badger interventions, and in Northern Ireland where a consultation on badger culling has just closed. The APHA has, as in Wales, provided the Northern Ireland government with blueprint models based upon impugned calculations that unscientifically attribute economic benefit from badger culling and other interventions.

It is time that those convening bTB advisory groups in all countries truly reflect the two pillars of 'people' and 'wildlife', by appointing those who represent them. Putting an end to closed shops where partisan advice can be shoehorned into place, placing domestic and wild animal welfare and public and farmer finances at further prolonged risk.

While one wants to be positive, the negativity in plain sight is a red flag for things getting worse not better in TB control, when what is really needed in all countries is fresh leadership and better resource allocation.⁵ 2027 could be a year when bTB control loses out in all countries across Britain and Ireland due to underinvestment

and continued misuse of genetic and veterinary science.

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- 4 Torgerson PR. A computational re-evaluation of spatial trials for zoonotic tuberculosis control: model misspecification, diagnostic misclassification, and the illusion of wildlife culling efficacy. <https://bit.ly/4xS0ll9> (accessed 1 October 2026)
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PROFESSION

Understanding how under care guidance is working in practice

It has been three years since the RCVS first introduced its updated 'under care' guidance and now it would like to find out from veterinary professionals how it is working in clinical practice.

The guidance covers prescribing prescription-only veterinary medicines, as well as limited service providers, and information- and advice-only services. At the time the changes were approved, the RCVS committed to reviewing the impact after the professions had time to adapt.

Last year, it commissioned VetCompass to undertake independent research to look at prescribing behaviours before and after the guidance was implemented. This has been a significant piece of work which involved examining almost 8 million clinical records. The detailed findings will be published as part of the RCVS Standards Committee's final report.



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Data, however, can only tell us part of the story. We also need to understand the day-to-day experience of those working in veterinary practice – what is working well, where improvements could be made and, if needed, how we can help the professions better understand the changes.

That is why the college has launched a survey of UK practising veterinary surgeons and veterinary nurses. Although the guidance primarily affects veterinary surgeons, veterinary nurses are also uniquely placed to provide informed observations about how the guidance is working.

The original 'under care' consultation was a substantial undertaking, and we recognise there will be a bedding-in period to allow veterinary professionals and practices to get used to new ways of working.

This review is an important opportunity to listen to the professions and gather insights before considering what, if anything, should happen next. I therefore encourage veterinary surgeons and veterinary nurses to share their experiences with us. A link to the survey has been emailed to all UK practising veterinary surgeons and veterinary nurses, and responses are invited by 17:00 on Monday 26 October 2026.

During this timeframe, the RCVS Standards Committee is also inviting written submissions, at the email address below, from veterinary organisations to feed into the review.

Sam Bescoby, chair

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