

RNOH One Medicine Round Table Follow-up Report, 30 May 2025

Introduction

The One Medicine Round Table Discussion was a hybrid event that took place on 22 May 2025 at the Royal, National Orthopaedic Hospital, Stanmore.

Attendees included several members of Humanimal Trust [One Medicine Task & Finish Group](#), [Science Committee](#) and Board of Trustees, plus various stakeholders with a professional interest in One Medicine.

The aim of Round Table event was to discuss the following key themes:

1. Opportunities to develop new collaborations between human and veterinary medical fields.
2. Incentives for working more closely together.
3. Ideas for collaborative initiative.

Key Discussion Points

1. Opportunities in Big Data

The group identified three key areas where data could be better used to help progress One Medicine:

- **Improve how veterinary practices collate and gather data in general-** would need to find a way to anonymise data, work with private veterinary practices.
- **Better harness data coming from the prescribing cascade system.** This is the system that allows veterinary surgeons to legally prescribe medications that are not authorized for the specific condition or species under treatment when no suitable veterinary medicine is available.
- **Implement real-world data collection in veterinary clinical practice.** For example, measure outcomes data for different clinical procedures (taking learning curves and experience into account). Could use these systems to help improve outcomes and help with training.

The group discussed the experiences of implementing monitoring and outcome reporting in the NHS. Collecting and reporting outcomes data received pushback when first implemented, but is now recognised to help drive improvement and deliver safer healthcare. It was suggested that to

do a similar thing in veterinary medicine starting slowly would be useful, let people see it is a good thing, then this can be slowly built upon. There are also commercial challenges in veterinary medicine not so apparent in human medicine.

“This is a great example where human medicine has got it right, and can now feed that experience through to veterinary medicine.”

2. Opportunities in preclinical and clinical research

The group discussed exciting potential opportunities around using donated waste tissue from clinical veterinary procedures as part of preclinical studies and in silico modelling- i.e., organ on a chip, cell culture models, etc. These can then also tie in with clinical studies work.

The huge value of cell biobanks was also discussed.

It was highlighted that there is also a potential opportunity here to help replace, reduce and refine need for initial preclinical tests involving animals.

For example, during initial cell work, growing animal cells alongside human cells could give more information about appropriateness of preclinical animal models that currently must be used later on- this could help to reduce some of that initial testing in animal models to test viability.

There are no regulatory issues about harvesting tissues and cells as a byproduct of routine procedures (just need routine guardian consent for retention and use of specimens for research).

Several barriers were discussed, including:

- **Logistics**- Physically preserving and transporting tissue samples from point of retrieval to lab for culture and use in preclinical work can be a geographical and technical challenge.
- We need to recognise **current limits of One Medicine** in preclinical and clinical work. Science is progressing all the time, NAMs are improving, but they are not fully there yet.
- There are also various metabolic and physiological differences between humans and animals.
- Recognising current limits will help to emphasise One Medicine integrity, and inform next steps.

“There are some areas where One Medicine is very, very powerful, and other areas where that diverges. We need to recognise and clarify both the differences, and the similarities.”

“Yes, there are differences, but for me, at the moment, the problem is we don’t know exactly what that gap is. We need to learn.”

3. The urgent need for better stem cell regulation

The group discussed a real need for better stem cell regulation, across species. The idea of a half-day meeting, joint human medicine/veterinary medicine to identify and find solutions to barriers to stem cell use for all species.

There was also discussion around linking education modules related to this area, including human and veterinary implant design, stem cell therapies, etc. It was agreed that many times humans and vets don’t actually know what each other’s challenges are.

“To have two people, vet and human clinicians, in the room at the same time and sparking off each other is great”

“I grew up on a farm, my father is a retired vet. I learnt so many skills working with animals– I use them every day, clinically as a doctor. I don’t think people realise how important One Medicine can be like this”

Messages from the day

“I see One Medicine as something that can be used to improve clinical practice and process, without the expansion of further harm.”

“I take away encouragement that there is genuine feeling in the room. There is definitely low hanging fruit over the next 10 to 15 years, if we can get engagement, if we can get young doctors and vets involved, get data up and running.”

“To me, One Medicine means progress.”

“One Medicine to me represents collaboration and cooperation, and improving the translation of in vitro and in vivo work with less reliance on animal testing.”

“One Medicine is a huge opportunity for mutual learning. I’m a believer in innovation, and innovation comes from outside of your own field.”

“The mark of a civilisation is how it treats those who cannot speak for themselves. One Medicine is our opportunity to live by that principle—to ensure we don’t just heal those who can afford care, but everyone who needs it, because we value all life.”