

BVA response to the Defra consultation on Reform of the Veterinary Surgeons Act 1966

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. With over 19,000 members, our mission is to represent, support and champion the whole UK veterinary profession. We therefore take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues and employment matters.
2. We welcome the opportunity to respond to the Defra proposals to reform the Veterinary Surgeons Act 1966 (VSA). The VSA was an important and progressive piece of legislation for its time, creating a strong framework for the regulation of individual veterinary surgeons. However, in 1966 all veterinary practices were owned by veterinary surgeons and there was no formal veterinary nurse role. The world has changed radically since then, and the VSA 1966 is no longer fit for purpose in the 21st century.
3. Having worked closely with Defra officials and other key stakeholders including the British Veterinary Nursing Association (BVNA), the Royal College of Veterinary Surgeons (RCVS), the Veterinary Schools Council, and other government departments on the design, we are broadly supportive of the vast majority of the recommendations and hope that they will soon lead to a reformed Act which:
 - Enables the regulation of veterinary businesses, introducing mandatory practice standards that would better protect animal health, meet public expectations, and facilitate client choice.
 - Replaces the existing out-of-date disciplinary process with a modern fitness to practise regime which is forward looking and supportive rather than backward-looking and punitive, strengthening public confidence and helping to protect the health and wellbeing of veterinary professionals.
 - Enables the regulation and protection of titles for allied professions, such as veterinary technicians, cattle foot trimmers, musculoskeletal therapists, and equine dental technicians, to facilitate the provision of more integrated animal care, better animal health and welfare and public health outcomes, and a strengthened veterinary workforce.
 - Properly underpins the regulation of veterinary nurses by protecting the title 'veterinary nurse', helping to protect animal health and welfare, enhancing the role of the veterinary nurse as a critical member of the veterinary team, and relieving pressure on the veterinary workforce by freeing up vets to do those tasks which only vets can do.
4. In addition to responding to the Defra consultation questions via the online survey, we also set out our more comprehensive response to the detail of the proposals below, aligned with the specific aspects of veterinary regulation that, together, will contribute to the aims of achieving reform.

Summary of key messages

Licence to practise

- We support the proposal to link to the definition to the Animal Welfare (Sentience) Act 2022, currently all vertebrates other than man, decapod crustaceans and cephalopod molluscs.
- We support moves to improve standards of animal health and welfare through the regulation of allied veterinary professionals, including Veterinary Technicians, Equine Dental Technicians, Musculoskeletal practitioners, Cattle Hoof Trimmers, Behaviourists and Bare-hoof Trimmers.
- We welcome the proposal that all regulated professions within the veterinary team would have recognised and protected titles. This is particularly important for the title of veterinary nurse to prevent its use by unqualified, unregulated individuals and to underline confidence in the professionalism of veterinary nurses.
- Any exemptions to allow animal owners and carers, including farmers, to conduct certain veterinary acts must be specific and definitive, and only following meaningful consultation with the profession.
- We support the overarching requirements for holding a licence to practise, which is renewed annually and underpinned by a system of revalidation to ensure professional standards are being met.
- The introduction of conditional licensure for individuals with disabilities should be a last-resort option and must not become a means for the application of reasonable adjustments to be circumvented.
- We are opposed to the proposal for conditional licensure being introduced for new graduates and reject the suggestion that recent graduates represent higher risk.
- We are opposed to the potential wider application of a system of limited licensure. The loss of omnipotential will bring unintended harms to the provision of veterinary care, particularly in rural and remote communities, and for the provision of first aid and emergency care.

Fitness to practise

- We agree with the broad definition of 'current impairment', and welcome assurance that the diagnosis of a health condition would not automatically trigger a fitness to practise process.
- It is essential that any package of measures for addressing health issues must be supportive in focus, including where mental health issues or addictions are concerned.
- We are only able to support the proposed move to the civil standard of proof from the criminal standard of proof if the change is accompanied by accountability of the regulator with regard to KPIs, and robust independent external scrutiny.
- We support the proposal of a minimum of two case examiners, comprised of one lay person and one licensed professional from the same profession as the licensed professional the case relates to, assigned to each case.

- We strongly agree that case examiners should undergo rigorous appointment, training, and appraisal processes, assured by external oversight of the regulator and underpinned by appropriate KPIs.
- It is essential that health-related information is only requested and included where it is directly relevant to a case and when consent has been given. An assessment of ability to work should only be through an occupational health professional.
- We support access to a wider range of sanctions than are currently available to the regulator, which must be fairly and consistently applied such that they are proportionate to the transgression identified.
- We support the proposal for automatic barring offences, however, the list should be definitive, specific, and well-defined.
- Interim orders have a role to play in mitigating significant risk; however, they must be issued in a measured and consistent way based on evidence of risk.
- The removal of a licence to practise should be extremely unusual under a modern and effective fitness to practise regime.

Regulation of veterinary and animal healthcare businesses

- We support the proposal that all veterinary and animal healthcare businesses in the UK will require a licence to be able to operate. The scope of the definition should be sufficiently broad that there are no loopholes, and there should be a phased introduction based on risk.
- There should be a public register of all licensed veterinary/animal healthcare businesses and premises, which have met a clear set of requirements for each premises.
- A system for provisional licences must apply for a limited period of time until the first inspection has been completed. However, it is critical that the process and timeline is defined, with clear KPIs for the regulator.
- We support the proposal that each business must have a 'Named Responsible Person' at a local level, who is a licensed professional involved in the practice in a way that is real not nominal, and senior enough to have direct influence over the clinical services being offered. More important is the 'Named Responsible Person' at a corporate level, making the owner and/or statutory directors accountable to the regulator.
- We agree that all veterinary/animal healthcare businesses and premises should be required to participate in an external mediation service.
- We cannot support a requirement to report clinical outcomes to the regulator. However, we would support a requirement for all practices to carry out clinical audit, providing that there was no requirement for the associated data to be reported to the regulator or made publicly available.
- Premises should pay for inspection on a cost-recovery basis. It is critical that there is a mechanism for recouping any set-up funds drawn from RCVS reserves, which come from fees paid by individual vets and nurses

- On balance, we agree that the process should be underpinned with powers of entry for the regulator as the most suitable mechanism to support regulation of businesses. There must be a clear hierarchy of enforcement followed before reaching the final stage.
- Where standards fall short, there should be a full range of sanctions available on a sliding scale, with revocation of licence as last resort.

Governance

- Any governance structure must deliver an effective regulator that is trusted by the public and the veterinary professions and a strong and well-funded professional leadership function to support the advancement of the professions.
- Neither of the models set out in the Defra consultation currently deliver the outcomes we need to see, and we could only support the proposed structure if it were significantly strengthened.
- We are concerned that under the alternative split model as currently described there is no clear plan for ensuring continued provision and adequate funding of the professional leadership functions
- We are disappointed that Defra did not include in the consultation another variation on the split model, with RCVS's regulatory functions transferred to a 'new' regulatory body (eg a 'Veterinary Services Council') and RCVS retaining the professional leadership functions.
- External independent oversight of the regulator must form part of reformed legislation and be a statutory requirement rather than just an option.
- We support the proposal that the ultimate decision-making powers of the regulator would sit with a Board, made up of up to twelve people with lay parity.
- The Board must be composed of individuals with a variety of relevant competences. We do not consider that areas of veterinary work, or geographical location, are in and of themselves competencies necessary for Board members. We do consider that, as the 'lead profession' there must be two places reserved on the Board for vets with the appropriate skills and experience, and one for a vet nurse.
- We agree that alongside core regulatory functions the regulator would provide some 'upstream' regulation. However, our support for this is subject to a clear and tightly drawn definition of 'upstream regulation' limited to supporting registered professionals in fulfilling their regulatory requirements.
- We agree that changes to fees should no longer require Privy Council or government approval.
- The regulator should be required to consult meaningfully on the specific question of corporate strategy and expenditure plans. We strongly agree that the independent oversight body should review whether the regulator operates with economic efficiency and effectiveness, and whether its fee setting is transparent and fair.
- We could not support the Government of the day having powers to interfere in the activities of the

regulator, via the 'steer' of Secretary of State, which instead should be subject to Parliamentary scrutiny, with processes and performance reviewed by the oversight body.

- The question of post nominals must be handled sensitively, recognising that many vets will feel rightly proud of their status as MRCVS; however public clarity must be the primary driver.
- We would welcome further discussion with Defra, RCVS, BVNA and other key stakeholders to co-design a governance model that we can all support.

Licence to practise

5. We agree that a licence to practise system should work alongside other mechanisms to protect the public, animals and consumers, including the protection of titles and clear guidelines on the activities that can only be carried out by someone with a licence to practice.
6. We broadly support the proposals to modernise the licence to practise system, including measures to provide greater assurance to the public that the conduct, character, and health of veterinary professionals are taken into account at the point of registration, and that the ongoing competence of a registrant is assured through a system of revalidation.
7. We strongly support moves to improve standards of animal health and welfare through the regulation of allied professions, accompanied by the protection of titles – in particular the long-awaited protection of the title of veterinary nurse.

Proposals

1.3.1 A licence to practise

8. We understand that under potential reform, anyone who is conducting a veterinary act would require a licence to practise unless there is an exemption in place (eg vaccination of badgers for TB control). We broadly support the proposal that the definition of a veterinary act will include:
 - the diagnosis of diseases in, and injuries to, animals - including tests performed on animals for diagnostic purposes
 - the giving of advice based upon such diagnosis
 - official activities including veterinary official controls and certification
 - the medical treatment of animals
 - the performance of surgical operations on animals.
9. However, reform of veterinary legislation represents an opportunity to review and update long-standing definitions and understanding of what constitutes a veterinary act, and we would suggest that consideration should also be given to the inclusion of:
 - A clear definition of 'disease' and whether clinical conditions such as obesity or pain might also need to be incorporated
 - The formal diagnosis of absence of specific illness or injury which relates to contra-indications to a proposed course or action
 - Reference to the act of prescribing, as set out in the Veterinary Medicines Regulations
 - Recognition that 'animal(s)' could refer to a population of animals, which could be at a farm level, regional level, or national level.
10. Although veterinary nurses and allied veterinary professionals should be able to use the full scope of their training, when appropriately directed or supervised, we envisage most acts of veterinary surgery being carried out by vets. However, it may be appropriate to permit other regulated professionals to carry out some acts of veterinary surgery in the future (eg veterinary nurses potentially being permitted to repeat dispense some POM-Vs) subject to additional training and subject to consultation with the veterinary professions.

1.3.2 The veterinary team

Definition of animal

11. The definition of animals in the VSA 1966 is outdated and does not align with more recent legislation or modern understanding of the term. Over the last 50 years, novel scientific methods have been employed to help determine how animals perceive the world, and to better understand their needs, preferences, pleasures and pains. This new knowledge has shown that the abilities and functioning of non-human animals are more complex than had previously been assumed. This is an active research area and knowledge of sentience in different species continues to grow. It is therefore sensible to use a definition of animal within legislation that is based on existing evidence as well as providing a mechanism to allow changes reflecting new and emerging research.¹ We therefore strongly support the proposal to link the definition to the Animal Welfare (Sentience) Act 2022, currently all vertebrates other than man, decapod crustaceans and cephalopod molluscs. This alignment would mean any updates to the Animal Welfare (Sentience) Act 2022 would automatically be transferred to the reformed VSA.
12. The expansion of the definition of animal would mean that the treatment of some animals, including fish, would be considered veterinary acts, where currently this is not the case. We welcome Defra's recognition that new legislation must not create gaps in care, and that under the proposals there would either be exemption orders for individual activities, or some clauses of the legislation could be subject to commencement regulations.

Regulation of allied professionals

13. We understand that under these proposals, licensed professionals, including students of each licensed profession, conducting veterinary acts would be considered to be part of the veterinary team. In the beginning, this would be vets and vet nurses, with the potential addition of farriers.
14. We strongly support moves to improve standards of animal health and welfare through the regulation of allied veterinary professionals and see this as being an appropriate primary driver for progressing the regulation of some groups. The activities of any group of allied professionals brought under the regulatory umbrella must be evidence-led such that their activities demonstrably make a positive contribution to animal health and welfare or public health and underpinned by sound rationale based on the available science. It is critical that the regulation of allied professionals does not, by association, undermine the reputation of vets as one of the most trusted of UK professionals. As such, appropriate prerequisites for regulation should include:
 - demonstrable competence underpinned by appropriate knowledge and understanding through successful completion of a qualification accredited by Ofqual (or equivalent in the devolved nations), or a degree awarded by a recognised body
 - continued education through completion of appropriate CPD.
15. The consultation document gives examples of Equine Dental Technicians, Musculoskeletal practitioners, Cattle Hoof Trimmers, Veterinary Technicians, Behaviourists and Bare-hoof Trimmers. We support these examples, all of which are key members of the veterinary team but also have the potential to harm animal welfare if they are not carrying out their work in the correct manner. We particularly welcome the inclusion of Veterinary Technicians when these were excluded from earlier discussions. Whilst we support the proposal that the regulator will consult on and recommend to government which allied professionals should be regulated, we would like to see this appropriately balanced against the need to progress regulation of the identified allied professionals promptly, in order to minimise further risk of harm to animal health and welfare.

¹ <https://www.bva.co.uk/media/4052/bva-policy-position-on-the-recognition-of-animals-as-sentient-beings.pdf>

16. We strongly support the aim behind bringing farriers into reformed legislation, namely, to address the current regulatory gap in Northern Ireland where farriers are currently entirely unregulated. Whether the regulation of farriers under a reformed VSA is the appropriate vehicle is questionable, given the existence of the Farriers Registration Council, and it may be more appropriate to consider other mechanisms for the regulation of farriers in Northern Ireland. Ultimately, the mechanism for the regulation of farriers should be a decision for that profession.
17. We warmly welcome the proposal that all regulated professions within the veterinary team would have recognised and protected titles (including all reasonable variations of the titles). Regulation has little benefit if titles are not protected, and we have long called for the protection of the title of veterinary nurse to prevent its use by unqualified, unregulated individuals and to underline confidence in the professionalism of veterinary nurses. In more recent years we have also been clear that protection of titles should be extended to any new allied professions who fall under the veterinary regulatory umbrella. Statutory protection of titles should underpin the regulation of allied veterinary professionals and should ideally be introduced alongside that regulation in order to aid clarity for professionals and animal owners, as well as avoid a repeat of the confusion seen for the veterinary nursing profession.
18. We agree that, for each regulated profession, the regulator would determine the activities that can be completed by that profession, and any conditions such the level of oversight needed from vets, and protocols for allocation, delegation, direction, and supervision. However, we consider that these decisions should be made in meaningful consultation with vets and the profession concerned, not unilaterally by the regulator, and any list of activities should be specific and definitive to avoid any grey areas or uncertainty similar to the issues seen with the current Schedule 3 of the VSA for veterinary nurses.
19. We agree that regulated allied professionals do not need to be employed by the same organisation as the delegating vet and agree this proposal could open up new ways of working, providing the delegation does not become purely nominal. The use of the term 'District nursing' in the consultation document is an unhelpful example as it is not a defined task. This type of veterinary nursing work already takes place in the form of home visits, a reasonably well-established offering available via many veterinary practices. There will be some tasks veterinary nurses can carry out without delegation and some which they can't, both of which could form part of the activity of offering 'District nursing'.

Exemptions for lay people

20. We note that the proposals mean there could continue to be a role for animal owners and carers to conduct certain veterinary acts, and that the scope of this would be determined by the regulator, likely including minor medical treatments and emergency first aid. As above, we consider that decisions on scope should be made in meaningful consultation with vets, not unilaterally by the regulator, and any list of activities should be specific and definitive to avoid any grey areas. Animal 'owners' and 'carers' must also be very tightly defined.
21. Although we agree that for farmers there would continue to be an exemption to allow them to carry out acts of minor veterinary surgery and medical treatment on their own animals, it is essential that 'farmer' is very tightly defined, and that there are no grey area in relation to activities which may fall between definitions, particularly for minor species (eg shearing of camelids).
22. We agree that specific departments and agencies within government across the UK should be able to continue to use exemptions for veterinary public health and outbreak functions, such as an exemption for Animal Health Officers to take blood samples from cattle for disease surveillance. It is essential that reformed legislation supports UK disease resilience and facilitates appropriate and agile response to significant outbreaks of notifiable disease.

1.3.3 Getting a licence to practise

Requirements for a licence

23. We support the overarching requirements for holding a licence to practise as set out in the consultation document. We are confident that the process ensures professionals are fully qualified and suitably proficient in English. We are fairly confident that the process ensures professionals are fit to practise – although self-declaration is imperfect, it is proportionate and it would be unworkable to manually check every registrant, including checking for convictions overseas.
24. We agree that the current system of Privy Council rubber-stamping the renewal fee is arcane and unnecessary, and as such we support in principle the proposal that it is appropriate for registration fees to be set by the regulator. However, it is essential that the process for setting the fee is transparent and the regulator should not be able to increase fees beyond inflation, as measured by the Consumer Prices Index. Any increase beyond inflation must be consulted on as part of broader consultation on the regulator's future strategic plans. We strongly support there being increased clarity in the annual accounts on the way the fee is spent (this is covered in more detail in Section 4: Governance).
25. We agree that having indemnity insurance should be a requirement for holding a licence to practise. However, the level of insurance needed will vary considerably depending on the type and range of work undertaken, and it is unclear how the regulator will determine the appropriate level or verify that it is in place. Consideration will also be needed as to how this will apply to veterinary nurses and allied professionals working both under direction/supervision of a vet but also independently.
26. We strongly support there being a robust and timely appeals process for individuals who are not granted a licence to practise.

Revalidation

27. We agree that a licence to practise should be renewed annually, including a declaration on any criminal convictions since the last renewal and confirmation of fitness to practise. We agree in principle that a licence should also require revalidation at less frequent intervals to ensure that licensed professionals meet the appropriate professional standards. It is appropriate that all licensed professionals should be required to demonstrate continued professional competence. The system must be effective and appropriate for the unique context in which the veterinary profession works, covering the entire spectrum of clinical and non-clinical roles, and measures must be in place to ensure that revalidation does not become too onerous, or costly, particularly for mixed practitioners and others who may be required to revalidate in multiple areas of competence.
28. The system for revalidation must also be compassionate and versatile in order to take account of professional and personal circumstances. Unintended consequences for those who work part-time or take career breaks must also be avoided, and there must be measures to enable individuals to transfer their area of competence so career options aren't limited. However, a compassionate and versatile system should not facilitate the creation of exemptions – for the protection of animal health and welfare and public health, all registered veterinary professionals should be able to demonstrate continued professional development and competence. Revalidation should focus on outcomes and reflection on CPD, as well as accommodating the myriad ways in which vets expand their knowledge and access information, not simply be a tick-box exercise. We would expect and require that the detail of any system of revalidation would be consulted on by the regulator.

1.3.4 Types of licence to practise

29. We broadly agree that in some limited circumstances it may be appropriate to grant a conditional licence to practise, where it enables individuals who might otherwise be unable to qualify to work as a veterinary professional. However, while the proposal is well-intended, we do have some concerns that widespread use of conditional licensure for those with a disability or long-term health condition could lead to discrimination, particularly as the proposal would not apply to those who develop a limiting condition post-qualification. Under the Equalities Act 2010 vet schools are already required to make reasonable adjustments to enable protected groups access to education. However, the current system limits admissions from students with disabilities or health conditions as some would be unable to meet all of the Day One Competences. It is essential that the statutory requirement to deliver reasonable adjustments is properly applied, and applied consistently, across all the vet schools, such that a conditional licence is only ever needed in a very limited set of circumstances. Approaches taken in the human healthcare sector could provide a useful model (eg British Medical Association²). The introduction of conditional licensure for individuals with disabilities should be a last-resort option and must not become a means for the application of reasonable adjustments to be circumvented.
30. We consider that the option of a time-limited licence to practise where it enables someone who is registered as a vet abroad to travel to the UK for a specific purpose (eg with an equestrian team for a professional competition) is reasonable. However, the circumstances under which a time-limited licence might be granted must be well-defined. Time-limited licences must not become a means of recruiting overseas veterinary graduates for traditionally undersubscribed roles in veterinary public health as this risks creating a two-tier system and potentially causing wage deflation in some areas of veterinary work. Although it is vital that enough vets can be recruited and retained to make sure that essential veterinary work continues, we do not consider that limited licensure should be used in this way.
31. We are opposed to the proposal for conditional licensure being introduced for new registrants on a risk-basis (eg new graduates or following a career-break of 5yrs +). Although provisional registration with a licence to practise from the General Medical Council is mandatory for newly qualified doctors to work in approved Foundation Year 1 posts, this is to enable them to complete the required clinical training and takes place in a system which is funded and structured differently to the veterinary sector. It is unclear what problem in the veterinary sector the Defra proposal is intended to solve that is not already addressed via VetGDP. Although we recognise that support for recent graduates is often inconsistent, and in some cases entirely lacking, embedding the 'solution' of a provisional licence in primary legislation would be disproportionate and ineffective, with a significant risk that salaries would be driven down. Although practices should not be employing recent graduates if they cannot support them to thrive, the issue could be better served through practice regulation rather than provisional licensing.
32. We also reject the suggestion that recent graduates represent higher risk. New graduates, like all other registrants, have a professional responsibility to work within their competence, and business regulation would help protect new graduates from any pressure from an employer to do otherwise. A conditional licence for new graduates could also suggest to clients and wider society that they are less capable or less qualified, which could damage trust and harm animal health and welfare.
33. Regarding prospective future use, it is currently neither viable nor desirable to move to a general system of limited licensure. It is important that students are trained across all species and graduate able to work in all areas. This is essential for animal welfare, especially in emergency

² <https://www.bma.org.uk/advice-and-support/your-wellbeing/reasonable-adjustments/reasonable-adjustments-throughout-the-stages-of-medical-education-and-training>

situations and in areas with limited veterinary provision. We consider that limited licensure may result in a two-tier system, limit career opportunities, and impact on retention in the profession if vets are less able to diversify their career paths. Currently the UK veterinary undergraduate programmes are held in high esteem for the high-quality, omnicompetent veterinary surgeons they produce, and UK veterinary schools are internationally recognised for their global excellence in teaching and veterinary research. Although we recognise that limited licensure may present an option to reduce the cost of the veterinary degree by reducing the breadth of what is taught and widen access, current evidence suggests the UK fee and loan structure has increased accessibility to the veterinary degree. The omnicompetence/ omnipotential of UK veterinary graduates must be maintained. The loss of omnipotential represents an existential threat to the profession, with unintended harms to the provision of veterinary care, particularly in rural and remote communities, and for provision of first aid and emergency care to all animals. We would expect and demand that any future consideration of a move away from omni-potential practice would be consulted on in full.

Fitness to practise

34. We agree that the primary purpose of a fitness to practise system is to protect the public and animals from professionals who do not meet required standards. This includes ensuring that professionals have the skills, knowledge, character, and health to practise safely and effectively.
35. The current disciplinary process is cumbersome, and backward looking, with the focus being on whether or not a vet or veterinary nurse should be punished for a mistake which happened in the past - possibly several years previously. The current system does not take into account current impairment or whether they have taken remedial action since the event, nor does it address systemic issues in the workplace which may have contributed to behaviours. We support the principle of modernising the system, in line with the principle of right-touch regulation, to focus on remedial action in relation to the individual and the wider context within which they work.
36. The proposal represents a fundamental change which we welcome. In human healthcare, patients and their families tend to value measures to ensure the same mistake will not reoccur, over and above punishment of an individual. Introducing the principle of current impairment is a step towards this and is likely to result in better and more satisfactory outcomes for patients, clients, and the veterinary professions.

Proposals

Current impairment

37. We note and support the proposal that the code of professional conduct for each profession should be consulted on prior to creation and prior to any substantial updates, and would not need approval from the Privy Council. We consider this proposed approach to be proportionate, given that the codes for the professions under the same regulatory umbrella would likely be near identical, as is currently the case for the codes for vets and for veterinary nurses, as they relate to behaviours rather than to clinical matters.
38. We agree with the broad definition of 'current impairment' as referring to:
 - serious misconduct (going against the Code of Professional Conduct)
 - professional performance being seriously below what is expected
 - not having the necessary knowledge of the English language
 - a conviction for a criminal offence and/or
 - a long-term physical or mental health condition (or disability) that means that someone cannot work safely (for themselves/their patients) in the area they are working with reasonable adjustments in place (including substance abuse/alcoholism).
39. We welcome assurance that the diagnosis of a health condition would not automatically trigger a fitness to practise process, recognising that some health problems might not have any bearing on competence. However, there needs to be absolute clarity on the circumstance under which investigation on health grounds might be triggered, supported by examples by way of reassurance for the professions, alongside information regarding the support which would be available.
40. We also consider the poor performance must be very well defined. The majority of such matters should be dealt with as civil matters to be settled outside the regulatory framework by consensual arrangement, mediation or, if necessary, through the civil courts. If the regulator were to widen its jurisdiction in this area, then claimants are likely to precede their civil claim with a complaint to the regulator, placing additional demand on resource and increasing the number of veterinary professionals subjected to the stress associated with an investigation. Again, examples should

be provided by way of reassurance for the professions that only poor clinical performance over a sustained period with poor patient outcomes would potentially trigger a fitness to practise investigation.

41. It is essential that any package of measures for addressing health issues must be supportive in focus, including where mental health issues or addictions are concerned. Approaches to supporting those who might struggle with interpersonal and communication skills also need to be factored in. Protected characteristics, including neurodivergence, will require specific expertise to enable packages of support to be appropriately developed. Fitness to practice relies on engagement with the process by registrants and it should be acknowledged that for some this will be difficult and require reasonable adjustments in process.
42. We agree that there must be a requirement on employers who are licensed veterinary/animal healthcare businesses to initially address health and performance matters internally by putting reasonable adjustments in place through their own processes. Only then, and if the concern is serious enough or if reasonable adjustments are insufficient to effectively reduce the risk to the animal, public, consumers, or professional reputation, should the employer inform the regulator. Employers already have well defined duty of care to support their employees - this must always be the first approach and employers should not seek to shift their responsibilities to the regulator. It must therefore be completely clear that employers would only be required to inform the regulator in the event that the employee had failed to cooperate with support measures and/or reasonable adjustments or was being willfully deceptive (eg lying about the extent of a health condition, such as loss of vision).
43. Whilst we agree that in some situations it may be appropriate for the regulator to share information on the fitness to practise of a licensed professional with their employer in order to ensure the right support is being provided, the circumstances under which that information would be shared need to be tightly defined. We agree that this should only be if that employer is a licensed veterinary or animal healthcare business. We consider that the licensed professional should be made aware in advance of the information intended to be shared with the employer, and of course compliance with GDPR should be maintained throughout the process. If the issue is health-related the regulator would almost certainly not be able to share such information, and certainly not without the permission of the licensed professional since the disclosure of health-related information is well protected in law.
44. Regarding the proposed move to the civil standard of proof (on the balance of probabilities) from the criminal standard of proof (beyond reasonable doubt), we recognise that the RCVS is in a small minority of UK regulators – and the only major regulator apart from the Scottish Solicitors' Discipline Tribunal – that still applies the criminal standard of proof. Whilst we agreed in principle that the civil standard of proof is an integral aspect of a modern fitness to practise regime, we also recognise that this proposal, when originally put forward as part of the RCVS Legislation Working Party recommendations, was one that caused by far the greatest concern amongst the professions. At the time, we were clear that we could not support it in isolation or as an interim measure in the absence of veterinary legislative reform and could only give our support as part of a wider package, including the implementation of a modern fitness to practise regime. On that basis, and given the assurance that in all fitness to practise cases the burden of proof would be on the regulator, we feel able to support the proposal. However, the change must be accompanied by accountability of the regulator with regard to KPIs and robust independent external scrutiny.

2.3.1 Initial triage

45. We agree it is appropriate that the regulator would triage cases and close them where appropriate. As above, it must be made clear to the professions and the public that the emphasis

is on the regulator to show that fitness to practice is impaired for a case to be progressed.

2.3.2 Case Examiners

46. We support the principle of the Case Examiner model and support the desired outcome of a more agile process. We agree that case examiners should include veterinary professionals and lay individuals, appointed by the regulator. We also support the proposal of a minimum of two case examiners, composed of one lay person and one licensed professional from the same profession as the licensed professional the case relates to, assigned to each case. Although there is some argument that the licensed professional should also be from the same area of work as the professional under investigation (for example clinical vs non-clinical practice), we recognise that this level of granularity could be extremely limiting and would likely hinder effective quality control. Additional professional knowledge with regard to specific areas of work, when appropriate and relevant to the case, could be gathered at the triage stage and during the investigation as needed. The proposed option of an additional person being appointed as chair or additional expert for complex cases also helps address this potential concern, and we would like to see the option extended such that the licensed professional could request an independent chair, subject to formal acceptance that this may increase the timeframe for progression and conclusion of the case. It may also be appropriate to consider input from a vet when the case concerns a veterinary nurse or allied veterinary professional who has carried out an act of veterinary surgery.
47. We strongly agree that case examiners should undergo rigorous appointment, training, and appraisal processes, and would be regularly assessed through internal and external audits to ensure their consistency, fairness, effectiveness, and competence. This is an area where appropriate external oversight of the regulator from an independent organisation will be particularly welcome in providing assurance for the professions that process is robust and underpinned by appropriate KPIs.
48. Although we agree that, where it is considered necessary, the regulator should be permitted to request an assessment of someone's health, conducted by an independent medical professional, it is essential that health related information is only requested and included where it is directly relevant and consent has been given. Although medical records directly relevant to the case could be provided by a GP, we consider that an assessment of ability to work should only be through an occupational health professional. The registrant should be able to refuse and appeal such requests without the refusal prejudicing against the case. For those struggling to engage with the process as a direct result of their condition, appropriate and specific support should be offered including making suitable reasonable adjustments.
49. We support access to a wider range of sanctions than are currently available to the regulator, on the basis that this is in line with a restorative approach for all involved and will facilitate corrective measures being put in place. The full range of sanctions from voluntary undertakings, conditions on a licence, suspension, and removal should all be available, but must be fairly and consistently applied such that they are proportionate to the transgression identified, as well as practical to apply (eg a sanction of 'supervision' may not be possible in some workplaces and some roles).
50. The professions will inevitably be concerned about the potential of the proposals to impact on livelihoods and the change must be supported by a concerted communications campaign to provide the necessary reassurance. It is important to recognise that sanctions will not only impact on the individual concerned but in many cases are likely to impact on the wider veterinary team. For the benefits of the move to a modern fitness to practise regime to be realised, employers will need to support both the process and the employee, which can only be achieved through good understanding of the process across the veterinary team.

2.3.3 Tribunal

51. We agree that the sanctions available to a tribunal should be the same as for case examiners, recognising that a tribunal would be able to impose the sanctions, rather than requiring agreement from the licensed professional.

2.3.4 Serious offences

52. We support the proposal that automatic barring offences would include offences such as murder, sexual offences, modern slavery offences, terrorism, animal related offences, and drug/human trafficking as being in the public interest. However, the list should be definitive, specific, well-defined, and not open-ended (eg, animal related offences is far too broad and should be specifically 'animal welfare related offences' which should be further defined). Although we agree the list of offences should be regularly reviewed, we are uncomfortable with the suggestion that this should be entirely at the discretion of the regulator – the frequency of and process for review should be transparent, and any changes to the list (additions or deletions) should be clearly communicated and ideally in step with approaches taken by other professional regulators.

2.3.5 Interim Orders

53. We agree that interim orders have a role to play in mitigating significant risk. It is important that interim orders are issued in a measured and consistent way based on evidence of risk.
54. We support the proposal that interim orders would be time-limited to a maximum of 18 months, recognising that this is considered best practice, is aligned with the approach taken by other regulators such as the General Medical Council (GMC), and prevents regulators from allowing cases to linger. However, we also note that there is provision for the GMC to extend an order beyond the period initially set, by application to the relevant Court, and that each extension can be for up to 12 months, with no limit on the number of extensions. We are also mindful that interim orders have been misused in human healthcare regulation where a lack of due process has led to negative impacts on livelihoods. With that in mind, we are very concerned that the wording of the proposal appears to be building in the option of failure against KPIs by stating 'Should the fitness to practise investigation take longer than the interim order....' Accountability against KPIs is a critical element of an effective fitness to practise regime, and the professions need and deserve assurance that all elements of the process will be adequately resourced to ensure they are dealt with efficiently and within agreed time limits. If an individual registrant fails to cooperate and their actions result in delay to process then that is their choice, but the regulator must be held to a very high standard of procedure justice. The frequency with which an interim order is reviewed must be appropriate to the case, and made clear to the licensed professional concerned at the point of issue.
55. It is essential that there is proper external scrutiny to ensure that interim orders are used appropriately and proportionately, although the rationale of enabling the regulator to prevent harm to animal welfare whilst an investigation is undertaken is understood. There should be clarity on what constitutes 'real risk of harm', and whether this refers to animals, or more broadly. We would be concerned if the regulator was making judgment on an individual's risk of harm to themselves when not qualified to make that judgement. Decisions should be based on evidence such as a psychiatrist or occupational health report and 'on the balance of probabilities'

2.3.6 Review of sanctions

56. As with interim orders, we agree that sanctions placed on or agreed by licensed professionals can and should be reviewed to determine if they are still appropriate, with the option to update,

change, remove or maintain the sanction. Again, it is essential that sanctions are reviewed, with a frequency agreed at the time of the sanction being laid.

2.3.7 Appeals

- 57.** We agree that it is appropriate to require appeals to be made to the High Court within 28 days, and that during that time sanctions would not apply. As a safeguard, we agree that the option to apply an interim order should be available, where there is a real risk of harm to the public, consumer, animals or trust in the professions during the appeals process.

2.3.8 Removal of licence to practise

- 58.** The removal of a licence to practise should be extremely unusual under a modern and effective fitness to practise regime. On the one hand, the requirement for a professional whose licence has been revoked to wait at least five years before they can apply to a panel for restoration feels like a significant period of time and, in some cases, would make it very challenging to return to the register at all. On the other hand, we recognise that there is a cost associated with applications, and repeat applications, for restoration. On balance we support the proposal of five years as being best practice and aligned with the approaches taken by other regulators such as the GMC. In the event of removal of licence, it should be made clear at the time exactly what will be required of the registrant, including supporting evidence, before any application for restoration can be heard.
- 59.** We agree that voluntary removal during the fitness to practise process should only be permitted in limited circumstances such as the licensed professional being very unlikely to ever return to practising (eg nearing retirement or having a serious long-term illness) or where the public interest is better served than by the licensed professional going through the full fitness to practise process. Following voluntary removal, any veterinary professional subsequently choosing to return should be required to complete the outstanding fitness to practise process first. Consideration must also be given to the necessary checks and balances in the event that a veterinary professional choosing voluntary removal goes on to work in another profession where their alleged misconduct might impact on their fitness for that role.

Regulation of veterinary and animal healthcare businesses

60. We agree that the ability to set, maintain oversight of, and ensure compliance of veterinary businesses with key standards is crucial to maintaining the high quality of animal health and welfare in the UK.
61. The Defra proposals align with our long-standing calls for the regulation of all veterinary practices. With no statutory regulation that is specific to veterinary practices, there is no means of recourse when there are failings in the system that are beyond the responsibility of regulated veterinary professionals. We consider that it is reasonable for the public to expect that all veterinary practices are assessed to ensure that they meet at least the basic minimum requirements. The Competition and Markets Authority (CMA) has also adopted this position following our extensive engagement throughout their investigation into the delivery of veterinary services for household pets in the UK.

Proposals

62. We support the proposal that all veterinary and animal healthcare businesses in the UK will require a licence to be able to operate. We agree in principle with a phased introduction, taking a risk-based approach, although careful consideration will be needed regarding how risk will be determined.
63. We agree that the licensing scheme should be operated by an independent non-government regulator, who is also responsible for the licensing of individual professionals. We see advantages to the licensing of individuals and businesses being under the same regulatory umbrella as it is likely to be the most cost-effective model, and a shared regulator for professionals and businesses could help avoid any conflict where a disciplinary case involves individuals and systemic/practice issues (see also response to Section 4. Governance)
64. We agree it should be an offence to operate a veterinary or animal healthcare business from an unlicensed premises, to use the title 'veterinary or animal healthcare business' or other commonly used terms (such as veterinary practice, veterinary surgery and veterinary clinic), or to imply a business is registered or provides veterinary care if it is not licensed by the regulator.

3.3.1 Definition of veterinary or animal healthcare business

65. We agree that the definition of a veterinary or animal healthcare business should include any entity which is a provider of veterinary clinical and animal healthcare or a service (whether paid or unpaid) that is delivered in the UK, linked to the definition of a 'veterinary act'. A clear definition is essential in order to ensure fair treatment across all veterinary businesses and avoid loopholes which might allow some to operate outside of the framework. The definition must also take into account:
 - the range of business models that could be offering veterinary clinical services, including the remote provision of advice based on diagnosis, to individual animals or populations of animals.
 - how veterinary services delivered in the UK by businesses based outside the UK can be captured. There must be a mechanism for ensuring that the regulated entity or individual facilitating the delivery of those services within the UK is accountable – approaches in human healthcare could provide a model. In some cases, it may be necessary for the regulator to liaise with authorities overseas regarding potential enforcement action – parallels in Northern Ireland and the Republic of Ireland could be an example to draw on.
 - veterinary businesses with multiple premises and/or associated services.

- private entities providing government veterinary services.
- businesses and self-employed vets providing veterinary services and/or advice to government bodies, NGOs, academia or industry.

The scope should be sufficiently broad that there are no loopholes, with businesses required to opt out rather than opt in. The Veterinary Council of Ireland Premises Accreditation Scheme Regulations 2026³ could provide a useful model.

66. We agree that there should be some clearly defined exemptions where veterinary/animal healthcare businesses are already regulated by other means (eg abattoirs, as these are already strictly regulated, with inspection and enforcement from the FSA/FSS).

3.3.2 Standards

67. We understand that proposed primary legislation would set the framework for regulation, with the detail of delivery for the regulator to determine. Strategic steers from the Defra Secretary of State would only be in relation to competition and business standards, rather than clinical standards. We agree that all veterinary/animal healthcare businesses should be required to adhere to both standardised and sector-specific mandatory minimum standards.

68. We agree that all veterinary/animal healthcare businesses and premises should be required to participate in an external mediation service. We consider that wherever possible local and first-tier complaint resolution is optimal for clients and veterinary practices. However, when complaints are escalated then mediation services such as Veterinary Client Mediation Service (VCMS) and other Alternative Dispute Resolution (ADR) providers have an important role to play as part of a standardised process. In our response to the CMA's Provisional Decision Report⁴ we expressed support for the requirement for all first opinion veterinary practices to engage in mediation in good faith in cases where the pet owner's complaint is not resolved in-house. Although the CMA's remedies will only apply to those businesses delivering services for small animals, we support Defra's proposal that such a requirement should go further and apply to all veterinary/animal healthcare business and premises.

69. It is important for public confidence that there is a public register of all licensed veterinary/animal healthcare businesses and premises, kept by the regulator. We agree that, in order to obtain a licence, businesses should be required to meet a clear list of requirements for each premises, including:

- register the premises with the regulator
- pay an annual licensing fee
- self-declare that the premises (and where appropriate the central business functions) meets the required standards of the scheme
- name of the licence holder/business owner and name of a responsible person for the premises
- submit required evidence of compliance with standards to the regulator
- undergo an initial inspection (and subsequent inspections on a risk basis), if applicable.

³ <https://cms.vci.ie/wp-content/uploads/2025/11/VCI-PAS-Regulations-2026-Rev.-1.pdf>

⁴ <https://www.bva.co.uk/media/6641/bva-bsava-bvna-spvs-vmg-joint-response-to-cma-provisional-decision-report-final.pdf>

70. We agree that on applying for a licence and ahead of the first inspection, a premises could be granted a provisional licence, for a limited period of time until the first inspection has been completed. However, it is critical that the process and timeline is defined, with clear KPIs for the regulator. Without clear accountability, any delay to a first inspection could jeopardise the functioning of the business and confidence in the business licensing system. Careful consideration will be needed as to how all current premises will be transitioned to a full licence, including appropriate resourcing by the regulator. There must also be a mechanism in place to prevent businesses which do not achieve a full licence from operating for extended periods under further additional provisional licences.

3.3.4 Responsibility

71. We agree that the licence holder (or statutory director) should be responsible for ensuring the safe and effective provision of veterinary services and compliance with the business standards and legislation at each of their premises. We support the proposal that each business must have a 'Named Responsible Person' at each premises and within a centralised team within the business (if part of a corporation), and that this person must be a licensed professional who is senior enough to have direct knowledge and influence over the clinical services being offered. On balance, we would suggest that the named responsible person should be responsible for one premises/location only. However, given the wide range of veterinary business models, there may be many cases where responsibility for more than one premises or location may be deliverable and proportionate (for example in a single central veterinary practice with two small branch practices). Providing the responsibility is real rather than nominal, some degree of flexibility should be permitted. More important is that the owner and/or statutory directors are accountable to the regulator. For the vast majority of independent practices this will be a regulated veterinary professional, but for large veterinary groups it must be, jointly and severally, the statutory directors with financial control of the business (e.g. CEO & CFO).

3.3.5 Reporting requirements for businesses

72. We broadly support the proposal that the regulator would be able to make rules to require reporting of key information to assess compliance. This should include clarity regarding who is responsible and accountable within a business for ensuring regulatory reporting.

73. However, we would not support a requirement to report clinical outcomes to the regulator, as is suggested in the consultation document. In our response to the CMA Issues Statement⁵ we raised significant concerns about the suggestion that practices might be mandated to provide information to consumers about quality/outcome-related measures. Such data are rarely available from clinical practice and, where they are available, they are unlikely to be statistically significant enough to be meaningful. Furthermore, the variability in case complexity, treatment protocols, patients and business models makes it challenging to standardise such measures across different practices. RCVS Knowledge plays a leading role in developing and emphasising the importance of quality improvement tools including the use of appropriate outcome measures. However, the large-scale population studies that allow clinical outcomes in human medicine to be evaluated are extremely rare in veterinary contexts, with no veterinary equivalent to the publicly funded National Institute for Health Care and Excellence (NICE). We are strong supporters of evidence-based veterinary medicine but while the currently available data are scant, any move to mandate practices to provide information about quality/outcome related measures could undermine vets and jeopardise contextualised care. We could, however, support a requirement for all clinical

⁵ <https://www.bva.co.uk/media/6007/joint-response-to-the-cma-issues-statement-final.pdf>

practices to carry out clinical audit, providing that there was no requirement for the associated data to be reported to the regulator or made publicly available.

3.3.6 Inspection process

74. Although we agree that an inspection process would be required to assure standards are being complied with, and that premises should pay on a cost-recovery basis, the true cost of operational delivery of this proposal is currently unknown. It is critical that there is a mechanism for recouping any set-up funds drawn from RCVS reserves, which come from fees paid by individual vets and nurses. Consideration is also needed as to how the inspection regime will overlap with the inspections currently carried out by the Veterinary Medicines Directorate for the registration of Veterinary Practice Premises, and how duplication of inspection will be avoided.
75. It is unclear from the proposals how licensed premises that make significant or 'material' changes within the 4-year inspection cycle will be addressed, whether there would be a requirement to inform the regulator of such changes, and whether this would trigger an interim inspection.

3.3.7 Regulator powers

76. On balance, we agree that the process should be underpinned with powers of entry for the regulator as the most suitable mechanism to support regulation of businesses. Having previously raised concerns that powers of entry could represent unnecessary overreach, we accept that powers are needed to give regulation 'teeth', and that without such powers the regulator can only punish, not remedy issues. The only other option would be to remove the practice's licence, but closing a practice would be disproportionate and risk the livelihoods of all staff, when it may have been possible to resolve the issue. We agree that the regulator should be required to get a warrant from a magistrate to gain entry, and this would only be granted after significant attempts to gain entry voluntarily. This would also require a clear hierarchy of enforcement to follow before reaching that final stage.
77. We agree that for all inspection visits, the regulator should be required to provide reasonable notice to the premises or business. We note that there would be exceptions in limited circumstances and would like to understand how such circumstances might be defined, along with clear examples.
78. We agree that where businesses are operated from private dwellings, privacy must remain protected whilst ensuring compliance with standards. The wording should be amended to private and family life.⁶
79. We support the proposal that where access to all or part of the premises is refused, the regulator would be required to apply for a warrant from a Magistrate (England, Wales and Northern Ireland) or Justice of the Peace (Scotland), and that warranted powers of entry could be used on the basis of the risk to public and/or animal health and welfare.

3.3.8 Inspection results

80. We agree that where there are concerns about compliance with standards, there should be several options for the regulator. This should cover a full range of sanctions available on a sliding

⁶ <https://www.legislation.gov.uk/ukpga/1998/42/schedule/1>

scale, beginning with guidance on improvement, through to more formal improvement notices, with revocation of licence as last resort. There should be flexibility to escalate in a way that is proportionate to the willingness of the business to cooperate and comply, and the seriousness of the non-compliance. To ensure consistency, a hierarchy of enforcement with supporting guidance should be made available to all businesses. Any advice or enforcement action for non-compliance should be made in writing to the Named Responsible Person and/or other individual as outlined in the legislation.

3.3.10 Links to individual fitness to practise

- 81.** We agree that it is reasonable that the evidence gathered from inspections can be used in individual fitness to practise cases, the exception to this being where powers of entry are used. As powers of entry can only be exercised for the purpose of business inspections, evidence gathered in this way should not be used against an individual professional, although we accept that it is reasonable for such evidence to be used as the basis for launching a fitness to practise review. It is likely that the professions will feel some anxiety about this additional power for the regulator, and we would like to see a concerted communications campaign with supporting case studies by way of reassurance as to how inspection and powers of entry will be applied in practice and how they might impact on individual professionals.

3.3.11 Complaints about veterinary/animal healthcare businesses and premises

- 82.** We agree that the regulator should be required to have a complaints process to handle concerns raised about veterinary/animal healthcare businesses from the public or professionals. The process must be properly resourced and underpinned by appropriate KPIs against which the regulator is held accountable.

3.3.12 Appeals

- 83.** We agree that the regulator must have a process for handling appeals at all stages, including in relation to the exercise of enforced powers of entry and improvement notices.

Governance

Key messages on governance

- The outcomes we want any governance structure to deliver are:
 - An effective regulator that is trusted by the public and the veterinary professions.
 - A strong and well-funded professional leadership function to support the advancement of the professions.
- In our view this can only be achieved through very clear separation of the regulatory and professional leadership functions – the status quo is confusing for both the public and veterinary professionals, and clear separation is essential in order to increase public and professional trust and confidence in the regulator.
- Neither of the models set out in the Defra consultation currently deliver the outcomes we need to see.
- We could only support the proposed structure if it were significantly strengthened – and in particular if the legislation ensures clear separation of the regulatory and professional leadership functions.
- We are concerned that under the alternative split model as currently described there is no clear plan for ensuring continued provision and adequate funding of the professional leadership functions.
- We are disappointed that Defra did not include in the consultation another variation on the split model, with the existing RCVS's regulatory functions transferred to a dedicated regulatory body (eg a 'Veterinary Services Council') and RCVS retaining the professional leadership functions. This would simply be splitting the existing organisation and all current resources to create a veterinary regulator and maintaining the RCVS as a true 'Royal College' (with the Royal College name and Charter). We would strongly recommend further consideration of this model.
- Legislative reform presents a unique opportunity to establish a fit for purpose governance model, so it is vital for the future of the profession that we get this right.
- We would strongly welcome further discussion with Defra, RCVS, BVNA and other key stakeholders to co-design a governance model that we can all support.

Proposals

- 84.** We note and support the assertion in the consultation that for reformed veterinary legislation to achieve its aims, it will require a regulator which has, amongst other things, the appropriate purpose, expertise and powers to protect the public and consumers, animal health and welfare, and maintain the reputation of the professions. We also agree that the functions, structure and governance of the regulator will require careful design to ensure that it is able to perform its functions effectively and for these to be clear and trusted by the public and profession.

4.3.1 Scope

- 85.** We consider there are advantages to the licensing of individuals and businesses being under the

same regulatory umbrella. It is likely to be the most cost-effective model, and a shared regulator for professionals and businesses could help avoid any conflict where a fitness to practise case involves individuals and systemic/practice issues.

86. We agree that alongside core regulatory functions - including setting and maintaining standards for both businesses and professionals, operating a licence to practise scheme, as well as a fitness to practise process and removal of licences – the regulator would provide some ‘upstream’ regulation to ensure standards are maintained, and systems are in place to protect the public, consumers, animals, and maintain confidence in and the reputation of the veterinary professions. However, our support for this approach is subject to a clear and tightly drawn definition of ‘upstream regulation’ limited to supporting registered professionals in fulfilling their regulatory requirements. This is particularly important as in recent years RCVS has increasingly asserted that nearly all of its functions are regulatory and, most recently, has criticised Defra’s distinction between the regulatory functions and professional leadership’ functions, describing this as “not an accurate distinction.” In our view it is vital that the regulator focuses on core regulatory functions to improve public and professional trust and confidence. As an example, the progression of disciplinary cases is very slow and whilst the reasons for this are multifactorial, there is a professional concern that current resources and priorities are diverted too much into ‘upstream’ regulatory projects.

87. We support the proposed specific regulatory objectives outlined in the consultation, including:

- protect, promote and maintain the health and welfare of animals and the public
- promote and protect public confidence in the veterinary professions
- promote and maintain proper professional standards and conduct for members of those professions
- protect consumers (a consumer duty)
- ensure fair competition within the market (a competition duty).

However, the suggested objective of maintaining the health and welfare of the public is far too broad and should be changed to ‘protect, promote and maintain the health and welfare of animals’ and ‘protect, promote and maintain veterinary public health’.

Powers

88. We support the proposal for a requirement for the regulator to consult, either publicly or with the professions and/or relevant stakeholders, on any new rules they propose. We also support mandatory annual reporting to Parliament and Devolved Governments to ensure transparency and accountability, including a requirement to report on the powers that are used and why.

89. External independent oversight must form part of reformed legislation and be a statutory requirement rather than just an option. In the human healthcare sector, The Professional Standards Authority for Health and Social Care (PSA), which is an independent organisation accountable to the UK Parliament, exists to oversee and audit the ten statutory bodies that regulate health professionals in the United Kingdom and social care in England. The PSA’s remit is to protect the public by overseeing the regulation and registration of healthcare professionals. They do this by:

- Reviewing the work of the regulators of health and care professionals
- Accrediting organisations that register practitioners in unregulated occupations
- Giving policy advice to Ministers and others and encouraging research to improve regulation.

90. The current absence of independent oversight of the regulation of veterinary professions undermines public confidence and trust. The regulator must be subject to external scrutiny against similar standards to the PSA and be required to publish the outcomes of that assessment in full. We are very concerned that this scrutiny is presented as an 'option' in the proposals, and we cannot support the RCVS position that the PSA "could provide oversight of the College on a consultancy basis, for instance by carrying out occasional audits" as this falls significantly short of the oversight needed to foster confidence and trust in the regulator from both the professions and the public. We do not consider that proposals in the consultation of reporting to governments, EFRACom, and the Defra Secretary of State would represent an acceptable alternative to external independent oversight.

4.3.2 Decision-making

91. Regulatory governance should prioritise public protection, animal health and welfare, transparency, integrity and accountability, which are all crucial for maintaining public confidence and trust in the veterinary professions. We consider that this is best achieved through robust, agile and timely regulation by a governing body composed of individuals with an appropriate range of relevant skills and experience. When considering regulatory governance in human healthcare, we see Boards which usually consist of 12 appointed members, usually including six registrants and six lay members. Regulatory governance for the veterinary professions should be updated to align with the best practice seen in human healthcare regulators, including a balanced composition of registrants and lay members, who are appointed based on clear competencies through an independent process. For that reason, we support the proposal that the ultimate decision-making powers of the regulator would sit with a Board, made up of up to twelve people with lay parity.
92. The Board must be composed of individuals with a variety of relevant competences, and appointment processes can help ensure that members possess the necessary skills and competencies to govern effectively. Appointment to the Board, based on experience and expertise, must apply to all Board appointments, both registrants and lay members, not just those appointments relating to professional members.
93. The Professional Standards Authority guidance 'Good practice in making Council appointments' sets out best practice for appointing council members and provides guidelines on ensuring a robust, unbiased selection process. It includes guidance on proper advertising, clear criteria, use of a selection panel that does not include members of the regulator's executive staff, and comprehensive candidate assessments. The guidance also covers the importance of diversity and maintaining public trust through an open, competitive process that avoids conflicts of interest and ensures decisions are based on demonstrable merit and suitability for the role. We would strongly support the adoption of these guidelines for the appointment of regulatory Board members.
94. Appointments must be based on merit and relevant experience, in particular the specific competencies required for regulatory governance. We do not consider that areas of veterinary work, or geographical location, are in and of themselves competencies necessary for Board members. Requiring these across a Board of only six registrant members could significantly hamper the appointment of the right individuals with the right experience and skillsets to oversee and ensure the delivery of robust regulatory governance. Representation in geographical and/or clinical fields can be achieved in the committee structures below the board.
95. However, we do consider that, as the 'lead profession' there must be two places reserved on the Board for veterinary surgeons with the appropriate skills and experience. There should also be

one place reserved for a veterinary nurse with the appropriate skills and experience. The reserved places should not limit further veterinary surgeons or veterinary nurses being appointed should they be able to demonstrate the relevant skillsets. These reserved places on the Board are important for oversight of both regulatory and professional leadership functions.

96. The recruitment and selection process should be applied consistently to all appointments to the Board. As far as we can see there are no 'senior appointments', nor should there be. It is unclear why the Privy Council would need to play a role in the appointment process, providing the process was robust, fair, and transparent – assurance of which would be provided by the independent oversight body. In general, greater clarity is required in differentiating between the roles of the Privy Council and the independent oversight body so as to avoid overlap or duplication.
97. We support the proposal that the Board would be accountable for decisions, but where appropriate, they should be able to delegate day-to-day operations to committees, who in turn would report back to the Board. The detail of the committees' functions and composition will be critical to ensuring efficient and effective operations. Representation of different areas of veterinary work and geography could be incorporated, although care should be taken that the committee structure does not become unwieldy. As the proposals also incorporate some oversight from devolved parliaments and EFRACom, this builds in a mechanism to ensure that devolved interests and perspectives are conveyed to the regulator where there are specific issues affecting veterinary work in a particular nation of the UK.

4.3.3 Funding

98. We agree that all fees should be set on a cost recovery basis, with the regulation of veterinary/animal healthcare businesses being funded through business licences, and the regulation of individual professionals being funded by individual licensing fees. There must be a mechanism in place to ensure the recovery of any existing funds taken from RCVS reserves which are used to put in place structures for the regulation of veterinary/animal healthcare businesses or regulation of allied veterinary professionals. This mechanism must be underpinned by a clear roadmap.
99. We agree that changes to fees should no longer require Privy Council or government approval. However, the regulator must be required to:
 - consult publicly on its corporate strategy and expenditure plans every three to five years
 - explain the rationale for fee changes (including cost drivers and cross-subsidies)
 - publish a costed corporate plan outlining how fees would be used to meet statutory objectives.
100. It is essential that the regulator is required to consult meaningfully with licensed veterinary professionals and those bodies which represent those groups on the specific question of corporate strategy and expenditure plans. We strongly agree that the independent oversight body should review whether the regulator operates with economic efficiency and effectiveness, and whether its fee setting is transparent and fair. This is a key example of where the role of an oversight body is critical to ensuring robust regulatory governance and should not be simply an 'option' in new legislation.

4.3.6. Setting direction

101. It is unclear exactly what role the Defra Secretary of State would play, or need to play, in providing steers to the regulator, or indeed how a 'steer' could also be considered legally binding, or support 'independence in the regulator's decision-making. We would be concerned if the

Government of the day had powers to interfere in the activities of the regulator, which instead should be subject to Parliamentary scrutiny, with processes and performance reviewed by the oversight body. This would also be at odds with modern self-regulation for which best practice would include independent PSA-like oversight.

4.3.7 Accountability

- 102.** We support the proposal that the regulator would be formally required to submit an annual report and accounts to the UK and devolved governments. The regulator would be subject to Parliamentary scrutiny and accountability hearings at EfraCom. We also agree that the independent oversight body would review the regulator's performance annually and report to Parliament.

4.3.8 Statutory appeals

- 103.** We agree that in any regulatory process, it is important that there is the opportunity to appeal decisions made by the regulator. Statutory appeals should be heard through a regulatory tribunal as the first tier and most cost-effective and accessible route. Appeals should be heard on the facts and merits of the case, combined with points of law only where appropriate. Allowing appeals based on points of law only facilitates repeated spurious appeals that lack merit.

4.3.9 Post-nominals

- 104.** The question of post nominals must be handled sensitively, recognising that many veterinary surgeons will feel rightly proud of their status as MRCVS, which is underpinned by a long history which will be very important to many. It may be worth considering the option of a legacy right for all existing MRCVS/FRCVSs in the event that the final governance model does not utilise MRCVS/FRCVS in its design.
- 105.** We recognise that reform will require a change to post nominals in order to bring allied professions under the regulatory umbrella, and that public clarity must be the primary driver. Regarding Option 1 (eg MRCVS (Veterinary Surgeon)), we are concerned that this would not provide sufficient clarity for the public due to the potential for the element in brackets to be applied or used inconsistently. Option 2 (eg RVS - for Registered Veterinary Surgeons) is arguably clearer for the public and less open to misuse, however for veterinary surgeons this change would clearly lose the historical significance of MRCVS/FRCVS. Any change must be supported by a significant and concerted public communications campaign, and there should be a requirement for post nominals to be accompanied by the registration number to ensure clarity.

We consider that veterinary surgeons should be entitled to continue to use the courtesy Dr with the selected post nominal. The only other regulated veterinary professionals doing this should be those with a recognised doctorate.

Governance structure

Governance structures – desired outcomes

106. The outcomes which we would want and expect to see from a reformed governance structure include, most importantly, an effective and efficient regulator which meets the Professional Standards Authority's principles of good regulation, which state that regulators should act in a way which is:

- Proportionate
- Consistent
- Targeted
- Transparent
- Accountable
- Agile⁷

We would also include the additional principles of the regulator being:

- Fair
- Compassionate

107. A key measure of success for governance reform will be both public and professional trust and confidence in the regulator. To achieve this there must be:

- Clear separation of regulatory and professional leadership functions
- Clear separation of and reporting on regulatory and professional leadership income and expenditure
- External oversight and scrutiny from an independent organisation.

108. Over many years we have heard from BVA members, the wider profession, and members of the public that the current governance structure does not foster trust and confidence in the effective delivery of core regulatory functions as a result of the conflation of regulatory and professional leadership functions in a Royal College that regulates. BVA's 2024 policy position on RCVS Governance⁸ set out our considered view on how RCVS governance needs to evolve to ensure it remains fit for purpose in the context of the regulation of allied professions and veterinary legislative reform. Key recommendations included:

- RCVS should strive for greater clarity and transparency of organisational identities, purposes, structure, and governance, and communicate it effectively and consistently to the veterinary professions and the public.
- RCVS should articulate more clearly the activities which it considers to be Royal College and Regulatory functions, and the costs associated with each.
- RCVS should commit to external scrutiny against similar standards to the Professional Standards Authority and publish the outcomes of that assessment in full.

109. The BVA policy position did not explicitly state support for retaining the 'Royal College that regulates' model. However, we have previously supported the recommendation of the RCVS Legislation Working Party that RCVS should continue to be a 'Royal College that regulates' on

⁷ [Standards of Good Regulation | PSA](#)

⁸ <https://www.bva.co.uk/take-action/our-policies/rcvs-governance/>

the basis that a complete separation of the regulatory and Royal College functions into separate organisations would be costly and would likely result in the loss of self-regulation in the process.⁹

4.3.10 Defra proposed structure

110. Throughout the informal Defra policy development process, we expressed broad support for a governance model where regulation and profession leadership, supported by profession-specific faculties, is carried out by the same body. We have worked closely with Defra, RCVS, and BVNA to build consensus and support for the creation of two distinct arms – the regulatory arm, and the professional leadership arm – overseen by a Board.

111. The proposed structure at 4.3.10 of the consultation reflects that broad consensus. However, it is currently unclear which elements of the model will be enshrined in primary legislation, and which elements will retain some degree of flexibility or indeed be left open to interpretation. For us to be able to support the proposed structure we would need to see significant strengthening of the proposal. In particular:

- The roles of both the regulatory and professional leadership arms of the organisation must be very clearly defined, and separately managed and funded, with a clear and distinct division of responsibilities. RCVS has increasingly asserted that all its activities are regulatory, with the RCVS response to the Defra consultation claiming that there is no fixed or clear line between ‘Royal College functions’ and ‘upstream regulation’.¹⁰ We disagree, and in our view there must be provision in statute as to what activities are core regulatory functions and which are professional leadership functions. We could not support a model where the Board is empowered to decide how to delegate the functions and finances across the two arms, as is being proposed by RCVS.
- There must be a statutory requirement for RCVS to separate and report on the allocation of funding for regulatory functions, and funding available for professional leadership activities, and this must be overseen and scrutinised by an external independent body. We could not support the allocation of fundings being a matter which is left entirely to the discretion of the Board. It is essential that regulatory activity is properly funded, and that this funding is not diverted to professional leadership activities at the expense of effective, efficient, and compassionate regulation.
- External independent oversight must be a statutory requirement rather than just an option. The current absence of independent oversight of the veterinary regulator is insufficiently robust. The regulator must be subject to external scrutiny against similar standards to the Professional Standards Authority and be required to publish the outcomes of that assessment in full.
- There must be clarity in terms of the legislative powers underpinning each function. The regulatory function should be underpinned by the reformed VSA, and the professional leadership function should be underpinned by the Royal Charter. If the Royal Charter were to remain aligned to the regulator, it could allow the regulator discretionary powers that bypass the need for consultation, which would be unacceptable to the profession.

112. We consider that the proposed structure represents a unique opportunity to deliver reform which best serves the interests of the veterinary professions, the public, consumers, and animal health and welfare. However, this is only possible if legislation mandates the clear separation of regulatory and professional leadership functions, the clear separation of and reporting on expenditure, and external oversight and scrutiny from an independent organisation. Our support

⁹ <https://www.bva.co.uk/media/4038/response-to-rcvs-legislative-reform-consultation-final-11-march-2021.pdf>

¹⁰ <https://www.rcvs.org.uk/veterinary-professionals/consultations/vsa-reform-time-for-change>

for the proposed structure is contingent on these elements being enshrined in statute such that the regulator is required to act with transparency and accountability. Having read the publicly available RCVS response¹¹ to this consultation we do not have confidence RCVS will deliver the governance model described at 4.3.10 in a clear and transparent way, without increased detail in legislation and appropriate external oversight.

- 113.** Maintenance of the status quo risks damaging professional and public trust through failure to modernise. In the event that the proposed structure cannot be delivered with robust safeguards in place as described above we would have little choice but to switch our support to an alternative structure whereby the professional leadership functions were completely separated from the regulator. The alternative model as set out in the consultation document (4.3.11 Alternative structure – Separating the professional leadership functions from the regulator) is not without risks, including the loss of some or all of the professional leadership functions currently delivered by RCVS in the event that RCVS became solely a regulator under a split model. Although it may be that some of those functions could be delivered across a range of other organisations with the specific expertise appropriate to the specific function (eg BVA, or Vetlife for mental health and wellbeing) the benefits of transparency of function in such radical reform come with future risks for the profession(s). We have concerns that professional leadership functions in this model would become fragmented and poorly funded, with the risk of loss of some functions that are important for the support of all professionals but would perhaps not be financially supported.
- 114.** The alternative model presented in the Defra consultation does not reflect the discussions which were held during the informal Defra policy development process and was in fact introduced only shortly before the publication of the consultation. Prior to this the alternative option for a split model consisted of a ‘new’ regulator akin to a General Veterinary Council, with the current RCVS retaining its Royal Charter and focusing solely on professional leadership functions. Although we understand the reason for this last-minute change relates to government policy on the creation of new regulatory bodies and the associated cost, we were disappointed to find that the options available for consultation had changed without further discussion with key stakeholders, including BVA, BVNA and RCVS.
- 115.** We consider that the original interpretation of the split model should be revisited in the event that a split model is the direction which governance reform needs to take, and a third model should be considered. The current ‘Royal College that Regulates’ could be split into a regulator alone and a professional leadership body. The regulator could take on a new name (for example ‘Veterinary Services Council’) with the leadership body keeping both the Royal College of Veterinary Surgeons name and the Royal Charter to enable its work. Such an approach does not appear to us to be strictly speaking a ‘new’ regulator as it should be possible to divide the financial, intellectual, and human resources of the existing RCVS into two separate bodies with two separate functions such that it would be largely self-funding. The maintenance of the RCVS as the professional leadership body would be more likely to maintain membership, and avoid fragmentation through loss of funding, than the previously described ‘alternative option’ in the consultation. However, the absence of any detail on indicative costs associated with a split model also makes it difficult to weigh up these risks and benefits.

March 2026

¹¹ <https://www.rcvs.org.uk/veterinary-professionals/consultations/vsa-reform-time-for-change#our-response-to-the-consultation>