Belinda Andrews-Jones
Chair, Practice Standards Scheme
Cc Linda Belton
Chair, RCVS Standards Committee

Cc British Veterinary Association

April 30 2024

Dear Belinda,

I am writing on behalf of the Veterinary Specialist Association to provide information on a proposed tier/award system of the Veterinary Hospital standards scheme that could include provision of Specialist services.

As you know, we were asked by PSS in 2018 to produce a draft of what a Specialist Hospital tier might look like. Over 30 Specialists from different disciplines worked on a proposal for a tier that would mesh with the current PSS tier 4 Hospital scheme. The initial proposal was limited to multi-disciplinary : Veterinary Specialist Hospital Multidisciplinary VSH(M) subdivided into small animal and equine, however it was envisioned that it could expand to other combinations or situations such as single service providers and mobile Specialists. We strongly supported the basic premise of the PSS, in particular the management, leadership and safety aspects of the PSS. In a well managed veterinary hospital, these aspects should be easy to fulfil and should not be regarded as onerous, but should be seen as part of creating an outstanding work place that is able to deliver a high standard of animal care. Creating a tier or award system to recognise the clinical expertise would be entirely within the original aims of the PSS and would not require a complex further evaluation, but would fit within the PSS structure using whatever outcome based measures are being developed. Our original proposal would now also need to be modified to incorporate current “under care” guidance and 24/7 cover as well as leadership on provision of estimates and transparent pricing policies.

The proposal was approved by PSS, but rejected by Standards as too ‘elitist’. However, the Specialist tier was never intended to be a “referral” exclusivity. There is allowance in the proposal for a discipline to be Specialist led – but with Advanced Practitioners or residents, or potentially flexible pathway candidates to work within the service. It also means that a tier/award structure would not exclude the opportunity for referrals to

Advanced Practitioners in other settings (although they would not be Specialist hospitals, they could be tier 4 hospitals that take referrals).

I have done a survey of the current RCVS accredited practices and hospitals and the (registered) qualifications of the vets working in these practices (just looking at equine and small animal). There are 2,774 RCVS accredited practices, of which 192 (7%) are small animal hospitals and 21 (<1%) are equine hospitals and there are 1240 registered Specialists and 1173 registered APs in the UK. The genuine figures of Specialists and APs may be higher as there is a significant minority of APs and Specialists who do not register with the RCVS.

Looking at just the 21 equine Hospitals, 16 have RCVS registered Specialists (76%), and 10 have APs (47%). In the 192 small animal Hospitals, 55 (28%) have RCVS registered Specialists and 118 (61%) have APs. Interestingly, this implies that at least 11% of small animal Hospitals have no one with RCVS Recognised higher tier expertise. From these figures (see table[1]) it would mean that 76% of Equine Hospitals could apply for Specialist status, and 28% of Small Animal Hospitals could apply. In terms of applying for an award in referral hospital status, you could add 47% of Equine Hospitals and 61% of SA hospitals that have APs. These figures show that the Specialist award/tier of the tier 4 Hospital practice would not be elitist in any way and a significant proportion of Hospitals would be eligible.

The provision of Specialist or AP led services to animals under veterinary care across the sector plays an important role in raising standards across all aspects in companion animal practice, production animal and non client facing disciplines. This is not about finances, but about the standard of care available for those owners or animal keepers who seek the care they need. However, when I search the RCVS database, while there are 488 veterinary practices that state they take referrals, only 161 have registered APs and only 50 have registered Specialists. In other words, only 43% of practices that take referrals have any RCVS recognised higher standard of veterinary expertise in the practice. This is a confusing picture to paint for anyone looking at the structure of the profession and what it means to the general public.

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RCVS category of practice (on Find A Practice)	Total	Specialists	Advanced Practitioners
Accredited RCVS all categories	2774	93	510
SA Hospital	192	55	118
Equine Hospital	21	16	10
Any practice		162	759
'Referral practice'	488	50	161
Registered expertise all categories		1240	1173

There were a number of concerns highlighted by the CMA preliminary report 'Veterinary Services for Household Pets in the UK Consultation on proposed market investigation reference 12.03.2024'. These concerns are highly relevant to the current development of the Practice Standards Scheme:

- Provisional concerns section 4(a) Consumers may not be given enough information to enable them to choose the best veterinary practice or the right treatment for their needs.
- Section 8 Concern 2 Competition concerns Section 2.4 On the demand side, there are features which make it difficult for consumers to make well informed choices when purchasing vet services. These include: (a) there is information asymmetry between consumers and vet practices which makes it difficult for consumers to assess treatment quality and options
- Section 2.7 (a) consumers may not be given enough information to enable them to choose the best veterinary practice or the right treatment for their needs.

The CMA report also highlights the concern (rightly so) that owners are being diverted into making decisions for high level care. We strongly believe in the principle of 'contextualised care' rather than 'gold standard' care which is widely considered an outdated term. Owners should be able to make decisions on veterinary care based on their own personal situation, and we strongly support the principle that all referrals should have clearly defined estimates prior to travel. However, the owners cannot make decisions without understanding the standard of care to be expected. Much in the same way that the PSS gives owners information on the standard of primary care at their veterinary practice, a PSS for referral centres should also provide this information. If a clinician (Specialist or AP) is providing referrals, then the owner and primary care vet should be able, in one look, to know what level of care is being provided. Specialists and APs have a duty of care to ensure that the standards in a hospital they are working in is providing a standard of care fitting to the level of veterinary expertise they are offering. The owner cannot assess this without some standardisation – such as that offered by a PSS scheme.

We do not believe that a Specialist PSS tier/award scheme would be exclusive for referral practice. There is always a role for the AP in providing referral services and provision of expertise to supplement primary care vets. However, where an owner requests or expects Specialist led care, or the patient's needs are such that Specialist led care is likely to have a better outcome, this should be easily and quickly identifiable and we propose that this would be possible through the PSS Specialist tier/award scheme. The CMA is also promoting the possibility of the RCVS having a regulatory role in practice standards, and this may be a logical way to

accommodate other Specialist led services (such as ambulatory, consultants in production animal health, epidemiology, public health etc) into this requirement.[2]

Our proposal of a Specialist tier/award scheme in the PSS is most certainly not elitist. If Specialist led and AP referral services were clearly defined through the PSS, this would enable both the owner and the primary care vet to choose an appropriate level of referral that would fit with a contextualised care approach to veterinary treatment. This would also empower a primary care vet to resist potential pressure from a corporate ownership structure to refer 'in house' and to offer informed independent advice on care options both within, or distant to, the primary care practice. It would also demonstrate to the CMA that the veterinary profession takes our duty of care to be transparent and open about the services we provide very seriously.

I hope you appreciate that we have given this a great deal of thought and this is a nuanced and balanced approach to a challenging topic. As always, we would be happy to discuss this further and/or nominate representatives to assist in the development of potential options. The Veterinary Specialist Association would be keen to work with the RCVS and the Practice Standards committee to develop the tier 4 Hospital scheme in the UK.

Yours sincerely

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President Veterinary Specialist Association
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[2] Concern 5 Section 2.56 ….our 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.