Reform of the Veterinary Surgeons Act 1966

Consultation response submitted by the Faculty of Homeopathy

Founded 1844. Incorporated under the Faculty of Homœopathy Act 1950
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Patron: HM King Charles III

Via email to **VSA-Reform@defra.gov.uk** and by post to **Freepost VSA Reform**
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1. About the Faculty of Homeopathy

The Faculty of Homeopathy is a statutory professional body incorporated under the Faculty of Homœopathy Act 1950. We represent fully qualified veterinary surgeons and other registered healthcare professionals who have undertaken rigorous postgraduate training in homeopathy and who hold the Faculty's qualifications - Licentiate (LFHom(Vet)), Member (VetMFHom), and Fellow (VetFFHom). All UK veterinary members of the Faculty are also Members of the Royal College of Veterinary Surgeons (MRCVS) and are subject to the existing regulatory framework of the VSA 1966.

The Faculty has been the professional body for homeopathic practitioners within the UK healthcare system for more than 175 years and is recognised by the GMC as a registration and revalidation body. We are an organisation that engages constructively with evidence, and we support the principles of professional accountability, consumer transparency, and animal welfare that underpin the case for VSA reform. We welcome the Government's commitment to modernise veterinary regulation and are grateful for the opportunity to contribute to this landmark consultation.

At the same time, we write to raise substantive concerns about aspects of the proposed reform that, if not addressed, could place our veterinary members at disproportionate regulatory risk and effectively restrict the clinical freedom of fully qualified veterinary surgeons in ways that are not justified by evidence of harm to animals or to the public interest.

2. Areas of support to the proposed reforms

The Faculty of Homeopathy broadly supports the following elements of the proposed reform.

- The introduction of a licence-to-practise model, provided that continuing professional development (CPD) requirements are inclusive of postgraduate training in all recognised therapeutic disciplines.
- The extension of statutory protection to the title of 'veterinary nurse', which will clarify professional boundaries and better protect the public.
- The regulation of veterinary businesses to promote transparency, fair pricing, and consumer confidence.
- Improved access routes into the profession for those with disabilities or chronic illness, consistent with principles of equity and inclusion.
- Modernisation of the RCVS's governance and disciplinary structures, provided that those structures incorporate adequate external oversight, due process, and proportionality.

We support the overarching aim of creating a regulatory framework that is fit for purpose in the 21st century and that places animal health and welfare at its centre. Our concerns relate not to the principle of reform, but to specific elements of the proposed model that, in our view, require modification to protect legitimate, duly qualified veterinary practice.

3. Concerns and Recommendations

3.1 The Disciplinary Standard. From Criminal to Civil Proof

The proposal to shift the standard of proof in RCVS disciplinary proceedings from the criminal standard ('beyond reasonable doubt') to the civil standard ('on the balance of probabilities') is the single most consequential element of the reform for our veterinary members, and we request that Defra give it very careful consideration.

The Faculty acknowledges that a civil standard is common across many regulatory frameworks, including those governing medical and pharmacy practitioners. We are not opposed in principle to alignment with that norm. However, the implications of this change depend entirely on how 'professional misconduct' is defined within the reformed Act, and on what criteria the RCVS applies when judging whether a particular treatment approach is professionally acceptable.

The RCVS published a position statement on complementary and alternative medicines (CAM) in November 2017 in which it asserted that homeopathy 'exists without a recognised body of evidence for its use' and 'is not based on sound scientific principles.' The Faculty and the British Association of Homeopathic Veterinary Surgeons (BAHVS) contested both claims at the time and continue to do so. There is a substantial and growing body of peer-reviewed research in veterinary and human homeopathy, and the assertion that homeopathy is without evidence conflates methodological preference with evidential absence.

Our concern is that if the RCVS's 2017 position on homeopathy is carried forward into the reformed regulatory framework, a veterinary surgeon who practises homeopathy in a considered, professionally competent, and clinically justified manner could face disciplinary proceedings under a civil standard on the basis of nothing more than the regulator's ideological position that the treatment is not 'evidence-based'. This is a fundamentally different risk profile from the current position under the criminal standard, and we do not consider it proportionate or just.

Recommendation 1

The Faculty recommends that any reformed Act should include a statutory definition of 'professional misconduct' that requires demonstrable harm, or credible risk of harm, to the animal or to the public interest, as a necessary element of a finding of misconduct. A treatment approach should not, in itself, constitute misconduct in the absence of evidence of harm.

Recommendation 2

The Faculty recommends that the reformed Act should provide that the RCVS's disciplinary function be subject to independent external oversight by a body equivalent to the Professional Standards Authority (PSA), which already performs this role for the General Medical Council, the General Pharmaceutical Council, and other statutory healthcare regulators. The existing position of the RCVS as, in effect, a self-regulating institution, setting standards and adjudicating on alleged breaches of those same standards is acknowledged within the consultation itself as a conflict that reform should address. We support the separation of functions, but it is our view that this must be accompanied by external accountability.

3.2 Clinical Autonomy and the Scope of 'Evidence-Based' Medicine

The Faculty supports the principle that all treatments offered by veterinary surgeons should be safe and competently delivered. We do not support the principle that clinical judgement should be reduced to compliance with institutional consensus, or that the RCVS should be empowered through primary legislation to define 'evidence-based medicine' in a way that systematically excludes whole therapeutic disciplines practised by duly qualified professionals.

The concept of an 'evidence base' in medicine is not static. It is shaped by what has been studied, how it has been studied, and who has funded that study. Randomised controlled trials (RCTs), the gold standard in

conventional pharmaceutical research, are a poor fit for individualised therapeutic approaches such as classical homeopathy, where treatment is tailored to the individual patient rather than the diagnosis. The Faculty is not opposed to research, on the contrary, we actively support it but we object to the use of methodological limitations as a proxy for evidential absence, and we object still more strongly to the use of such a position to restrict the clinical freedom of qualified veterinary surgeons.

There is a directly relevant dimension of existing statutory recognition that the consultation does not address and that we consider to be of considerable legal significance. Veterinary homeopathic products are formally classified as Authorised Veterinary Medicines - General Sales List (AVM-GSL) under the Veterinary Medicines Regulations 2013 and are registered as such by the Veterinary Medicines Directorate (VMD), itself a government executive agency operating under Defra. The VMD's registration of these products as authorised veterinary medicines constitutes a formal statutory determination that they are appropriate for use in animals and that they meet the regulatory standards applicable to that classification. This is neither a marginal nor informal recognition, it is a determination made by a government body operating under primary legislation. It is therefore internally contradictory for a reformed VSA to expose a qualified veterinary surgeon to disciplinary sanction for using products that the VMD has formally authorised. The Faculty invites Defra to address this contradiction explicitly in its legislative proposals.

It bears emphasis that the Faculty's UK veterinary members are fully qualified veterinary surgeons who hold MRCVS and who have subsequently undertaken further postgraduate training, assessed by the Faculty's own examining board, in homeopathic theory and practice. They are accountable to the RCVS under the existing VSA in exactly the same way as any other veterinary surgeon. The question of whether they may use homeopathy as part of their clinical toolkit is a question of clinical freedom, not of competence or qualification.

Recommendation 3

The Faculty recommends that the reformed Act should include an express provision protecting the clinical freedom of registered veterinary surgeons to make therapeutic judgements that are informed by their training, clinical experience, and the informed consent of the animal's owner, provided that those judgements do not cause demonstrable harm. This provision should be consistent with the approach taken in human healthcare regulation, where clinical freedom is recognised as a cornerstone of professional practice.

Recommendation 4

The Faculty recommends that any criteria used to assess the 'evidence base' for a treatment modality in the context of disciplinary proceedings should be developed through a transparent, multi-disciplinary process that includes representation from practitioners of the modalities under consideration, and that should not default to the RCVS's own position statements as a substitute for that process.

3.3 Regulation of Allied Veterinary Professionals

The Faculty supports the principle of bringing allied veterinary professionals within a proportionate regulatory framework. We note, however, that the proposed extension of RCVS regulatory authority to paraprofessionals working in animal healthcare would, if implemented without appropriate safeguards, potentially restrict the activities of those practising lawfully within established professional norms.

The Faculty's primary concern in this area is not with the principle of registration but with the criteria for registration and the consequences of non-registration. If the RCVS is empowered to define the scope of permitted practice for allied professionals using its existing 'evidence-based' criteria, and if practitioners who fall outside those criteria are unable to obtain registration, or are actively excluded, the practical effect will be to eliminate a lawfully practised therapeutic discipline from the animal healthcare sector, not by evidence of harm, but by regulatory exclusion.

Recommendation 5

The Faculty recommends that the framework for regulating allied veterinary professionals should include a clear, fair, and accessible route to registration for practitioners of all established therapeutic disciplines, including those that do not fit neatly within the conventional 'evidence-based' paradigm, provided that safety, competence, and professional accountability can be demonstrated. Registration criteria should not function as a mechanism for the exclusion of particular therapeutic disciplines.

Recommendation 6

The Faculty recommends that existing registration and membership bodies for allied practitioners should be formally consulted and their professional frameworks considered as a basis for, or complement to, any new regulatory structure, rather than being subsumed by RCVS-designed frameworks without meaningful dialogue.

3.4 Organic Farming and the Use of Homeopathy in Livestock Practice

There is an important and unresolved tension between the RCVS's current position on homeopathy and the regulatory requirements that apply to certified organic farming operations in the UK. Council Regulation (EC) No 834/2007 and its retained UK equivalent provisions require that, where possible, natural and homeopathic treatments should be preferred over conventional synthetic treatments in organic livestock management. Veterinary surgeons advising organic farmers may therefore find themselves simultaneously required by one regulatory framework to prescribe or recommend homeopathic treatment and at professional risk under another framework for doing so.

This regulatory conflict is further compounded by the AVM-GSL classification of veterinary homeopathic products. The VMD’s formal registration of these products as authorised veterinary medicines means that the same government that is proposing to reform the VSA has, through a separate executive agency, already determined that veterinary homeopathic products are fit for use in animals. The combination of the organic farming obligation and the VMD’s AVM-GSL classification creates a clear and compelling case that the reformed Act must not leave veterinary surgeons exposed to disciplinary risk for recommending or using products that two separate areas of government regulation already recognise and, in some circumstances, require.

The Faculty is not aware that this conflict has been substantively addressed in the consultation proposals or in any accompanying impact assessment, and we consider that it represents a significant omission. The reformed Act, if it proceeds, must not create a situation in which veterinary surgeons are placed in an impossible position between competing legal obligations.

Recommendation 7

The Faculty recommends that Defra, as the government department responsible for both organic farming regulation and the VSA reform, should take steps to resolve the conflict between RCVS position statements on homeopathy and the obligations of veterinary surgeons advising organic farming operations. This resolution should be achieved before the reformed Act comes into force, and the outcome should be incorporated into the regulatory framework in a way that provides genuine legal clarity for practitioners.

3.5 Insurance and Professional Indemnity

The Faculty wishes to draw attention to the practical consequences of the reform's disciplinary provisions for professional indemnity insurance, which represents a form of indirect regulatory control that is not addressed in the consultation document but which will significantly shape the impact of the reformed Act in actual practice.

The Veterinary Defence Society (VDS), as the dominant professional indemnity provider for veterinary surgeons in the UK, conditions its cover on compliance with 'accepted professional standards', a phrase it

interprets largely by reference to RCVS position statements. If the reformed Act lowers the disciplinary threshold to a civil standard, and if the RCVS maintains its current flawed position that homeopathy is not evidence-based, a veterinary surgeon who is disciplined under the reformed framework, even if the finding is subsequently overturned, may find that their professional indemnity cover is withdrawn or that defence costs are declined. The cascading effect of this disciplinary finding leading to insurance withdrawal and inability to practise represents a potentially career-ending consequence for practitioners who have done nothing that has harmed an animal.

This risk is not theoretical. It represents the logical consequence of applying a civil disciplinary standard within an existing ecosystem where unilateral position statements effectively determine insurance cover.

Recommendation 8

The Faculty recommends that Defra engage with the Veterinary Defence Society and with alternative professional indemnity providers to ensure that the reformed disciplinary framework does not, through insurance mechanisms, produce disproportionate consequences for veterinary surgeons practising within established and lawful therapeutic disciplines. The Faculty further recommends that the reformed Act should include a provision ensuring that a disciplinary investigation or finding, where it relates to a contested question of therapeutic approach rather than to a finding of direct harm, should not, of itself, constitute grounds for withdrawal of professional indemnity cover.

3.6 Informed Consent and Consumer Choice

The Faculty notes with approval that the consultation recognises the importance of consumer choice and transparency in veterinary services. We agree entirely that animal owners are entitled to clear, honest information about the treatments available to their animals, including information about the state of evidence for those treatments. We support informed consent as a principle and we believe that veterinary homeopaths should explain their approach clearly and honestly to their clients.

However, we are concerned that the consultation's emphasis on 'evidence-based' treatment, in the absence of any definition of that term that is open to meaningful scrutiny, could be used to restrict consumer choice rather than to inform it. There is a significant and sustained demand from animal owners for access to homeopathic and other integrative veterinary care. Many of those owners are highly informed about the treatments available and make considered choices in full knowledge of the evidence landscape. A regulatory framework that restricts their access to the qualified practitioners of their choice, while offering no compensating benefit in terms of animal welfare, would not serve the public interest.

Recommendation 9

The Faculty recommends that the reformed Act should incorporate an explicit recognition of the right of animal owners, as informed consumers, to access a range of therapeutic approaches for their animals, provided that those approaches are delivered by appropriately qualified practitioners and that the welfare of the animal is not compromised. This recognition should be accompanied by robust informed consent requirements, including honest disclosure of the evidence base, rather than by prohibition.

3.7 Governance of the RCVS and the Separation of Regulatory Functions

The Faculty supports the principle of separating the RCVS's standard-setting function from its disciplinary function, and we welcome the consultation's acknowledgement that the current arrangement, in which the RCVS both sets and enforces professional standards, is a conflict that reform should address. We note, however, that the consultation is less clear on the question of whether the reformed regulator will be subject to meaningful external oversight, and we consider this to be a critical omission.

In human healthcare, the GMC, the GPhC, the NMC, and other statutory regulators are subject to oversight by the Professional Standards Authority (PSA), which can review their decisions, challenge their performance, and bring cases on appeal. The Faculty is not aware of any equivalent proposal for the reformed veterinary

regulator, and we consider that, in the absence of such oversight, the transfer of substantially enhanced powers to the RCVS, including the power to regulate allied professionals, define reserved activities, and impose sanctions on a civil standard, represents an unacceptable concentration of unaccountable authority.

Recommendation 10

As previously stated, the Faculty recommends that the reformed Act should place the veterinary regulator under the oversight of the Professional Standards Authority, or an equivalent body with equivalent powers of scrutiny and challenge. This would align veterinary regulation with the broader UK framework for healthcare professional regulation and would provide a meaningful external check on the exercise of the RCVS's substantially enhanced statutory powers.

4. Summary of Recommendations

The Faculty of Homeopathy respectfully submits the following recommendations for Defra's consideration in developing the reformed Veterinary Surgeons Act.

1. Any reformed Act should require demonstrable harm, or credible risk of harm, as a necessary element of a finding of professional misconduct. A contested therapeutic approach should not, of itself, constitute misconduct.
2. The reformed disciplinary process should be subject to independent external oversight by the Professional Standards Authority or an equivalent body.
3. The reformed Act should include an express provision protecting the clinical freedom of registered veterinary surgeons to make therapeutic judgements informed by their training, clinical experience, and the animal owner's informed consent, in the absence of evidence of harm.
4. Any criteria used to assess the evidential basis of a treatment modality in disciplinary proceedings should be developed through a transparent, multi-disciplinary process with representation from practitioners of the disciplines under consideration.
5. The framework for regulating allied veterinary professionals should include a clear and fair route to registration for practitioners of all established therapeutic disciplines, with registration criteria that do not function as a mechanism for exclusion.
6. Existing registration and professional bodies for veterinary homeopathic practitioners should be formally consulted and their frameworks considered as a basis for any new allied professional regulatory structure.
7. Defra should resolve the conflict between RCVS position statements on homeopathy and the obligations arising under organic farming regulation before the reformed Act comes into force. This resolution should also address the internal contradiction between the VMD’s formal AVM-GSL classification of veterinary homeopathic products and the risk of disciplinary sanction for practitioners who use them.
8. Defra should engage with professional indemnity providers to ensure that the reformed disciplinary framework does not produce disproportionate insurance consequences for practitioners whose disciplinary proceedings relate to contested therapeutic approaches rather than to direct harm.
9. The reformed Act should expressly recognise the right of animal owners, as informed consumers, to access a range of therapeutic approaches delivered by appropriately qualified practitioners, supported by robust informed consent requirements.
10. The reformed Act should place the veterinary regulator under the oversight of the Professional Standards Authority or an equivalent statutory oversight body.

5. Conclusion

The Faculty of Homeopathy welcomes the reform of the Veterinary Surgeons Act 1966 as an overdue and necessary step. We are a statutory professional body with a long history of engagement with evidence, professional accountability, and animal welfare, and we wish to be a constructive part of shaping a regulatory framework that serves all of those values.

Our recommendations are not a defence of a special interest. They are a call for a regulatory framework that is proportionate, that is accountable, and that treats the clinical freedom of qualified professional practitioners with the seriousness it deserves. A reformed VSA that embeds the current RCVS position on homeopathy as a disciplinary standard, without external oversight, without a harm requirement, and with a lowered burden of proof would risk making regulation an instrument of therapeutic exclusion rather than of patient protection. We do not believe that this is the Government's intention, and we urge Defra to ensure that the legislative framework that emerges from this consultation reflects the full complexity of the challenge.

The Faculty remains available to provide further evidence, is willing to engage in dialogue with Defra officials and other stakeholders, and to participate in any further consultative process that Defra may wish to convene.

Submitted by

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On behalf of the Faculty of Homeopathy Council

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Enc/ Annex A and B

Annex A. About the Faculty's Veterinary Qualifications

The Faculty of Homeopathy awards the following postgraduate qualifications to veterinary surgeons.

- LFHom(Vet) - Licentiate of the Faculty of Homeopathy (Veterinary). A primary qualification, awarded following assessment of knowledge in homeopathic materia medica, philosophy, and prescribing within a veterinary clinical context.
- VetMFHom - Member of the Faculty of Homeopathy (Veterinary). A higher qualification requiring advanced clinical competence, case documentation, and examination.
- VetFFHom - Fellow of the Faculty of Homeopathy (Veterinary). Awarded for distinguished contribution to the field of veterinary homeopathy.

All UK veterinary members of the Faculty hold MRCVS and are subject to full RCVS regulation. The Faculty's qualifications represent additional postgraduate training and assessment, equivalent in principle to postgraduate qualifications in other specialised areas of veterinary practice.

Annex B. The Faculty's Response to the RCVS 2017 CAM Statement

When the RCVS published its position statement on complementary and alternative medicines in November 2017, the Faculty of Homeopathy issued a formal response. The Faculty's response noted that the claim that homeopathy 'exists without a recognised body of evidence for its use' was factually incorrect, pointing to peer-reviewed research published in journals including Homeopathy, the British Homeopathic Journal, Veterinary Record, and Integrative Veterinary Care. The Faculty further noted that the methodological challenges of applying RCT frameworks to individualised therapeutic approaches cannot be conflated with an absence of evidence.

The Faculty's response also questioned the RCVS's process for arriving at its position. The statement was adopted by Council without prior consultation with affected practitioners, without a systematic review of the relevant literature, and without engagement with the Faculty, the BAHVS, or other bodies representing homeopathic practice. We regard this process as inconsistent with good regulatory governance, and we raise it again in this context because it illustrates precisely the kind of institutional overreach that external oversight of the reformed regulator would be designed to prevent.

The Faculty's 2017 response remains available on the Faculty website and is referenced here as supporting context for this consultation response.

https://archive.facultyofhomeopathy.org/wp-content/uploads/2017/11/FoH-statement-on-RCVS-CAM.pdf [Accessed 22-03-26]