

Schedule 6 - VCMS – 1.11.2022 - 31.10.2024

Information which an ADR entity must communicate to relevant competent authority every two years

- (a) the number of disputes received by the ADR entity and the types of complaints to which the disputes relate;
(This is the total number including enquiries received, cases handled and disputes rejected with the subject of the dispute)

No. enquiries received (domestic)	No. enquiries received (cross-border)	No. disputes received (domestic)	No. disputes received (cross-border)	No. disputes accepted (domestic)	No. disputes accepted (cross-border)
7196	23	7179	17	7106	0

Types of disputes:

[VCMS Nature of Complaint analysis 1.11.2023 - 31.10.2024.pdf](#)

- (b) the percentage share of alternative dispute resolution procedures which were discontinued before an outcome was reached;
(% which were discontinued and reasons)

Reason	No. disputes discontinued	Percentage discontinued
Rejected for operational reasons	0	
a) the consumer has not attempted to contact the trader first	1563 + 1780	Note 1 – To progress to full mediation with the VCMS, the consumer must have exhausted the complaint procedure of the veterinary practice. The VCMS will however provide early de-escalation, guidance on effective complaint handling and



		where possible seek early resolutions for consumers. As such, the VCMS does not consider these enquiries to be rejected as the service supports local, early resolution through input.
b) the dispute was frivolous or vexatious	0	
c) the dispute had been previously considered by another ADR body or the court	5	
d) the value fell below the monetary value	0	VCMS does not have a financial de minimis
e) the consumer did not submit the disputes within the time period specified	33	
f) dealing with the dispute would have impaired the operation of the ADR body	0	
Case withdrawn by consumer	575	
Case withdrawn by trader	0	VCMS mediation is voluntary. The VCMS share data on engagement within the annual reports
Solution reached without ADR	0	0
The trader was not a member of the ADR scheme (if this is a requirement)	0	

g) other (enquired too early, not yet complained to trader, trader not member, advice call etc...	123	
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g) Further breakdown		
Consumer is not the owner of the animal or the client of the veterinary practice	19	
Concerns referred to the RCVS – regulatory/serious professional misconduct	8	
Complaint did not relate to veterinary care	7	
Complaint did not concern a practice or professional overseen by the RCVS	7	
Complainant is a commercial animal owner (not consumer to business relationship)	18	
Other	64	

- (c) the average time taken to resolve the disputes which the ADR entity has received;
(please provide the average time from receipt of complaint to closure, AND the average time from complete complaint file to closure)

	Domestic	Cross-border
Average time taken to resolve disputes (from receipt of complaint)	35.5 days	
Average time taken to resolve disputes (from 'complete complaint file')	38.8 days	

Total average time taken to resolve disputes	38.9 days
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- (d) the rate of compliance, if known, with the outcomes of its alternative dispute resolution procedures;
(this is the number of traders who complied with the proposed outcome. Please provide a percentage)

The VCMS is a mediation based service, and as such resolution are agreed by the parties. 100% as known

- (e) any recommendations the ADR entity may have as to how any systematic or significant problems that occur frequently and lead to disputes between consumers and traders could be avoided or resolved in future;
(please provide a description)

Engaged decision making – increasingly prevalent

It is recognised that the consumer and business interaction in the veterinary sector involves complex and emotive decision making. There has been much discussion in recent years around a focus on or return to contextualised care/consultations. This means a holistic approach which is a collaboration between animal owner and the veterinary professional. There are however a wide range of factors which influence decision making and also how a consumer feels about the decision and outcome at the end of the interaction with the practice.

The VCMS has highlighted some areas which can arise in the complaints mediated by the service:

a) Consent conversations

- Is there the time and the space to make 'good' decisions
- How can clients be supported to have trust & confidence in decisions made

b) Treatment & Referrals

- Recognising the balance between 'we can' and 'should we' undertake these tests, provide this treatment or perform this surgery
- Affordability & communicating prognosis
- If referral appropriate - what are influencing factors for clients?

c) Understanding 'the why' & reasoning

- Diagnostics – understanding the 'why' & the value of result to enable informed decision-making
- Information and context to understand estimates

d) Complaints relating to fees:

- VCMS see very few complaints where practice has not provided any cost information prior to treatment
- Trends are linked to:
 - Information about the 'overall cost' – potential 'total e.g. chronic conditions – long term care costs
 - Value for money – cost v outcome including prognosis & quality of life
 - Out of Hours
 - Variance – difference in charges compared to FOP
 - Transparency around continuity of care & relationship between FOP
 - Lack of choice for emergency OOH provision

(f) This point has been removed in amendments on 1 January 2021

(g) where the ADR entity provided training to its ADR officials, details of the training it provides;

(Please provide a list of all training undertaken by ADR officials over the past 2 years)

Provided to CTSI in Appendix 1 [Training - History.pdf](#)

(h) an assessment the effectiveness of an alternative dispute resolution procedure offered by the ADR entity and of possible ways of improving its performance.

(Please provide as much information as possible)

The CTSI audit has been completed and reviewed the effectiveness and impact of the VCMS.

Please add any additional information or data you think might be useful or interesting at the bottom of this report. *(any extra data provided is useful)*

