

Standards Committee

Agenda for the meeting to be held on 12 June 2024 at 9.30am

1.	Apologies for absence, declarations of interest, minutes from the meeting of 16 April 2024.	
2.	Matters for decision	
	a. Letters of non-objection (carried over from April meeting)	Paper attached
	b. Consumer choice and professional autonomy follow up	Paper attached
	c. Defra Trusted Traders - confidential	Paper attached
	d. PSS five yearly review	Paper to follow
3.	Matters for discussion	
	a. Vet attestation audit update – Defra – confidential	Paper attached
	b. FSA update re TRNOVs – confidential	Paper attached
	c. VMR update	Oral report
4.	Matters for report	
	a. Disciplinary Committee Report	Paper in library
	b. Riding Establishments Subcommittee Report	Paper attached
	c. PSS update	Paper to follow
5.	Confidential matters for report	
	a. Routine Veterinary Practice Subcommittee Report	Paper attached
	b. Ethics Review Panel Report	Paper attached
	c. Certification Subcommittee Report	Paper attached
6.	Risk and equality	Oral update
	a. CMA, Specialist guidance, wildlife euthanasia advice	
7.	Any other business and date of next meeting on 24 September 2024 (in-person)	Oral update

Standards Committee 2023/2024**Chair:**

Miss Linda Belton BVSc MRCVS

Members:

Dr Louise Allum MRCVS

Dr Danny Chambers MRCVS

Dr Olivia Cook MRCVS

Professor Derek Bray

Dr Melissa Donald MRCVS

Ms Claire-Louise McLaughlan

Dr Alice McLeish MRCVS

Dr Sue Paterson FRCVS

Mr Matthew Rendle RVN

Mr Tim Walker

Mr Will Wilkinson MRCVS

Summary	
Meeting	Standards Committee
Date	12 June 2024
Title	Review of letters of non-objection (LONOs) and advertising of practice names – Phase 1
Summary	This paper sets out a review exploring how the RCVS currently manages LONO requests and the advertising of practice names more broadly. This phase 1 identifies several issues and proposes solutions designed to provide a more consistent, efficient, and joined-up approach. It is intended that phase 2 will propose amendments to the supporting guidance in-line with the Committee's comments from this phase 1.
Decisions required	The Committee is asked to: <ol style="list-style-type: none"> 1. Discuss the issues; 2. Discuss any known or anticipated additional issues not mentioned in this paper; 3. Decide whether to accept the proposed solutions, with or without comment, in full or in part; and 4. Decide which standard objections should continue to be applied in the LONO request process (see paragraphs 23 and 24).
Attachments	Annex A – Chapter 23 of the supporting guidance, Advertising, endorsements, and publicity
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Classifications

Document	Classification ¹	Rationales ²
Paper	Unclassified	
Annex A	Unclassified	

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Review of letters of non-objection (LONOs) and advertising of practice names - Phase 1

Introduction

1. The Veterinary Surgeons Act 1966 (VSA) makes it an offence for a person not registered on the RCVS register to take or use the titles 'vet', 'veterinary', 'veterinary surgeon', or 'veterinary practitioner' to imply they are registered. As such, these titles are considered sensitive words for the purposes of company incorporation at Companies House. Companies House refer to this as 'protection of title'.
2. A person or entity wishing to incorporate a business/practice as a Limited Company (LTD) or a Public Liability Company (PLC) at Companies House with a company name that includes one of these sensitive words will first need a letter of non-objection (LONO) from the RCVS. Note that trading names/unincorporated names do not go through this same process.
3. Requests for LONOs are dealt with by the Standards and Advice team (Advice Team). The Advice Team follow a long-established administrative process which considers only whether to provide a LONO or object to the request based on standard objections set out at paragraph 13 below.
4. Several issues have arisen in relation to the LONO request process, the standard objections, and ancillary matters concerning the advertising of practice names (i.e., trading names/unincorporated names) more broadly, all of which prompted this review and will be explored in further detail below.
5. This paper represents phase 1 of this review and asks the Committee to consider and discuss the issues and agree to the proposed solutions/recommendations. It is intended that phase 2 will be considered at the Committee's next meeting which will include proposed amendments to the supporting guidance if the Committee agrees that amendments are required as part of this phase 1.

Background and current process

Companies House

6. Companies House informs the public of the requirement for a LONO from the RCVS in [Annex C](#) of its website guidance, which reads as follows:

37. Vet / Veterinary / Veterinary surgeon / Veterinary practitioner

These titles are protected by The Veterinary Surgeons Act 1966. To use any of them in your proposed company or business name, please provide an email or letter of authorisation from The Royal College of Veterinary Surgeons.

7. Companies House cannot incorporate a company if the use of a company name by the company would constitute an offence. The only way Companies House can form an opinion is by requiring a view from the RCVS and adopting that as its own. Companies House is unlikely to challenge the RCVS' view.
8. The RCVS' power to object therefore is limited only to situations where the use of 'vet', 'veterinary', 'veterinary surgeon' or 'veterinary practitioner' in a company name is likely to, in its opinion, constitute an offence under the VSA, i.e., if a person or entity who is not registered with the RCVS takes or uses the title(s) to imply they, or somebody else, is registered.

Current process

9. There is currently no supporting guidance in relation to LONO requests, although company names, like all other practice names, are a form of advertising and as such, should comply with Chapter 23 of the supporting guidance, Advertising, endorsements, and publicity, i.e., they should be accurate, truthful, and not of a character likely to bring the profession into disrepute (**Annex A**).
10. LONO requests are typically sent to the Advice Team when an incorporation request at Companies House is rejected. Requests are also sent to the Advice Team from the Registration Team when an enquiry is made during/after the registration of a veterinary practice premises (RVPP).
11. The Advice Team then requests the following information:
 - a. Confirmation that the principal line of business is veterinary related;
 - b. Confirmation that there is at least one veterinary surgeon involved in the running or management of the company;
 - c. The full name of the company to be incorporated; and
 - d. The name and address of one director to address the LONO to.
12. The Advice Team considers the above information and applies the following standard objections, if applicable, to the request:
 - a. **[****] Veterinary Surgery Ltd** – The RCVS currently objects to company names that include 'veterinary surgery' on that basis that this implies that everyone working for the company is a veterinary surgeon which is unlikely.
 - b. **[****] Veterinary Surgeons Ltd** – The RCVS currently objects to company names that include 'veterinary surgeons' on the basis that this implies that everyone working for the company is a veterinary surgeon which is unlikely.
 - c. **[Full name of person] Veterinary [****] Ltd** – The RCVS currently objects to company names that include full names as companies can be and are sold on.

- d. **[****] Veterinary Nurse/Nurses/Nursing Ltd** – The RCVS currently objects to company names that include references to RVNs because they are not veterinary surgeons.
13. As a note, the Advice Team does provide advice in relation to the expectations set out in Chapter 23 of the supporting guidance during the LONO request process. However, this development is relatively recent as historically, the LONO process had been carried out in isolation.
14. Issues also arise regarding the use of the words ‘hospital’ or ‘veterinary hospital’ – under the PSS Rules, only a practice that has achieved hospital level accreditation is entitled to use ‘veterinary hospital’ or ‘hospital’. Practices that are not part of PSS may use ‘hospital’ in their practice name, e.g., ‘pet hospital’ or ‘animal hospital’, but if an application is made to PSS in the future, they would be unable to continue using that name as, under the PSS Rules, only those accredited to veterinary hospital level may use ‘hospital’. Again, the Advice Team now provides advice to this effect when the issue arises, but until recently the LONO request was processed in isolation.

Ancillary matters

15. Practice names/the advertising of practice names more broadly is currently dealt with in different ways depending upon the context in which it is raised with the RCVS.
16. The RCVS is informed of practice names (not all of which will be incorporated at Companies House) across several departments for several reasons and each department deals with matters in isolation according to their specific function, as follows:
 - a. The Registration Team is informed of practice names for the purposes of registering as an RVPP;
 - b. The Advice Team is informed of practice names for the purposes of responding to LONO requests;
 - c. The Advice Team is informed of practice names for the purposes of providing professional conduct advice in relation to alleged non-compliance with the supporting guidance (where this is brought to the attention of the RCVS by third parties);
 - d. The PSS Team is informed of practice names for the purposes of accreditation; and
 - e. The PSS Team is informed of practice names for the purposes of providing advice in relation to alleged non-compliance with the PSS Rules, which might be redirected to the Advice Team.

Main issues and proposed solutions

Lack of supporting guidance

17. As noted above, there is currently no supporting guidance to inform the profession in advance of company incorporation of the requirement for a LONO and the process involved. This has led to the following issues:
- a. Company incorporation requests being routinely rejected by Companies House with a re-direction to the RCVS to obtain a LONO. This contributes to delayed company incorporation which has led to criticism of the RCVS as often a rejection from Companies House is the first time the profession becomes aware of the need for a LONO, unless a person has previous experience with the process or reads Annex C on the Companies House website.
 - b. Members of the profession, or paraprofessionals, i.e., veterinary physiotherapists, choosing a business vehicle that does not include incorporation at Companies House immediately (and sometimes not for several years) and proceeding to build a brand/reputation around that business/practice name for it to then later be objected to for the purposes of company incorporation by the RCVS. For example, 'Smiths Veterinary Surgeons' would not be challenged if used as a trading name under a partnership structure but under the current standard objections, a LONO would not be granted if the partners decided to incorporate the practice at Companies House.
18. It is proposed that new guidance on business/practice names is drafted to be included in Chapter 23 of the supporting guidance alongside the new guidance agreed in relation to the use of 'specialist' in practice names at this Committee's meeting in April 2024. Proposed draft guidance will reflect the Committee's comments and decisions at this meeting and will be presented to the Committee for comment and approval at its next meeting. This will form phase 2 of this review.

Standard objections

19. The standard objections set out at paragraph 12. a. to d., above conflate two regulatory functions, 1) the RCVS' power to object to the use of 'vet', 'veterinary', 'veterinary surgeon' or 'veterinary practitioner' in a company name where it is likely to, in its opinion, constitute an offence under the VSA, and 2) the RCVS' role in setting standards and providing advice in relation to those standards, specifically in relation to advertising under Chapter 23 of the supporting guidance.
20. Conflating the two regulatory functions has led to a lack of transparency in relation to what exactly is being objected to and what amounts to professional conduct advice. It has also led to inconsistency in the advice provided due to slightly different interpretations of the VSA and the supporting guidance. This has led to criticisms of unfairness where, for example, some

practices have been provided with a LONO for company name formats that include 'veterinary surgery' and others have not, depending on the timing of the request.

21. It is therefore proposed that standard objections are limited to the RCVS' power to object to situations where the use of 'protected titles' in a company name is likely to, in its opinion, constitute an offence under the VSA. If the use of a company name is not likely to be an offence but otherwise does not appear to be compliant with the supporting guidance, advice will then be provided alongside the granting of the LONO instead of being conflated into a standard objection.
22. This will ensure greater transparency around the RCVS' statutory functions and how they are exercised. It will also ensure a more consistent and fairer outcome as the grounds for objecting to company names will be extremely limited and will not change (until the VSA does) whereas advice can and will naturally evolve as and when the supporting guidance does. This will future proof the LONO process and how the advertising of practice names more broadly is dealt with by the Advice Team.
23. Considering the above, the Committee is asked to review the standard objections. It is suggested that these should no longer be applied for the following reasons:
 - a. **[****] Veterinary Surgery Ltd** – This does not imply that everyone working for the company is a veterinary surgeon and is an accurate descriptor of a veterinary practice. 'Surgery' is also commonly used for human GP practices with no concerns that its use amounts to holding all staff out as GPs.
 - b. **[Full name of person] Veterinary [****] Ltd** – The person's full name is what is being objected to, not sensitive words for the purposes of company incorporation. This is therefore not likely to constitute an offence under the VSA.
 - c. **[****] Veterinary Nurse/Nurses/Nursing Ltd** – Where there is no veterinary surgeon involved in the running or management of a company, a LONO will not be provided. Therefore, if an RVN requests a LONO using this name format and there is no veterinary surgeon involved in their company, their request will be rejected on this basis. However, if a veterinary surgeon is involved in the running or management of a company using this name format, it would likely not constitute an offence under the VSA, and a LONO should be granted. If the use of the word 'nurse' alongside 'veterinary' is otherwise misleading (e.g., an RVN intending to provide acts of veterinary surgery without appropriate veterinary direction, or no RVN involvement), advice can be provided alongside the granting of the LONO as an alternative to a standard objection.
24. The Committee is also asked to decide whether the standard objection relating to **[****] Veterinary Surgeons Ltd** name formats should continue to be applied, i.e., whether it believes it is likely in all situations to constitute an offence under the VSA because it implies that everyone working for the company is a veterinary surgeon.

Ancillary issues and proposed solutions

Dealing with matters in isolation

25. By way of example and because of matters being dealt with in isolation, the following issue arose in 2023:
- a. Information was brought to the attention of the Advice Team that a non-PSS accredited practice was holding itself out as a veterinary hospital by using 'veterinary hospital' in its company/practice name which was alleged to be misleading to the public and contrary to the PSS Rules (which would have become applicable to the practice when it attempted to later become accredited at Core or GP level). The PSS Rules state, '[t]he titles 'Hospital' and 'Veterinary Hospital' on their own, or as part of any practice signage or practice advertising, may only be used by practices accredited as Veterinary Hospitals.'
 - b. The Advice Team provided advice as per the above and requested that the practice name be changed.
 - c. The practice confirmed its intention to become PSS accredited at hospital level, however, noted it would take some time to achieve this. The RCVS was criticised for not raising the issue with the practice/company name earlier, i.e., when registering as an RVPP or during the LONO request process, and before significant financial investment was made in advertising the practice.
26. Similar issues have arisen when practices register as RVPPs or are incorporated at Companies House and the practice/company name includes the word 'specialist(s)', but no RCVS listed specialist is contributing to the service in a genuine and meaningful way in each discipline. In these situations, the Advice Team has provided routine professional conduct advice which has included a request that the practice name be changed, or that specialists are engaged in each discipline. Similar criticisms have been made in relation to this not being brought to the attention of the practice at an earlier juncture.
27. The profession typically, and perhaps fairly, assumes that a lack of challenge at RVPP or LONO stages amounts to implied permission or confirmation that a practice/company name is compliant with the supporting guidance/PSS Rules and the RCVS typically assumes that a practice/company name is being used in a compliant manner.
28. Whilst it is the profession's responsibility to meet the expectations in the supporting guidance and seek advice if in doubt, the Committee may feel a more joined-up approach is in the best interests of the profession and the RCVS. It is therefore proposed that going forwards LONOs are no longer considered in isolation and the process within the Advice Team will be twofold, as follows:

- a. One - Decide whether to issue a LONO or whether to object based only on the following:
 - i. That the use is likely to constitute a criminal offence under the VSA – It should be noted that any standard objection to be applied reflects a decision by the RCVS that a particular name format is likely to constitute a criminal offence under the VSA regardless of the way it is used.
- b. Two – Continue, as it began to do so recently, to decide whether professional conduct advice should be provided alongside the LONO, for example, where a veterinary surgeon requests a LONO for 'XY Vet Specialists', the LONO will be provided alongside professional conduct advice that the use of the company name, whether or not incorporated at Companies House, should be compliant with Chapter 23 of the supporting guidance, and specific reference will be made to the sections of the chapter that deals with the specialist title.

29. To ensure a joined-up approach more broadly within the College, a prompt has now been included in the '[Applications – Veterinary premises](#)' section of the website, as follows:

Before registering a new veterinary practice premises

Practice names are a form of advertising and as such, should comply with Chapter 23 of the supporting guidance, Advertising, endorsements, and publicity. Consideration should also be given to the Practice Standards Scheme (PSS) Rules if accreditation is a future aspiration of the practice.

For practice names that include the words, 'vet' or 'veterinary', a letter of non-objection (LONO) will be required from the RCVS before Companies House will incorporate a limited company that includes one of these sensitive words. A LONO is not required if you do not plan to incorporate your practice at Companies House.

For advice in relation to advertising and your practice name or LONOs, especially in relation to the use of 'specialist', please contact the Advice Team on 020 7202 0789 or advice@rcvs.org.uk.

For advice in relation to your practice name and the PSS Rules, especially in relation to the use of 'hospital', please contact the PSS Team on 020 7202 0767 or pss@rcvs.org.uk.

30. This prompt is designed to encourage the profession to obtain necessary advice at practice inception and before registering as an RVPP and will enable the Advice Team and PSS to help 'future proof' decisions around practice names.

31. It is also proposed that at the conclusion of phase 2 of this review, a 'practice names FAQ' is developed by the Advice Team with contributions by the PSS Team to assist with and

anticipate the common issues identified above, especially in relation to 'specialist' and 'hospital'/'veterinary hospital', which can then be included in the 'related documents' section of the above-mentioned section of the website. This will also serve as a useful resource for other departments in the College who deal with and process queries relating to practice names to signpost enquirers to. This can be kept under review by the Advice Team and updated as and when other common issues arise and/or when Chapter 23 of the supporting guidance is updated in the future.

Decisions required

32. The Committee is asked to:

- a. Discuss the issues;
- b. Discuss any known or anticipated additional issues not mentioned in this paper;
- c. Decide whether to accept the proposed solutions with or without comments, in full or in part; and
- d. Decide which standard objections should continue to be applied in the LONO process (see paragraphs 23 and 24).

23. Advertising, endorsement, and publicity

Updated 29 February 2024

Introduction

23.1 The purpose of advertising is usually to provide information to the public and attract new business. There are many different forms of advertising (including the recommendation, endorsement, and/or promotion of veterinary products and services) and publicity can be achieved across multiple media, including but not limited to, printed materials, websites, and social media platforms (see [Chapter 28](#) for specific guidance in relation to social media and online networking forums).

23.2 Veterinary products include prescription medicines and other products that may be used as part of the practice of veterinary surgery, as well as retail products that, although not veterinary products in and of themselves, become so when associated with, or are sold by, veterinary surgeons and veterinary nurses. For example, nutritional supplements, shampoos, dog leads, chewy toys, and pet foods, including prescription diets.

23.3 Veterinary services include the prescribing of medicines, the diagnosis of disease, the treatment and tests of animals, vaccination services, and other services that may be offered as part of the practice of veterinary surgery.

Forms of advertising

23.4 Where the word 'advertising' is used in this chapter, it should be read to include all forms of advertising. The RCVS defines these different forms of advertising as follows:

- a. Advertisement - the dissemination of information with the aim of informing the public about a veterinary product or service.
- b. Endorsement – the association of a veterinary surgeon or veterinary nurse with a veterinary product or service with the aim of encouraging the public to

buy or use the veterinary product or service based on the support or approval of the veterinary surgeon or veterinary nurse.

c. Promotion – the dissemination of information with the aim of increasing the sales or use of a veterinary product or service.

d. Publicity – the dissemination of information with the aim of attracting attention to a veterinary product or service.

e. Recommendation - a suggestion or specific veterinary advice stating that a veterinary product or service is good, suitable, or the best choice for a particular purpose or animal.

23.5 All advertising should be accurate, truthful, and not of a character likely to bring the profession into disrepute or undermine public confidence in veterinary surgeons and veterinary nurses, e.g., an unsolicited approach by visit or telephone (a telephone call to a business may not be considered unprofessional, provided that [data protection and marketing laws](#) are complied with, and telephone preferences registered with the TPS or CTPS are respected). All advertising should provide factual and balanced information which enables the public to make informed choices about the veterinary products and services available to their animals.

Endorsement

23.6 Veterinary surgeons and veterinary nurses should only endorse veterinary products and services that are underpinned by sound scientific principles or have a recognised evidence base. All advertising that promotes or publicises an endorsement of a veterinary product or service should provide factual and verifiable information only and not be of a character likely to bring the profession into disrepute.

23.7 Veterinary surgeons and veterinary nurses should ensure they do not expressly or implicitly suggest that their endorsement is shared by the whole profession. Veterinary nurses should ensure that their endorsement does not amount to, or give the impression of, the giving of advice or recommendation of a treatment option based upon a diagnosis.

23.8 Veterinary surgeons and veterinary nurses may endorse non-veterinary products and services so long as that endorsement does not bring the profession into disrepute and any relevant legislation or regulation applicable to

those non-veterinary products and services is complied with. Please see [Chapter 9](#) for guidance in relation to animal insurance.

Recommendations in the course of treatment or when providing other veterinary services to clients

23.9 Where veterinary surgeons recommend veterinary products and services in the course of treatment or when providing other veterinary services to clients (including by way of referrals and second opinions – please see [Chapter 1](#)), this recommendation should be clinically justified, i.e., based on sound scientific principles or have a recognised evidence base, and be in the best interests of the animal.

23.10 Veterinary surgeons should not allow any interest in a particular product or service to affect the way they prescribe or make recommendations. This is the case whether the interest is held by the veterinary surgeon themselves, their employer, or any other organisation they are associated with. Veterinary surgeons should inform clients of any real or perceived conflict of interest.

UK advertising codes and claims of general veterinary approval

23.11 All advertising should comply with the [UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing \(CAP Code\)](#), which is enforced by the Advertising Standards Authority.

23.12 Veterinary surgeons and veterinary nurses who make claims of superiority or other comparisons with competitors should have regard to section 3 of the CAP Code and should not mislead the public.

23.13 Veterinary surgeons and veterinary nurses who manufacture their own veterinary products, for example, health supplements, may make claims about the health benefits of those products only where they hold 'robust clinical evidence' to support them (see rule 12.1 of the CAP Code). Claims to treat adverse conditions are likely to be considered medicinal claims and should only be made for licenced veterinary medicines in accordance with the relevant guidance linked at paragraph 23.18 below.

23.14 An organisation claiming 'general' veterinary approval for a product or service should also ensure it complies with the CAP Code.

23.15 Claims of 'general' veterinary approval should not suggest that the whole profession endorses those veterinary products or services. Claims of this kind are regulated by the Advertising Standards Authority through the CAP Code. Where an organisation makes a claim of 'general' veterinary approval, there should be no suggestion that veterinary surgeons or veterinary nurses employed by, or associated with, the organisation, endorse those veterinary products or services, unless those veterinary surgeons or veterinary nurses have expressly agreed to do so. Where express agreement is sought from employees to claim endorsement on their behalf, it should be made clear that the employee may opt out. Veterinary surgeons and veterinary nurses should not feel under any pressure to endorse their employer's products, and clauses requiring endorsement of products and services as part of contracts of employment should be avoided so that clinical freedom is maintained (see paragraph 23.20, below). Where veterinary surgeons and veterinary nurses freely choose to endorse the products or services of their employer, they should do so in accordance with the guidance in this chapter.

23.16 Veterinary surgeons and veterinary nurses should not allow organisations to suggest that they endorse a veterinary product or service unless they expressly agree to do so, in compliance with the guidance in this chapter.

23.17 Concerns about advertisements should be raised with the [Advertising Standards Authority](#) in the first instance.

Advertising veterinary medicines

23.18 In relation to advertising veterinary medicines, veterinary surgeons and veterinary nurses should not make medicinal claims about unlicensed products. When advertising licenced veterinary medicines, including the publishing of medicines prices, veterinary surgeons and veterinary nurses should comply with the Veterinary Medicines Regulations and associated [guidance on advertising veterinary medicines legally](#), issued by the Veterinary Medicines Directorate (VMD).

23.19 Concerns about the advertisement of unlicensed products should be raised with the [VMD's enforcement team](#) in the first instance.

Maintaining clinical freedom

23.20 Advertisements, endorsements, or claims of 'general' veterinary approval made by organisations should not impact upon the clinical freedom and decision-making of veterinary surgeons and veterinary nurses employed by, or associated with, that organisation.

23.21 Veterinary surgeons and veterinary nurses should not allow any interests, including those arising from associations with particular organisations or products, to affect their clinical decision-making, i.e. they must make animal health and welfare their first consideration when attending to animals.

Advertising by email and GDPR

23.22 Veterinary surgeons and veterinary nurses undertaking email marketing will need the consent of the recipient (see paragraph 23.23 below), unless they can rely on a "soft opt-in" (see paragraph 23.24 below). Email marketing would include vaccination reminders and information regarding any promotions, but not appointment reminders or information about 24-hour emergency first aid and pain relief. There should be systems and processes in place to keep consent up to date and veterinary surgeons and veterinary nurses should comply promptly if an individual withdraws their consent. Care should be taken before sending any email marketing to clients of the practice who have not been seen for some time, as there may not be valid and up to date consent in place or where it is unclear whether GDPR compliant consent has been obtained (see paragraph 23.23 below). Emailing clients to ask them to give consent to email marketing may amount to direct marketing without consent, and therefore be a breach of data protection and/or direct marketing laws. Clients can be contacted by post on the basis that keeping in touch with them is in the practice's legitimate interest.

23.23 Veterinary surgeons and veterinary nurses relying on consent for email marketing should ensure that, (a) the client has given clear, specific and informed consent, and (b) the practice has records of the wording provided to the client at the time consent was given, to show that the consent was "informed". Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. Consent can include verbal consent. If relying on a discussion with a client, a record should be made to this effect (for example, when the consent

was obtained, what the client was told about how their data would be used and, for what purpose).

23.24 It may be possible to send direct marketing to existing clients without their specific consent, where, (a) the practice obtained the client's email address in the context of providing veterinary services, (b) the marketing relates to its own services, which are similar to those previously provided to the client, and (c) the client was clearly given the opportunity to opt out of email marketing at the time their email address was collected, and each time a marketing email is sent. This is known as a "soft opt-in", and could apply, for example, to vaccination reminders where the client has previously paid for vaccinations. The practice would have a legitimate interest in sending such marketing emails. However, if the practice does not have records that the opt-out information was given when the email address was collected, it should not rely on the soft opt-in for email marketing. If the opt-out information was given to some clients but not to others, the practice can only rely on the soft-opt in for the relevant clients and should divide its database accordingly for marketing purposes.

Advertising of professional status and qualifications

Recognised titles

Advanced practitioners

23.25 The RCVS Advanced Practitioner List (advanced practitioner list) is a list of veterinary surgeons who meet certain entry criteria and are entitled to use this title. The purpose of the advanced practitioner list is to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited at postgraduate certificate level by the RCVS, by virtue of having demonstrated knowledge and experience in a particular area of veterinary practice beyond their initial primary veterinary degree as well as undertaking additional CPD. Continued inclusion on the advanced practitioner list requires veterinary surgeons to undertake periodic revalidation. For more information about entry criteria and revalidation please see the [Advanced Practitioner status web page](#).

23.26 Veterinary surgeons must be registered with the RCVS and included on the advanced practitioner list if they want to practise in the UK and use the title

'advanced practitioner', or imply they are an 'advanced practitioner'. This includes veterinary surgeons seeking to use such titles, or allowing others to use such titles, in connection with their business, trade, employment, or profession.

23.27 Veterinary surgeons on the advanced practitioner list may use the title 'Advanced Practitioner'.

Specialists

23.28 The [RCVS Specialist List](#) is a list of veterinary surgeons who meet certain entry criteria and are entitled to use the title 'specialist'. The purpose of the specialist list is to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited as specialists by the RCVS. Continued inclusion on the specialist list requires veterinary surgeons to undertake periodic revalidation. For more information about entry criteria and revalidation please see the [Specialist status web page](#).

23.29 Veterinary surgeons do not have to join the specialist list to practise any particular specialty, but they must be registered with the RCVS and included on the specialist list if they want to practise in the UK and use the title 'specialist', or imply they are a specialist. This includes veterinary surgeons seeking to use such titles, or allowing others to use such titles, in connection with their business, trade, employment, or profession. Please note there are specific requirements for veterinary surgeons who wish to refer to 'specialist' qualifications obtained outside of the UK (see paragraph 23.32, below).

23.30 Only veterinary surgeons on the specialist list may use the title 'specialist' or 'RCVS Recognised Specialist' or imply they are a 'specialist'. Specialists on the specialist list may also use an appropriate title conferred by their speciality college.

23.31 Veterinary surgeons who are not on the specialist list should not use the title 'specialist' or imply they are a specialist, for example, they should not use such terms as 'specialising in'. They may however use terms such as 'having a special interest in...', 'experienced in...', or 'practice limited to...', when promoting their services.

23.32 Exceptionally, veterinary surgeons not on the RCVS Specialist list may refer to qualifications obtained outside of the UK containing the word 'specialist'. However, when making reference to such a qualification, veterinary surgeons must make clear that they are not an RCVS recognised specialist. This

clarification should be prominent and immediately follow the reference to the relevant qualification. It is not acceptable to include the clarification as a footnote or to attempt to hide or disguise it. An example of an appropriate clarification is: **[title] [name] [qualification] (not an RCVS recognised specialist)**.

The courtesy title 'Doctor' or 'Dr'

23.33 Nothing prevents veterinary surgeons using the courtesy title 'Doctor' or 'Dr' ('the title') if they wish to, however veterinary surgeons using the title must be careful not to mislead the public.

23.34 A courtesy title does not reflect academic attainment, instead it is associated with professional standing. As a result, it is important that the use of 'Doctor' or 'Dr' by a veterinary surgeon does not suggest or imply that they hold a human medical qualification or a PhD if they do not.

23.35 As a result, if the title is used, the veterinary surgeon should use the title in conjunction with:

- a. their name; and
- b. the descriptor 'veterinary surgeon'; or
- c. the post-nominal letters 'MRCVS'.

For example: 'Dr Alex Smith, veterinary surgeon' or 'Dr Alex Smith MRCVS'.

Inaccurate claims

23.36 Veterinary surgeons and veterinary nurses should not hold themselves or others out as veterinary surgeons, veterinary nurses, specialists, or advanced practitioners unless they are appropriately registered or listed as such with the RCVS.

23.37 Veterinary surgeons and veterinary nurses should not allow organisations to make misleading or inaccurate claims on their behalf.

Public life and interaction with the media

23.38 Veterinary surgeons and veterinary nurses can make a worthwhile contribution to the promotion of animal welfare and responsible pet ownership by taking part in public life, whether in national or local politics, community service, or involvement with the media (including press, television, radio, or the internet).

23.39 In commenting to the media, veterinary surgeons and veterinary nurses should ensure they distinguish between personal opinion, political belief, and established facts. Veterinary surgeons and veterinary nurses should declare any relevant conflicts of interest when interacting with the media.

23.40 A veterinary surgeon or veterinary nurse should be careful not to express or imply that their view is shared by other veterinary surgeons or veterinary nurses or a professional organisation to which they belong, unless previously authorised, for example, by the RCVS, British Veterinary Association, British Veterinary Nursing Association, or other professional body.

Summary		
Meeting	Standards Committee	
Date	12 June 2024	
Title	Consumer choice and professional autonomy	
Summary	Following the recent findings of the Competition and Markets Authority (CMA) paper summarises the suggested amendments to the supporting guidance relating to consumer choice and professional autonomy.	
Decisions required	The Committee is asked to consider the proposed amendments to the supporting guidance at Chapters 2, 10, and 17.	
Attachments	Annex A – Proposed amendments to Chapter 10 Annex B – Proposed amendments to Chapter 2 Annex C – Proposed amendments to Chapter 17 Annex D – paper from April meeting	
Author	Beth Jinks Standards and Advice Lead b.jinks@rcvs.org.uk Gemma Kingswell Head of Legal Services (Standards) g.kingswell@rcvs.org.uk	
Classifications		
Document	Classification ¹	Rationales ²
Paper	Unclassified	
Annex A	Unclassified	
Annex B	Unclassified	

Annex C	Unclassified	
Annex D	Unclassified	
¹Classifications explained		
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.	
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.	
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.	

²Classification rationales	
Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Consumer choice and professional autonomy

Introduction

1. Following the initial findings of the CMA in relation to the veterinary sector serving household pets, the Committee was asked to consider 1) how best to pull together the existing guidance on this topic into an easily accessible format to help the profession comply with their obligations, and 2) in respect of professional autonomy if additional guidance is required. The paper from the previous meeting can be found at **Annex D**.
2. The relevant extract from the minutes of that discussion is as follows:
The Committee discussed the following matters in relation to consumer choice:
 - a) *It would be useful to provide more information on 'contextualised care' and exercising professional judgement, to support vets to exercise their autonomy in deciding appropriate care, particularly in settings where there may be encouraged to follow pet health plans/company policies which prescribe the same testing and treatment route for each patient.*
 - b) *It was agreed the College should not wait for the CMA report to be published before amending its guidance, as vets are looking for more support to meet their obligations, which is not necessarily driven by the CMA, and the CMA report may be some time away.*
 - c) *It was suggested that the RCVS Public Advisory Group could be approached about developing a patient charter or poster style document, to highlight to clients the likely discussion around fees, and prompts for the client to use when asking their vet questions. However, it was noted that this approach has previously been tried via a [practice poster](#) created by this Committee, the uptake of which was not widespread by practices.*
3. In respect of the first question regarding existing guidance, it was agreed that Chapter 10 of the supporting guidance should be revised so that existing RCVS guidance on consumer obligations is set out and referenced in one place. It was agreed that no new guidance should be added at this time, but there should be full cross referencing between the existing chapters. Consideration will also be given to any future guidance changes as to whether these are relevant to consumer choice and should therefore be referenced in Chapter 10. The revised version of Chapter 10 can be found at **Annex A**.
4. It was also agreed that reference should be made in Chapter 2 to 'contextualised care' in line with the discussion above, these amendments can be found in **Annex B**.
5. In relation to professional autonomy, the Committee agreed the guidance in Chapter 17 on the role of the senior veterinary surgeon should clarify that it includes responsibility for consumer issues within the practice, and there should be a cross-reference/hyperlink from

paragraph 17.15 to Chapter 2 regarding contextualised care and to the new Chapter 10.

These amendments can be found at **Annex C**.

6. The Committee will recall discussing whether the senior appointed veterinary surgeon of PSS practices could be recorded in some way. Through discussions with the PSS team, the following would be possible:
 - a. Ensuring that the PSS modules link appropriately to Chapter 17 regarding the appointed senior veterinary surgeon.
 - b. In the short term, upon assessment practices will be asked to confirm who their appointed senior veterinary surgeon is, and this will be recorded on the Stanley PSS system.
 - c. In the longer term, practices could be asked to confirm this information as part of an annual declaration confirming continued compliance with the scheme. It is envisaged that practices would be asked to confirm the person responsible for PSS compliance and medicines as part of this, and so the senior appointed veterinary surgeon could also be included. Annual declarations are already provided for in the PSS rules but have yet to be implemented. The PSS team is currently working on how best to implement this in a way that works for all practices and practice structures within the scheme. In addition, PSS' five-year review is due in 2025, and so this will be included as part of this work.

Decision required

7. The Committee is asked to consider the proposed amendments to the supporting guidance at Chapters 2, 10, and 17.

10. ~~Fair trading requirements~~ Consumer rights and freedom of choice

Introduction

10.1 ~~These responsibilities were agreed between the RCVS and the former Office of Fair Trading (OFT), as an alternative to legislation under the Fair Trading Act 1973, to ensure that clients have access to sufficient information to be able to decide where to obtain veterinary prescriptions and medicines. Please see the [Government OFT website](#) for further information in relation to which organisations now share former OFT responsibilities.~~ To ensure freedom of consumer choice, veterinary surgeons and veterinary nurses should ensure that clients have access to sufficient information regarding a range of options for obtaining veterinary services, including the costs involved. The following guidance summarises the obligations and signposts to other relevant areas of the supporting guidance to the Code of Professional Conduct.

General

10.2 Veterinary surgeons and veterinary nurses are personally accountable for their professional practice and should always be prepared to justify their decisions and actions. In relation to consumer rights and freedom of choice, this means that veterinary surgeons and veterinary nurses should:

- a. ensure that a range of reasonable treatment options are offered and explained, including the costs of each, taking into account the needs and circumstances of the client;
- b. recognise the need, in some cases, to balance what treatment might be necessary, appropriate or possible against the circumstances, wishes and financial considerations of the client. Whatever the circumstances, the overriding priority is to ensure that animal health and welfare is not compromised;
- c. facilitate a client's request for a referral or second opinion and recognise when a case or a treatment option is outside their area of competence (see Supporting Guidance Chapter 1);
- d. not obstruct a client from changing to another veterinary practice, or discourage a client from seeking a second opinion.

See Chapter 2, paragraphs 2.1-2.2 for further information.

Veterinary medicines

10.3 In relation to veterinary prescriptions and dispensing of veterinary medicines, ~~v~~veterinary surgeons and veterinary nurses must:

- a. ensure clients are able to obtain prescriptions via the practice or via written prescription, as appropriate. (A veterinary surgeon may prescribe a ~~medicine of category~~ Prescription Only Medicine, Veterinarian (POM-V), only following a clinical assessment of an animal under their care; a written prescription may not be appropriate if the animal is an in-patient or immediate treatment is necessary);
- b. subject to any legal restrictions, ensure there is adequate provision of information on medicine prices;
- c. provide the price of any relevant veterinary medicinal product stocked or sold, to clients, or other legitimate enquirers, making reasonable requests;
- d. ~~if requested~~, inform clients of the price of any medicine to be prescribed or dispensed;
- e. where possible and relevant, inform clients of the frequency of, and charges for, further examinations of animals requiring repeat prescriptions;
- f. provide clients with an invoice that distinguishes the price of relevant veterinary medicinal products from other charges and, where practicable, provide clients with an invoice that distinguishes the price of individual relevant veterinary medicinal products;

- g. advise clients, by means of a large and prominently displayed sign, or signs, (in the waiting room or other appropriate area), with reference to the following:

*"Prescriptions are available from this practice.
You may obtain relevant veterinary medicinal products from your veterinary surgeon OR ask for a written prescription and obtain these medicines from another veterinary surgeon or a pharmacy.
Your veterinary surgeon may only prescribe prescription-only veterinary medicine relevant veterinary medicinal products only following a clinical assessment of an animal under their care.
A written prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary.
You will be informed, on request, of the price of any medicine that may be prescribed for your animal.
The general policy of this practice is to re-assess an animal requiring repeat prescriptions for/supplies of relevant veterinary medicinal products every XX months, but this may vary with individual circumstances. The standard charge for a re-examination is £XX.
Further information on the prices of medicines is available on request."*

- h. provide new clients with a written version of the information set out in the sign, or signs, referred to in paragraph 10.2(g), which may be set out in a practice leaflet, website, or client letter;
- i. on a continuing basis, take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign, or signs, referred to in paragraph 10.2(g), which may be set out in a practice leaflet, website, or client letter.

10.43 A reasonable charge may be made for written prescriptions; such prescriptions for POM-V medicines may be issued only for animals under the care of the prescribing veterinary surgeon and following their clinical assessment of the animals.

10.45 In relation to fees charged for other goods and services, a veterinary surgeon must not discriminate between clients who se prescriptions are dispensed via the practice are supplied with a prescription and those who choose to obtain medicines elsewhere via a written prescription are not, in relation to fees charged for other goods or services.

10.56 A veterinary surgeon should not prevent a client from using the medicines retailer of their choice. Written prescriptions should not contain any specific recommendations of medicines retailers. If specific recommendations are given to clients by other means, however, veterinary surgeons should be able to justify their recommendations and where the veterinary surgeon or their employer has a financial or commercial interest in the medicines retailer, this should be drawn to clients' attention. Veterinary surgeons may wish to advise clients who are considering obtaining medicines from an online retailer of the Veterinary Medicines Directorate's Accredited Internet Retailer Scheme (AIRS) and the Register of Online Suppliers of veterinary medicines.

Note: 'Relevant veterinary medicinal product' has the same meaning as in The Supply of Relevant Veterinary Medicinal Products Order 2005; in brief, these are medicines of category POM-V, excluding medicated feeding stuffs.

Note: 'Prescription-only veterinary medicine' has the same meaning as a medicine under the category of POM-V in the Veterinary Medicines Regulations 2013 (as amended).

Fees (estimates, discounts, animal insurance)

10.7 Veterinary surgeons and veterinary nurses must provide clients with relevant information in relation to fees. This includes the costs of medicines, and the estimated cost of a range of procedures

and tests available, the provision, initial cost and location of the 24/7 emergency first aid and pain relief/follow up service.

10.8 Fees may vary between practices and, in addition to factors such as facilities, services and 'out-of-hours' arrangements, may be taken into account when a client is choosing a practice. It may therefore be helpful to explain to clients, and prospective clients, the factors that influence the determination of the level of fees.

Commented [GK1]: I have just reworded this a bit so it reads better - see what you think

10.9 Pricing practices should comply with the Consumer Protection from Unfair Trading Regulations 2008 and other consumer protection legislation, and should not be false or misleading.

10.10 Veterinary surgeons and veterinary nurses should be open and honest about fees for veterinary treatment. Clients should be provided with clear and easy to understand information about how fees are calculated and what it is they are being charged for. Clients should be furnished with sufficient information about the fees associated with treatment to be in a position to give informed consent to treatment.

10.11 A discussion should take place with the client covering a range of reasonable treatment options and prognoses, and the likely charges. If the animal is covered by pet insurance, it is in the interests of all parties to confirm the extent of the cover under the policy, including any limitations on cost or any exclusions which would apply to the treatment proposed. Insured clients should therefore be advised to contact their insurers to verify their cover at the earliest opportunity.

10.12 Veterinary surgeons and veterinary nurses should offer clients realistic estimates of the cost of the anticipated treatment based on the best information available at the time and before treatment commences. The estimate should be included on the consent form.

10.13 Veterinary surgeons and veterinary nurses should inform clients that estimates may be exceeded due to the unpredictable nature of clinical work. If the estimate is to be exceeded, the client should be contacted at the earliest opportunity for additional consent to be obtained and recorded.

10.14 Discounts (e.g., for staff, students/pensioners) are generally acceptable and are a commercial decision by veterinary practices. However, it is never acceptable to present a client with inflated fees so as to create the fiction of a discount. Where used, discounts should be clearly recorded and transparent.

10.15 All invoices should be itemised showing the amounts relating to goods including individual relevant medicinal products and services provided by the practice. Fees for outside services and any charge for additional administration or other costs to the practice in arranging such services should also be shown separately.

See Chapter 9 for further information.

Referrals and incentives

10.16 All referrals should be in the animals' best interests. Veterinary surgeons and veterinary nurses who have referral-based incentives available to them should consider whether the existence of the incentive gives rise to a real or perceived conflict of interest, and if so, clients should be informed.

See Chapter 1, paragraphs 1.8-1.9 for further information

Advertising and recommendations

10.17 All advertising and publicity in relation to practice information and fees should be professional, accurate and truthful, and should comply with the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP Code). Any price comparison should be accurate.

10.18 A veterinary surgeon or group of veterinary surgeons should not enter into any agreement that has the effect of fixing fees. The Competition Act 1998 prohibits anti-competitive agreements, meaning businesses must not agree to fix prices or terms of trade, and must not agree price rises with competitors.

10.19 Where veterinary surgeons recommend veterinary products and services in the course of treatment or when providing other veterinary services to clients (including by way of referrals and second opinions – please see Chapter 1), this recommendation should be clinically justified, i.e., based on sound scientific principles or have a recognised evidence base, and be in the best interests of the animal.

10.20 Veterinary surgeons should not allow any interest in a particular product or service to affect the way they prescribe or make recommendations. This is the case whether the interest is held by the veterinary surgeon themselves, their employer, or any other organisation they are associated with. Veterinary surgeons should inform clients of any real or perceived conflict of interest.

See Chapter 23 for further information.

Informed consent

10.21 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. For non-urgent procedures, the consent discussion should take place in advance of the day of the treatment/procedure where possible. The client's consent to treatment should be obtained unless delay would adversely affect the animal's welfare.

10.22 The following matters should be included in the consent conversation to maintain the client's freedom of choice:

- a. A range of reasonable treatment options;
- b. The nature, purpose and benefits of any treatment or procedures;
- c. Financial estimates, and an agreement of financial limits. This should be documented on the client record;
- d. Information about other treatment options that are available, being mindful not to make assumptions about the client's financial constraints.

See Chapter 11 for a full list of what should be included in a consent conversation and further information.

Introduction

2.1 The *Codes of Professional Conduct* state that veterinary surgeons and veterinary nurses must provide veterinary care and veterinary nursing care that is appropriate and adequate.

2.2 Veterinary surgeons and veterinary nurses are personally accountable for their professional practice and must always be prepared to justify their decisions and actions. When providing care, veterinary surgeons and veterinary nurses should:

- a. take all reasonable care in using their professional skills to treat animals;
- b. ensure that a range of reasonable treatment options are offered and explained, including prognoses and possible side effects;
- c. make decisions on treatment regimes based first and foremost on animal health and welfare considerations, [providing contextualised care and exercising professional judgement about what is best for the animal in each individual case, taking into account](#), ~~but also~~ the needs and circumstances of the client;
- ~~d.~~ e. where organisational protocols are in place, consider whether this process best meets the animal's health and welfare needs;
- ~~e.~~ f. recognise the need, in some cases, to balance what treatment might be necessary, appropriate or possible against the circumstances, wishes and financial considerations of the client*;
- ~~f.~~ g. obtain the client's consent to treatment unless delay would adversely affect the animal's welfare (to give informed consent, clients must be aware of risks) (see [Supporting Guidance Chapter 11](#));
- ~~f.g.~~ h. consider the welfare implications of any surgical or other procedure and advise or act appropriately;
- ~~g.h.~~ i. provide an environment in which animals are subjected to minimum stress and provided with optimal care;
- ~~h.i.~~ j. ensure a hygienic and safe environment;
- ~~i.j.~~ k. where possible, check that the care or treatment provided for each animal is compatible with any other treatments the animal is receiving (it is recognised that it may not be possible to do so in emergency situations);
- ~~j.k.~~ l. keep within their own areas of competence, save for the requirement to provide emergency first aid;
- ~~k.l.~~ m. consult suitably trained colleagues, either within or outside the practice, when novel or unfamiliar procedures might be under consideration or undertaken;
- ~~l.m.~~ n. facilitate a client's request for a referral or second opinion and recognise when a case or a treatment option is outside their area of competence (see [Supporting Guidance Chapter 1](#));
- ~~m.n.~~ o. _____ comply with animal welfare legislation and relevant Codes of Practice in the jurisdiction(s) in which they practise;
- ~~n.o.~~ p. comply with relevant legislation, guidance and Codes of Practice if involved in research or teaching (see [Supporting Guidance Chapter 24](#) and [Chapter 25](#))
- ~~o.p.~~ q. be familiar with any special rules or requirements of the particular industry in which they practise, for example, the meat hygiene industry or animals used in sport; and
- ~~p.q.~~ r. keep their skills and knowledge up to date.

*There may be additional considerations for owners of animals kept for commercial or production purposes. Whatever the circumstances, the overriding priority is to ensure that animal health and welfare is not compromised.

The appointed senior veterinary surgeon

17.14 Veterinary surgeons provide veterinary services through a variety of entities such as limited companies, charities, partnerships or sole practitioners and may be managed by non-veterinary surgeons. At all times, veterinary surgeons remain subject to their professional responsibilities and the *RCVS Code of Professional Conduct*. To provide appropriate professional direction, the RCVS expects the organisation to appoint a senior veterinary surgeon.

17.15 The appointed senior veterinary surgeon should:

- a. Have an appropriate level of seniority, for example, director, head of clinical services or other equivalent status within the organisation.
- b. Have overall responsibility within the organisation for professional matters; for example, this includes ensuring that clinical policy guidelines and procedures for addressing clients' complaints about the provision of veterinary services are in line with the *RCVS Codes of Professional Conduct*.

(See Chapter 2 Veterinary Care for references to professional autonomy)

- c. Have overall responsibility within the organisation for the procedures by which medicines are obtained, stored, administered, sold or supplied, and disposed. POM-V medicines may only be obtained by a veterinary surgeon (even though they may be paid for by a business entity) and may only be sold or supplied from veterinary practice premises registered with the RCVS (see [further guidance on the registration of veterinary practice premises](#)).

- d. Ensure that their colleagues within the organisation, especially those who are not veterinary surgeons or veterinary nurses, recognise the professional responsibilities of veterinary surgeons and veterinary nurses, in particular those set out in the *RCVS Codes of Professional Conduct* and supporting guidance issued by the RCVS.

e. Have overall responsibility within the organisation for ensuring that the RCVS supporting guidance and legislation relating to consumer obligations, such as consumer choice, are being adhered to.

(See Chapter 10 Consumer choice and professional autonomy for more information)

Summary	
Meeting	Standards Committee
Date	16 April 2024
Title	Consumer choice and professional autonomy
Summary	<p>This paper outlines the recent findings of the Competition and Markets Authority (CMA) following its review of the veterinary sector providing services to household pets. The paper identifies relevant areas of RCVS guidance and makes suggestions as to how the guidance might be strengthened and made more accessible.</p> <p>The paper also identifies possible issues impacting the professional autonomy of veterinary surgeons, and asks the Committee to consider what, if any, next steps it wishes to take in relation to this.</p>
Decisions required	<p>In respect of the CMA findings, the Committee is asked to decide:</p> <ol style="list-style-type: none"> a. whether a more thematic approach the guidance on competition, consumer rights and freedom of choice is required (see paragraph 11); if so b. what form the should guidance take (see paragraph 12-14); and c. whether any guidance should be added, amended or strengthened to better address the concerns of the CMA (see paragraph 15). <p>In respect of professional autonomy, the Committee is asked to discuss this issue and indicate whether it would like to revisit this matter at its next meeting. If so, the Committee is asked to consider:</p> <ol style="list-style-type: none"> a. what additional guidance (if any) should cover; b. whether any additional investigations should be carried out; and if so, c. what those additional investigations should be.
Attachments	Annex A – Existing RCVS guidance
Author	<p>Gemma Kingswell Head of Legal Services (Standards) g.kingswell@rcvs.org.uk / 020 7965 1100</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	
Annex A	Unclassified	
¹Classifications explained		
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.	
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Consumer choice and professional autonomy

Introduction

1. As the Committee will be aware, on 12 March 2024 the Competition and Markets Authority (CMA) [published its main concerns](#) following an initial review of the veterinary sector providing services to household pets. The areas highlighted included many areas that the RCVS already provides guidance on. The Committee is therefore asked to read the CMA's findings, together with the relevant, existing guidance and consider how the guidance could be made more effective to aid those working in clinical practice to better understand and apply the requirements. It is also asked to identify areas where guidance should be developed, clarified or improved.
2. Related to this, the Committee will recall that at its meeting in November 2023, it posed a question as to whether the RCVS' current guidance goes far enough in articulating and thereby empowering veterinary surgeons to exercise professional autonomy if faced with pressure from their employer to follow one treatment path above another. The question arose as part of the discussion regarding social media, but it was recognised that this was a wider issue. As such, the Committee agreed that this issue should be discussed in further detail at a later meeting.
3. At the heart of both topics are questions about how best to enable transparency and greater choice for consumers.

CMA findings

4. The CMA's initial review into the veterinary sector prompted over 56,000 responses, comprising 45,000 from the public and 11,000 from the veterinary industry. In addition, the CMA engaged with and secured feedback from the RCVS as well as vet practices, industry bodies such as the BVA, charities and others to better understand the issues facing the sector.
5. As a result of its findings (set out below), the CMA proposes to launch a formal market investigation and a four-week consultation was commenced to seek views from the sector on this proposal. According to the CMA, a market investigation '*enables the CMA to investigate its concerns in full and to intervene directly in markets if it finds that competition is not working well*'. It goes on to say that '*as well as compelling those under investigation to provide information, it also gives the CMA access to a wide range of legally enforceable remedies, such as mandating the provision of certain information to consumers, imposing maximum prescription fees and ordering the sale or disposal of a business or assets*'.

6. The main concerns highlighted by the review are (text taken directly from the CMA):

a. Consumers may not be given enough information to enable them to choose the best veterinary practice or the right treatment for their needs.

- i. *Most vet practices do not display prices on their website – of those practices checked, over 80% had no pricing information online, even for the most basic services. Pet owners tend not to shop around between vet practices and assume prices will be similar, although that is not always the case.*
- ii. *People are not always informed of the cost of treatment before agreeing to it – around one fifth of respondents to the CFI said that they were not provided with any cost information before agreeing to tests, around one in 10 said they were not provided with cost information before their pet had surgery, and around half said they were not informed about costs before agreeing to out of hours treatment.*
- iii. *A company can own multiple vet practices in a local area without making that clear – for example, only 4 out of 6 of the largest groups don't change the name or branding when they take over an independently owned vet practice. This means pet owners are not always comparing competitors when choosing a vet practice.*

b. Concentrated local markets, in part driven by sector consolidation, may be leading to weak competition in some areas.

Market concentration measures how many competitors operate in a particular market – the fewer firms operating in a market, the more concentrated it is.

- i. *In 2013, around 10% of vet practices belonged to large groups, but that share is now almost 60%, and many of the large groups have expressed an intention to continue expanding their business through acquisition of independently owned practices.*
- ii. *To illustrate this another way, since 2013 1,500 of the 5,000 vet practices in the UK have been acquired by the 6 large corporate groups (CVS, IVC, Linnaeus, Medivet, Pets at Home and VetPartners).*

- iii. *This may reduce the number of business models in locations where most or all of the first opinion practices are owned by one large corporate group, giving less choice to consumers because they tend to choose practices close to home.*

c. Large corporate groups may have incentives to act in ways which reduce choice and weaken competition.

Given the significant and ongoing growth of large corporate groups, the CMA is concerned that:

- i. *The large, integrated corporate groups (especially those whose business models include significant investment in advanced equipment) may concentrate on providing more sophisticated, higher cost treatments, meaning that consumers are less able to access simpler, lower cost treatments even if they would prefer that option.*
- ii. *To varying extents, the large vet groups have also bought businesses which offer related services such as specialised referral centres, out of hours care, diagnostic labs and/or crematoria. These large groups may have the incentive and ability to keep provision of these related services within the group, potentially leading to reduced choice, higher prices, lower quality and exit of independent competitors.*

d. Pet owners might be overpaying for medicines or prescriptions.

- i. *Vets must use signs in reception or treatment rooms to tell customers that they can get a prescription for medicine and buy it elsewhere, but the CMA is concerned that these may not be effective. While it can be convenient to buy a medicine directly from the vet as part of a consultation, around 25% of pet owners did not know that getting a prescription filled elsewhere was an option – meaning they are missing out on potential savings, even with the prescription fee.*
- ii. *Some vet practices may make up to a quarter of their income selling medicines – so there may be little incentive to make pet owners aware of alternatives.*
- iii. *The current regulatory regime may contribute to concerns by restricting veterinary practices' ability to source cheaper medicines online.*

e. The regulatory framework is outdated and may no longer be fit for purpose.

- i. The main regulation in the industry dates from 1966, before non-vets were able to own vet practices. It relates to individual practitioners, not practice owners or vet practices as businesses. This means that the statutory regulator, the RCVS, has limited leverage over the commercial and consumer-facing aspects of veterinary businesses, for example how prices are communicated or whether there is transparency about ownership of vet practices or related services.*
- ii. The RCVS has put in place a Practice Standards Scheme which applies to the vet practice rather than individual vets. Only 69% of eligible practices have signed up to this voluntary scheme, meaning that almost a third of the market has not committed to this approach.*
- iii. The provisional view is that outcomes for consumers could be improved if regulatory requirements and/or elements of best practice could be monitored or enforced more effectively.*

RCVS' position and existing guidance

7. The review highlights that the regulatory framework requires updating, an issue well known to the RCVS. To that end, and as the Committee is aware, the RCVS has been lobbying for new legislation that would better reflect modern veterinary practice and, among other things, introduce mandatory practice regulation.
8. Lobbying and work on the draft legislation is ongoing, and work on devising a mandatory practice regulation framework, which would necessarily include powers of entry and sanctions, has already begun. Other aspects, such as improving advice for animal owners and keepers, in particular around what consumers should expect from their vets, are being addressed in other ways such as through the work of the recently established Public Advisory Group (PAG).
9. Notwithstanding the above, there are many areas of the CMA's findings on which the RCVS already provides guidance. These areas include:
 - a. Referrals and incentives
 - b. Providing veterinary care that is 'appropriate and adequate', including taking into account factors such as the client's financial circumstances
 - c. Providing fee estimates

- d. Client freedom of choice
 - e. Prescription charges
 - f. Prohibition on discriminating between clients based on whether they buy their medicines directly or ask for a prescription to take elsewhere
 - g. Informed consent as it related to costs, particularly where costs are not fixed
 - h. Discussion of fees with clients
 - i. Conflicts of interest
10. The existing guidance on these matters is set out in full at **Annex A**.
11. As the Committee can see, there is a huge breadth of information set out across several different chapters of guidance. While this is an essential resource, the way it is presented means it may not be easy for those in clinical practice to access and navigate the requirements they need to meet. In light of this, the Committee is asked to consider whether a more thematic approach consolidating the existing guidance might better suit the needs of the profession.

Possible ways forward

12. If the Committee is satisfied that the format of the guidance should change, there is more than one way it could be done.
13. One option is to leave the guidance itself as it is but to create a 'cheat sheet' which highlights all the relevant areas and pulls it together in one place. This would not require amendment to the existing guidance and would retain the contextual references to the requirements within the guidance, for example a veterinary surgeon considering their obligations regarding advertising and publicity in Chapter 23 would be alerted to the relevant consumer considerations in the course of their reading.
14. An alternative is to move the existing guidance to a newly created chapter of guidance specifically dealing with the obligations relevant to competition, consumer rights and freedom of choice. For this option to work, clear signposting throughout the rest of the guidance at relevant points would be essential.

Outstanding areas

15. Although many of the concerns articulated in the CMA's finding are already addressed within existing guidance, some are not. In addition, the Committee may feel that some areas would benefit from clarification, strengthening or amendment. The Committee is invited to consider

the CMA's findings and the existing guidance with a view to identifying these possible areas. The following may be useful as a starting point for discussion:

- a. Explicit requirement to make clear when a practice is part of a larger corporate group. As the Committee knows, the RCVS does not regulate practices and many individual veterinary surgeons will have no input into the wider running of the business. As such, if the Committee was minded to pursue this as a requirement, it may think the best way to approach it would be to impose a requirement on the appointed senior veterinary surgeon who, according to [our guidance](#) (see para 17.14 onwards), has overall responsibility for professional matters within the practice such as clinical policy guidelines, complaints policies and procedures relating to medicines.
- b. Expanding on the guidance around providing 'adequate and appropriate' care to reinforce the message that the RCVS does not require 'gold standard care' and that in many cases, a pragmatic approach will be the appropriate way forward (SG, para 2.1-2.2)
- c. Exploring what the requirement for veterinary surgeons to 'keep within their own area of competence and refer cases responsibly' means in practice (Code, 1.2)
- d. Explicit reference to declaring an interest when referring to or recommending services that are part of or owned by the same corporate group, e.g. referral practices, crematoria (SG, para 23.10)
- e. Strengthening the guidance surrounding conflicts of interest and making clear that the interests of one's employers should also be declared (e.g. SG, para 1.9)
- f. Strengthening the guidance regarding inclusion of fee estimates on consent forms (SG, para 9.11)
- g. Strengthening guidance regarding discussion of fees as part of informed consent (SG, para 11.2 (d)(f) and (h))
- h. Strengthening guidance regarding obtaining prescriptions elsewhere (SG, chapter 10)

Professional autonomy

16. As explained in the introduction, this topic follows previous discussions by the Committee regarding whether RCVS guidance sufficiently empowers veterinary surgeons to exercise professional autonomy when working in all sectors.

17. As the Committee is aware, the Code of Professional Conduct (the Code) requires veterinary surgeons to *'make animal health and welfare their first consideration when attending to animals'* and there is no doubt that professional autonomy is part of what allows veterinary surgeons to do this.
18. Although the general effect of the Code and guidance is to ensure, maintain and encourage professional autonomy, the most detailed guidance is found in the context of advertising, endorsement and publicity:

Maintaining clinical freedom

23.20 Advertisements, endorsements, or claims of 'general' veterinary approval made by organisations should not impact upon the clinical freedom and decision-making of veterinary surgeons and veterinary nurses employed by, or associated with, that organisation.

23.21 Veterinary surgeons and veterinary nurses should not allow any interests, including those arising from associations with particular organisations or products, to affect their clinical decision-making, i.e. they must make animal health and welfare their first consideration when attending to animals.

19. It should be noted that Chapter 2 of the supporting guidance (veterinary care) recognises that providing adequate and appropriate care involves balancing *'what treatment might be necessary, appropriate or possible against the circumstances, wishes and financial considerations of the client'* (as set out in **Annex A**). The intention of this guidance is to emphasise that there is no 'one size fits all' and that what is appropriate in any given case will depend on myriad factors which are not limited to clinical matters.
20. Whilst not directly dealing with professional autonomy, the following guidance within Chapter 17 (Veterinary teams and leaders) is also relevant as it makes clear that those in leadership roles are responsible for ensuring that the systems and protocols in place within the practice are compliant with the RCVS Code and guidance:
- 17.8 Veterinary surgeons and veterinary nurses in leadership roles should ensure that any working systems, practices or protocols allow veterinary surgeons and veterinary nurses to practise in accordance with the RCVS Codes of Professional Conduct. If in the course of an RCVS investigation into a concern it appears that a veterinary surgeon or veterinary nurse has followed working systems, practices or protocols which contravene the RCVS Codes of Professional Conduct, the veterinary surgeon or veterinary nurse responsible for the working*

systems, practices or protocols will be at least as accountable as the veterinary surgeon or veterinary nurse who has followed them.

21. As such, if something more explicit and general were to be added to the guidance in respect of enabling professional autonomy, it would be the responsibility of senior veterinary surgeons, clinical directors and so on to ensure that policies and systems were compliant.

The extent of the issue

22. The RCVS is aware of anecdotal reports describing different ways professional autonomy can be impacted. As the Committee will see, most of these are in the context of small animal practice. Practical examples include:

- a. Reduced range of products to choose from, e.g. all supplied by one company that has won a tender.
- b. Incentives to supply medicines from the practice pharmacy rather than give the client a written prescription for an alternative that the vet believes may be more suitable.
- c. Protocols on prescribing practice, e.g. when product X is prescribed, product Y and Z should also be prescribed, and bonuses may be linked to achieving these kinds of 'sales' targets.
- d. Policies and protocols enabling professional autonomy on the face of it, but culture means that this is not what happens in practice.

23. The standards and advice team is rarely, if ever, asked for advice on this issue although enquirers do sometimes mention that the practice group they work for is tendering for a new supplier of, e.g., antiparasitics. As such, in order to ascertain whether there is any merit to these anecdotal reports, the input of other departments within the RCVS has been sought:

- a. The professional conduct department has indicated that no formal concerns by veterinary surgeons against senior veterinary surgeons have been raised regarding this. The only relevant example given was clients reporting that their vet has said they have to do something 'because it is company policy'.
- b. The RCVS has a confidential reporting line that members of the profession are able to call to discuss sensitive issues. To date, no calls have been received about professional autonomy or a lack thereof.

- c. The practice standards scheme (PSS) assessors have heard anecdotally of employers insisting that referrals are made to practices within the same group rather than the vet or owner being free to choose. It has also been reported that vets are expected to make a 'business case' setting out why they wish to prescribe something other than 'preferred products', i.e. those available from the practice, which is in and of itself is a limiting factor in a busy practice.
24. In addition to the fact that current information is purely anecdotal, there are a number of reasons why it may be difficult gather reliable information on the extent of any problem. For example, limited alternative employment opportunities in some areas may mean not only that employees are unable to move if they are unhappy, but also a reluctance to speak up about issues.
25. It is important to note that in order for concerns to progress through the formal concerns process, the complainant must be willing to identify themselves.

Decisions required and next steps

26. In respect of the CMA findings, the Committee is asked to decide:
- d. whether a more thematic approach the guidance on competition, consumer rights and freedom of choice is required (see paragraph 11, above); if so
 - e. what form the should guidance take (see paragraph 12-14, above); and
 - f. whether any guidance should be added, amended or strengthened to better address the concerns of the CMA (see paragraph 15, above).
27. In respect of professional autonomy, the Committee is asked to discuss this issue and indicate whether it would like to revisit this matter at its next meeting. If so, the Committee is asked to consider:
- a. what additional guidance (if any) should cover;
 - b. whether any additional investigations should be carried out; and if so,
 - c. what those additional investigations should be.

Code requirements

2.1 *Veterinary surgeons must be open and honest with clients and respect their needs and requirements.*

2.2 *Veterinary surgeons must provide independent and impartial advice and inform a client of any conflict of interest.*

2.3 *Veterinary surgeons must provide appropriate information to clients about the practice, including the costs of services and medicines.*

2.4 *Veterinary surgeons must communicate effectively with clients, including in written and spoken English, and ensure informed consent is obtained before treatments or procedures are carried out.*

Supporting guidance

Chapter 1: Referrals and second opinions

[...]

Incentives

1.8 *Veterinary surgeons' and veterinary nurses' first consideration is animal health and welfare. Veterinary surgeons and veterinary nurses considering offering or accepting any form of incentive, whether in a referral setting or otherwise, should consider whether the existence of the incentive gives rise to a real or perceived conflict of interest. An incentive should not distract a veterinary surgeon or veterinary nurse from their professional responsibilities towards animals and clients and, in some cases, should be declined, for example where a veterinary surgeon or veterinary nurse would not otherwise enter into that arrangement.*

1.9 *Veterinary surgeons and veterinary nurses should inform clients of any real or perceived conflict of interest (please see [Chapter 23](#) in relation to recommendations in the course of treatment, which includes referrals and second opinions).*

[...]

Chapter 2: Veterinary care

2.1 *The Codes of Professional Conduct state that veterinary surgeons and veterinary nurses must provide veterinary care and veterinary nursing care that is appropriate and adequate.*

2.2 *Veterinary surgeons and veterinary nurses are personally accountable for their professional practice and must always be prepared to justify their decisions and actions. When providing care, veterinary surgeons and veterinary nurses should:*

- a. *take all reasonable care in using their professional skills to treat animals;*
- b. *ensure that a range of reasonable treatment options are offered and explained, including prognoses and possible side effects;*
- c. *make decisions on treatment regimes based first and foremost on animal health and welfare considerations, but also the needs and circumstances of the client;*

- d. recognise the need, in some cases, to balance what treatment might be necessary, appropriate or possible against the circumstances, wishes and financial considerations of the client*;
- e. obtain the client's consent to treatment unless delay would adversely affect the animal's welfare (to give informed consent, clients must be aware of risks) (see [Supporting Guidance Chapter 11](#));
- f. consider the welfare implications of any surgical or other procedure and advise or act appropriately;
- g. provide an environment in which animals are subjected to minimum stress and provided with optimal care;
- h. ensure a hygienic and safe environment;
- i. where possible, check that the care or treatment provided for each animal is compatible with any other treatments the animal is receiving (it is recognised that it may not be possible to do so in emergency situations);
- j. keep within their own areas of competence, save for the requirement to provide emergency first aid;
- k. consult suitably trained colleagues, either within or outside the practice, when novel or unfamiliar procedures might be under consideration or undertaken;
- l. facilitate a client's request for a referral or second opinion and recognise when a case or a treatment option is outside their area of competence (see [Supporting Guidance Chapter 1](#));
- m. comply with animal welfare legislation and relevant Codes of Practice in the jurisdiction(s) in which they practise;
- n. comply with relevant legislation, guidance and Codes of Practice if involved in research or teaching (see [Supporting Guidance Chapter 24](#) and [Chapter 25](#));
- o. be familiar with any special rules or requirements of the particular industry in which they practise, for example, the meat hygiene industry or animals used in sport; and
- p. keep their skills and knowledge up to date.

*There may be additional considerations for owners of animals kept for commercial or production purposes. Whatever the circumstances, the overriding priority is to ensure that animal health and welfare is not compromised.

[...]

Chapter 9: Practice information, fees and animal insurance

Practice information

9.1 Under EU Directive 2006/123/EC, service providers, which include veterinary surgeons, must give clients relevant information, such as their contact details, the details of their regulator and the details of their insurer. Certain information must be provided on request, such as the price of a service or, if an exact price cannot be given, the method for calculating the price.

9.2 *In addition, in accordance with the following guidance, veterinary practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of the practice's services, including:*

- a. *the provision, initial cost and location of the out-of-hours emergency service;*
- b. *information on the care of in-patients;*
- c. *the practice's complaints handling policy;*
- d. *full terms and conditions of business - to include for example:*
 - i. *surgery opening times;*
 - ii. *normal hours of business;*
 - iii. *fee or charging structures;*
 - iv. *procedures for second opinions and referrals; and*
 - v. *access to and ownership of record.*
- e. *the practice's privacy notice – to include for example:*
 - i. *the practice's contact details;*
 - ii. *how client data will be used and processed;*
 - iii. *the purposes for which the client data is being processed and the legal basis for doing so;*
 - iv. *the circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc;*
 - v. *the data retention period or how such period is determined;*
 - vi. *the client's rights as data subject (e.g. the right to withdraw consent to the processing of his/her data, the right to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing); and*
 - vii. *the data subject's right to lodge a complaint with the Information Commissioner's Office.*

Freedom of choice

9.3 *Veterinary surgeons should not obstruct a client from changing to another veterinary practice, or discourage a client from seeking a second opinion.*

9.4 *If a client's consent is in any way limited or qualified or specifically withheld, veterinary surgeons should accept that their own preference for a certain course of action cannot override the client's specific wishes, other than on exceptional welfare grounds.*

Fees

9.5 *A veterinary surgeon is entitled to charge a fee for the provision of services. The RCVS has no specific jurisdiction under the Veterinary Surgeons Act 1966 over the level of fees charged by*

veterinary practices. There are no statutory charges and fees are essentially a matter for negotiation between veterinary surgeon and client.

9.6 Fees may vary between practices and may be a factor in choosing a practice, as well as the practice's facilities and services, for example, what sort of arrangements are in place for 'out-of-hours' emergency calls (eg are emergency consultations at the practice premises, or by another practice at another location). It may be helpful to explain to clients the factors that influence the determination of the level of fees.

9.7 Pricing practices should comply with the Consumer Protection from Unfair Trading Regulations 2008 and other consumer protection legislation, and should not be false or misleading.

9.8 Veterinary surgeons should be open and honest about fees for veterinary treatment. Clients should be provided with clear and easy to understand information about how fees are calculated and what it is they are being charged for. Clients should be furnished with sufficient information about the fees associated with treatment to be in a position to give informed consent to treatment.

[\(Communication and consent\)](#)

Estimates

9.9 Discussion should take place with the client covering a range of reasonable treatment options and prognoses, and the likely charges. If the animal is covered by pet insurance, it is in the interests of all parties to confirm the extent of the cover under the policy, including any limitations on cost or any exclusions which would apply to the treatment proposed. Insured clients should therefore be advised to contact their insurers to verify their cover at the earliest opportunity.

9.10 Veterinary surgeons should offer clients a realistic initial estimate (which may be for a defined period of time if appropriate), based on the best available information at the time, of the anticipated cost of veterinary treatment. The estimate should:

- 1. cover all likely charges in the time period covered, including ancillary or associated charges, such as those for medicines/anaesthetics, diagnostic tests, pre- or post-operative care, follow up or routine visits and should include VAT;*
- 2. include a clear warning that additional charges may arise, eg if the treatment plan changes or complications occur;*
- 3. be offered before treatment is commenced. If an estimate is declined, this should be clearly recorded;*
- 4. be the subject of clear client consent, except where delay would compromise animal welfare;*
- 5. preferably be provided in writing, especially where treatment involves surgery, general anaesthetic, intensive care or hospitalisation.*

9.11 It is recommended that veterinary surgeons should include any estimated charge or fee on the consent form. If it becomes evident that the initial estimate or a limit set by the client is likely to be exceeded, the client should be contacted as soon as it is practicable to do so and informed, and their additional consent obtained. This should be recorded in writing by the veterinary surgeon.

9.12 Veterinary surgeons should clearly inform clients that due to the unpredictable nature of clinical work, and variations in the way that each individual animal may react to treatment, treatment plans and the initial estimate may change. There is no reason a veterinary surgeon may not give a fixed

price 'quote' for treatment but should only do so on the understanding that this is an offer that once accepted may be binding in law.

Discounts on veterinary fees

9.13 Veterinary practices have the commercial freedom to offer discounts on their fees on terms set by them. This might include discounts for members of staff, discounts for early settlement and discounts for certain clients e.g. students, pensioners etc. Discounts generally are acceptable, but it is never acceptable to present a client with inflated fees so as to create the fiction of a discount.

9.14 Discounts should be clearly recorded and transparent for all parties liable for payment of an account. Where there is an arrangement that more than one party is liable for payment of an account (eg insurance companies where client pays the excess), it is not reasonable to apply a retrospective discount for the benefit of one party only.

Invoices

9.15 All invoices should be itemised showing the amounts relating to goods including individual relevant medicinal products and services provided by the practice. Fees for outside services and any charge for additional administration or other costs to the practice in arranging such services should also be shown separately.

[\(Fair-trading requirements\)](#)

[...]

Prescriptions

9.27 Veterinary surgeons may make a reasonable charge for written prescriptions. (Prescriptions for POM-V medicines may be issued only for animals under the care of the prescribing veterinary surgeon and following their clinical assessment of the animals.) Clients should be provided with adequate information on medicine prices. Clients should be informed of any significant changes to the practice's charges for prescriptions or medicines at the earliest opportunity to do so.

9.28 Clients may obtain relevant veterinary medicinal products from the veterinary surgeon, or may ask for a prescription and obtain medicines from another veterinary surgeon or pharmacy. Veterinary surgeons may wish to direct clients who are considering obtaining medicines from an online retailer to the [Veterinary Medicines Directorate's Accredited Internet Retailer Scheme \(AIRS\)](#).

9.29 The Supply of Relevant Veterinary Medicinal Products Order came into force on 31 October 2005 and is enforced by the Competition and Markets Authority. It implements recommendations from the Competition Commission and provides that veterinary surgeons must not discriminate between clients who are supplied with a prescription and those who are not, in relation to fees charged for other goods or services.

[\(Fair-trading requirements\)](#)

Advertising fees and competitions issues

9.30 All advertising and publicity in relation to practice information and fees should be professional, accurate and truthful, and should comply with the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP Code). Any price comparison should be accurate.

9.31 A veterinary surgeon or group of veterinary surgeons should not enter into any agreement that has the effect of fixing fees. The Competition Act 1998 prohibits anti-competitive agreements, meaning businesses must not agree to fix prices or terms of trade, and must not agree price rises with competitors.

[\(Advertising and publicity\)](#)

[...]

Chapter 10: Fair trading requirements

Introduction

10.1 These responsibilities were agreed between the RCVS and the former Office of Fair Trading (OFT), as an alternative to legislation under the Fair Trading Act 1973, to ensure that clients have access to sufficient information to be able to decide where to obtain veterinary prescriptions and medicines. Please see the [Government OFT website](#) for further information in relation to which organisations now share former OFT responsibilities.

10.2 Veterinary surgeons must:

- a. ensure clients are able to obtain prescriptions, as appropriate. (A veterinary surgeon may prescribe a medicine of category Prescription Only Medicine, Veterinarian (POM-V), only following a clinical assessment of an animal under their care; a prescription may not be appropriate if the animal is an in-patient or immediate treatment is necessary);
- b. subject to any legal restrictions, ensure there is adequate provision of information on medicine prices;
- c. provide the price of any relevant veterinary medicinal product stocked or sold, to clients, or other legitimate enquirers, making reasonable requests;
- d. if requested, inform clients of the price of any medicine to be prescribed or dispensed;
- e. where possible and relevant, inform clients of the frequency of, and charges for, further examinations of animals requiring repeat prescriptions;
- f. provide clients with an invoice that distinguishes the price of relevant veterinary medicinal products from other charges and, where practicable, provide clients with an invoice that distinguishes the price of individual relevant veterinary medicinal products;
- g. advise clients, by means of a large and prominently displayed sign, or signs, (in the waiting room or other appropriate area), with reference to the following:

"Prescriptions are available from this practice.

You may obtain relevant veterinary medicinal products from your veterinary surgeon OR ask for a prescription and obtain these medicines from another veterinary surgeon or a pharmacy. Your veterinary surgeon may prescribe relevant veterinary medicinal products only following a clinical assessment of an animal under their care.

A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary.

You will be informed, on request, of the price of any medicine that may be prescribed for your animal.

The general policy of this practice is to re-assess an animal requiring repeat prescriptions for/supplies of relevant veterinary medicinal products every XX months, but this may vary with

individual circumstances. The standard charge for a re-examination is £XX. Further information on the prices of medicines is available on request."

- h. provide new clients with a written version of the information set out in the sign, or signs, referred to in paragraph 10.2(g), which may be set out in a practice leaflet or client letter;*
- i. on a continuing basis, take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign, or signs, referred to in paragraph 10.2(g), which may be set out in a practice leaflet or client letter.*

10.3 A reasonable charge may be made for written prescriptions; such prescriptions for POM-V medicines may be issued only for animals under the care of the prescribing veterinary surgeon and following their clinical assessment of the animals.

10.4 A veterinary surgeon must not discriminate between clients who are supplied with a prescription and those who are not, in relation to fees charged for other goods or services.

10.5 A veterinary surgeon should not prevent a client from using the medicines retailer of their choice. Written prescriptions should not contain any specific recommendations of medicines retailers. If specific recommendations are given to clients by other means, however, veterinary surgeons should be able to justify their recommendations and where the veterinary surgeon or their employer has a financial or commercial interest in the medicines retailer, this should be drawn to clients' attention.

Note: 'Relevant veterinary medicinal product' has the same meaning as in The Supply of Relevant Veterinary Medicinal Products Order 2005; in brief, these are medicines of category POM-V, excluding medicated feeding stuffs.

Chapter 11: Communication and consent

[...]

Informed consent

11.2 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. For non-urgent procedures, the consent discussion should take place in advance of the day of the treatment/procedure where possible. The client's consent to treatment should be obtained unless delay would adversely affect the animal's welfare.

The following matters should be considered during the discussion with the client to ensure informed consent:

- a. The nature, purpose, and benefits of any treatment or procedures;
- b. The likely outcomes of any treatment or procedures with a clear indication of both common and serious risks presented in a way that the client understands (e.g. explain any clinical terms);
- c. The veterinary surgeon should avoid making assumptions, for example, about a client's financial constraints or a client's understanding of the possible side effects, complications or the failure to achieve the desired outcome with agreed treatment;
- d. Financial estimates, and an agreement on any financial limits. This should also be documented on the consent form, or on an attached detailed estimate;

- e. Where appropriate an explanation that the diagnosis is tentative subject to further investigation;
- f. Checking with the client whether they have any questions or concerns regarding the diagnosis, treatment and costs;
- g. Informing the client (where appropriate) that other treatment is available that may have greater potential benefit than those available at the practice ([see Chapter 1, Referrals and second opinions](#)); and
- h. Ensuring, where possible, that consent can be obtained from the client for any deviations from the treatment plan (including costs), therefore where possible ensuring that the practice has the client's emergency contact details and that these are up to date.

[...]

Communication

[...]

11.18 Provision should be made for uncertain or unexpected outcomes (e.g in relation to dental procedures). Clients should be asked to provide contact telephone numbers to ensure discussions can take place at short notice. Provision for the veterinary surgeon or veterinary nurse to act without the client's consent if necessary in the interests of the animal should also be considered.

Discussion of fees

11.24 Discussion should take place with the client, covering a range of reasonable treatment options and prognoses, and the likely charges (including ancillary or associated charges, such as those for medicines/anaesthetics and likely post-operative care) in each case so as to ensure that the client is in a position to give informed consent. The higher the fee, the greater is the necessity for transparency in the giving of detailed information to the client.

11.25 It is wise for any estimate to be put in writing, or on the consent form, and to cover the approximate overall charge for any procedure or treatment including VAT, pre- and post-operative checks, any diagnostic tests, etc. The owner should be warned that additional charges may arise if complications occur. If a quote is given, it may be binding in law.

11.26 If, during the course of treatment, it becomes evident that an estimate or a limit set by the client is likely to be exceeded, the client should be contacted and informed so that consent to the increase may be obtained. This should be recorded in writing by the veterinary surgeon.

Chapter 23: Advertising, endorsement and publicity

[...]

Recommendations in the course of treatment or when providing other veterinary services to clients

23.9 Where veterinary surgeons recommend veterinary products and services in the course of treatment or when providing other veterinary services to clients (including by way of referrals and second opinions – please see [Chapter 1](#)), this recommendation should be clinically justified, i.e., based on sound scientific principles or have a recognised evidence base, and be in the best interests of the animal.

23.10 Veterinary surgeons should not allow any interest in a particular product or service to affect the way they prescribe or make recommendations. This is the case whether the interest is held by the veterinary surgeon themselves, their employer, or any other organisation they are associated with. Veterinary surgeons should inform clients of any real or perceived conflict of interest.

Summary	
Meeting	Standards Committee
Date	12 June 2024
Title	Riding Establishments Subcommittee report
Summary	Standards Committee is asked to note this brief update on the work and considerations of the Riding Establishments Subcommittee. The topics discussed are as follows: <ul style="list-style-type: none"> • <i>REIN</i> 2024; • Training and Induction Course 2024; • Subcommittee member recruitment; and • Advice queries.
Decisions required	None
Attachments	None
Author	Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	

1Classifications explained	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant

	committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

2Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

REIN 2024

1. The 2024 Spring edition of *REIN* was circulated at the beginning of May to the Inspectorate and relevant stakeholders, including BHS, APSPH, HPA Polo, KBIS, Donkey Sanctuary, BEVA, Defra, ABRS+ and the RDA. It was also circulated to local authority representatives on the National Animal Health and Welfare Panel. We have received positive feedback on the newsletter from both Inspectors and stakeholders.

Training and Induction Course 2024

2. The webinars for the Training and Induction Course 2024 were released via Academy on 15 May and are to be completed by 15 June. An optional Polo Club webinar was recorded as an additional resource to the existing webinar series. The compulsory Q&A sessions for refreshing inspectors will be held online in June and July.
3. Following completion of the webinar part of the course, new applicants will again be required to attend the in-person training day at the Riding for the Disabled Association on 19 June.

Subcommittee member recruitment

4. The Subcommittee has received applications for a new member and will be conducting interviews through June.

Advice queries

5. The Standards and Advice Team continue to receive a steady number of enquiries from local authorities, veterinary surgeon Inspectors and the owners of riding establishments.
6. Recent queries have related to the following topics:
 - a. Expert reports;
 - b. Inspector requirements and non-compliance;
 - c. One year licenses;
 - d. Schedule of Horses form; and
 - e. Moving premises.