

From: [REDACTED]
To: [VetsMI](#)
Subject: Response to CMA Remedies Working Paper – Veterinary Market Investigation
Date: 24 May 2025 13:02:29
Attachments: [REDACTED]

Dear Sir/Madam,

I am writing to express my concerns regarding the CMA’s proposed remedies in the veterinary market investigation. While I absolutely agree transparency is an essential principle, **the proposed measures risk distorting the reality of veterinary care**, leading to unintended consequences that could **undermine patient welfare, erode trust, and disproportionately harm independent practices**.

1. Transparency in Ownership – A Positive Step, but Not Enough

Pet owners should be informed about whether their vet is **independent or part of a corporate group**, as ownership affects decision-making and continuity of care. However, true transparency must go beyond **corporate structures**—it should **reflect differences in service quality**, which significantly impact patient welfare. Currently, we are restricted by our professional standards when it comes to making comparisons with other practices as to our services etc. This makes informing clients of the differences in quality of services very difficult (see RCVS code of conduct).

2. Price Comparisons – Misleading and Harmful

Veterinary procedures cannot be **reduced to basic price comparisons** because they vary **in expertise, safety measures, and post-operative care**. A **bitch spay**, for instance, is **not a uniform service**, yet CMA proposals would treat it as such, failing to account for significant differences in **clinical standards and patient oversight**.

To illustrate why **simple price comparisons mislead clients**, the following table highlights key differences in service quality:

Aspect	Our Practice	Standard Practice Elsewhere
Pre-Spay Consultation	Included—tailored discussion to assess individual risks and needs including health and behavioural considerations	Often omitted—owners book surgery directly
Anaesthetic Protocols	Customised for each patient, reducing risk	Generic protocols applied universally
Error Reduction Checklists	Clear, structured checklists to minimise surgical risks	Not universally adopted
IV Fluid Therapy	Standard for all spays—essential for stability	Not always included

Anaesthesia Oversight	Monitored by trained veterinary nurses overseen by vets and highly experienced RVNs with further anaesthesia qualifications	Often handled by less experienced staff
Dedicated Ward Nurses	Extra nurses assigned specifically to post-op monitoring	Monitoring often spread thin across general staff
WhatsApp Owner Updates	Real-time photos and reassurance during recovery	Rarely provided
Discharge Consultation	Face-to-face appointment + written instructions tailored to that patient	Typically handed a standard info sheet
Out-of-Hours Support	OOH cover provided by our practice for continuity of care	Often outsourced to external providers

Veterinary pricing must reflect **service quality and patient welfare—not just headline procedure costs**. Without recognising these factors, **price comparisons mislead pet owners**, distorting expectations and undervaluing clinical standards.

Moreover, **forcing practices to adhere to a simplified cost structure will lead to less transparency, not more**. At our practice, estimates **include all essential elements as standard so the owner is fully aware of the costs before the surgery** and because they are the **level of care we believe every pet deserves**. If pricing models shift toward a **bare-minimum approach**, pet owners may be left unaware of **what they are actually paying for**, undermining informed decision-making. It will reverse the progress we have made in simplifying our estimates and regress back to complicated charging system of "basic + extras" where additional charges may easily be forgotten on initial discussions and therefore appear “hidden” to owners.

3. Economic Realities – The Cost of Eliminating Medicine Margins

Veterinary practices operate on tight margins, with medication sales **offsetting other costs**, allowing **consultations to remain affordable**. If medicine mark-ups are eliminated, **consultation fees will inevitably rise**, reducing access to veterinary advice and forcing clients to delay treatment decisions. In addition, the extra administration pressures proposed by producing written prescriptions and estimates for every treatment option require much longer consultations which will necessitate higher consultation fees and reduce availability.

Currently, our pricing structure allows pet owners to **seek veterinary advice even when they cannot afford the optimal treatment or medication**. Consultation fees remain at a level where we can **discuss their circumstances, explore alternative solutions, and maximise patient welfare**. This ensures that **pets still receive care and support, even when cost is a concern**.

Under the CMA's proposed model, consultation fees will **increase substantially**, creating a financial barrier that prevents many owners from accessing professional advice. This risks **reducing the number of pets who could have benefited from expert guidance**, as owners may be forced to **delay seeking help entirely due to unaffordable upfront costs**.

Veterinary care must remain **accessible**—forcing a pricing structure that drives consultation costs beyond reach will **erode welfare standards**, ultimately leaving more animals untreated.

4. Protecting the Vet-Client Relationship – Trust Over Transactions

Veterinary care is **built on trust**, not price lists. While we could **technically** provide written estimates for every possible treatment option, **no estimate can replace the years of training, expertise, and clinical reasoning** that allow vets to **recommend the best course of action** for each individual patient.

Cost-focused decision-making **reduces veterinary care to a transactional model**, where pet owners are left to **compare numbers rather than understand what is truly best for their animal's welfare**. At the end of the day, the best veterinary care happens when:

- The vet has **time to build a relationship** with the owner.
- Discussions focus on **clinical need, not financial constraints**.
- Owners trust their vet to help them **navigate choices based on their pet's individual needs**, rather than feeling pressured by pricing structures.

If pricing models **force vets into an administrative role rather than a clinical one**, the profession **will lose the very foundation of what makes veterinary care effective**—collaboration, trust, and ethical decision-making. The CMA must recognise that **true transparency means empowering vets and clients to make the best choices together, not reducing recommendations to financial comparisons**. **Making it clear to owners of the difference between practices who operate as ours does vs those who make more transactional decisions** is what I think the CMA should be concentrating on, rather than bringing all practices down to the level of more profit-driven practices!

5. Duty of Care, Prescribing Constraints & Regulatory Responsibility

Veterinary professionals navigate complex prescribing regulations, including the **cascade system**, which severely restricts our ability to offer more affordable human medication alternatives when licensed veterinary drugs are financially out of reach for owners.

While the **cascade rules** fall under **VMD jurisdiction**, the CMA's investigation has **cast a shadow over prescribing practices, implying that vets should be subject to further regulation and scrutiny**. This **misrepresentation is deeply flawed**—

veterinary professionals operate **within legal constraints**, and **our prescribing decisions are dictated by existing regulations, not financial incentives**.

The CMA **cannot simultaneously acknowledge that prescribing is bound by regulatory frameworks** while inferring that vets should be further restricted or penalised in the name of competition. Veterinary professionals **must not be placed in a position where we are liable to lose our licenses** due to **economic policy decisions made without regard for clinical realities**.

Moreover, who takes responsibility when the owner has chosen to purchase a certain brand on cost based on a generic prescription to find it had a higher chance of side effects. The dispenser? The owner? or the vet who was not allowed to prescribe the specific tablet they would have to minimise side effects?

The conflict between financial pressures and professional duty of care raises **another urgent ethical dilemma**—who covers the cost of care when an owner **cannot pay**? If consultation fees **must increase to offset lost medicine margins**, pet owners who **cannot afford even the price of a consult for euthanasia are left with no options**.

Are vets expected to provide services for free? If so, how does the CMA propose practices remain **financially sustainable** while upholding their **ethical duty to relieve suffering**? This issue **cannot be ignored**—the CMA **must address the reality of what happens when financial constraints prevent treatment, yet clinical responsibility demands action**.

6. Administrative Burden – Penalising Independent Practices

Communicating regulatory changes requires **significant administrative resources**, which **corporate groups** can absorb through centralised teams. Independent practices, however, do not have **dedicated admin departments**—we are **vets providing a service, not bureaucrats managing compliance frameworks**.

Excessive administrative demands:

- **Shift time away from patient care**, damaging the vet-client relationship.
- **Disproportionately burden independent practices**, making compliance unaffordable.
- **Require complex client communication**, which independent vets must handle personally, rather than delegating to large-scale teams.

Large corporate providers have **entire departments dedicated to managing compliance changes**, whereas independent vets must **absorb the time cost themselves**, pulling them away from clinical responsibilities. The CMA **must recognise that these demands place an unfair disadvantage on smaller practices**, forcing vets into **time-consuming bureaucracy instead of focusing on patient welfare**. Time restraints should be considered when deciding implementation periods.

7. Out-of-Hours Competition – Undermining Viability for Independents

The ability for smaller practices to retain control over their own out-of-hours (OOH) services is essential.

If OOH services become a free-for-all, independent practices like mine will struggle to staff our own emergency cover, forcing us to outsource to large corporate providers.

Allowing OOH services to remain limited to registered clients ensures continuity of care without compromising availability, maintaining trust and stability in emergency scenarios.

8. Veterinary Nurses – Clarification and Legal Protection Needed

I agree that a clear legal definition of the veterinary nurse title is overdue.

However, I would like to make the point that if nurses are to take on greater responsibilities, they must also be formally accountable for clinical decisions to protect both patients and veterinary teams.

It is not fair to expect veterinary surgeons to risk their license due to actions beyond their control—there must be clear legal safeguards preventing inappropriate delegation.

Veterinary nurses should not be treated as ‘cheap vets’—their training follows a distinct pathway, and their scope of practice must reflect their qualifications, not financial pressures.

Corporate cost-cutting measures must not encourage nurses to perform procedures beyond their intended scope, placing both professionals and patients at risk.

If the CMA’s proposals continue to encourage more use of veterinary nurses but fail to address role clarity, it risks blurring professional boundaries and places unfair liability on veterinary teams, rather than ensuring accountability within a structured framework.

9. Veterinary Mental Health – The Hidden Cost of Financial Pressures

Veterinary professionals already face one of the highest rates of burnout and mental distress due to the daily pressures of balancing ethical duty with financial constraints. The CMA’s proposals risk intensifying this crisis, as rising consultation fees and forced pricing transparency will increase emotional blackmail from owners struggling with costs.

Vets are not just service providers—they are caregivers, often placed in impossible situations where financial limitations dictate patient outcomes.

Suicide rates remain unacceptably high in the profession, yet the emotional toll of cost-driven decision-making is rarely factored into regulatory discussions.

Increasing financial barriers to veterinary advice will only lead to more distressing cases, where owners feel trapped between affordability and pet welfare, further amplifying the mental strain on veterinary teams.

If regulatory changes **fail to acknowledge the human impact** of pricing pressure, the profession **will continue to lose experienced professionals to burnout, emotional exhaustion, and systemic failures**. The CMA must consider **the sustainability of veterinary work**, ensuring policies **support veterinary professionals rather than making their jobs even harder**.

Conclusion – Transparency Must Reflect True Veterinary Care

The CMA's proposed remedies risk **unintended harm**, forcing practices to **strip essential care services** in favour of basic cost models that do not reflect true veterinary responsibility. **True transparency is about ensuring pet owners fully understand the level of care their animal receives—not reducing veterinary services to arbitrary pricing structures**.

I urge the CMA to reconsider its approach and ensure policies **do not undermine veterinary accessibility, affordability, ethical patient care, or the wellbeing of veterinary professionals**.

Yours sincerely,

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