

Response to CMA Issues Statement regarding its Market Investigation into veterinary services for household pets

About this document

1. This document forms the response from the Royal College of Veterinary Surgeons (RCVS) to the Competition and Markets Authority (CMA) Issues Statement regarding its Market Investigation into veterinary services for household pets, as published on 9 July 2024.
2. The document has been prepared by the RCVS Council's Competition and Markets Authority Working Group.

Format

3. The document is structured in three parts:
 - a. Part one: Summary statement
 - b. Part two: Table with specific comments against numbered paragraphs within the Issues Statement
 - c. Part three: Annexes that provide more information to support the points made, ie
 - i. Annex one: List of RCVS Day One Competences (D1C) for veterinary graduates that relate to ethical training and communication skills
 - ii. Annex two: List of RCVS Day One Competences (D1C) for veterinary nurses that relate to ethical training and communication skills
 - iii. Annex three: RCVS VetGDP data on graduate preparedness for professional skills demands
 - iv. Annex four: RCVS Register of Veterinary Practice Premises data for last six years

Further information

4. For further information, please contact the RCVS CEO, Lizzie Lockett, on l.lockett@rcvs.org.uk.

Part one: Summary statement

5. As highlighted in previous responses to the CMA, the RCVS is supportive of this Market Investigation and appreciates the opportunities for improved consumer protection that it could bring, while being mindful of the risk of unintended negative impact on animal health and welfare, and public health.
6. At the outset, it is worth remembering that standards of animal health and welfare and veterinary care in the UK are globally recognised as being very high. This is testament to the hard work of veterinary practitioners, educators, policy makers and researchers, and the part that the RCVS plays in creating a strong framework for success. The UK public are very passionate about the health of the animals for which they care, and the size and emotional heft of the ‘postbag’ that the CMA has received is testament to that. The ‘public interest’ in this case is therefore not just about the impact on pet owners’ pockets, but also upholding these high standards for the UK nations.
7. We believe that the key change required to bring about improvements to consumer protection, standards within veterinary practice, and support for veterinary professionals working within clinical practice, would be for the RCVS to implement a scheme of mandatory practice regulation. To achieve this, new legislation is required. The RCVS has been pushing for such legislation for many years, as the Veterinary Surgeons Act 1966 (VSA) is out of date – a point well understood in the Issues Statement.
8. In addition to mandatory practice regulation, our proposals for new veterinary legislation would give us the opportunity to make other important changes, which would bring benefits to animal health and welfare, in the public interest. Many of these would also be in consumers’ interest, although this does not always intersect with animal health and welfare, or the wider public interest (for example, in relation to One Health issues – see comment ref paragraph 90 in part two).
9. Amongst other things, our proposals for new veterinary legislation include:
 - a. Regulation of the ‘vet-led team’. This would mean the inclusion under our regulatory umbrella of appropriately-trained professionals, such as physiotherapists, working under the direction of a veterinary surgeon. This will protect animal health and welfare, provide greater assurance for animal owners and keepers about the standards to which groups of people supporting the health of their animals would be held, and provide a single point of contact if things go wrong.
 - b. The transformation of our complaints and disciplinary system, in line with best regulatory practice, to give a more modern fitness to practise model. This will better support the public interest as well as being proportionate for veterinary professionals.
 - c. Strengthening and developing the role of veterinary nurses, which will bring benefits to animal owners through a greater range of services being offered in both primary care and referral settings.
10. For more information, read our full set of proposals, at <https://www.rcvs.org.uk/news-and-views/publications/rcvs-recommendations-for-future-veterinary-legislation/>

11. However, we recognise that new legislation of the size and scope needed to effect such change may take some time to achieve. Our approach has always been proactive and, alongside lobbying for this important legislation, we do as much as we can within our existing powers, without overstepping. Examples of this include:

- a. The introduction of the voluntary **Practice Standards Scheme**. This sets, maintains and promotes high standards of veterinary care in the UK's clinical practices, for the benefit of the consumer, as well as animal health and welfare.
- b. The establishment of the **Register of Veterinary Nurses** under our Royal Charter. This ensures high standards are met amongst veterinary nurses, and the public have an avenue via which to raise concerns, should that be necessary.
- c. The setting up of the independent **Veterinary Client Mediation Service (VCMS)**. This is fully funded by the RCVS, to offer clients and veterinary professionals an alternative dispute resolution service that is free at the point of use.
- d. Making completion of the **Veterinary Graduate Development Programme (VetGDP)**, a professional responsibility. This ensures that the meeting of high standards is well supported from day one, and practitioners have the skills and knowledge they need to meet the needs of the public.
- e. Including mandatory **continuing professional development** as part of the Code of Professional Conduct for veterinary surgeons and veterinary nurses. This ensures veterinary professionals keep their skills and knowledge up to date.
- f. The introduction of the **Charter Case Committee**. This deals with complaints that exceed our threshold for serious professional misconduct, but at the lower end. As a result, these complaints could be dealt with more quickly and compassionately, without a full disciplinary hearing.
- g. The introduction of our **Health and Performance Protocols**. These aim to protect animals and the interests of the public by supporting veterinary professionals whose fitness to practise may be impaired because of adverse health, or ongoing concerns about their professional performance.

12. There is always more we can do, and current activities are underway to improve the information available to animal owners, to clarify guidance to veterinary professionals, and to better understand areas of tension between the two.

13. We are also working on initiatives to improve recruitment, retention and return in the veterinary workforce, via our Workforce Action Plan. For example:

- a. Establishing the Veterinary Clinical Career Pathway project, which is looking to better define clinical roles in practice; support and celebrate excellence in general practice; and develop more flexible routes to Specialism.
- b. Lobbying the government to change the visa-linked salary requirements, so that overseas-graduating vets can play a part in important food safety and public health work, and also within the clinical practice team.
- c. Supporting the Veterinary Schools Council in persuading the government to increase funding for UK veterinary schools, so they do not have to take on so many overseas students in order to financially support insufficiently funded UK student places. This

would have a positive impact on the veterinary workforce, as UK graduates are more likely to stay in the UK.

- d. Building relationships with overseas veterinary schools, with a view to directly accrediting their degree programmes.
- e. Modernising our Statutory Membership Examination, for those veterinary surgeons who do not have a degree recognised by us, to improve accessibility and increase the numbers eligible to join our Register.
- f. Supporting those returning to their professions via the RCVS Academy.
- g. Considering reasonable adjustments and focused licensure, to widen the pool of those applying to veterinary school.

14. These initiatives will take time to show results.

15. The veterinary services market is complex and although ensuring consumers get a good financial deal, with relevant choice and transparency, is of course important, it is vital that this is not achieved at the expense of animal health and welfare. Although they may promise short-term benefit, there may be unintended consequences of the implementation of measures that work in simpler markets, which could impact negatively on animal health and welfare in the longer term. There could also be an impact on other types of clinical practice, such as equine, production animal and exotics, and consequences for One Health and public health.

16. In summary, the RCVS is supportive of the CMA's investigation and feels it highlights the clear need for new veterinary legislation and greater scope for the College to regulate veterinary service delivery in all its forms. We have pushed as far and as creatively as we can within the boundaries of current legislation. Mindful of some of the matters the Issues Statement raises, the College has for some time had a focus on outcomes-focused education, innovation and workforce, although this work will take time to yield results. We remain keen to better understand what additional consumer and competition remedies the CMA may wish to see put in place, and will support the delivery of these, where feasible and appropriate. Ultimately, we are mindful of the paramount importance of animal health and welfare, and the sustainability of access to veterinary care. We would urge the CMA to consider these important factors when coming to their conclusions.

Part two: table with specific comments on the CMA Issues Statement

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
20	Hospital clarification	<p>CMA says (definitions): <i>“Animal hospital: a veterinary practice that has Veterinary Hospital accreditation by RCVS or equivalent. Animal hospitals offer more specialist veterinary services and may also offer such general veterinary practice services alongside them.”</i></p> <p>There is no general restriction on the use of ‘animal hospital’. There is restriction on the use of ‘veterinary hospital’ in that only those accredited as veterinary hospitals as part of the RCVS Practice Standards Scheme (PSS) may use ‘veterinary hospital’. This applies whether or not a practice is part of PSS.</p> <p>In addition, the RCVS does not allow practices within PSS to use ‘hospital’ in any other way (pet hospital, animal hospital etc), unless they are accredited as a veterinary hospital. However, for practices not within PSS, there is no general restriction on the use of ‘hospital’, including ‘animal hospital’, ‘pet hospital’ and so on.</p>	
26 (f)	Regulatory framework	<p>CMA says: <i>“Within this framework, there are some overarching issues which we shall be particularly keen to explore throughout this investigation: (f) Whether the regulatory framework contains the right combination of substantive requirements and enforcement mechanisms to help produce outcomes that are consistent with a market that is working well. The regulatory framework includes the legislation governing veterinary professionals, professional standards and codes under which veterinary professionals (vets and veterinary nurses) operate, and regulation of the vet practices and businesses where veterinary professionals work. It also includes how regulations are applied, adhered to and enforced, and guidance for following regulations.”</i></p>	<p>https://www.gov.uk/guidance/veterinary-medicines-regulations</p>

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		<p>When considering the legislative framework within which veterinary professionals work, it is important to include the Veterinary Medicines Regulations (VMRs), as enforced by the Veterinary Medicines Directorate (VMD).</p>	
28	What happens in 'first opinion practice'	<p>CMA says: <i>"This market investigation will consider the veterinary services that consumers (owners of household pets) purchase from FOPs directly (eg consultations, diagnostic tests, medication and prescriptions for medication), as well as certain adjacent veterinary services or those which are purchased after a referral from their first opinion vet (certain diagnostic tests, surgical procedures, cremations)."</i></p> <p>Veterinary general practices ('FOPs' in CMA parlance) are not like human GP practices. A lot more is carried out than consultations, diagnosis and prescribing medicines. Virtually all veterinary GP practices also carry out surgery, for example. Equally, it is not always about purchasing products or medicines, but care, information and clinical advice. We hope the CMA's proposed site visits will assist in a broader understanding of the services available.</p>	
33, 53 (a)	Switching practices/ continuity of care	<p>CMA says: <i>"The research suggested that pet owners tend to choose a first opinion practice based on location, convenience, or recommendation, rather than considering prices, in part because they (incorrectly) assume that all practices would charge the same. The consumer research also suggested that people rarely switch between veterinary practices except when moving house."</i></p> <p>And also: <i>"Pet owners might not engage effectively in the choice of the best veterinary practice or the right treatment for their needs due to a range of factors including a lack of appropriate information."</i></p>	<p>https://findavet.rcvs.org.uk/find-a-vet-practice/</p>

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		<p>While lack of confidence around competitive pricing or lack of information may be a factor, feedback from our Public Advisory Group (PAG) suggests that one reason for clients staying with practices is that they really value continuity of care for their animals. The relationship between an animal owner, their pet and their veterinary professionals is not usually related to a one-off transaction, but can be complex and ongoing. As the CMA notes in paragraph 82 (a), it is important that owners build a relationship of trust with their vet, around issues such as the pet's preferences, how they like to be handled, and the owner's circumstances. Such contextualised care is best practised when it is within an ongoing relationship. Encouraging people to regularly switch service providers (in this case practices) may bring benefits in markets that are more commoditised, such as gas and electricity providers, but may have unintended consequences for animal health and welfare in a care-based setting.</p> <p>We do appreciate that non-clinical factors play a part in owners' initial choice of practice, which is why our Find a Vet service enables owners to search for practices by features such as car parking, disability access, weekend opening etc.</p> <p>There are also some owners who have more than one practice – a 'base' practice for the provision of general care, then they ring around for specific services such as neutering and vaccination. Sometimes those with multiple species of animal access different practices for their equine, small animal and exotic pets within the same household, so have the opportunity to choose the most appropriate practice for their needs. This would indicate that there is not a lack of access to choice, should the consumer demand it.</p> <p>However, it is important to balance the need for consumer choice with the risk that where a client seeks multiple veterinary service providers for an animal, there is the potential for</p>	

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		communication challenges between practices, which may lead to issues with animal welfare, and additional bureaucracy. This may increase time and drive up costs.	
38	Difference between industry and profession	<p>CMA says: <i>“The Royal College of Veterinary Surgeons (‘RCVS’) is the statutory regulator. It maintains a register of vet surgeons and veterinary nurses and is responsible for enforcing the industry regulations and for maintaining and developing professional standards for vets and veterinary nurses, in part through its Codes of Conduct and guidance.”</i></p> <p>It is important to note that, under the VSA, the RCVS is only responsible for enforcing professional standards, not ‘industry’ regulations. As aforementioned, the RCVS is keen to run a scheme of statutory regulation for veterinary practices. However, even with practices and the professionals within them being regulated by the RCVS, there would still be more to veterinary ‘industry’ regulations, such as the VMRs (see above).</p>	
53 (f)	Market versus provision of care	<p>CMA says: <i>“[We intend to explore if] the regulatory framework is outdated and may no longer be fit for purpose and may currently be operated in a manner that does not facilitate a well-functioning market.”</i></p> <p>We agree that the regulatory framework is outdated, and have been working for many years to secure new legislation. However, as mentioned previously, it is important to note that the provision of veterinary care is more than just a ‘market,’ as the health and welfare of sentient beings is at its core. The declaration (see adjacent) that veterinary surgeons and veterinary nurses make on admission to their respective RCVS Registers commits them to accept responsibilities to a range of stakeholders – public, clients, profession, the RCVS – but above all to the health and welfare of animals committed to their care.</p>	<p>RCVS declaration:</p> <p><i>“I PROMISE AND SOLEMNLY DECLARE that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession and the Royal College of Veterinary Surgeons, and that, ABOVE ALL, my constant endeavour will be to</i></p>

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		<p>For the provision of veterinary services to work well it must be done sustainably, and consumers must be treated fairly, but not all of the typical 'market remedies' may be applicable in this case.</p>	<p><i>ensure the health and welfare of animals committed to my care."</i></p>
57 (e)	Veterinary training ref clients	<p>CMA says: <i>"We shall seek to explore a number of factors..... (e) the training that vets and veterinary nurses receive, during studies and on the job, to prepare them for dealing with customers."</i></p> <p>The RCVS accredits undergraduate degrees for veterinary surgeons, and degrees and vocational qualifications for veterinary nurses, which lead to registration, both in the UK and overseas.</p> <p>Both veterinary and veterinary nurse courses involve substantial time spent in a practice environment to ensure that students have good exposure to real-life customer interactions to consolidate their classroom-based learning. Veterinary students also have a requirement to complete clinical Extra-Mural Studies, where practices volunteer to host them so that they can gain experience in real-life working environments.</p> <p>Our new (2023) veterinary degree accreditation standards stipulate that: "the majority of clinical education [70% +] delivered by the school must focus on casework in the 'general practice' context, reflecting the reality of veterinary practice in society." This is so that new veterinary graduates have a clearer understanding of the needs of primary care.</p> <p>In Annexes one and two, you will find a summary of the veterinary and veterinary nursing RCVS Day One Competences that relate to ethical training and communication skills.</p>	<p>See Annex one: RCVS veterinary surgeon Day One Competences that relate to ethical training and communication skills</p> <p>See Annex two: RCVS veterinary nurse Day One Competences that relate to ethical training and communication skills</p> <p>See Annex three: RCVS VetGDP data on graduate preparedness for professional skills demands</p> <p>We would recommend the CMA contacts the Veterinary Schools Council to visit one or more of the UK veterinary schools, and also visits one or more veterinary nurse education training centres or universities.</p>

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		<p>In Annex three, you will find RCVS VetGDP data on graduate preparedness for professional skills demands.</p> <p>Such training does not stop on graduation/qualification. Veterinary graduates going into clinical practice must complete the VetGDP, which gives them workplace-based support as they develop their clinical and professional capabilities. They must work in a practice that has a trained veterinary adviser, who can support and coach them in all areas, including professional skills.</p> <p>The veterinary professions pride themselves on lifelong learning. This may be formal, such as the RCVS Certificate in Advanced Veterinary Practice or the Certificate in Advanced Veterinary Nursing, RCVS Specialism, or Fellowship, or less structured, such as via continuing professional development (CPD), which is a professional obligation for both vets and nurses.</p> <p>To assist with CPD, the College provides the RCVS Academy, offering bite-sized learning to support veterinary professionals to meet the standards expected of them. This includes non-clinical skills training, such as communication and complaints handling. The College would welcome suggestions from the CMA on other courses that could be added to the Academy, which is free for RCVS registered vets and nurses to use. See comment ref par 94 for list of courses.</p>	<p>In addition, it may be helpful to talk to some veterinary and veterinary nursing students, via the Association for Veterinary Students or the British Veterinary Nursing Association.</p>
82 (a)	Trust	<p>CMA says: <i>“We intend to look at relevant demand-side features which frame consumer understanding of their referral options. In relation to treatments provided through these referrals, we will consider relevant demand-side features such as the degree of</i></p>	<p>https://www.rcvs.org.uk/news-and-views/publications/trust-in-the-profession-survey-2019/</p>

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		<p><i>consumers' trust in vets' recommendations, and our assumption that it is essential for consumers to have trust in their vets."</i></p> <p>In 2015, the RCVS commissioned an independent study of satisfaction and trust in the veterinary profession. The result was that 78% of members of the public said they were either 'satisfied' or 'very satisfied' with their vet, with 18% being ambivalent. The same survey showed that 95% of people asked trusted the veterinary profession 'generally' or 'completely'. When asked about value for money, 69% said they felt their vets' fees were fair/good/excellent.</p> <p>The same survey was carried out again in 2019 and the results were near identical (figures at 80%, 15%, 94% and 70% respectively), showing that there is a high level of trust in veterinary surgeons' recommendations.</p> <p>Through veterinary training and our standards-setting process, we aim to ensure that this trust remains well deserved, and would be keen to hear from the CMA what more could be done to maintain and improve consumer confidence in the profession.</p>	
88	Cross-subsidy	<p>CMA says: <i>"We have seen data from some large vet businesses which suggests that medicines account for around 20-25% of their revenue. We are concerned that vet practices might have the incentive and ability to deter consumers from purchasing medicines elsewhere, for example, by not explicitly reminding them of this option, by charging a high prescription fee or by only issuing prescriptions for short periods of time, meaning that the consumer would have to pay for prescriptions more frequently. We will seek to understand how any profits are generated from the sale of medicines (including those administered as part of treatments), at independently owned vet practices, smaller</i></p>	

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		<p><i>chains and those belonging to large groups. We also intend to explore whether profit margins on medicine sales are used to cross-subsidise other elements of vet practice services, and potential implications if so.”</i></p> <p>It is important to ensure that animal owners are charged a fair price and fully understand the options open to them. However, where profits levels are reasonable, any remedies that forcibly reduce margins on medicines are likely to then necessitate increased fees on consultations and surgeries to maintain the income needed to keep the practice running. This will have an impact on the consumer’s pocket. It should also be noted that the buying price of the same medicine varies significantly between veterinary practices and thus those practices charging higher medicine prices may not necessarily have higher margins on their medicines.</p> <p>All those visiting a practice will require a consultation, and not all will require medicines, so there is a risk that if the door-opening charge is appreciably higher, people may avoid going to the vet when needed, which could have a negative impact on animal health and welfare.</p> <p>If practices are not able to run sustainably, subsequent closures could also have an impact on access to veterinary care.</p> <p>The dials that need to be moved to ensure a fair deal for clients therefore need to be shifted in subtle ways to ensure this is not a question of short-term gain meaning long-term pain.</p>	

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89	Understanding of medicines market	<p>CMA says: <i>“The CMA received several representations from independent veterinary practices that online pharmacies sell animal medicines to consumers at a price lower than the cost to many vet practices of obtaining medicines via the wholesale channel. The regulatory regime stipulates that vet practices need to buy their medicines from a provider that is licensed for wholesale supply, so this cheaper channel is not available to them. We intend to explore the drivers of wholesale price differences for medicines purchased by the large chains, independent practices, and online pharmacies.”</i></p> <p>Whilst we understand there are some differences in wholesaler price, it is actually the differences in medicine manufacturer discounts that make the difference in buying price to practices. Such contracts are individually negotiated by businesses direct with the medicine manufacturers and usually rely on volume of purchases. We would urge the CMA to explore this area of medicine buying.</p> <p>We have mentioned this in previous correspondence, but there is a risk that any radical changes to the dynamics of medicines sales routes could have an impact on the willingness and ability of animal pharma companies to invest in the R&D pipeline. Since EU-Exit there is also additional cost required to license products for the UK, a relatively small market. The dominance of the large veterinary corporates, including both their market share and ownership of online pharmacies, has also played a part in skewing the market.</p>	We would suggest the CMA to talk to the National Office for Animal Health (NOAH), the trade association representing the UK animal health industry.
90	Under care advice ref antimicrobials	CMA says: <i>“We will seek to understand the extent to which regulations – including restrictions on where vets and consumers can purchase medicines, and rules around prescribing medication for use by pets – are resulting in prices for animal medicines sold</i>	See the World Health Organisation definition of AMR: https://www.who.int/health-topics/antimicrobial-resistance

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		<p><i>to consumers being higher than they would otherwise be, as well as understanding the rationale for why these rules are in place.”</i></p> <p>When the CMA comes to this section of its work it will be important that it considers the role of animal health and veterinary medicine within the wider ‘One Health’ concept. One Health is an integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals and ecosystems.</p> <p>With One Health in mind, the driver for the RCVS recently increasing the safeguards around prescribing ecto- and endo-parasiticides (for example, worm and flea treatments) is that there is growing evidence of the impact of such products on the environment, for example, transference into water courses, which can have an impact on biodiversity. It is also important that these products, alongside the more often discussed antibiotics, are safeguarded for the future by careful use to mitigate the development of resistance. Antimicrobial resistance, or AMR, is a concept that the public is starting to understand, and it includes more than just antibiotics.</p> <p>During the pandemic, virtual consultations were allowed across the board on a temporary basis. The College commissioned data collection during this period to assess the impact on prescribing behaviour and outcomes (see link in adjacent column to ‘Exploring telemedicine / remote consultations using electronic health data – SAVSNET (Oct 2021)).</p> <p>This research showed that antimicrobial prescription did rise slightly, so additional safeguards were added when the College developed its new under care guidance. This means that animals need an in-person consultation before prescription of antimicrobials. It</p>	<p>See our partner charity, RCVS Knowledge, for more information on AMR: https://knowledge.rcvs.org.uk/amr</p> <p>Useful information also available from RUMA Companion Animal and Equine: https://rumacae.org.uk/</p> <p>https://www.rcvs.org.uk/document-library/exploring-telemedicine--remote-consultations-using-electronic/</p>

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		<p>is also important that tests are carried out to identify which medicine is needed, so that as little as possible, but as much as necessary, can be prescribed in order to maintain health.</p> <p>So, while at first sight requiring an in-person consultation for such products to be prescribed may seem a barrier to consumers getting a 'good deal', there are important additional factors at play. And in fact, targeted, rather than blanket, use of such products, may also end up being cheaper for the consumer.</p>	
91	Correction	<p>CMA says: '<i>...the primary legislation in the industry is almost 50 years old</i>'.</p> <p>The VSA came into force in 1966, so is almost 60 years old.</p>	
92	Confusion of people/places	<p>CMA says: "<i>Given our concerns about the possibility of weak competition in some areas, and the demand-side factors we have identified, we would like to explore whether the regulatory framework contains the right combination of substantive requirements for vets and veterinary nurses, as well as adequate mechanisms for their enforcement.</i>"</p> <p>This assertion seems to conflate two issues. The RCVS's regulatory framework for vets and VNs is about professional conduct on an individual basis. Poor competition is likely down to business structure, and commercial issues that may be beyond the control of many professionals. There are some areas of overlap, for example, around communication and transparency, which we would be keen to discuss further.</p>	
93	Human generic drugs	<p>CMA says: "<i>Respondents to the consultation on making a market investigation reference, who engaged with this issue, all agreed that the regulatory framework needs reform. The CMA also received some initial suggestions as to areas which we might explore further</i></p>	See final paragraph 'Medicines commonly found within the home':

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		<p><i>such as extending the statutory remit of the regulator to cover practices; expanding the permitted role of veterinary nurses; and exploring the possibility of regulatory changes allowing the prescription of human generic drugs where there is no proven detriment to animal welfare.”</i></p> <p>It may not be appropriate to recommend the use of human generic drugs, not only on the grounds of animal welfare, but also potentially human health, if they are used in animals headed for the foodchain. This is due to incomplete information about withdrawal periods. While we appreciate that the CMA’s investigation is focusing on the pet market, its outcomes may impact – directly or indirectly - the food-animal sector, and therefore public health.</p> <p>In addition, suggesting that owners give pets human drugs, such as antihistamines and paracetamol, is considered improper use of the prescribing cascade and, as such, is a breach of the VMRs. However, the VMD has indicated that, in an emergency, a vet may advise a client to use human medicines they already have in the home.</p>	<p>The cascade: prescribing unauthorised medicines - GOV.UK (www.gov.uk)</p>
94	Enforcement	<p>CMA says: <i>“As well as considering whether there are aspects of the current Veterinary Surgeons Act which could be updated, we would like to explore whether the current framework could be more effectively applied or enforced in so far as it relates to interactions with consumers or, potentially, other providers (such as competing referral centres or crematoria). We will seek to understand whether and how the requirements of the RCVS Code facilitate competition and whether any of them might be amended to improve outcomes for consumers. Likewise, we wish to understand whether and how the RCVS is able effectively to monitor and ensure compliance with its Codes, supplementary</i></p>	<p>The courses in the RCVS Academy include:</p> <ol style="list-style-type: none"> a. Client confidentiality b. Clinical supervisor c. Complaints: communication, confidence and compassion d. CPD record and reflect e. Informed consent f. Leadership vs management

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		<p><i>guidance and Practice Standards Scheme, especially with respect to how information is provided to consumers and any potential conflicts of interest.”</i></p> <p>We would welcome discussion about what might be feasible and appropriate to include in the Codes of Professional Conduct for Veterinary Surgeons and Veterinary Nurses that might facilitate competition and improve outcomes for consumers, although we will be keen to ensure that responsibilities that should properly sit with (largely unregulated) business owners are not put upon the shoulders of individual practitioners, as this would be neither equitable nor enforceable. For example, it is currently unlikely that individual vets or VNs would be in control of arrangements for contracts for referrals or crematoria.</p> <p>In terms of enforcement of the existing Codes, we believe that we are working within the limits of our out-dated and reactive legislation, but would welcome alternative suggestions.</p> <p>In common with other healthcare regulators (such as the General Medical Council, General Dental Council, General Pharmaceutical Council, and Nursing and Midwifery Council) we operate a reactive, complaints-based system of investigation. However, we couple this with a more proactive programme of education and culture change that promotes compliance.</p> <p>A good example of such upstream regulation is the aforementioned RCVS Academy, which was set up to help registrants to meet our standards. Many of its courses have been developed expressly to address areas identified by our Standards and Advice Team as being common sources of concern for animal owners and/or veterinary professionals. See list adjacent. The Academy was set up two years ago and we appreciate that its impact may take time to be realised, but early engagement is encouraging.</p>	<ul style="list-style-type: none"> g. Microchipping h. Nurse return i. Ownership disputes j. Principles of delegation k. Concerns process l. Resolving complaints in practice m. RVN starting out n. Strays o. Unconscious bias p. VetGDP Adviser q. VetGDP graduate induction r. VN pre-registration examination support s. Wildlife t. Working in the UK for veterinary nurses u. Working in the UK for veterinary surgeons

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<p>We have produced other learning materials using anonymised cases or complaints, to help veterinary professionals better understand what is expected of them. The VCMS also produces useful learning materials based on the cases that it handles.</p>	
98	Innovation	<p>CMA says: <i>“We intend to explore whether the current regulatory framework may be inhibiting certain forms of innovation, such as the provision of mobile veterinary services, the use of telemedicine for certain treatments or prescribing and additional routes for vets or consumers to obtain medicines. We intend to obtain a better understanding of the implications for competition of any restrictions on these (or other) forms of innovation. As part of this, we would also explore what might be the potential impact on vet businesses, veterinary professionals and pet owners, both positive and negative, of removing or amending these restrictions.”</i></p> <p>The RCVS does not currently have any restrictions on mobile veterinary practices, providing they can offer, or take steps to offer, in-person emergency care out of hours. Removing the out-of-hours requirement would likely have a significant impact on animal health and welfare, and may risk pushing up prices for out-of-hours emergency care.</p> <p>If the new legislation that we seek was achieved, we could strengthen the role of veterinary nurses, so that they could operate more autonomously and offer ‘district nursing’ style services within a domestic setting, to assist those with accessibility issues or who are unable to provide care for their pets without support.</p> <p>In September 2023 and January 2024, we introduced changes to our Under Care / Out of Hours (UCOOH) guidance that enabled, for the first time, the ‘under care’ relationship to</p>	<p>www.vivet.org.uk</p> <p>https://www.rcvs.org.uk/news-and-views/news/rcvs-roundtable-event-sets-the-ball-rolling-on-guidance-for-ai/</p>

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<p>be established without the need for a hands-on clinical examination. This allows prescription-only veterinary medicines to be prescribed without a physical examination having ever taken place, with some specific exceptions. This has opened the door to new entrants to the market and extended the range of services available from existing players.</p> <p>We have planned a review of the changes to our UCOOH guidance to ensure that there have been no unintended consequences of the new guidance. This is likely to report in 2025. The issues we will be considering include whether the new guidance has had an effect on responsible prescribing; if there has been an increase in complaints in related areas; if there has been an impact on premises opening/closing; public perception regarding accessibility of pet care; compliance with the new guidance; and, feedback from the profession.</p> <p>The RCVS ViVet programme aims to support innovation in the veterinary sphere. It has held two seminars to stimulate discussion and debate on how the professions can best embrace technological change.</p> <p>The College also recently held a roundtable on the impact of AI on the professions, animal health and welfare, and animal owners. A news report can be found at the link in the adjacent column, and a full report from the event will be published soon. This event was designed to hold a space for discussion and the exchange of views, and an output will be several streams of work within the RCVS to look at how we might regulate professionals' use of AI to ensure we maximise the benefits and mitigate the risks.</p>	

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<p>The RCVS is often seen as leading the way in terms of enabling innovation within the global veterinary sector. Our work to allow telemedicine (UCOOH) was ground-breaking, and our work on AI is being keenly watched by other regulators.</p>	
99	Redress	<p>CMA says: <i>“We are concerned that there might not be an adequate and well-functioning mechanism for consumers to obtain redress when things go wrong. We intend to explore the mechanism for redress, and how this could be improved to provide consumers with easy access to a straightforward process with a clear outcome, when needed.”</i></p> <p>The current RCVS investigation and disciplinary system flows from the VSA 1966. It has no powers of interim suspension, a high and outdated standard of proof (effectively the criminal standard), is backward-looking (considering serious professional misconduct rather than future fitness to practise, as per regulatory best practice), and has a very narrow range of sanctions. Our proposals for new legislation seek to address this, while maintaining a compassionate approach.</p> <p>In order to provide an alternative way for clients to seek redress, the RCVS set up the independently-run VCMS in 2016. This alternative dispute resolution service is fully funded by the RCVS. It enables owners and veterinary professionals to come together with a mediator to discuss mutually acceptable resolutions. Not all of these involve financial redress. Participation is voluntary and both parties must agree to take part. There are no barriers to accessing the service and it’s free at the point of use.</p> <p>According to its most recent annual report (2022-3), 91% of clients and 95% of veterinary practices who responded to a survey after engaging with the VCMS process would recommend it to others, and 93%/97% respectively would use the service again. Although</p>	<p>See page 24 of VCMS annual report 2022-3: https://www.vetmediation.co.uk/ap/uploads/2024/07/VCMS-Insight-Report-2022-23.pdf</p>

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<p>not all clients were satisfied with the outcome, the vast majority of those responding to the survey were satisfied with the process.</p> <p>High-stakes cases can also be taken to court, although it is appreciated that this would not be an appropriate route for the vast majority of disputes relating to household pet care. It would also be possible for an animal owner to complain to Trading Standards about a practice.</p> <p>In some cases, the RCVS can raise its own complaint against a veterinary professional, in order to trigger an investigation, but this tends to mainly be in cases where there has already been a legal case and prosecution, or there is unequivocal evidence already in the public domain, Otherwise it is hard for the College to secure the evidence required as, unlike some other regulators, it does not have the power to require disclosure of documents or powers of entry</p>	
100	Workforce	<p>CMA says: <i>“We intend to explore the shortages in the supply of vets and whether any changes in regulations, policies or incentives might be able to address this, either by increasing the supply of vets, by improving retention or by allowing professionals other than veterinary surgeons to carry out certain treatments.”</i></p> <p>As mentioned in the summary statement, the RCVS has been working hard on the three Rs of a sustainable workforce: recruitment, retention and return. We held a Workforce Summit in 2021 and produced a Workforce Action Plan as a result. Links to a summary of the Summit and the Action Plan are in the column adjacent.</p> <p>The Workforce Action Plan includes a wide range of activities, but chiefly we continue to:</p>	<p>https://www.rcvs.org.uk/news-and-views/publications/rcvs-workforce-summit-2021-a-report-of-the-day</p> <p>https://www.rcvs.org.uk/news-and-views/publications/rcvs-workforce-action-plan</p> <p>https://committees.parliament.uk/work/8164/vet-</p>

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<ul style="list-style-type: none"> • Lobby government for more funding for the UK vet schools so they can dedicate more places to UK students, who may be more likely to stay in the UK • Build relationships with overseas veterinary schools, with a view to directly accrediting their degree programmes • Work on projects to support and appreciate the value of vets and veterinary nurses in general practice • Support those returning to work after a break • Develop a workforce model with the Institute for Employment Studies (IES), which will give us a sense of the likely pipeline issues going forward – this is due to be published shortly <p>We will also shortly publish our 2024 Surveys of the Professions, also run by IES. These will give us a snapshot of today's veterinary workforce, for example, part-time working, in which sectors vets / nurses are working, how much out-of-hours is being done by practices themselves, or contracted out to a neighbouring practice or dedicated out-of-hours provider, etc. This is part of a series of surveys that span the last two decades and provide useful trends.</p> <p>There have also been a number of recent announcements in the veterinary press of redundancies from the large employers – including a mix of clinical and non-clinical roles. It is not clear whether this is linked to the ongoing CMA investigation. Also, for the first time, a practice team is currently on strike for increased pay.</p> <p>The picture clearly continues to be in flux, with ongoing shortages reported at the same time as these redundancies.</p>	shortages/publications/oral-evidence/

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<p>Workforce is a complex topic, and we are happy to have more detailed discussions with the CMA. In the meantime, the transcript of the recent Environment, Food and Rural Affairs Select Committee hearing (non-inquiry) into veterinary workforce may be useful – see link adjacent.</p>	
110c, 112	Barriers ref innovation	<p>CMA says: <i>“Innovation can also play a role in increasing the choices available to pet owners. (a) Innovation in diagnostics and treatments may include the development of more advanced options as well as lower cost alternatives. (b) Innovation may include enhancements to the overall experience of pet owners in the veterinary sector (for example the use of digital tools when booking appointments or being offered choices of treatment and/or treatment provider). (c) Innovation may also include the development and growth of alternative business models such as telemedicine and mobile vets, or the use of non-vets (eg veterinary nurses) to carry out additional functions. We intend to assess the extent of all these different types of innovation and the extent to which innovation is increasing (or could increase) the choices available to pet owners.</i></p> <p><i>“Where choice or innovation appears to be lower than it could be, we will seek to understand the reasons for this, drawing on our assessment of the possible concerns in the sector (set out in the previous section). For example, one such concern is whether there are regulatory barriers impeding the development of alternative business models such as telemedicine, or the attraction of new vets into the industry.”</i></p> <p>See comments above ref par 98.</p>	See Annex four for RCVS Register of Veterinary Practice Premises data from the last six years

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		<p>We do not see there are significant restrictions on the opening of new practices, other than current workforce issues, which affect the whole sector (and other similar sectors, such as medicine, nursing and dentistry).</p> <p>The RCVS holds the Register of Veterinary Practice Premises on behalf of the VMD. All new veterinary practice premises need to register with the RCVS in order that veterinary surgeons can prescribe medicines from those premises. Our data show a steady increase in the percentage of new premises registrations that are independents. For example, in 2019, 48% of the new registrations were from independent practices. This has risen steadily in the intervening years, hitting 78% in 2023, and stands at 77% thus far in 2024. The number of new premises opening each year was impacted by Covid / Brexit in 2020, but is now higher than pre-pandemic. This would imply that there are no substantial barriers to opening new businesses, providing they can comply with the requirement to provide (themselves or by a contract with another provider) 24-hour emergency care and pain relief, for example, should euthanasia be required.</p> <p>The change that allowed non-veterinary surgeons to own and run veterinary practices included allowing veterinary nurses to do so, which has presented different models and innovative approaches, although a senior named veterinary surgeon is still required. There are also new business models emerging in the sector, such as subscription services.</p>	
115	Quality improvement	<p>CMA says: <i>“We welcome submissions on what analysis to undertake on quality outcomes in veterinary care including how we could assess quality in the sector.”</i></p> <p>RCVS Knowledge, the RCVS’s partner charity, has a focus on quality improvement and the measurement of quality and clinical audit, for example, through its successful Canine</p>	<p>https://knowledge.rcvs.org.uk/quality-improvement/canine-cruciate-registry/</p>

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<p>Cruciate Registry (see adjacent link), and would be a good port of call to better understand what could be achieved.</p> <p>From a regulatory perspective, we would be keen to ensure any such quality assessment was not overly burdensome on practices, and, if data were made publicly available, did not have unintended consequences on the nature of cases accepted, for fear of outcomes data being skewed.</p> <p>Assessing appropriate methods and measures of quality at veterinary practice level are part of the work of the RCVS Mandatory Practice Regulation Working Group, which is developing the detail for a statutory scheme, ahead of the looked-for legislation that would allow implementation.</p>	
136	Communication takes time	<p>CMA says: <i>“The evidence we gather throughout our investigation will help us to explore what information consumers might find useful at different points in the treatment of their pet, and how that information might best be presented. We will also consider opportunities to conduct research on the likely effectiveness of potential information and transparency remedies, including to ensure they are designed in a way that enhances their effectiveness for consumers.”</i></p> <p>Many of the CMA’s potential remedies require improved communication with the client, for example, to help them better understand clinical choices and their impact on cost, risk and potential outcomes, to signpost to alternative service providers etc. The principle is welcomed. However, it is important to note that mandating precisely what should be offered and communicated could be counterproductive. There are times when the veterinary surgeon or nurse, fulfilling their professional responsibilities, needs to make a</p>	

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<p>clear recommendation. Just because something can be done, does not always mean it should be done - this is in the consumer's, as well as the animal's interest. In addition, increasing consultation time has the potential to increase cost.</p>	
140	Mark-ups	<p>CMA says: <i>“For example, we could consider imposing maximums for prescription fees, or maximum prices or mark-ups for other services (eg cremations).”</i></p> <p>It is important to note that each veterinary business negotiates its own purchase price on medicines through retrospective rebates with the manufacturer. This is where the biggest differential in buying price to the practice occurs, as opposed to wholesaler level, where the differences are smaller. The manufacturer rebate levels are based on volume of purchases and thus the larger veterinary businesses have a significantly lower buying price on many medicines, particularly those used commonly and for management of chronic conditions.</p> <p>A maximum price may therefore put more financial pressure on some businesses than others, and may have a negative effect on smaller, independent businesses.</p>	<p>Please talk to manufacturers and wholesalers about the range of prices charged to differently sized practice customers, and the range of discounts available/offered.</p>
142	Out-of-hours	<p>CMA says: <i>“Remedies in this category could include targeted structural remedies, whether in relation to FOPs in some local areas and/or some related services. This would seek to address the issues of local concentration identified at paragraphs 59 to 66, and restrictions on self-preferencing or access to facilities discussed at paragraphs 75 to 83.”</i></p> <p>Our regular Surveys of the Professions indicate a continued downward trend in the number of practices that are offering their own out-of-hours services, in favour of using dedicated suppliers, often a regional hub. This structure may be affected by the pro-</p>	

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<p>competition measures that the CMA may wish to instigate and the availability of emergency services, as well as day-time services, should be taken account of in consideration of remedies of this kind. The results of the 2024 Surveys of the Professions will be available in autumn.</p>	
143	Deregulation	<p>CMA says: <i>“Remedies in this category could include making recommendations to regulatory bodies and government concerning changes to the regulatory framework (including deregulation).”</i></p> <p>With respect to deregulation, we would urge the CMA to ensure that any such steps did not have unintended consequences on public health. There are many ways in which veterinary medicine and public health intertwine, including, but not limited to:</p> <ul style="list-style-type: none"> • Veterinary certification of meat and other animal products • Certification for pet travel • Custodianship of antibiotics • Responsible use and handling of controlled drugs • Treating and preventing zoonotic disease in animals • Acting as sentinels for new emerging zoonotic diseases <p>If any of the work that is currently carried out only by veterinary surgeons was deregulated, it would be important to carry out a risk assessment on not only potential animal health and welfare impact, but also human health.</p> <p>We remain supportive of strengthening the roles of regulated professionals, such as veterinary nurses, and also bringing other paraprofessionals under our regulatory</p>	

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		umbrella, both of which we feel are in the interests of the public, and animal health and welfare. We are seeking this through updated legislation.	
143	People and practice regulation	<p>CMA says: <i>“We intend to explore the extent to which, and how, any remedies we impose using our order-making powers could be incorporated within the RCVS Code of Professional Conduct and/or associated guidance.”</i></p> <p>We welcome using the Codes of Professional Conduct (CoPC) rather than new legislation, where that is practicable. However, we caution against loading too much in relation to the regulation of businesses and service delivery on to individual vets and nurses who are not business owners or directors, as they rarely have the agency to effect change.</p> <p>In subsequent paragraphs, the CMA goes on to say that some of the areas it wants to address via the CoPC relate to medicines. The majority, although not all, regulations relating to medicines prescription and supply sit within the VMRs.</p>	
144 (c)	Correction	Mentions par 998 assume this should be par 98.	
144 (d)	Correction	Refers to par 100 – should be 99.	
145 (f)	Wider impact of remedies	CMA says: <i>“We welcome views on... (f) The extent to which any of these remedies might also have an impact on practices which offer equine or farm services (either on a sole basis or within a mixed practice which also treats domestic pets), and whether these impacts would be positive or negative.”</i>	

Par	Issue	CMA reference / RCVS comment	Relevant links / sources of further information
		<p>Any enforced change to veterinary businesses would likely have an impact across all types of clinical practice. It would be very difficult to impose, for example, pricing rules, on just one species-segment of clinical practice, and this may skew the market and access to veterinary care.</p> <p>From a professional regulation perspective, at present there is one Register of Veterinary Surgeons, and veterinary surgeons graduate with 'omni-potential', meaning they have the capacity to work in any role, although they must work within their area of competence. We would resist having different Codes of Professional Conduct for different types of practitioner, as they would become difficult to enforce, represent a shift from our 'principles-based' approach, and stifle movement between different areas of the sector.</p> <p>The voluntary Practice Standards Scheme does have some different standards, particularly around facilities, for different species (such as small animal, farm, and equine general practices), but the Core standards remain the same.</p>	

Part three: Annexes

Annex one: List of RCVS Day One Competences (D1C) for veterinary graduates that relate to 'ethical training' and communications skills

For full list, see: <https://www.rcvs.org.uk/news-and-views/publications/rcvs-day-one-competences-feb-2022/>

1	Act professionally, as informed by the RCVS Code of Professional Conduct.	The RCVS Code of Professional Conduct is available on the RCVS website at www.rcvs.org.uk/vetcode . The Code sets out veterinary surgeons' professional responsibilities, and along with supporting guidance provides advice on the proper standards of professional practice.
2	Act in a way that shows understanding of ethical and legal responsibilities, appropriately balancing competing interests.	To abide by the principles in the Code of Professional Conduct, veterinary surgeons need to be able to make professional judgements based on sound principles. They must be able to think through the dilemmas they face when presented with conflicting priorities and be prepared to justify the decisions they make. As well as decisions relating to individual patients, animal groups, populations of animals and clients, veterinary surgeons must take account of the possible impact of their actions beyond the immediate workplace, for example, on public health, the environment and society more generally.
3	Demonstrate the ability to critically review and evaluate evidence, in support of practising evidence based veterinary	New graduates must be able to appreciate the difference in value to be attached to different sorts of literature, presentations and evidence, for example, recognising commercial and other forms of bias.
7	Prescribe and dispense medicines correctly and responsibly in accordance with legislation and latest guidance including published sheets	New graduates must understand the requirements of the "Cascade" in prescribing. In particular, when prescribing or using antimicrobial agents, care must be taken to minimise the risk of antimicrobial resistance, risks to food safety, and risks to the person dispensing or damage to the environment.

9	Demonstrate situational awareness through navigating, responding and reflecting on the economic and emotional context in which the veterinary surgeon operates.	Veterinary surgeons need to be resilient and confident in their own professional judgements to withstand the stresses and conflicting demands they may face in the workplace. They should know how to recognise the signs of excessive anxiety which may lead to stress and how to seek or give support to mitigate this in themselves and others.
10	Demonstrate self-awareness of personal and professional limits, and know when to seek professional advice, assistance and support	Veterinary surgeons should at all stages in their careers be competent in their performance, or be under the appropriate supervision of those so competent until such time as they can act alone
11	Demonstrate a commitment to learning and professional development, including recording and reflecting on professional experience and other learning aimed at improving performance and competence.	It is a requirement of the RCVS Code of Professional Conduct that veterinary surgeons must maintain and develop their knowledge and skills relevant to their professional practice and competence. This includes being able to reflect, learn, and share information gained with others. New graduates must be prepared to take part in the RCVS Veterinary Graduate Development Programme (VetGDP) and be ready on graduation to make the transition to being an independent learner responsible for their own professional improvement and development.
13	Demonstrate ability to manage in situations where information is incomplete, deal with contingencies, and adapt to change.	Veterinary surgeons must be able to manage cases and make decisions where there is incomplete or unclear data. For example, it is not always possible to run a full set of tests or range of diagnostic procedures which may preclude the investigation of the 'perfect' case. They need to be able to adapt their approach to fit changing circumstances, know how to cope appropriately when either making other plans or adapting to contingencies and the unexpected, and identify appropriate options for further diagnosis, treatment and/or referral, should a case require it.
26	Act professionally in complex situations	This could be situations where there is ambiguity and/or uncertainty, where there may be no clear diagnoses.

27	Handle and restrain animal patients safely and humanely, and instruct others in helping the veterinary surgeon perform these techniques	Safety applies not only to the animal, but also to yourself and others nearby. The newly qualified veterinary surgeon should be able to make a timely risk assessment of all procedures as duties are performed, as dangers may arise in situations that initially appear to be safe. They should be prepared to take a range of measures including adaptation, seeking assistance or retreating from the task until safety measures can be put in place.
30	Attend all species in an emergency and perform first aid.	The new graduate must be willing to perform basic first aid, and know when and how to request assistance from others if called to deal with an animal outside their immediate area of competence or where there are potential risks to health and safety. This involves being able to make a rapid risk assessment of the situation and take appropriate action to protect the health and safety of themselves and those around them.
35	Recognise when euthanasia is appropriate and perform it humanely	Euthanasia should be carried out using an appropriate method, whilst showing sensitivity to the feelings of owners and others, with due regard to the safety of those present; it may include advice on disposal of the carcass.
41	Advise stakeholders on practices that promote animal welfare	New graduates should be advocates for animal welfare through communication of the physical, affective and natural needs of an animal. They should be able to explain ethical and welfare-related aspects of production processes and slaughter, and recognise proper handling and/or adequate production facilities by interpretation of appropriate animal behaviours and advise on animal husbandry and transport.

Annex two: List of RCVS Day One Competences (D1C) for veterinary nurses that relate to 'ethical training' and communications skills

For full list, see: <https://www.rcvs.org.uk/setting-standards/accrediting-primary-qualifications/accrediting-veterinary-nursing-qualifications/rcvs-day-one-competences-skills-and-professional-behaviours-for/>

1	Be fully conversant with, and adhere to the RCVS Code of Professional Conduct	The RCVS Code of Professional Conduct is available on the RCVS website.
2	Understand the professional, ethical and legal responsibilities of the veterinary nurse in relation to patients, clients, the veterinary team, society, and the environment.	<p><i>To abide by the principles in the Code of Professional Conduct, newly registered veterinary nurses need to be able to make professional judgements based on sound principles. They must be able to think through the dilemmas they face when presented with conflicting priorities and be prepared to justify the decisions they make.</i></p> <p><i>Newly registered veterinary nurses must take account of the possible impact of their actions beyond the immediate workplace, for example, on public health, the environment and society more generally.</i></p> <p><i>Identify ethical issues and participate in the ethical decision-making process, applying frameworks and identifying ways of refining the impact of such decisions. Reflect upon the decision-making process and help colleagues and clients who wish to raise concerns about ethical issues.</i></p>
3	Demonstrate knowledge of the organisation and legislation related to a veterinary business.	<p><i>This includes:</i></p> <ul style="list-style-type: none"> • <i>knowing one's own and the employer's responsibilities in relation to employment, financial and health and safety legislation, safeguarding, the position relating to non-veterinary staff, professional and public liability</i> • <i>ability to work with various information systems in order to effectively communicate, share, collect, manipulate, and analyse information</i>

		<ul style="list-style-type: none"> • <i>understand the importance of complying with professional standards, protocols, and policies of the business</i> • <i>knowledge of legislation affecting veterinary businesses.</i>
5	Communicate effectively with clients, the public, professional colleagues, and responsible authorities, using language appropriate to the audience concerned.	<i>Effective communication, including both verbal and non-verbal communication, includes active listening and responding appropriately, and utilising the appropriate tone. depending on the context.</i>
6	Ensure informed consent is obtained.	<i>Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options (including euthanasia), with associated fee estimates, and had the significance and main risks explained to them.</i>
7	Prepare accurate clinical and client records, and laboratory reports, when necessary, in a format satisfactory to colleagues and understandable by the public.	<i>Patient records should be clear enough to be used by others for reference and (if written by hand) legible, avoiding idiosyncratic abbreviations, language, or jargon, so the case can be taken over by another professional for ongoing care if necessary.</i>
8	Work effectively as a member of a multi-disciplinary team in the delivery of services.	<i>The newly registered veterinary nurse should be familiar with and respect the roles and responsibilities of others in the team and be prepared to provide effective leadership when appropriate.</i>
10	Understand the economic and social context in which the veterinary nurse operates.	<i>Newly registered veterinary nurses need to appreciate the varying economic status and socio-cultural background of clients.</i>
11	Understand and demonstrate the ability to reflect on the emotional landscape of the veterinary nursing profession.	<i>Newly registered veterinary nurses should be able to demonstrate an awareness of the psychological context of their work. They should have an understanding of how emotional factors may impact on, and present in, themselves, their colleagues and clients. They should know how to recognise the signs of stress and how, and where, to seek support</i>

		<i>to mitigate psychological stress on themselves and others.</i>
12	Be able to review and evaluate literature, current evidence-based research, and presentations critically.	<i>Newly registered veterinary nurses must be able to appreciate the difference in value to be attached to different sorts of literature and evidence, for example, recognising commercial and other forms of bias, and ensuring that the literature that informs their decision making is current and reliable.</i>
13	Understand and apply principles of clinical governance, and practise evidence-based veterinary nursing.	<p><i>More guidance on clinical governance is included in the supporting guidance to the Code of Professional Conduct.</i></p> <p><i>It includes critically analysing the current evidence for procedures used, reflecting on performance and critical events, and learning from the outcome to make changes to one's practice. Veterinary nurses are encouraged, and should be empowered, to publish research findings.</i></p>
14	Have developed the clinical judgement to cope with incomplete information, develop contingencies and adapt to change.	<i>Newly registered veterinary nurses must be able to manage patient care and identify and develop a dynamic clinical plan, where there is incomplete or unclear data. They need to be able to consult with the veterinary surgeons and veterinary professionals, be adaptable and dynamic, and adapt their care to fit changing circumstances. Newly registered veterinary nurses should use knowledge and understanding and reflect on evidence-based nursing and adapt to the unexpected and identify appropriate options for further care should a patient require it.</i>
15	Demonstrate that they recognise, and work within, personal and professional limits, and know how to seek professional advice, assistance, and support when necessary.	<i>Newly registered veterinary nurses must at all stages in their careers be competent in their performance or be under the close supervision of those more competent until such time as they can act alone under the direction of a veterinary surgeon.</i>
16	Demonstrate a commitment to lifelong learning and professional development, both personal and as a member of a profession actively engaged in work-based learning.	<i>It is a requirement of the RCVS Code of Professional Conduct that registered veterinary nurses must maintain and develop their knowledge and skills relevant to their professional practice, competence</i>

	This includes recording and reflecting on professional experience, both in the academic and practice setting, and taking measures to improve performance, competence and confidence.	<i>and confidence. This includes being able to reflect, learn, and share information gained with others.</i>
17	Handle and restrain patients safely, effectively, and humanely, and instruct others in helping the veterinary team perform these techniques, with due consideration of patient needs and behaviours.	<p><i>Safety applies not only to the patient and handler, but also to others nearby. The newly registered veterinary nurse should be able to make a rapid risk assessment of all procedures as duties are performed, as dangers may appear in situations that initially appear to be safe. They should be prepared to take a range of measures including adaptation, appropriate personal and patient protective equipment, seeking assistance or retreating from the task until safety measures can be put in place.</i></p> <p><i>The newly registered veterinary nurse should be able to handle and restrain a wide range of species, according to practice case load (for small animal - ideally, including exotics and wildlife).</i></p>
20	Administer emergency first aid and assist with the provision of emergency treatment to patients	<i>The newly registered veterinary nurse must be able to perform initial first aid and know when and how to call for assistance from others or where there are potential risks to health and safety. This involves being able to make a rapid risk assessment of the situation and taking appropriate action to protect the health and safety of themselves and those around them in accordance with practice policy.</i>
22	Communicate clearly and concisely and collaborate with referral and diagnostic services, ensuring they receive an appropriate history from the veterinary team.	<i>Newly registered veterinary nurses must ensure this is conducted in accordance with relevant data protection legislation.</i>
36	Understand the appropriate need for euthanasia; sensitively support the owner and others with due regard for health and safety of those present; sympathetically advise on the disposal of the patient.	<i>No guidance.</i>

37	Advise clients on programmes of health and welfare, to include preventative medicine, appropriate to species and life stage and in accordance with legal requirements.	<i>Newly registered veterinary nurses will need to be able to assess clinical records and perform clinical examinations in order to provide appropriate advice.</i>
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Annex three: VetGDP data on graduate preparedness for professional skills demands

Background

From July 2021, all new veterinary graduates commenced a support programme in their first role, called Vet GDP (veterinary graduate development programme). The requirement of the programme is that all new graduates have to be supported in their first role by a trained adviser, who will work on a one-to-one basis with them as they develop their competence and confidence.

An integral part of the programme is for all graduates and advisers to complete a detailed questionnaire. The graduates complete this on commencement of their first role and the questions focus on their perceived level of preparedness in different areas of practice at the point at which they graduated and is irrespective of the type of role into which they have entered. The advisers complete a similar questionnaire, once they have worked with the graduate for a few weeks and have got to know them. The questions focus on the level of preparedness of the graduate at the point at which they commenced their role.

The questions

The questionnaires cover a wide range of subjects that relate to the [RCVS Day One Competences](#). The responses to the questions highlighted below explore the professional skills that are included within the degree programmes, in particular communication skills. There are many more questions in the questionnaires, but no others are pertinent to communication, so have not been included in this sample.

The questions ask how well prepared does the graduate feel, or how well prepared does the adviser perceive the graduate to be, to carry out the following professional tasks:

- Q1 Communicate effectively with clients, the public, professional colleagues and responsible authorities, using language appropriate to the audience concerned.
- Q2 Demonstrate ability to manage situations where information is incomplete, deal with contingencies, and adapt to change.
- Q3 Discuss euthanasia with clients whilst showing sensitivity and empathy.
- Q4 Work effectively as a member of a professional / inter-professional team, fully recognising the contribution of each professional, and demonstrate an understanding of cognitive diversity.
- Q5 Consider and offer treatments that take into account the financial constraints of the client

The respondents are asked to rate each question using a 5-part Likert scale, where 1 = not at all prepared and 5 = completely prepared.

Results

The response rates are close to 100% for both advisers and graduates. The actual numbers of responses are in table 1.

Table 1

Year	Number of graduate responses	Number of adviser responses
2021	806	705
2022	914	719
2023	826	760

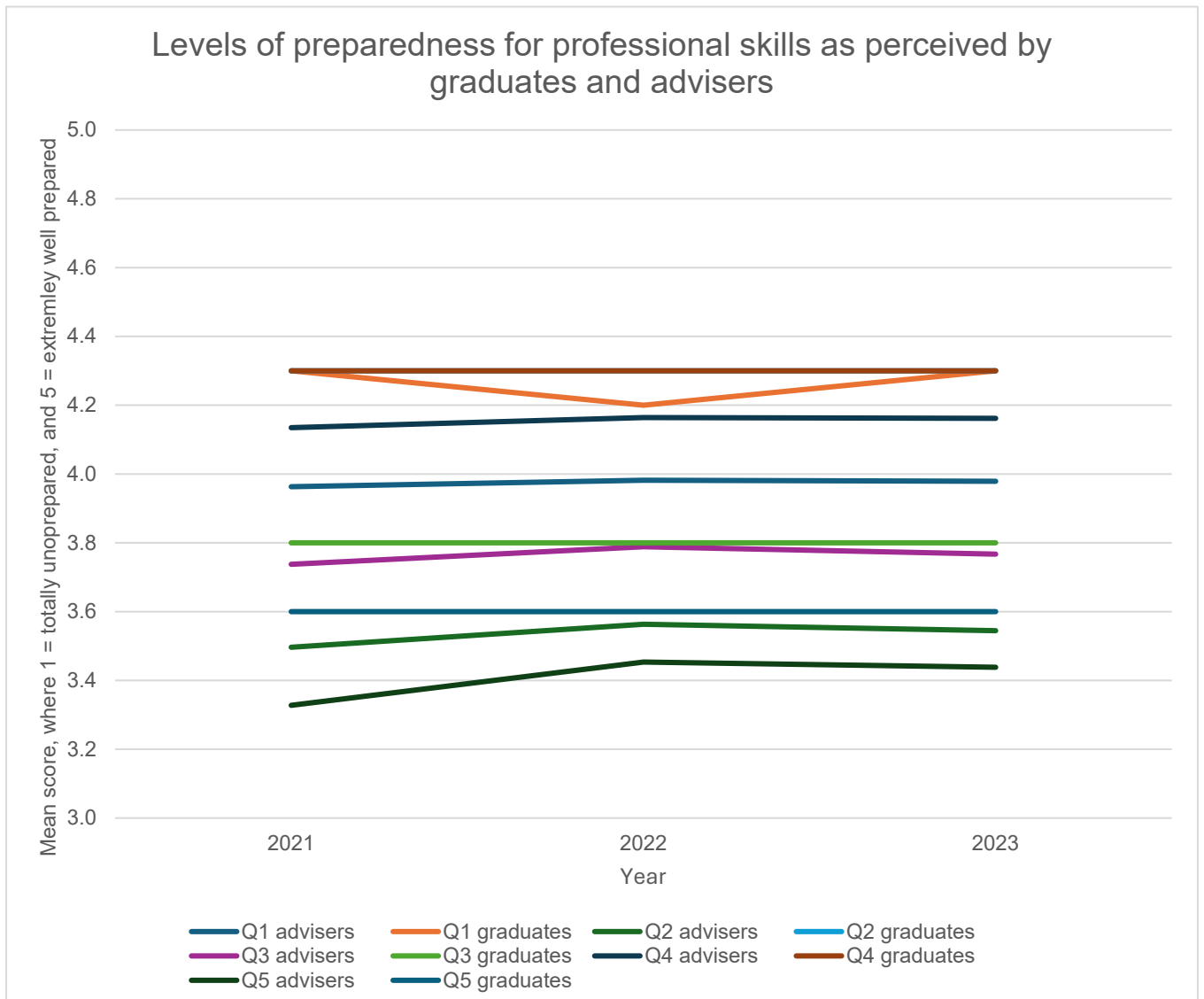
Table 2 shows the mean response to each question, from the perspective of both the advisers and the graduates.

Table 2

Questions			2021	2022	2023
Q1	Communicate effectively with clients, the public, professional colleagues and responsible authorities, using language appropriate to the audience concerned.	advisers	4.0	4.0	4.0
		graduates	4.3	4.2	4.3
Q2	Demonstrate ability to manage situations where information is incomplete, deal with contingencies, and adapt to change.	advisers	3.5	3.6	3.5
		graduates	4.3	4.3	4.3
Q3	Discuss euthanasia with clients whilst showing sensitivity and empathy.	advisers	3.7	3.8	3.8
		graduates	3.8	3.8	3.8
Q4	Work effectively as a member of a professional/ inter-professional team, fully recognising the contribution of each professional, and demonstrate an understanding of cognitive diversity.	advisers	4.1	4.2	4.2
		graduates	4.3	4.3	4.3
Q5	Consider and offer treatments that take into account the financial constraints of the client	advisers	3.3	3.5	3.4
		graduates	3.6	3.6	3.6

Chart 1 represents the results to demonstrate the emerging trends

Chart 1



Conclusions

The questionnaire has only three years of data, so it is probably too soon to be able to identify themes and trends with accuracy. However, all these areas of communication indicate that the graduates are being adequately prepared through their taught programmes, and that their perceived levels of preparation are either constant over the three years or show a very slight increase or decrease.

With the exception of question 3 (Discuss euthanasia with clients whilst showing sensitivity and empathy), the graduates perceive themselves to be better prepared to address these professional skills than their advisers perceived them to be. There may be a number of reasons for this and there is insufficient data to be able to speculate on the reasons for this at the current time.

Annex four: RCVS Register of Veterinary Practice Premises data for last six years

Number of new veterinary practice premises registered per year

Year of registration	Veterinary Practice Premises	Still registered	Corporate	Independent
2019	170	130	48	82
2020	147	108	32	76
2021	167	144	29	115
2022	181	166	32	134
2023	253	236	38	198
2024	124	123	28	95

Source: RCVS Register of Veterinary Practice Premises as of 23 July 2024