

## Response to CMA Working Papers published 6 February 2025

The Veterinary Client Mediation Service ('VCMS') has reviewed the Working Papers published on the 6 February 2025. This response document focuses on the paper entitled "Regulatory Framework for veterinary professionals and services".

### The VCMS

The VCMS provides veterinary clients and veterinary practices with a mediation based, free at the point of use complaint resolution process. The service was established in 2017 by the Royal College of Veterinary Surgeons. The RCVS continues to fund the service from the registration fees paid by individual veterinary professionals. Nockolds Solicitors is contracted to deliver the service, which is an 'Approved Alternative Dispute Resolution (ADR) body'. Veterinary consumers can contact the VCMS directly. The service provides complaint resolution support in several ways. At a local resolution level, the service helps consumers to raise complaints with their veterinary practice and achieve resolution through the practice complaint process. Where local complaint procedures have been exhausted, the VCMS offers telephone mediation. Veterinary practices are then invited to participate and engage in 77% of invitations. The service currently receives around 300 referrals a month. The service has a resolution rate of 82%.

### The purpose of this response

The VCMS understands that the CMA are considering a range of options in this space. Where the VCMS or Nockolds have insight on possible remedies, this is shared in detail in this VCMS response. This response does contain some commercially sensitive information, and so these sections are redacted in this document, to allow the body of the response to be published. The points considered or commented on in this document are not an exhaustive analysis, and the VCMS are keen to be involved in further consideration of any options being assessed or suggested by the CMA or within responses from other main and interested parties.

Where the VCMS has set out options for consideration, it is important to note that some will require financial resource. The VCMS was established by and continues to be funded by the RCVS. Matters involving the remit of the VCMS will require consultation with the RCVS, and consideration around costings/funding and statutory remit, pending legislative reform or other powers/orders flowing from the CMA's investigation. Depending on the remedies relating to other aspects, it is also appreciated that some remedies will require RCVS or third-party consultation, involvement and engagement in terms of development and implementation. This response is intended to share ideas and highlight matters for consideration during those interactions.

### Business regulation

Should the CMA investigation result in the regulation of practices, then the VCMS is committed to working within that framework to build on the current benefits of the VCMS and allow ease of access for consumers. In sectors with multiple 'paths' consumers may become fatigued and unable to identify the service most appropriate for them. Sectors with multiple options can have the unintended consequences of deterring consumers from pursuing a complaint. This will require detailed consideration once a clearer overview of the regulatory framework(s) is known.

The VCMS process approaches complaints as a practice issue and not specifically relating to one individual veterinary professional. As the provider of complaint resolution in the sector since 2017 and with a continual improvement ethos, the VCMS seeks to evolve the service to ensure the scheme is effective in resolving complaints arising following this CMA investigation and will work with the regulator of veterinary businesses to adapt for business regulation.

## VCMS Detailed Comments and Responses

Para of paper	Summary point	VCMS/Nockolds Response
5.7	<ul style="list-style-type: none"> <li>Connected and co-ordinated elements of consumer complaint and redress processes</li> </ul>	<p>The VCMS supports the focus on a connected and co-ordinated approach to consumer redress in the veterinary sector.</p> <p>It is important that animal owners are able to evaluate what constitutes good service and how to raise concerns when the care and service provided falls below that expectation.</p> <p>In our experience in reviewing over 23,000 veterinary complaints, concerns raised by animal owners which escalate are often complex and multi-faceted. During the pandemic, we did note an increase in animal owners who felt unable to complain as they were unsure how to do so or who felt the complaint was not being considered or progressed. This is illustrated by the fall in the number of enquiries handled in 'phase A' by VCMS as a proportion of the overall activity (see responses to para 5.29).</p> <p>Anecdotally, VCMS have noted that in comparison to 2017, when the service was launched, more practices have a complaints policy which is available and accessible whether online, in the practice or on request.</p> <p>We have in turn seen a reduction in the enquiries received where the animal owner does not know who to contact to raise a complaint. We do not have data on this but consider it likely that the 32% of survey responses indicating they did not complain as they did not know how to respond, would have been higher 5 years ago.</p>
5.10	<ul style="list-style-type: none"> <li>Clear and consistent regulatory requirements regarding complaint processes</li> </ul>	<p>Many of the complaint processes adopted by veterinary practices and seen by the VCMS are consistent and follow good practice as seen in other sectors. Cross sector learnings and insight should be shared and explored. From the wider work of Nockolds in this area, we will continue to share those insights and seek to influence ongoing development in this area.</p> <p>A framework of what should be included in a complaint policy and process, and what a consumer can expect when they raise a complaint is likely to aid consumer confidence in the handling of veterinary complaints.</p> <p>The RCVS does not have statutory regulatory powers in respect of veterinary businesses. With legislative reform, standards of practice for veterinary businesses could be applied, implementing business regulation for practices delivering veterinary care (regulated activities).</p>

		<p>Until this time:</p> <ul style="list-style-type: none"> <li>• the VCMS could publish ‘good practice’ guidance. Consideration would need to be given to the status of that guidance, and the consequences of a failure to implement and follow a compliant process;</li> <li>• the RCVS could increase the weighting and the details of the customer service and complaint handling requirements in the RCVS Practice Standards Scheme (PSS) assessment criteria; and/or</li> <li>• The RCVS Code of Conduct and Supporting Guidance could contain more detail on complaint handling and policies, which then requires individual veterinary professionals to be responsible for ensuring the practices in which they work, comply with specific requirement. Consideration will need to be given where accountability for the complaint process does not sit with individual veterinary professional and whether a breach of this element of the code would amount to serious professional misconduct. It is however likely to be evidence of poor practice which would be evidence of a breach of the Consumer Rights Act 2015 and a powerful influence in resolving complaints raised. Repeated disregard for the Code would also be indicative of misconduct to be considered by the RCVS.</li> </ul> <p>There are examples of professional standards of practice applicable to individual professionals relating to obligations around complaint handling in settings where the individual is not personally responsible for setting the complaint policy. As an illustration, the General Optical Council – <a href="#">practice standard 18</a> states individual optical professionals must:</p> <p><b>18.1</b> <i>Operate a complaints system or follow the system that your employer has in place, making patients aware of their opportunities to complain to yourself or your employer. At the appropriate stage in the process, the patient should also be informed of their rights to complain to the General Optical Council or to seek mediation through the Optical Consumer Complaints Service.</i></p> <p><b>18.2</b> <i>Respect a patient’s right to complain and ensure that the making of a complaint does not prejudice patient care.</i></p> <p><b>18.3</b> <i>Respond honestly, openly, politely and constructively to anyone who complains and apologise where appropriate.</i></p> <p><b>18.4</b> <i>Provide any information that a complainant might need to progress a complaint, including your General Optical Council registration details and details of any registered specialty areas of practice.</i></p> <p>The standards applied to Dental professionals are also shared in Appendix A below.</p>
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		<p>Both sets of practice standards apply to individuals and are distinct to the standards applied to businesses, highlighting the importance of effective resolution of consumer complaints.</p> <p>Veterinary and consumer stakeholders should also contribute to this framework. The VCMS could facilitate this.</p> <p>It is important that a framework or guidance encourages local resolution and does not have the unintended consequences of becoming too formulaic which can lose the person-centred focus that will be seen already in practices with good consumer relations.</p> <p><b>Proposals for consideration – clarity and consistency on complaint procedures</b></p> <p>Complaint policies and procedures should embody core, underlying principles of effective complaint resolution: fairness, transparency, accessible, fair, consistency and empathy (given emotive nature of veterinary complaints).</p> <p>The VCMS is not a regulatory body but does have considerable complaint handling insight and expertise. The service can publish ‘advice’, but it is recognised that if the requirements are to have a more formal status, then they would need to be issued by the regulatory body. If this approach is adopted, the VCMS would provide input into the requirements utilising the expertise in this area.</p> <p>It is our view that effective complaint procedures/policies should:</p> <ul style="list-style-type: none"> <li>• promote early resolution;</li> <li>• include: <ul style="list-style-type: none"> <li>• clear steps which are easy to access and to understand,</li> <li>• information on how a consumer should raise a complaint with contact points – online, letter, email,</li> <li>• how the complaint is investigated and resolved by the practice: <ul style="list-style-type: none"> <li>• establishing the areas of concern,</li> <li>• understanding how the consumer wants the complaint resolved,</li> <li>• incorporating time for clarification and reflection,</li> <li>• what happens if the complaint cannot be resolved locally;</li> </ul> </li> </ul> </li> <li>• consider and detail how real or perceived conflicts of interest are prevented by the practice,</li> </ul>
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		<ul style="list-style-type: none"> <li>provide that the practice will share details for the VCMS at an appropriate time, so the consumer is aware they have an accessible and free at the point of use pathway, and comply with the other requirements of the Code including providing information about the Regulator, the RCVS;</li> <li>give guidance on expectations around: <ul style="list-style-type: none"> <li>timelines – acknowledge the complaint and next steps,</li> <li>reasonable adjustments/accessibility and support for vulnerable consumers.</li> </ul> </li> </ul>
5.10, 5.14 & 5.15	<ul style="list-style-type: none"> <li>Is there consumer reluctance or inability to complain</li> </ul>	<p>It is noted from the Animal Owner survey, that 8% of pet owners considered making a complaint, and 3% went on to make a complaint.</p> <p>The General Optical Council commissioned a public perceptions survey in 2024, <a href="#">goc_9485_public-perceptions-research_report.pdf</a> (pg. 46) and this indicated that 12% of patients felt they had cause for complaint, and 7% raised a complaint.</p> <p>The CMA Animal Owner survey indicated that where animal owners did not complain:</p> <ul style="list-style-type: none"> <li>53% did not think anything would come of it;</li> <li>38% worried about relationship with vet;</li> <li>32% did not know who to complain to.</li> </ul> <p>NHS complaint insight frequently refers to similar findings in healthcare complaints with patients not raising concerns as they are concerned about ongoing care, cannot see the point of complaining as they are not confident a complaint will result in change, or they feel there are barriers to complaining.</p> <ul style="list-style-type: none"> <li>NHS - <a href="https://www.ombudsman.org.uk/sites/default/files/Breaking_down_the_barriers_report.pdf">https://www.ombudsman.org.uk/sites/default/files/Breaking_down_the_barriers_report.pdf</a></li> </ul> <p>The legal services sector also reports similar reticence.</p> <ul style="list-style-type: none"> <li>Legal Services : Legal Services Desk Review 2022 <a href="https://www.legalservicesconsumerpanel.org.uk/wp-content/uploads/2022/07/22.07.19-How-consumers-are-using-legal-services-report-FINAL.pdf">https://www.legalservicesconsumerpanel.org.uk/wp-content/uploads/2022/07/22.07.19-How-consumers-are-using-legal-services-report-FINAL.pdf</a> (1 in 4 consumers were dissatisfied with the legal services they required but did not do anything about it)</li> </ul> <p>In the recent CMA review of the fertility treatment sector, there was analysis of consumer complaint behaviours and barriers.</p> <ul style="list-style-type: none"> <li>Fertility Clinics - <a href="#">Research - internal\Fertility Clinics CMA. Final findings report 2022.pdf</a></li> </ul> <p>The NHS and legal sectors have mandatory adjudication complaint redress pathways.</p>

		<p>Research and analysis in other sectors indicate other relevant factors are:</p> <ul style="list-style-type: none"> <li>• a fear of confrontation or conflict;</li> <li>• too busy;</li> <li>• cannot access the pathway (digital process);</li> <li>• the 'consumer has moved on'.</li> </ul>
5.12	<ul style="list-style-type: none"> <li>• PSS requires practices to have a complaint process but does not cover what that should include – no formal, agreed and consistent complaint process with expectations</li> </ul>	<p><b>Proposals for consideration – clarity and consistency on complaint procedures</b></p> <ul style="list-style-type: none"> <li>• See above - RCVS could consider increasing the weighting and the details of the customer service and complaint handling requirements in the RCVS Practice Standards Scheme (PSS) assessment criteria.</li> </ul>
5.13	<ul style="list-style-type: none"> <li>• Other sectors have established processes – RICS, Legal Services Board</li> </ul>	<p>Many sectors do have established processes. Complaint processes are far more consistent and widespread in the veterinary sector in recent years, and there is an increasing commitment to improving complaint handling. In the sectors with established processes (NHS and Legal) we still see consumer reticence to raise complaints. See response to 5.10 above.</p> <p>Through the VCMS, Nockolds will continue to share research and analysis on how professions and organisations can overcome this reticence to encourage feedback and earlier complaints, thereby maintaining a consumer minded, open and learning culture alongside the commitment to animal welfare.</p>

5.15 & 5.29	<ul style="list-style-type: none"> <li>8% pet owners considered making a complaint, and 3% went on to raise a complaint. Of those who did not complain:               <ol style="list-style-type: none"> <li>53% didn't think anything would come of it.</li> <li>38% worried about relationship with vet</li> <li>32% didn't know who to complain to</li> </ol> </li> </ul>	<p><b>a) 53% of animal owners who did not complain, said they didn't think anything would come of it and 38% were worried it would harm their relationship with their vet.</b></p> <p>These barriers are reported in other sectors and are prevalent in society despite an increase in overall consumer complaint activity. Where consumers believe that a complaint will be taken seriously by a practice, that they will achieve their desired outcome or improve the situation for others, then they are more likely to raise a complaint.</p> <p><b>Proposals for consideration– promoting a culture of encouraging feedback and complaints.</b></p> <p>This is intended to overcome the consumer view that 'nothing will come of the complaint' and reassure that if a complaint is raised, the relationship with the practice will be maintained.</p> <p>Options to consider could include:</p> <ul style="list-style-type: none"> <li>(RCVS) A PSS requirement to publish feedback and complaint data and insight so consumers can consider this when selecting a practice;</li> <li>(All) Encourage practices to share FAQs to help inform animal owners – these should go beyond clinical expertise and information and include guidance on difficult scenarios which can lead to complaints. Stakeholders including VCMS can produce information which practices can refer animal owners/clients and continue the insight sharing to highlight the consumer and commercial benefits.</li> <li>(RCVS) Valuing the communication and interaction skills – mandatory CPD requirements for:               <ul style="list-style-type: none"> <li>individual veterinary professionals to undertake a proportion of CPD hours in non-clinical competencies skills to include communication, complaint handling, supporting animal owners to make confident decisions etc;</li> <li>PSS practices – commit to CPD training in this area for all members of the team;</li> <li>Accreditation of CPD courses and ongoing learning and skill set development;</li> <li>Under and post graduate curriculums including content which gives a foundation in non-clinical competencies</li> </ul> </li> </ul> <p>CPD and training are very effective in allowing practices to see the benefit in confident and compassionate complaint and feedback handling. Where practice teams respond to consumer worries, concerns or complaints in a positive and engaged way, the outcomes for consumers and the practices are often better. Nockolds also deliver the Optical Consumer Complaints Service and have seen this work very effectively in the eye healthcare sector. See response to para 5.44.</p>
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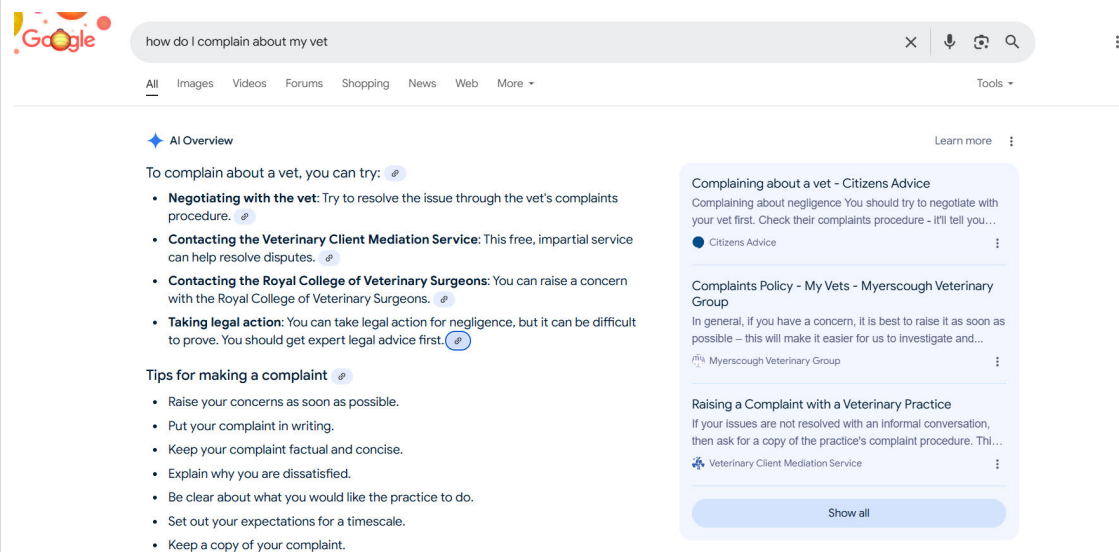
The aim is to develop confidence in veterinary practice teams in receiving and responding to complaints which in turn reassures and encourages animal owners to raise concerns (and at an earlier stage) and emphasises the positive outputs from complaints & their QI value/impact.

**b) 32% of animal owners who did not complain, said this was due to not knowing how to complain**

Increasingly veterinary practices are publishing complaint policies online or making them available in the practice.

Other sectors require complaint policies to be available on request or provided to all consumers. This is a requirement in the legal sector.

There are also useful resources available online to guide consumers on how to raise a complaint:



The VCMS also provide guidance and support both online, via email and on the telephone.

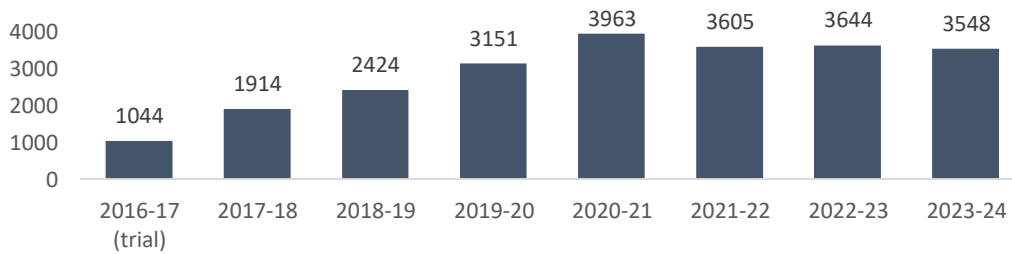
Requiring practices to set out how complaints can be shared with the practice as part of the complaint process can assist.



		<p>It is also important to consider how information is provided to and accessed by those who do not have digital or online connections.</p> <p><b>Proposals for consideration – accessible and trusted complaint processes</b></p> <p>Options referred to above in terms of the requirements of an effective complaint process could also include how that policy is made available to animal owners.</p> <p>Whether RCVS Code or VCMS publishing best practice, the provision of information to animal owners to promote accessible and effective complaint handling processes for all clients or those considering registering with a practice would ensure that all consumers have access to this prior to and in the even of feeling they have cause to complain.</p> <p>Effective requirements on the provision of a complaint policy could be:</p> <ul style="list-style-type: none"> <li>• the complaint policy should be provided to all clients on registering;</li> <li>• the complaint policy should be available on website;</li> <li>• the complaint policy should be displayed in the reception/waiting areas in practice;</li> <li>• the policy should explain how consumers can request reasonable adjustments or where to access support to raise a complaint.</li> </ul>
5.20, 5.28 & 5.29	Effective ADR scheme – consumers are aware of and know how to use the scheme, operates to address asymmetry between business and consumer and produce prompt and effective resolution of complaint and mechanisms to make valuable use of the data to drive improvements in regulation and services	<p>The VCMS agrees with this statement and is committed to enhancing and developing the role and impact of the service.</p> <p>As highlighted in the working paper, the service currently delivers:</p> <ul style="list-style-type: none"> <li>• An impartial resolution focused, free at the point of use pathway, which is delivered by an ADR specialist, independent of the sector;</li> <li>• High practice engagement;</li> <li>• High resolution rates in complaints mediated;</li> <li>• Positive feedback from consumers and veterinary practices;</li> <li>• Support for local and first tier complaint resolution;</li> <li>• Collates and shares insight giving feedback to veterinary professionals, businesses, stakeholders and regulators.</li> </ul> <p>The scheme is based on a practice-focused model which enables it to share insight at an individual practice, organisation and sector wide level. The benefits to date have been achieved through positive engagement and building trust with both veterinary practices and animal owners. The legislative framework available does not establish statutory powers at practice</p>

		<p>level and had to be incepted as a resolution by consent approach. Many ADR schemes evolve over time, with many having been in place for considerably longer than the VCMS (FCA, Property Ombudsman). Effective and impactful ADR providers and redress schemes have to evolve over time to meet the current and future needs of consumers and their sectors.</p> <p>The VCMS is underpinned by a commitment of continual improvement and evolution which enables the service to build on the trust and confidence to further develop, particularly in relation to consumer awareness and protection, increased utilisation and engagement, and insight sharing to support continual improvements in the sector.</p>
5.29	VCMS has potential to play an important role	<p>The VCMS is committed to building on the current benefits and to refine the framework to enable the service to play that important role benefiting consumers and driving positive change in terms of reinvesting complaint insight, consumer protection and strengthening positive relationships between animal owners and veterinary professionals now and in the future.</p>
	<ul style="list-style-type: none"> <li>Benefits of the VCMS</li> </ul>	<p>The VCMS was launched in 2017 by the RCVS, with the commitment to introduce, establish and also develop a complaint resolution pathway which is effective and accessible. The service was launched during a period of considerable change in the sector, particularly in relation to practice ownership.</p> <p>Other ADR schemes have been incepted from within the regulator, but the VCMS has been independently delivered since the pilot and then full launch in 2017.</p> <p>Many ADR schemes have been in situ for a number of years (e.g. Property Ombudsman which is more than 30 years old).</p> <p>While the VCMS recognises there will always be more the service can do to support the consumer/practice relationship, consumer confidence and effective consumer redress, the VCMS has, in a relatively short timescale, provided consumers and practices with a resolution service where:</p> <ol style="list-style-type: none"> <li>almost all complaints received by the service reached a resolution/conclusion;</li> <li>60% of referrals are supported to access local resolution;</li> <li>feedback from consumers and veterinary professionals regarding the process and outcome is consistently high and balanced;</li> <li>the burden on RCVS is reduced to allow more targeted investigation of concerns which do amount to serious professional misconduct;</li> <li>the service collates, analyses and shares insight captured through enquiries and mediations;</li> </ol>

		f) in a voluntary scheme, the service has seen strong engagement and participation in the complaint resolution process.																								
5.29	<ul style="list-style-type: none"><li>The CMA flagged that the fact that 60% of consumers reaching out to VCMS before exhausting local resolution could indicate that complaint process at local level is ineffective.</li></ul>	<p>The CMA poses a question which has been a focus for the VCMS, particularly during the pandemic, and which led to the insight-based activity around approaches to complaint handling.</p> <p>In our experience in reviewing over 23,000 veterinary complaints, concerns raised by animal owners which escalate are often complex and multi-faceted. During the pandemic, we did note an increase in animal owners who contacted the VCMS as they felt unable to complain as they were unsure how to do so or who felt the complaint was not being considered or progressed by the practice team. This is illustrated by the fall in the number of enquiries handled in ‘phase A’ by VCMS to 57% of outcomes.</p> <table><tr><th>Year</th><th>YoY activity trend</th><th>Complaints supported to resolve at 1<sup>st</sup> tier</th><th>% of outcomes</th></tr><tr><td>2019-20</td><td>+30%</td><td>2006</td><td>67%</td></tr><tr><td>2020-21</td><td>+26%</td><td>2809</td><td>68%</td></tr><tr><td>2021-22</td><td>-9%</td><td>2451</td><td>66%</td></tr><tr><td>2022-23</td><td>+1%</td><td>2237</td><td>62%</td></tr><tr><td>2023-24</td><td>-3%</td><td>2148</td><td>57%</td></tr></table>	Year	YoY activity trend	Complaints supported to resolve at 1 <sup>st</sup> tier	% of outcomes	2019-20	+30%	2006	67%	2020-21	+26%	2809	68%	2021-22	-9%	2451	66%	2022-23	+1%	2237	62%	2023-24	-3%	2148	57%
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5.32	Feedback sample size	<p>As the CMA notes from the survey responses, non-incentivised surveys/requests for feedback have lower response rates. The VCMS continues to explore ways of increasing the response rates for feedback. Feedback is received from both animal owners and practices.</p> <p>There is little published data from ADR and complaint redress schemes on satisfaction ratings. The response rates from VCMS service users are higher than the Optical Consumer Complaints Service and as indicated in Dental Complaints Services (2022 report).</p>																								

Points for consideration regarding VCMS																				
	<ul style="list-style-type: none"><li>Voluntary nature of VCMS</li></ul>	The VCMS was established by the RCVS in 2017, and it’s launch coincided with significant changes within the sector.																		
	<ul style="list-style-type: none"><li>Low level of consumer engagement</li></ul>	The initial phase was to establish and embed the service which was achieved through an increase in use/referrals to the service and practice engagement:																		
	<ul style="list-style-type: none"><li>Limited use of VCMS data</li></ul>	<div><table><thead><tr><th>Period</th><th>Referrals</th></tr></thead><tbody><tr><td>2016-17 (trial)</td><td>1044</td></tr><tr><td>2017-18</td><td>1914</td></tr><tr><td>2018-19</td><td>2424</td></tr><tr><td>2019-20</td><td>3151</td></tr><tr><td>2020-21</td><td>3963</td></tr><tr><td>2021-22</td><td>3605</td></tr><tr><td>2022-23</td><td>3644</td></tr><tr><td>2023-24</td><td>3548</td></tr></tbody></table></div> <p>The service had been in situ for 3 years at the time of the pandemic which placed a strain on many consumer/business relationships. As has been highlighted within the investigation, the veterinary sector also faced staff challenges, Brexit issues which impacted on supplies and staffing, and an increase in pet ownership. 2020-2022 was a period of real difficulty for animal owners and veterinary practice teams. This is illustrated by the increase in ‘early’ referrals to the VCMS between 2019-20 and 2021-22 (see response to para 5.29 above).</p> <p>We have observed that engagement with insight and a focus on developing current and effective approaches to client communication and complaint handling has increased in the sector since 2017.</p> <p>Effective ADR schemes evolve over time, with many having been in place for considerably longer than the VCMS (FCA, Property Ombudsman). Effective and impactful ADR providers have evolved their models and activities over time to meet the current and future needs of consumer and their sectors, and the VCMS continues a commitment to do the same.</p> <p>The VCMS was developed with clear objectives in mind:</p> <ol style="list-style-type: none"><li>to provide animal owners with a free at the point of use scheme which would compassionately facilitate resolution of their complaints, which often arise in distressing situations involving complex veterinary pathways and options;</li><li>to engage the sector in a process in resolving complaints which did not involve allegations of serious professional misconduct and would be better placed in an ADR/mediation process than formal professional negligence claim</li></ol>	Period	Referrals	2016-17 (trial)	1044	2017-18	1914	2018-19	2424	2019-20	3151	2020-21	3963	2021-22	3605	2022-23	3644	2023-24	3548
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		<p>proceedings. This would be ‘better’ for consumers who would obtain swifter resolution focused on their needs, and ‘better’ for veterinary professionals who were retreating and leaving the profession when they felt unable to meet owner expectations, which were considered to be unreasonable on occasions;</p> <ol style="list-style-type: none"> <li>3. to deliver a cost-effective process which reflected the value of the animal being treated was often relatively low in financial terms, but high in sentimental terms, and where veterinary fees would generally not exceed the smalls claims county court threshold.</li> </ol> <p>The insight captured by the VCMS indicates:</p> <ol style="list-style-type: none"> <li>1. clear communication and engaged decision-making lead to constructive relationships between animal owners and veterinary practices/professionals;</li> <li>2. when animal owners do not feel confident in the decisions around complex veterinary care options, dissatisfaction and complaints can arise. There are a wide range of factors which make those decisions complex, a number of which are not directly related to the animal or the financial aspects of the decision;</li> <li>3. Expectations around the availability of more costly, complex and invasive options place pressures on both animal owners and veterinary professionals as they can feel that if clinical options are available, then they should be utilised if they are giving their animal the care they deserve. This leads to reflection of ‘we can, but does that mean we should?’ Contextualised car and decision making.</li> <li>4. Whilst our pets are classified as property, the owner-animal relationship with them is far more emotive for many owners. Pet humanisation and pet centric spending is more prevalent, even in a ‘cost of living’ crisis.</li> <li>5. In the majority of complaints, the root cause or issue in the complaint is not the standard of veterinary care provided. The diagnostic or care pathways are very often clinically reasonable options, but other factors may influence whether the animal owner is ultimately satisfied with the decision and outcome.</li> </ol> <p>For these reasons, mediation is an effective method of ADR as issues are often not binary. A mediation approach achieves a high-resolution rate with strong satisfaction ratings for both animal owners and veterinary practices.</p> <p>It is however important that the service evolves and builds on the engagement achieved so far, to increase consumer access to effective and compassionate complaint resolution. The VCMS seeks to assist the CMA in scoping out and carefully considering a range of options to enable the remedies and outputs of the investigation to have a meaningful and positive impact.</p>
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5.37	<p>Voluntary nature of the scheme</p> <p>g) Practice engagement h) Practice can walk away at any time.</p> <p>Restricts access for consumers where a Practice declines.</p> <p>Limits the extent to which vet practices are disciplined by threat of obtaining effective redress</p>	<p>The VCMS continually reviews the engagement by practices and reflects on how to increase and secure this.</p> <p>Analysis indicates where a practice refers to the VCMS in their complaint policy, engagement is higher. The proportion of animal owner who are referred to the VCMS and then disappointed as the practice declines to engage are the minority.</p> <p>The VCMS is explicitly referred to in the complaint policies of a number of independent practices, CVS, IVC, Medivet, Vets for Pets and Vets Now, and engagement across 2023-24 was 80%.</p> <p>In the minority of complaints where the practice declines mediation, the consumer is signposted based on the level of seriousness or complexity. The VCMS continues to encourage practice engagement save for the exceptional circumstances where mediation or an ADR process is not appropriate.</p> <p>Below, the VCMS has identified some potential options for consideration:</p> <ul style="list-style-type: none"> <li>a) Default engagement</li> <li>b) Mandatory scheme</li> <li>c) Investigative/adjudication element to the resolution process.</li> </ul> <p>In all ADR schemes, there are reasons why complaints do not progress within the scheme. Some of these factors are immediately apparent (practice not in the UK) or remit based (e.g. for VCMS relates to commercial animals etc). There are however other reasons which may not be known by the ADR provider.</p> <p>Examples of these factors are detailed in the ADR Regulations (Sch 5 and Sch 6). Even with a compulsory scheme or default engagement, there will be complaints or parties which cannot proceed. In Q4 2023-24 practice engagement exceeded 80%. Data across Approved ADR Bodies varies, but some compulsory services do 'reject' 15-20% of complaints which is at a comparable level of remit and practice decline rates in VCMS. In the most recent report published by the Independent Betting Adjudication Service, 51% of enquiries were rejected or excluded by the service itself. The Dental Complaints Service reported in 2022 that 84% of enquiries were out of remit (with only 29% being due to the complaint concerning NHS treatment).</p>
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	<p><b>Proposals for consideration without or prior to legislative reform</b></p> <p><b>a) Default engagement</b></p> <p>The VCMS scheme, could by consent move to a default engagement basis if practices were agreeable to this change.</p> <p>This would require practices to ‘opt out’ if they felt mediation was not appropriate in the circumstances. This change would require consultation with sector and representatives of veterinary professionals and businesses including indemnity insurers. This could be implemented quickly with positive engagement.</p> <p>The VCMS could work with the CMA, RCVS, consumer groups and veterinary practice representatives to refine appropriate reasons for a complaint not to proceed. These may include:</p> <ul style="list-style-type: none"> <li>• where an RCVS professional misconduct investigation is live;</li> <li>• unreasonable and unacceptable behaviour by the animal owner (evidenced to VCMS).</li> </ul> <p>Enforcement of this approach needs to be considered as the RCVS does not have the ability to require this of all veterinary businesses. The approach to a Code of Conduct/Standards change for consistency in complaint processes and the provision of information could be applied here via RCVS guidance or a Code of Conduct amendment.</p> <p>For practices which are accredited under the RCVS PSS, failure to engage could be reported to the RCVS to inform interim, intelligence led reviews or future accreditations.</p> <p>In the future, engagement with VCMS could be included in standards of practice for veterinary businesses.</p> <p>The VCMS is continuing to analyse internal data to consider the consumer harm where a practice declines to engage under the current scheme and whether proposed changes to engagement would alter the outcome of those complaints.</p> <p><b>b) Mandatory scheme</b></p> <p>In many sectors, and under the ADR Regulations 2015, businesses are required to provide consumers with the details of the ADR scheme available for complaints which are not resolved at first or second tier stage. Under the 2015 ADR Regulations, businesses are not mandated to participate in the scheme.</p>
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	<p>If the proposal requiring practices and veterinary professionals to provide details of the VCMS to all clients or to clients at an appropriate stage (as the GOC require for the Optical Consumer Complaints Service) was introduced, then this corresponds with the requirement under the ADR Regulations.</p> <p>Mediation requires the parties to actively participate to seek and agree a resolution, and so traditionally engagement has been seen as having to be voluntary by both parties.</p> <p>Mandatory participation in an ADR scheme would require careful consideration to ensure this would benefit consumers in the long term.</p> <p><b>c) Investigations and adjudication</b></p> <p>The current VCMS model achieves resolution using mediation techniques. This means the Resolution Manager does not impose a decision or make a finding, meaning it is in principle, voluntary.</p> <p>In 2023-24, 82% of mediations concluded with a resolution, so an effective approach. The CMA have flagged two points for reflection: a) what about the low number of consumers who leave the process without a resolution, and b) the perception of a mediation process in relation to consumer confidence and driving change in veterinary practice.</p> <p>When analysing the 18% concluding without a resolution in the previous year:</p> <ul style="list-style-type: none"> <li>• 64 mediations concluded as the parties opt to progress a professional negligence claim;</li> <li>• 105 mediations concluded without a resolution.</li> </ul> <p>Those consumers had the option to:</p> <ul style="list-style-type: none"> <li>• refer their concern to the RCVS if it related to an individual veterinary professional and the allegations may have amounted to serious professional misconduct. This is for the RCVS to determine and then open an investigation of the concerns meet their seriousness test;</li> <li>• instigate the Civil Procedure Rules Pre-action protocol for professional negligence claims. The VCMS provides animal owners with an overview of what is required by the protocol, explains the test applied by the court and highlights the need for independent expert evidence;</li> <li>• send a Letter Before Action for breach of their consumer rights under the Consumer Rights Act 2015 if the practice has acted in a way which may amount to a breach of the Act or Regulations;</li> </ul>
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		<ul style="list-style-type: none"> <li>• accept that their concerns did not give rise to a legal right, and to apply consumer choice and not engage the practice in the future;</li> <li>• consider the complaint exhausted and take no further action, with some feeling still aggrieved and others satisfied at having been heard but unable to consider the matter resolved.</li> </ul> <p>In considering whether a VCMS adjudication would have benefited the consumer in any of the ‘unresolved’ complaints, it is important to consider any unintended consequences for consumers, veterinary professionals and the sector.</p> <p>Points to consider are:</p> <ol style="list-style-type: none"> <li>1. A number of schemes have, or are, introducing mediation or facilitated resolution approaches to their adjudication models. This is the direction of travel in many sectors.</li> </ol> <p>An example is the Parliamentary and Health Service Ombudsman, <a href="https://www.ombudsman.org.uk/news-and-blog/news/phso-responds-pacacs-2022-23-report">https://www.ombudsman.org.uk/news-and-blog/news/phso-responds-pacacs-2022-23-report</a> where there is a focus on utilising mediation in more cases.</p> <div>  <p>‘... I felt it was a much better process. It made the role of the Ombudsman human. You were really good, managed it very well and made the whole process so relaxed and easy.’ Complainant</p> </div> <p>This direction of travel is influenced by many of the factors detailed below:</p> <ul style="list-style-type: none"> <li>• consumer outcomes and satisfaction</li> <li>• speed of resolution for consumers</li> <li>• compassionate and empathetic resolution</li> <li>• sector perspective - agility and insight capture to inform continual improvement.</li> </ul> <ol style="list-style-type: none"> <li>2. In a binary ‘upheld’ or ‘dismissed’ finding, evidence of greater consumer satisfaction with the outcome is mixed across ADR bodies. OFCOM data highlights some vast variations in findings in favour of consumers, depending on the nature of the complaint and the business involved. Some report findings in favour of the business being as high as +70%.</li> </ol>
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		<p>Analysis of the VCMS mediations indicates a similar outcome – the finding of a adjudication is not always in a . Mediation can often achieve a far more advantageous outcome as the willingness to offer and accept proposals is not solely influenced by laws, regulations and codes.</p> <p><b>3.</b> Timeliness – Adjudication base services will require a longer process. This has a negative impact on consumers. The Dental Complaint Service offers facilitated resolution as the initial phase of the service and then a panel hearing adjudication. The resolution times between 2018 and 2022 were 252.6 days (the longest being 432 days in 2022) which is significantly longer than the VCMS. This prolongs the dispute for the consumer and can prevent consumers processing and recovering from the emotional aspects which can be present in veterinary complaints, such as grief.</p> <p>Where a practice has placed the fees and invoices on hold pending resolution, a prolonged process to an adjudication phase would have a commercial impact on the practice cashflow. This may also see more consumer accounts referred to debt collection, which is further stress for the consumer.</p> <p>There may also be an impact on pet insurance claims where the claim process is placed on hold, and a longer resolution process means the 6 month claim limitation may expire, leaving consumers without cover. A significant proportion of the animal owners accessing the VCMS have vulnerabilities, some of which would find it harder to remain in engaged with a longer process or to navigate an adjudication process – see point 11 below.</p> <p><b>4.</b> In the initial ADR trial conducted by the RCVS, the Ombudsman approach was less effective than the VCMS trial as the process involved a binary upheld or dismissed finding, which did not address the emotional triggers and drivers of the disputes, and the potential resolutions were more restricted. Over 50% of VCMS resolutions are non-financial and the parties shape those resolutions to they meet the needs of the animal owner (apology, reassurance, explanation, training, QI activity, protocol changes, provision of information, in addition to those complaints which do resolve on a financial basis).</p> <p><b>5.</b> The certainty of a process which provides a finding can in itself be beneficial, even if that finding is not in ‘your’ favour, however the option of a ‘finding’ can impact on the effectiveness of mediation. Entrenched parties may progress the dispute to that final stage, when they may otherwise have agreed a resolution in mediation. With</p>
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		<p>more creative and goodwill resolutions in VCMS current outcomes, the outcome within a mediation-based approach may have been more advantageous for them.</p> <ol style="list-style-type: none"> <li>6. The CMA has indicated that without adjudication the conduct of vet businesses may not sufficiently influenced by the complaint redress process. It is worth exploring how adjudication schemes do influence or impact on the conduct and activity of individual professionals or businesses, particularly in less transactional sectors.</li> <li>7. A scheme which gives the body the ‘power’ to determine the outcome would require some additional elements in relation to evidence gathering and disclosure, appeals process and governance. This will inevitably increase the cost of the scheme, which are generally met by the business (or in the veterinary sector, via Annual Registration Fees paid to the RCVS by individual veterinary professionals) and indirectly felt by consumers.</li> <li>8. Schemes which utilise an adjudication/arbitration phase are generally more costly.</li> </ol> <p>Consideration could be given to a scheme which imposes a charge on the business if the complaint reaches the final adjudication stage (similar to the charge levied by the Legal Ombudsman). This would require an Order or be by consent until legislative reform takes place. There is a risk that the collection of those payments becomes an industry in itself and increases the overall cost burden of the scheme. The benefits for consumers would therefore need to be clear.</p> <p>Some schemes have considered a levy or de minimis fee for consumers who access the adjudication stage, which is refunded if the complaint is upheld. Fees charged to consumers are often seen as barriers and can deter some consumers from escalating their complaint.</p> <ol style="list-style-type: none"> <li>9. A cost benefit and impact analysis can assess the proportionality of adding an arbitration or adjudication phase in terms of financial cost, time and emotional impact against positive improvements in consumer confidence or perceptions of veterinary complaint redress.</li> <li>10. In sectors where more than one ADR scheme exists, consumer have to navigate and assess which is the most appropriate for them and their complaint and this can become another hurdle for consumers. Accessible and</li> </ol>
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		<p>clear pathways benefit consumers. In the Water sector, the regulator has combined the mediation and adjudication services into a ‘resolution service’.</p> <p><b>11.</b> When considering impact and satisfaction levels, the experience of a mandatory scheme may not be comparable to other adjudication ADR schemes. Schemes such as ISCAS and the Gambling adjudication services do not provide sector wide complaint resolution. Not all private healthcare providers are members of ISCAS, meaning consumer face inequity and it is also more complex to navigate the escalation pathway. Some consumers will be declined access as their provider is not a member. For example, in the Refractive Eye Surgery sector, one provider can access the Optical Consumer Complaints Service as they opt to be GOC regulated, one provider subscribes to ISCAS and others do not signpost or engage with an ADR provider, meaning access to consumer redress is not equal. As mentioned above, multiple providers and avenues will make the complaint process less clear and hamper access as consumers have to work harder to escalate their complaint appropriately, when needed. This can mean the overall intention and benefit is lost.</p> <p><b>12.</b> An adjudication scheme also needs to consider accessibility and whether the requirements would mean some parties require support or advocacy services to enable them to progress through the process.</p> <p><b>13.</b> The status of an adjudication phase at practice level, and enforcement would also need to be considered pending legislative reform and the regulation of veterinary businesses.</p> <p>Overall, there needs to be sufficient evidence that an adjudication process would have a positive impact for and on consumers in the veterinary sector.</p> <p><b>Potential remedy</b></p> <p>The above points mean that the introduction of an adjudication element in veterinary complaints redress needs careful consideration. If the CMA was minded to consider a binding adjudication phase in veterinary complaints redress, the VCMS could scope out in detail this ‘final’ phase contributing insight from resolving veterinary complaints since 2017 and wider ADR knowledge and expertise.</p> <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="background-color: black; height: 20px; width: 100%;"></div>
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	<p>In 2017, it was decided that VCMS profile raising activity would be focused on making veterinary practices and professionals aware of the VCMS and its role. This has been reviewed, and there is ongoing consideration given to whether consumers facing activity and awareness should form one of the future objectives of the VCMS.</p> <p>When considering consumer awareness, the increase in activity since 2017 illustrates a growing awareness of the VCMS. The service also has a strong online presence and visible to those seeking to raise a complaint about their veterinary practice.</p> <p>The VCMS notes that information regarding the service is readily available to animal owners via online channels whether they are aware of the service or search for guidance – see Appendix B.</p> <p>In evaluating the consumer awareness of VCMS, we have considered the likely veterinary complaint activity across the sector and assessed the proportion of animal owners who would have need of complaint resolution, in order to evaluate awareness of the VCMS.</p> <p>Anecdotal insight gathered as part of the VCMS QI strategy suggests that around 5% of veterinary clients raise a complaint with veterinary practices (median). While resolution rates will vary between practices, it is believed that around 80% of concerns are resolved at first tier level so 1 in 5 of complaints are unresolved and could escalate.</p> <p>Information about the VCMS is readily available to animal owners:</p> <ul style="list-style-type: none"> <li>• who search online - Google and Search Engine presence means VCMS is included in Google AI response ‘How do I complain about my vet’ – see Appendix B;</li> <li>• who seek guidance from consumers advisors such as advisory services CAB and Which?</li> <li>• who are given VCMS details in the complaint procedures or final response.</li> </ul> <p>It is important to consider access for those who do not source information online or digitally.</p> <p><b>Why is this important</b></p> <p>Consumer awareness of a complaint redress scheme can also act as a reassurance that a sector is committed to resolving and learning from complaints. Insight sharing can also help consumers be better informed so able to assess the quality of the care/service received and to feel confident to raise a complaint if necessary.</p>
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		<p>Consumer awareness of how to complain and escalation pathways is likely to increase consumer confidence.</p> <p>Consumer awareness of Practice Standards Scheme and requirements within this relating to service levels and consumer relations may also help consumers to make more informed decisions when selecting a practice i.e. why choose a PSS practice? What does it mean? The VCMS can support initiatives such as this.</p> <p><b>Why does consumer facing profile raising activity need to be carefully planned?</b></p> <p>The messaging around the profile raising must be impartial and not be seen by either consumers or veterinary professionals/practices to be enticing complaints or undermining trust. As an illustrative the General Dental Council and Dental Complaints Service ran advertising campaigns in national Sunday newspapers which described as ‘ambulance chasing’ and harmed the trust and confidence in the complaint redress service and process for the long term.</p> <p>Consumer facing profile raising activity needs to be costed with analysis of the return on investment. The current VCMS contract fee does not include extensive profile raising and resources have been targeted. As the contract services fee is paid from the RCVS Annual Retention Fee, budget and funding options will need to be explored with relevant parties.</p> <p>The VCMS consumer awareness strategy be impacted, includes or may include in the future:</p> <ul style="list-style-type: none"> <li>the requirement on Veterinary Professionals to provide animal owners with information about the VCMS at an appropriate time (such as in the complaint process, included in a final response) as detailed above;</li> <li>inclusion in veterinary practice complaint policies, which are then provided to all clients;</li> </ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
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5.42 (b)	No obligation to make consumers aware of VCMS -	<p>See response to paragraph 5.10 and in particular:</p> <ul style="list-style-type: none"> <li>• requirement on Veterinary Professionals to provide animal owners with information about the VCMS at an appropriate time (in the complaint process, included in a final response).</li> <li>• PSS requirement at practice level – to include reference to VCMS in compliant complaint procedure, provide complaint policy when a client raises a complaint, and to provide details of VCMS and RCVS in final response.</li> </ul>
5.42 (c)	No consumer awareness tracking	<p>See response to 5.39.</p> <p>The VCMS can include this as an objective going forward, and now the awareness is benchmarked by the 2024 Animal Owner survey.</p> <p>Wider consumer facing activity will require further resource and budget.</p>
5.44	<p>Use of VCMS data by RCVS</p> <p>RCVS does not gather complaint data from practices</p>	<p>Complaint resolution and ADR services have invaluable insight and analysis which provides a unique view of a sector. From the outset, the VCMS has shared the insight captured with practices, stakeholder and directly with consumers.</p> <p>In terms of the potential impacts or opportunities for insight sharing:</p> <ol style="list-style-type: none"> <li><b>1. Veterinary Professionals</b> <ol style="list-style-type: none"> <li><b>a. CPD</b> <p>VCMS insight and data could feed into non-clinical CPD requirements/competencies if the requirements on veterinary professionals around ongoing learning and CPD were reviewed. Highlighting the importance of communication skills, collaborative decision-making and complaint handling within core competencies required for effective veterinary practice would increase uptake in this area of training. There is an increase appetite for this in the profession, but it is important that these skills are further developed and confidently practiced. Other regulators have adopted a more competency led framework, and a range of learning methods/platforms.</p> <p>This may also reassure consumers that these skills are valued and expected of small animal veterinary professionals. Any framework must accommodate the wide range of practice in the veterinary sector and the diverse interactions with pet owners, commercial animal keepers and the other areas where veterinary professionals interact with clients.</p> </li> </ol> </li> </ol>



		<p>In other sectors, we have seen the impact of accredited, insight led CPD changing attitudes and practice. In Optics, CPD activity delivered by the Optical Consumer Complaint Service has led to improvements in confidence and competency in:</p> <ul style="list-style-type: none"> <li>○ Varifocal/multi focal dispensing;</li> <li>○ Communication around the diagnosis and management of macular degeneration (in collaboration with the Macular Society);</li> <li>○ Most recently, myopia management – communication, patient and parental decision-making in this preventative and innovative area of optical practice.</li> </ul> <p>[REDACTED]</p> <p><b>b. ‘Grey area’ Coaching</b></p> <p>This concept is being considered in other sectors, particularly in healthcare professions to upstream interventions to support professionals to reflect and change behaviours before they deteriorate and could amount to a risk or impaired fitness to practice. This is ‘individual’ focused insight sharing. Further details can be shared if of relevance.</p> <p><b>c. Education – curriculum and competencies</b></p> <p>OCCS insight has also fed into the last GOC Strategic Education Review and led to the inclusion within the university curriculum requirements around communication, complaint management and professionalism in the 21<sup>st</sup> century. This supports relevant and effective education of the next generation of optical professionals.</p> <p>Direct VCMS sessions to students/under graduates have been introduced in 2023/24 and will be expanded going forward.</p>
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## **2. Veterinary Businesses**

### **a. PSS accreditations/re-accreditations – current**

Earlier in this response, we referred to VCMS insight feeding into PSS assessments where certain criteria were met. This is akin to the 'red flag' and 3 complaints in 3 months RCVS notification which already existing in the VCMS.

PSS referrals by VCMS would be intended to share insight on the activity or behaviours of practices which would not amount to serious professional misconduct or are at business level, so outside the current remit of the RCVS.

This information could then be considered within the PSS assessment or could prompt a PSS assessment to ensure the interpretation of the PSS criteria and the implementation of policies is resulting in positive consumer experiences.

This requires consultation with the RCVS, and veterinary stakeholder engagement.

### **b. Business regulations and standards of practice - future**

As occurs in other sectors, and in relation to individual veterinary professionals, business activity which could amount to a breach of the applicable practice standards for businesses would be referred by the VCMS for regulatory investigation. The VCMS would be able to contribute to the areas that should be covered within business standards of practice.

## **3. Consumer**

Within the consumer facing awareness work referred to 5.39, insight sharing activity would focus on helping consumers to access information to make better informed decisions on selecting a veterinary practice, interacting with a veterinary practice, collaborative decision making & contextualised care from the client's point of view and raising complaints. These education/information campaigns help consumers feel more informed and also support the interaction between consumer and business. Where possible, these could be developed in conjunction with other stakeholders or RCVS.

		<p>It is planned that the VCMS will feature in the RCVS Public Advisory Group.</p> <p>The VCMS is also exploring a consumer forum to assist in consultation and engagement with animal owners to assist with the development of the VCMS communication, awareness and insight sharing.</p> <p><b>4. Regulators</b></p> <p>The VCMS captures a wide range of data, and this can be expanded to collate information on future areas of interest and regulatory focus.</p> <p>VCMS insight can also be shared directly with Council and regulatory committees. This does take place but could be further developed and deepened.</p> <p>As an ADR provider, we will participate in consultations (for example, legislative reform, response to pandemic) and see it as part of the role to provide consumer insight on any area of strategic and regulatory interest.</p>
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## CONCLUSION

The VCMS welcomes the opportunity to share insight on the veterinary sector and expertise in ADR and complaint resolution to address the concerns around consumer harm, engagement and confidence.

The CMA has outlined the benefits and positive impact of the VCMS. Looking to the future, the VCMS encourages the focus on the regulation of veterinary business, which will address many of the concerns and potential harms referred to in the Working Papers and the investigation. The VCMS provides the foundations of an agile service which resolves more than 80% of the complaints received and with strong engagement rates. As the investigation concludes and the CMA considers the remedies, it is important that the relationship between consumers and veterinary businesses is based on a learning and compassionate culture. The role of complaint redress in supporting that relationship is an important one.

The VCMS will continue to share insight to assist in the development of the regulation and the standards of practice and developing a complaint resolution process which incorporates that element to provide consumers with an accessible and effective complaint resolution and redress process. Whether those remedies focus on engagement, consumer awareness and insight sharing or extend to introducing investigative and adjudication-based resolution, the VCMS is committed to working with the CMA, regulators, sector and consumer stakeholders to provide complaint resolution processes which are fit for the present and the future.

## FURTHER INFORMATION

For further information, contact Jennie Jones, Head of VCMS 

## APPENDIX A

- a) GOC Standards of Practice for optometrists and dispensing opticians - [practice standard 18](#)
- b) GDC – Standards relating to complaint handling – set out below.

**Standard 5.1: You must make sure that there is an effective complaints procedure readily available for patients to use and follow that procedure at all times.**

- 5.1.1 It is part of your responsibility as a dental professional to deal with complaints properly and professionally. You must:
  - ensure that there is an effective written complaints procedure where you work;
  - follow the complaints procedure at all times;
  - respond to complaints within the time limits set out in the procedure; and
  - provide a constructive response to the complaint.
- 5.1.2 You should make sure that everyone (dental professionals, other staff and patients) knows about the complaints procedure and understands how it works. If you are an employer, or you manage a team, you must ensure that all staff are trained in handling complaints.
- 5.1.3 If you work for a practice that provides NHS (or equivalent health service) treatment, or if you work in a hospital, you should follow the procedure set down by that organisation.
- 5.1.4 If you work in private practice, including private practice owned by a dental body corporate, you should make sure that it has a procedure which sets similar standards and time limits to the NHS (or equivalent health service) procedure.
- 5.1.5 You should make sure that your complaints procedure:
  - is displayed where patients can see it - patients should not have to ask for a copy;
  - is clearly written in plain language and is available in other formats if needed;
  - is easy for patients to understand and follow;
  - provides information on other independent organisations that patients can contact to raise concerns;
  - allows you to deal with complaints promptly and efficiently;
  - allows you to investigate complaints in a full and fair way;
  - explains the possible outcomes;
  - allows information that can be used to improve services to pass back to your practice management or equivalent; and
  - respects patients' confidentiality.

- 5.1.6 Complaints can be an opportunity to improve your service. You should analyse any complaints that you receive to help you improve the service you offer, and share lessons learnt from complaints with all team members.
- 5.1.7 You should keep a written record of all complaints together with your responses. This record should be separate from your patient records so that patients are not discouraged from making a complaint. You should use your record of complaints to monitor your performance in handling complaints and identify any areas that need to be improved.

**Standard 5.2: You must respect a patient's right to complain.**

5.2.1 You should not react defensively to complaints. You should listen carefully to patients who complain and involve them fully in the complaints process. You should find out what outcome patients want from their complaint.

**Standard 5.3: You must give patients who complain a prompt and constructive response.**

- 5.3.1 You should give the patient a copy of the complaints procedure when you acknowledge their complaint so that they understand the stages involved and the timescales.
- 5.3.2 You should deal with complaints in a calm and constructive way and in line with the complaints procedure.
- 5.3.3 You should aim to resolve complaints as efficiently, effectively and politely as possible.
- 5.3.4 You must respond to complaints within the time limits set out in your complaints procedure.
- 5.3.5 If you need more time to investigate a complaint, you should tell the patient when you will respond.
- 5.3.6 If there are exceptional circumstances which mean that the complaint cannot be resolved within the usual timescale, you should give the patient regular updates (at least every 10 days) on progress.
- 5.3.7 You should try to deal with all the points raised in the complaint and, where possible, offer a solution for each one.
- 5.3.8 You should offer an apology and a practical solution where appropriate.
- 5.3.9 If a complaint is justified, you should offer a fair solution. This may include offering to put things right at your own expense if you have made a mistake.
- 5.3.10 You should respond to the patient in writing, setting out your findings and any practical solutions you are prepared to offer. Make sure that the letter is clear, deals with the patient's concerns and is easy for them to understand.
- 5.3.11 If the patient is not satisfied despite your best efforts to resolve their complaint, you should tell them about other avenues that are open to them, such as the relevant Ombudsman for health service complaints or the Dental Complaints Service for complaints about private dental treatment.

## APPENDIX B

Search Engine results – February 2025 ‘How do I complaint about my vet’

The screenshot shows a Google search interface with the query 'how do I complaint about my vet'. The search results are displayed in a list format. The first result is 'AI Overview', which provides a summary of the information. The second result is 'Complaining about a vet - Citizens Advice', which includes a brief description of the service. The third result is 'Complaints Policy - My Vets - Myerscough Veterinary Group', which provides information about the practice's policy. The fourth result is 'Raising a Complaint with a Veterinary Practice', which provides information about the process of raising a complaint. The search results are displayed in a list format, with each result having a title, a brief description, and a link to the full page. The search results are displayed in a list format, with each result having a title, a brief description, and a link to the full page.

Google

how do I complaint about my vet

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AI Overview

Learn more

To complain about a vet, you can try:

- **Negotiating with the vet:** Try to resolve the issue through the vet's complaints procedure.
- **Contacting the Veterinary Client Mediation Service:** This free, impartial service can help resolve disputes.
- **Contacting the Royal College of Veterinary Surgeons:** You can raise a concern with the Royal College of Veterinary Surgeons.
- **Taking legal action:** You can take legal action for negligence, but it can be difficult to prove. You should get expert legal advice first.

Tips for making a complaint

- Raise your concerns as soon as possible.
- Put your complaint in writing.
- Keep your complaint factual and concise.
- Explain why you are dissatisfied.
- Be clear about what you would like the practice to do.
- Set out your expectations for a timescale.
- Keep a copy of your complaint.

Complaining about a vet - Citizens Advice

Complaining about negligence You should try to negotiate with your vet first. Check their complaints procedure - it'll tell you...

Citizens Advice

Complaints Policy - My Vets - Myerscough Veterinary Group

In general, if you have a concern, it is best to raise it as soon as possible – this will make it easier for us to investigate and...

Myerscough Veterinary Group

Raising a Complaint with a Veterinary Practice

If your issues are not resolved with an informal conversation, then ask for a copy of the practice's complaint procedure. Thi...

Veterinary Client Mediation Service

Show all