March 28 2024

Dear Sirs,

Veterinary Services for Household Pets in the UK Consultation on proposed market investigation reference

We note that one of the key areas you identified in your initial review of the veterinary services sector included 'consumers might not be given enough information to enable them to choose the best veterinary practice or the right treatment for their needs' and 'whether the regulatory framework remains fit for purpose'. We agree that these are areas of significant concern to our members who are all accredited veterinary specialists. We would also like to record that we welcome your independent investigation into the provision of veterinary services.

The recognition and regulation of veterinary specialists is an area that we have expressed concerns about to the Royal College of Veterinary Surgeons Standards committee for many years (see my covering email for details and links to the previous reports in 2009 and 2012) and the BCVSp was established in 2014 to lobby the RCVS for better UK regulation of our sector. Similar to the medical profession, the veterinary profession has evolved considerably over the last few decades to provide different standards of care for patients. The vast majority of veterinary surgeons are general practitioners and provide front line care for important preventive, routine and urgent care to animals. Some general practitioners may take further qualifications or continuing education courses to develop their expertise in specific areas of interest and provide an enhanced level of care mostly in the general practice setting (often termed an advanced practitioner). Both of these sectors of the veterinary profession are highly regarded members of veterinary service providers. We represent those who have gone on to train in specific areas of interest to become Specialists, providing a more complex level of care, occasionally in a general practice setting, but many are in Specialist referral only hospitals. Specialists are clearly defined as those who have undertaken a rigorous post graduate training process, usually involving at least 3 years of directly mentored training as well as published clinical research, culminating in an authenticated and robust examination process. (equivalent to a FHEQ doctorate level 8)
(What is a Specialist https://yourvetspecialist.org/what-is-a-specialist/ https://www.ebvs.eu/about-ebvs/specialist-education and https://www.ebvs.eu/about-ebvs/animal-owners-farmers )

The RCVS recognise these levels of expertise with a list of RCVS Recognised Specialists, which is broadly aligned to the Specialist qualifications of the EBVS (European Board of Veterinary Specialisation https://www.ebvs.eu ) and the ABVS (American Board of Veterinary Specialities https://www.avma.org/education/veterinary-specialties). However, while the RCVS has included in the Code of Professional Conduct that Specialists should only hold themselves out to be a Specialist if they are registered on this list with the RCVS, there is no appetite to ensure that this is observed with any regularity, only responding if a case is brought directly to their attention. This is also the case for the Advanced Practitioner who should not describe themselves as having an advanced skill set unless they have registered with the RCVS as an Advanced Practitioner, however this is not infrequently ignored on websites and the terms specialist, consultant or advanced practitioner are often used without

registration with the RCVS (particularly corporate websites where the veterinary surgeon may not be involved in producing the text). Avoidance of registration with the RCVS also means that the individual does not have to reaccredit every 5 years or prove their current expertise is up to date (reaccreditation is mandatory if they are Specialists accredited by EBVS or ABVS).

This means that when an owner seeks a second opinion, a referral or requires further expertise, it can be very difficult for them to inform themselves where to turn, or indeed how much it is reasonable for that further expertise to cost. They are mostly reliant on their primary care veterinarian who may or may not be under pressure to refer within the corporate network, may not be aware of the difference in levels of expertise, or may not be aware of the cost sensitivities of the owner (assuming it will be covered by insurance, which may not be the case). It is not unreasonable to assume that consultations and treatments with a vet with greater experience, expertise, qualifications or facilities will cost more - however it is almost impossible for the owner to determine what they are getting when they are referred to another vet. For example, if their pet requires surgical expertise that their primary veterinarian cannot provide, how can they know the difference between vets with any of the following RCVS approved post nominals on their 2023 list of approved qualifications in small animal surgery:

> DipECVS, DipACVS, FRCVS, CertAP(Surg), CertAVP(GSAS), CertSAS, BSAVAPGCertSAS, PgC(SAS),PgCertSurg(WBIS),PgCert Small Animal Medicine and Surgery, PgDip in Small Animal Surgery, PgDip in Small Animal Surgery and Anaesthesia, MSc in Companion Animal Surgery, DSAS, MANZCVS in Surgery

Only three of these qualifications are recognised by the RCVS (or EBVS/ABVS) as Veterinary Specialists.

Furthermore, if the owner decides on a referral purely based on cost and location, they cannot know if that cost is unreasonable from a vet with a PgC(SAS) or very good value from a vet with a DipECVS – unless the level of expertise and facilities are clearly defined, there is no way to tell whether the cost is outrageous or good value. We acknowledge that usually referring vets will request an estimate ahead of the referral and will call around different centres for estimates. However, while referral centres try to determine what costs might be incurred from the referring vet's clinical records, sometimes it is not possible to be accurate until diagnostic investigations are completed, or the animal is examined directly, and this can lead to the owner feeling misled when they travel and then find the costs are higher than expected (although they can also be lower). We cannot resolve this dilemma, however often estimates are not always directly comparable – as there may be a different level of care provided depending on the qualifications and extent of the team providing that care. (for example, big Specialist referral hospitals may have Specialists in anaesthesia, diagnostic imaging, critical care etc as well as the surgeon, but smaller centres, may just have the Specialist surgeon providing all care). As there is no system to define the vet, referral hospital or facility, it is difficult for an owner to compare estimates – so they may choose the cheapest or geographically closest without realising that this may not be the level of care they thought they were choosing.

We have been lobbying the RCVS for some years to improve the definition of Advanced Practitioners and Specialists and the most recent development in 2024 is that the Standards committee have decided there will

be a third category, that of the "non-RCVS Recognised Specialist" to allow those vets acquiring qualifications overseas (that are not regulated by either the EBVS or the ABVS) to use their post nominals. There is no indication of how this would be regulated (for example how prominent would the "non-RCVS recognised" label have to be?) We feel strongly that this will further confuse the animal owning public making it even harder for them to know what they are paying for when they request a second opinion or referral. We have also lobbied for the recognition of Specialist led referral hospitals and provided the Practice Standards Scheme (PSS) Group with a detailed definition of the multi-disciplinary referral hospital based on a combination of Specialist led services suitable for enhanced and complex care for companion animals (pets and horses). This category was designed to mesh with the current PSS and was the product of dozens of veterinary Specialists to provide a workable solution to a complex definition. Unfortunately, despite support from the PSS, and this being a direct recommendation in the Calman report of 2012, the RCVS Council rejected the proposal. We feel that this was a retrograde step preventing clarity for an owner on what type of facility they were being referred to – and working out whether the costs quoted were reasonable for the level of facility being offered.

Finally, the third area of concern we agree with is that large integrated groups may have incentives to act in ways which reduce choice and weaken competition. While there has been some change recently in the referral industry with some small independent referral hospitals opening up, there remain few options for most owners geographically and financially if their pet requires complex treatment at a referral centre. If an owner is able to work out that the DipECVS is a higher qualification, they then can compare the cost between different centres – except that the referral catchment area is often very wide (50-100 miles or more) and the only hospitals within a reasonable distance may all be owned by the same corporate but with different names.

We look forward to your final report and would be happy to be available for further consultation if that would be helpful. We would welcome an initiative to try and propose workable solutions to these particular issues and would be happy to appoint a small working group of diverse specialists to provide you with any further information.

Yours faithfully,

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Mulberry House, 31 Market Street, Fordham, Ely, Cambridgeshire, CB7 5LQ, info@yourvetspecialist.org


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