



# BLUEPRINT

FOR THE MODERNIZATION OF

## VETERINARY MEDICINE

GREATER ACCESS · STRONGER TEAMS · HEALTHIER PETS  
BRIGHTER FUTURE · INNOVATION · BETTER OUTCOMES

### Blueprint for the Modernization of Veterinary Medicine

*A Working Framework for a Veterinary Profession That Is Excellent, Sustainable and Accessible —*

PUBLIC WORKING EDITION • OPEN TO REVIEW AND REVISION

**Central premise:** *Veterinary medicine has evolved scientifically much faster than it has evolved structurally.*

**North star:** Access to appropriate veterinary healthcare — while preserving animal welfare, clinical excellence, professional integrity and public trust.



## **Why a Blueprint Is Needed**

Veterinary medicine can diagnose and treat disease at levels that would have been unimaginable a generation ago. Yet scientific capability does not automatically translate into practical access.

The access problem is not one issue. It sits at the intersection of education, workforce supply, technician utilization, regulation, economics, practice structure, technology, professional wellbeing and public expectations.

The Blueprint should therefore examine the system as a whole rather than searching for a single villain or a single solution. Its purpose is modernization, not criticism for criticism's sake.

## **The Structural Questions**

### **1. Veterinary Education**

Are we educating veterinarians for the profession they will actually enter? The traditional broad multi-species model deserves examination in an era when many graduates ultimately concentrate on companion animal, food animal, equine or other defined practice areas. Could a common biomedical foundation followed by earlier species/practice concentration improve readiness and reduce unnecessary educational burden without sacrificing essential competence?

### **2. Educational Cost, Debt and Practice Readiness**

Are educational requirements, tuition, debt and postgraduate training properly aligned with the work graduates will actually perform? Why do many graduates pursue internships or additional training before feeling prepared for independent practice, and what does the evidence say about competence versus confidence?

### **3. Veterinary Technician Education and Utilization**

Are credentialed veterinary technicians educated, compensated, retained and utilized to their full potential? Should technician education also consider earlier practice or species focus? What services can safely be delegated so veterinarians can concentrate on tasks requiring a veterinarian's medical judgment?

### **4. Spectrum of Care**

How can the profession preserve appropriate medical standards while recognizing that the most sophisticated or expensive option is not always the only medically reasonable option? When ideal care is unattainable, how do we prevent the alternative from becoming no care at all?

### **5. Regulation, Licensure and Professional Oversight**

Have veterinary practice acts, licensing systems, accreditation requirements and regulatory expectations kept pace with modern veterinary medicine? Which rules genuinely protect patients and the public, and which may unintentionally restrict workforce capacity, innovation or access?

## **6. Economics and the Delivery of Care**

How do educational debt, staffing costs, specialization, diagnostic technology, compensation systems, practice ownership and the absence of a broad insurance-based payment system affect affordability? Can the profession continue expanding what it is capable of doing if fewer families can afford to benefit from those advances?

## **7. The Veterinary Team and the Nonmedical Burden**

Are veterinarians carrying responsibilities that could be shared more effectively? Could technicians, care coordinators, client educators, financial counselors or Veterinary Health Care Navigators help families understand medically acceptable options, costs and resources while allowing veterinarians to focus more fully on medicine? The veterinarian should not be relieved of responsibility for discussing medical choices. The veterinarian should be relieved of having to personally manage every financial, logistical, and emotional obstacle that prevents an owner from acting on those choices. Strongly consider the Veterinary Healthcare Navigator: A Proposed Nonclinical Role to Improve Access, Client Understanding, and Veterinary Team Sustainability.

## **8. Technology, AI, Telehealth and New Care Models**

How should technology be used to extend professional capacity rather than merely add cost? Telehealth, teleadvice and AI should be evaluated as tools within a larger care system — not as substitutes for veterinary judgment and not as the centerpiece of modernization.

## **9. Lifelong Competency**

Licensure demonstrates qualification at an early career point, while continuing education often measures participation rather than demonstrated learning. Should the profession develop better ways to support and assess continuing clinical competence over a veterinary career?

## **10. Workforce Supply and Entry into the Profession**

Are there structural bottlenecks affecting the number and distribution of veterinarians? Accreditation, licensing examinations, pathways for internationally trained veterinarians, geographic maldistribution and the economics of underserved practice all deserve transparent, evidence-based examination.

## **A Public Conversation Is Necessary**

Many of the structures that determine how veterinary medicine is taught, licensed, regulated and delivered are largely invisible to pet owners. The public experiences the consequences — price, appointment availability, delayed care and limited options — without necessarily understanding the systems behind them.

Public education should not be an attack on veterinarians or professional organizations. It should explain, in plain language, why access is difficult, what tradeoffs exist, what reforms are being considered, and how proposed changes could affect animal welfare, affordability and the veterinary workforce.

The most credible public message is not that one institution is to blame. It is that a collection of structures developed over decades deserves independent examination because the environment in which veterinary medicine operates has changed.

## How the Blueprint Should Be Approached

- **Evidence before accusation:** Separate documented facts from hypotheses. Strong claims about accreditation, testing, professional organizations or economic incentives should be supported by primary data whenever possible.
- **Questions before prescriptions:** Begin by identifying structural problems and asking whether current systems still serve their intended purposes. Solutions should follow the evidence.
- **Access without lowering standards:** Modernization should expand the number of animals receiving medically appropriate care without treating patient safety or professional competence as negotiable.
- **Invite disagreement:** Educators, practitioners, technicians, regulators, students, economists, animal-welfare leaders and pet owners should be invited to challenge assumptions and identify unintended consequences.
- **Measure outcomes:** Every reform should answer: What barrier does this remove? Who benefits? How many additional animals might receive care? What new risks or administrative burdens does it create?
- **Remain independent:** The Blueprint should be willing to agree with organized veterinary medicine where the evidence supports it and challenge longstanding structures where the evidence does not.

## Possible Public-Facing Program

The Blueprint can become a continuing public education effort rather than a single white paper. Short evidence-based essays, brief videos, interviews and eventually a podcast can each address one structural issue at a time. A longer evidence dossier or white paper should sit underneath the public work as its factual foundation.

Potential opening topics:

- When Veterinary Medicine Becomes Too Good to Afford
- Are We Educating Veterinarians for the Careers They Will Actually Enter?
- Veterinary Technicians — Educated to Do More, Allowed to Do Less
- Spectrum of Care and the Difference Between Ideal Care and No Care
- Who Should Have the Money Conversation?
- What Should Veterinary Medicine Look Like in 2035?

## Relationship to Current Reform Efforts

The Blueprint should remain broader than any one organization or issue. Groups examining accreditation, licensure, workforce supply, ethics or testing may provide important evidence and potential partnerships. Their claims should be evaluated independently rather than automatically adopted.

## The Standard for Success

*A profession should not measure progress only by what it is capable of doing. It should also ask how many patients are actually able to benefit from that progress.*

The goal is a veterinary profession that remains scientifically excellent, professionally sustainable, economically realistic and accessible to the animals and people it exists to serve.

## Discussion Note for Stakeholders

This is a working framework, not a finished reform platform. It is intended to begin serious discussion, identify evidence gaps, test assumptions and develop practical reforms. The Blueprint should change when better evidence or better ideas emerge.