CREATIVE DISRUPTION

The Chief Veterinary Officer

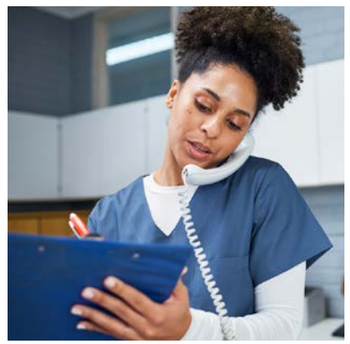
Clinical voices are essential for bridging the corporate boardroom with the exam room and shaping the future of the profession.

BY BOB LESTER, DVM

Veterinary professionals have never been paid more, had better benefits, or worked fewer hours. These are largely the positive side effects of corporatization. Corporate veterinary practices are here to stay, so the debate is no longer about corporate versus independent. It's about who gets to shape what corporate veterinary medicine becomes.

Given the growing influence of large group practices, having veterinary professionals in leadership positions is more critical than ever. Emerging chief medical, veterinary, and nursing officers are the connective tissue between spreadsheets and the exam room. Without them, even the smartest corporate models will underperform clinically, culturally, and financially.

If you had the opportunity to build a group practice from scratch, what decisions would you make to shape it? How would you balance the brilliance of corporate "quants" — data-driven business experts who understand scale, capital, and complexity — with the realities of everyday veterinary practice, understood by hospital teams who live the medicine, clients, community, and emotional labor of this profession? What choices would you make to keep the boardroom connected to the exam room?



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The Choices

Here are some of the choices — and tradeoffs — that practice leaders face.

1 Top-Down or Bottom-Up Leadership?

Distributed — or top-down — leadership models scale faster, but they risk fragility when local realities are ignored. Line — or bottom-up — management models foster loyalty and innovation, but they require trust, guardrails, and patience.

Top-down leadership means local decision-making within clear boundaries. Standardization should protect teams, not suffocate them. Personally, I struggle with the notion of line management. I know of no medical professional who works on an assembly line.

2 Uniform Tech Systems or Local Choice?

Technology is part of every practice's culture. Uniform systems simplify data, training, and support. Local choice respects workflow, generational differences, and practice personality.

Doctors and technicians know which tools reduce friction and which shift it elsewhere. A flawless dashboard is meaningless if it adds two clicks per patient, turns teams into data-entry clerks, and distracts from caring for pets, families, and each other.

3 Strict or Flexible Medical Autonomy?

Formularies, protocols, guidelines, and algorithms are where trust lives or dies. Medical autonomy is a non-negotiable.

Guidelines reduce variation and risk. While standardization supports scalability, too much rigidity erodes professional judgment. Medicine is probabilistic, not binary. Veterinarians know when protocols improve outcomes and when they devolve into cookbook medicine. Protocols should guide the conversation, not end it.

4 Salary, Production, or Prosal?

Compensation is never just math; it's messaging. Production rewards effort but can prioritize volume over value. Salary supports balance but may dampen urgency. ProSal tries to split the difference, but it sometimes creates confusion.

Veterinary leaders see how compensation models shape behavior in exam rooms long before those effects show up on financial reports. Pay systems should reward quality, collaboration, client satisfaction, and sustainability.

5 De Novo or Acquisition-Based Growth Strategy?

You can buy buildings, but you must earn culture. Acquisitions bring history, loyalty, and cash flow, but they also bring expectations. De novos offer clean slates and steep learning curves, but they also require patient investors.

Existing teams carry emotional equity that can't be measured on a spreadsheet. Veterinarians in leadership roles recognize when integration honors legacy rather than erases it.

6 Open Books or Closely Held Financials?

Shared P&Ls can be uncomfortable but powerful. Open financials educate teams and align incentives. Closed books protect leadership, but often breed suspicion.

When the team understands why decisions are made, resistance drops.

7 Payment Options?

The best payment option is the one that gets pets seen sooner. Wellness plans smooth care and cash flow. Memberships can build loyalty. Insurance changes client psychology.

Veterinary professionals see firsthand how financial barriers delay care. Leaders with clinical backgrounds can balance affordability with medical integrity.

8 Ownership and Equity Options?

We grow and protect what we own and have a voice in. We disengage from what we don't. True equity drives retention and engagement. Profit sharing aligns short-term goals. Equity stock ownership plans promise legacy but demand patience.

Veterinarians understand the difference between symbolic ownership and meaningful influence. Equity without voice is just deferred compensation.

9 General, Urgent Care, Specialty, or ER?

Choose your lane intentionally. General practice is different from specialty and emergency medicine. Fragmentation improves efficiency but increases hand-off fatigue.

Clinicians know where cracks form during referrals and after-hours care. Smart systems reduce friction for pets and people.

10 Strategic Partnerships?

Partnerships should amplify medicine, not dictate it. Standardization brings leverage. Exclusivity limits flexibility.

Doctors know which partnerships improve diagnostics and outcomes, and which improve rebates. Partnerships should benefit all.

11 Certifications?

Credentials work best when they reinforce a brand's promise, mission, and values, not when they're used as window dressing. They raise expectations from clients, staff, and regulators. If the group isn't prepared to fund, train, and enforce them, they can backfire and erode trust.

Veterinary leaders understand that designations like Fear Free certification are not about plaques on the wall. They're about strategy, operational fundamentals, and team beliefs.

Connecting the Boardroom to the Exam Room

Veterinary professionals in leadership roles aren't just advocates; they're risk-mitigation strategies. They help organizations avoid landmines that well-intentioned business leaders may not see. They keep practice leadership connected to the clinic floor.

The future of veterinary medicine will be shaped in boardrooms as much as exam rooms. Business expertise belongs at the table. But so do the voices of those who have knelt on exam room floors, delivered hard news to families, and carried the emotional weight of this profession. TVB

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BUILDING BRIDGES

The Board of Chief Veterinary Medical Officers is a collective of veterinary professionals from animal health manufacturers, as well as corporate, independent, nonprofit, university, and shelter organizations. It seeks to bridge veterinary medicine and veterinary business. A parallel group of chief nursing officers is currently being formed.