Tuesday 27th May 2025

Dear Sir/Madam,

RE: Personal Response to the CMA's Proposed Remedies for the Veterinary Services Market

I am writing as one of the practice owners of a small animal independent practice. I work clinically within the practice as a vet, and am responsible for client communication, clinical care provision and the day-to-day running of our veterinary practice. My response should be taken as a personal response in relation to the CMA's proposed remedies for the UK veterinary profession, ahead of the consultation deadline of Tuesday 27th May. I would like to remain anonymous should you wish to publish any of my response.

I have read your proposed remedies with interest – there are many items within the document that resonate with me, and, reassuringly, many things that as a practice we already emphasise and do. However, whilst the reasons behind the remedies are valid, and the explanation comprehensive, I have significant concerns regarding the unintended consequences on smaller businesses and individuals within the profession. Many remedies will naturally require significant investment in technology, with expansion of the remit of our practice management software (PMS), and increased demand for regular update and integration with external databases/portals, not to mention compliance with new regulatory frameworks. Independent practices such as ours do not have the resources to drive change within third party providers, and those staff providing IT services, marketing and financial modelling are usually clinicians within practice, with skills based on experience rather than specific and comprehensive external qualifications. This is in stark contrast to the dedicated teams that corporate headquarters employ, and the resources they can access. I am concerned enough to feel that several independent practices are likely to go out of business should the remedies be implemented as they are, thus reducing competition within the market further, in direct opposition to the main aim of the investigation.

Adding more processes to the veterinary profession, if not thought through carefully, would decrease the financial efficiency of many practices, which would increase fees further for clients. We are already seeing the impact of cost of living on our business costs and overheads in addition to delay in seeking care for their pets by our clients. Further cost increases to fees would negatively impact animal welfare, not to mention the emotional wellbeing of our clients and the team supporting them. We already see this impact regularly – remedy implementation should seek to mitigate further detrimental effects here.

I would also like to state my concern about the potential impact of many of these remedies on our veterinary staff. We have an excellent clinical team, constant striving to improve client care, patient care, and service provision. Their skills are wide ranging, but in some cases, not particularly focused in using technology such as AI, or in rapidly, efficiently and safely

reviewing AI generated client notes, letters, prescriptions etc, which I suspect would be the only way to facilitate some of the remedies you have proposed. This in itself is surely not surprising, given that the skill set to be an excellent clinician is broadly based on in-person communication with clients, practical skills and medical/surgical knowledge. The considerable administrative burden imposed by these remedies is heavy, and I would be unsurprised to see further losses from the wider workforce, should it go ahead. The profession has come a long way to become more diverse and inclusive to reflect the general population, and it would be a shame to see such a big step backwards.

I hope that the smaller voices airing their concerns from independent practices are taken into account prior to embarking on any final decisions regarding remedy implementation.

Whilst the limited consideration time the CMA allowed has not allowed smaller practices such as mine time to fully delve into each remedy and consider modelling how the remedies would work, given that senior decision makers also have a clinical workload, I have considered each remedy within the time I had available. Rather than respond in a Q&A format to the 105 questions you set out, as so many answers to these are interlinked I have responded broadly under remedy headings relevant to my practice or of particular interest to me.

I look forward to hearing the summary of the responses of the profession, and of the outcome of your subsequent deliberations.

Remedy 1 – Publishing Information for Pet Owners

This remedy aligns with our practice core values of transparency, trust and informed decision making. Clear communication is a fundamental part of the service we provide. Clients come to us not only for our clinical expertise but for our ability to explain complex medical decisions in a way that empowers them to be involved in decision making for their pet. Standardised, publicly accessible information—such as pricing for routine treatments, day hospitalisation care, out-of-hours arrangements, and ownership structures—could play a valuable role in helping clients feel more confident and better informed when choosing veterinary care. An area of transparency that I feel is lacking is ownership structure – both in practice welcome packs, on websites, and on practice signage. My experience is that many clients have no idea that the practice they were at before was a corporate.

While I welcome efforts to improve transparency, any requirements for published information must be clear, standardised, and proportionate. A consistent framework would help ensure clients can compare services, while also reducing confusion and administrative workload for practices.

Publishing prices alone, without context, risks misleading clients. Veterinary care is rarely a one-size-fits-all service. Factors such as pet health status, breed-specific risks, and client preferences all influence treatment choices. It's important that published information includes explanatory notes or guidance to help clients understand what is included in the listed price and what might vary.

For example, chronic conditions like diabetes can vary significantly between patients in terms of:

- Frequency and type of monitoring required
- Dose and formulation of insulin
- Underlying health factors

This means pricing would be variable and would be necessarily accompanied by lengthy explanatory notes, which may overwhelm or confuse clients. In practice, this reduces clarity, rather than enhancing it, and I feel that a range of costs, or using phrases like "starting from" could ultimately undermine client trust when the estimate bespoke to their pet is higher – or even, in some cases lower!

More useful alternatives could include:

- Consultation fees for medication reviews, including frequency.
- Example costs for common diagnostics, such as pre-Vetoryl cortisol, hyperthyroid monitoring, diabetic bloodwork, or blood glucose curves.

Additionally, to allow meaningful comparisons, there should be transparency around:

- Staff qualifications, especially for procedures like ultrasound or adjunctive therapies such as acupuncture, behavioural clinics or physiotherapy

- Theatre and anaesthetic standards—e.g., is surgery conducted in a dedicated sterile theatre or a multi-use prep room?
- Anaesthetic and inpatient monitoring standards and qualifications of the nurses

These contextual factors directly impact both quality and cost, and without them, pricing alone may be misleading.

In my experience, clients greatly value the ability to build long-term relationships with veterinary teams they trust. They desire good quality, consistent care at a fair cost, not a cheap service.

Remedy 1 should not inadvertently reduce client choice by encouraging decisions based solely on cost. Instead, transparency initiatives should support informed choices that consider both price and quality of care.

Most clients now look for information online. Any requirement to publish information should consider digital platforms, ensuring that data is easily accessible, mobile-friendly, and regularly updated. Guidance around update frequency and version control would be welcome to ensure consistency across the sector.

I cannot see a way of generating and then keeping any pricing framework up to date other than manually. This is a significantly time-heavy task, and PMS are not, in their current state, able to pull data in this way to aid compliance by inputting directly onto a website, for example. This then disproportionately burdens smaller practices: we do not have the sway to encourage PMS to develop their product, or absorb the cost that would no doubt be passed to us should they do so, and we do not have sufficient staff to manually input data onto a portal/website.

It's crucial that we retain the ability to tailor care and communicate ethically, especially in sensitive cases. Remedy 1 should respect professional discretion and clinical judgement, while supporting the broader aim of client empowerment.

Rather than relying solely on price, promoting existing quality accreditation schemes to the general public would be more impactful. I would consider:

- RCVS Practice Standards Scheme with additional awards
- ISFM Cat Friendly Clinic
- RWAF Rabbit Friendly Vet
- Dog Friendly Clinic
- Fear Free and Zero Pain initiatives

Further suggestions:

- Promote practices that participate in VetSafe or other audit/reporting tools
- Highlight those that support antimicrobial stewardship and wider integration with the wider healthcare community (e.g., Antibiotic Guardian status)
- Showcase investment in ongoing CPD and staff qualifications

These indicators better reflect a clinic's commitment to patient care and safety—elements that are far more meaningful than price alone.

Without proper context and explanation, raw pricing can mislead more than inform. But if thoughtfully implemented with educational framing, and including value-based parameters, the list could empower pet owners to understand veterinary costs better.

Remedy 2 – Creation of a Price Comparison Website

We already make significant efforts to be clear about our pricing – both in-practice and online – and are always open to discussing costs with clients before any treatment is undertaken, giving written estimates wherever possible. However, I have serious reservations about the introduction of a price comparison website (PCW) within the veterinary sector.

While well-intentioned, such platforms carry risks that may ultimately be detrimental to both pet owners and the profession.

- **Risk of Oversimplification and Misleading Comparisons**
  Veterinary services are clinical interventions tailored to the specific needs of each animal, not a directly comparable price for car insurance for example. A PCW may reduce complex, nuanced services to a single price point, misleading owners into choosing based on cost alone, without understanding the differences in approach, diagnostic quality, follow-up care, or even the qualifications of the practitioner. This undermines clinical decision-making and risks reducing veterinary care to a race to the bottom.
- **Consumer Psychology and Perceived Value**
  Independent practices often already offer better value than corporates – not just on price, but through continuity of care, personalised service, and flexibility. But if clients begin to associate "low price" with "low value", it may inadvertently devalue the independent sector, despite the high quality of care we provide, thus undermining our sector in comparison to corporate providers.
- **Context Matters**
  Price cannot be viewed in isolation. For example, a vaccination appointment at our practice includes a full health check, dental exam, and lifestyle discussion; another practice may offer a jab-and-go approach. On a PCW, these would look the same, but they are clearly not. Without the ability to accurately and consistently compare scope, inclusions, and clinical quality, the platform risks doing more harm than good
- **The Administrative Burden and Enforcement Challenges**
  Maintaining up-to-date and contextually accurate pricing on such a platform would place a disproportionate burden on smaller practices, while corporates with centralised administrative functions could manage this more easily. This risks tilting the field further in favour of corporate groups and discouraging independence reducing the choice available to pet owners.

Emphasising Pet Owner Education Over Simple Price Comparison

Instead of focusing on generation of a PCW, I would suggest focusing efforts towards enhancing pet owner education. Briefly, I would suggest tools to help them understand the following areas when choosing a veterinary practice or service for their pet:

- Understanding the range of services and quality of care offered by a practice. For example, the scope of a routine health check, the use of diagnostics, or the approach to pain management and aftercare can vary significantly. Educational resources—such as clear, jargon-free guides or videos—could help clients appreciate these nuances.
- Encouraging transparency around clinical qualifications and experience
- Promoting awareness of practice philosophy and client experience: Providing testimonials, case studies, or interactive Q&A sessions can help clients find a practice aligned with their needs and expectations.
- Educating on total cost of care over time, and the benefits of preventative healthcare and early intervention, thus providing better value for money
- Supporting informed consent and shared decision-making

Conclusion

I remain committed to transparent pricing and client communication. I would welcome further guidance on consistent ways to present fees and services on practice websites, and I support efforts to make client understanding easier. But I urge caution around the creation of a PCW that oversimplifies clinical services and inadvertently misleads pet owners. I would also have concerns about who would host a PCW and their inherent biases, before the difficulties of funding it is considered. Let's focus instead on improving direct communication, education, and informed consent – rather than outsourcing these responsibilities to a digital platform that may not serve the nuanced needs of pet healthcare. I would also like to raise the point that there are now increasing numbers of AI tools out there – I would argue that if practices are publishing price lists on their websites, a PCW is unnecessary, because an AI tool would rapidly do this for them.

<u>Remedy 4 – Provision of information regarding referral providers</u>

I would like to express concerns around the practicality and necessity of creating an express, centralised portal or overly complex tool for sharing referral information.

In our day-to-day practice, we already find it fairly straightforward to provide clients with a range of referral options and indicative costs. Most referral centres in our region now publish pricing online, particularly for standard procedures. This allows us to offer clients a ballpark figure and a selection of appropriate providers during the consultation. Where procedures are more complex, we routinely obtain bespoke estimates following direct vet-to-vet discussions prior to referral and within a sensible time-frame. This tailored approach ensures accuracy, avoids misunderstandings, and respects the individual clinical context.

The idea of standardised price tools may work for simpler or more predictable procedures but applying a one-size-fits-all model risks oversimplification. There's a real risk of unintended consequences, such as veterinary professionals relying too heavily on generic pricing lists and inadvertently providing inaccurate information to clients. For complex cases, this could undermine trust and lead to confusion or financial surprises for pet owners.

What would be more valuable than a central portal is clearer, accessible information from referral centres that could be given directly to clients, on key decision-making criteria, such as:

- Estimates for common procedures (ballpark only, with clear caveats).
- Level of care included in the quoted fee (e.g. whether hospitalisation, imaging, or post-op support is part of the cost).
- Qualifications of the clinician involved (e.g. GP vet with additional training, certificate holder, or RCVS-recognised specialist) and what this means.
- Additional services available – such as ECC cover, overnight care, and multidisciplinary team support.
- Appointment availability to allow timely treatment planning.
- Insurance handling – in particular, whether the provider offers direct claims, which can be a deciding factor for clients.
- Whether the referral centre has any links to the referring practice (ie same corporate practice)

These are the elements that matter most to clients and referring vets when selecting a referral provider, and they can be made available without imposing a burdensome infrastructure that duplicates what many practices already do effectively.

In summary, while the aim of Remedy 4 is sound, the implementation should be proportionate and flexible. Most practices are already achieving this informally and effectively. Imposing a rigid or centralised system risks adding unnecessary complexity, increasing administrative burden, and potentially reducing the accuracy of client advice for more complicated cases.

Remedy 5: Provision of clear and accurate information about different treatments, services, and referral options in advance and in writing.

Whilst I fully support the intent to ensure that clients are well-informed and empowered to make decisions in the best interests of their pets, I do have some concerns about the practicalities of implementing this remedy. Particularly if it leads to overly prescriptive requirements that may not reflect the dynamic realities of clinical veterinary care:

Veterinary clinicians must retain the ability to tailor treatment discussions based on the unique needs of the animal and the informed preferences of the client. Imposing a requirement to present all treatment options in writing in advance of any action could hinder the ability to make timely, nuanced clinical decisions — especially in situations where multiple appropriate treatment pathways exist. A 'one-size-fits-all' written presentation of options, whilst enabling pre-prepared documents, risks undermining professional judgment and could diminish the value of the clinician-client conversation. This should include judgement of when written information is necessary – cost is relative to the client, so financial limits are not helpful here.

In emergency or urgent cases, the need for immediate intervention is often paramount. Requiring written options or mandated 'thinking time' in such contexts could delay life-saving

care. Our practice believes that informed verbal consent, documented appropriately in the clinical record, should suffice in urgent situations — particularly when the alternative could be deterioration in the animal's condition or increased suffering.

Many of our clients are experienced pet owners who value continuity of care and trust their veterinary team. In non-urgent scenarios, clients should have the ability to waive prescribed cooling-off, should it be enforced, if they feel adequately informed and ready to proceed. Forcing delays in decision-making in every case, regardless of client preference or clinical appropriateness, may cause frustration and unnecessary disruption to the care process.

We agree that written summaries of discussed options can be helpful in many cases — particularly for complex decisions or referral pathways — and we already provide these when appropriate. However, they should complement, not replace, the clinician-client discussion. The emphasis should remain on the quality of communication, not simply the format.

Independent practices operate with limited administrative resources. A significant increase in mandated written documentation for every treatment discussion will divert time and attention from clinical care. There are AI technologies, such as VetNotes, that can generate client letters following consultations. This may be one way to reduce the burden, although all such tools come at a financial cost to the practice, and the vet would need to ensure they consult in a fashion that lends to AI and be sufficiently proficient to review and amend any communications. This would not be possible within a consultation time frame, so would require additional professional time to do – a requirement to do this frequently would inevitably result in increased consultation costs, and reduced availability of appointments due to the need to schedule increased administrative time to ensure these letters are generated in a sensible time frame. I expect this would at least increase time required per consult by 50%, and respectively, the consultation cost.

I would expect this remedy to require additional administrative staff, at a financial cost to the practice, to review and send the letters in a timely fashion, attaching them to the PMS for completeness of record keeping, and following up any client queries in response to the letters.

A potential unintended consequence – if it is common practice to send these letters, and clients compare, as they inevitably will, there is potential for an option to have been deemed suitable for one client and patient situation, but not another. This would certainly undermine client trust, but I also feel it would undermine clinician decision making and confidence, leading to an increase in reactive medicine, to the detriment of the patient and the client.

Conclusion

We support the CMA's goal of improving transparency and client understanding, and we believe this can be achieved through proportionate, flexible guidance that respects clinical judgment, protects emergency responsiveness, and upholds client autonomy. However, any guidance should be proportionate and allow practices to exercise professional discretion based on the context and complexity of the case.

Remedy 7: Changes to how consumers are informed about, and offered prescriptions

As an independent veterinary practice owner, I support improving transparency around medication prescribing and client choice. Clients should be clearly informed of their right to a written prescription, and many practices, including my own, already do this through signage, websites, and printed policies, such as long-term medication plans. Making this a formal requirement is a reasonable and positive step, provided it remains proportionate and workable in practice.

However, I have significant concerns about the broader proposals under Remedy 7, particularly the assumptions around cost, administrative workload, and software capabilities, which do not reflect the realities faced by independent practices.

1. Prescription Processes Have Genuine Time and Cost Implications

While clients should have the right to request a prescription, the process is not trivial:

- The vet must assess appropriateness (ie is the delay to obtain the medication from an alternative pharmacy practical for the patient), review the clinical record, then write, print, and sign the prescription (~5 minutes).
- The admin team must then counter-check for accuracy, scan, liaise with the client, then the client's chosen pharmacy, match order numbers, and email securely (~10 minutes).
- Additional time is regularly spent fielding pharmacy queries, this is noticeably increasing with higher usage online pharmacy usage.

This multi-step process incurs genuine staff time and cost. Suggesting this be provided free of charge underestimates the resource burden and would directly affect financial stability in independent practices, which, unlike many corporate groups, do not own or profit from affiliated online pharmacies.

2. Consultations Would Become Longer and More Expensive

Complying with these proposals would extend many consultations by up to 50%, particularly when prescriptions are issued, as should the remedy go ahead, they now suggest a requirement within the prescription of detailed explanation of options, pricing, and documentation. This not only increases costs to clients (especially for repeat medication reviews, which are priced accessibly), but also reduces appointment availability, contributing to reduced access to care, potentially negatively impacting animal welfare.

The practical effect is that:

- Clients would pay more for routine consults, even when only seeking simple repeat medication advice.
- Appointment capacity would drop, increasing wait times and limiting urgent access.
- Patients needing frequent reviews or ongoing care may be disadvantaged, despite clinical need.

3. Unworkable Requirements for Pricing Information

The suggestion that prescriptions include comparative pricing (in-house vs. online pharmacies) and calculated savings is unrealistic and infeasible:

- As far as I am aware, current PMS cannot generate or update this automatically, and independent practices have limited sway to push this change, or to afford the considerable disruption and cost of changing PMS provider.
- Pricing across pharmacies varies daily, and accuracy cannot be guaranteed.
- Responsibility for errors in pricing is unclear — would it fall to the prescribing vet?

This introduces legal risk, confusion, and inefficiency. AI is widely available to clients, who are capable of searching prices themselves — just as in any other sector. Veterinary professionals should not be required to shop around on behalf of clients, nor be penalised for failing to predict online price fluctuations.

A more balanced approach would be:

- Provide the in-house price of medication and/or written prescription (already common practice within our team).
- Give clients a link to the VMD-approved list of licensed pharmacies, allowing them to make informed decisions independently.

4. Administrative Burden and Workforce Wellbeing

The remedies as proposed would create a significant increase in non-clinical workload — a burden which will fall on veterinary surgeons and support teams alike. I have serious concerns about the impact on wellbeing and retention in a profession already stretched to capacity:

- Clinical staff would face greater pressure, moral fatigue, and complex client conversations not directly related to patient care.
- Staff who are less confident with fast-paced technology may find the changing role inaccessible, reversing recent progress on inclusion and diversity.

Veterinary professionals choose this career to care for animals, not to act as intermediaries between clients and third-party suppliers. Adding this level of complexity risks pushing out dedicated professionals, worsening the current workforce crisis.

5. Sustainable, Balanced Recommendations

To ensure fairness and sustainability while upholding client rights, I propose the following:

- Mandatory client awareness of written prescriptions is appropriate – via signage, website, and policy documents.
- Mandatory offering of prescriptions for long-term medications or when medications are not needed immediately (say >7 days) is reasonable.
- Practices should provide:
    - The cost of the medication in-house
    - The cost of the written prescription
    - A link to the VMD-approved pharmacy list – enabling client choice.

- Detailed comparative pricing or savings should not be a requirement.
- Practices should retain the right to charge a fair fee for prescriptions, reflecting the actual clinical and administrative workload.
- Any regulatory changes should be supported by software integration tools, training, and realistic timelines.

Conclusion

The principle of client choice is one I fully support. However, as it stands, Remedy 7 risks increasing costs, reducing care access, overburdening staff, and harming the independent sector's viability, all without clear evidence of benefit to animal welfare.

I urge the CMA to work collaboratively with independent practices to find a proportionate and practical path forward— one that ensures transparency while protecting the quality, accessibility, and sustainability of veterinary care in the UK.

Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers

I welcome efforts to improve client understanding and informed consent in veterinary care, including the costs associated with medicines. However, I have several concerns about the CMA's proposed remedy regarding medicine price transparency that warrant careful consideration, particularly its potential to disproportionately affect independent practices and its assumptions about the role of veterinary professionals.

Veterinary Role and Sourcing of Medication

It is not the place of veterinary professionals to influence where a client chooses to source their medication. Our role is to ensure appropriate diagnosis, treatment planning, and patient care—not to act as intermediaries for retail decisions. Requiring vets to present on-site price comparisons for external suppliers crosses a professional boundary and may create a perceived conflict of interest or inadvertently pressure clients into decisions based on cost alone.

Written Prescriptions and Risk of Fraud

Providing written prescriptions to clients is an essential part of supporting client choice, and I fully support their availability. However, there is a growing concern over the potential for fraud or misuse, especially in cases where prescriptions may be altered and submitted to multiple online pharmacies. To remove this risk, and following VMD guidance, our practice does not give the prescription directly to client, instead, sending it digitally to the pharmacy they have chosen. Any policy mandating written prescriptions being given directly to owners must include safeguards such as watermarking, digital verification, or controlled prescription systems. Without this, the risk to animal welfare and regulatory compliance is significant.

Practical and Technical Constraints

Many independent practices operate with PMS software that lacks the capability to integrate dynamic pricing tools or generate bespoke QR codes on prescriptions. While I can see the value in a single, standardised QR code directing clients to the VMD list of accredited pharmacies, asking practices to develop and maintain more complex features (such as personalised comparisons or pharmacy-specific codes) would be technically and financially unfeasible without substantial external support.

Bias and Viability of a Centralised Price Comparison Tool

The suggestion of a centralised price comparison website raises significant questions about:

- Who will fund and maintain it?
- What assurances of neutrality and bias protection will be implemented?
- How will data be gathered and verified across different providers?

A tool of this nature could easily favour large corporate practices that operate online pharmacies and have the infrastructure to feed dynamic pricing into such systems. This would put independents at a competitive disadvantage, especially as we often cannot match the economies of scale leveraged by corporates.

It is also worth noting that clients already have access to a wide range of AI tools and consumer platforms that allow for price comparison, should they wish to seek it. The need for a bespoke veterinary-specific system is therefore questionable, especially given the cost and complexity involved in building and maintaining one.

Financial Implications for Independents

Any implementation of this remedy that requires software development, system upgrades, or participation in third-party tools will create a significant financial burden on independent practices. Unlike corporate groups, we do not have centralised IT and compliance teams to absorb these costs. Additionally, any substantial changes to pricing transparency would necessitate a full review of our pricing structures to ensure we can remain sustainable—an administrative and strategic overhaul that comes at a time when many independents are already under pressure. I do not believe it would be feasibly for many independent practices to list their medications on an online portal and keep the prices updated.

Conclusion

While I support fair and informed consumer choice, the current proposal under Remedy 8 seems to place an undue burden on independent practices, risks professional overreach, and introduces technical and ethical concerns. A more balanced approach might include:

- Ensuring written prescriptions are secure and traceable.
- Supporting client education around sourcing options, rather than mandating price comparison at the point of care.
- Offering optional tools (like a QR code to VMD-accredited sources) without imposing burdensome software requirements.

I strongly urge the CMA to consider the practical, financial, and ethical implications of this remedy—particularly its disproportionate impact on independent practices—before moving forward with implementation.

Remedy 9: Requirement for generic prescribing to increase inter brand competition for medicine sales

I have serious safety concerns regarding Generic Prescribing. While I fully support efforts to improve transparency and affordability in the veterinary medicines market—particularly regarding own-brand medications—the blanket push for generic prescribing raises profound issues relating to patient safety, veterinary liability, and operational feasibility.

Patient Safety and the Prescribing Cascade

Veterinary prescribing is governed by the Prescribing Cascade, which exists precisely because veterinary medicines are not one-size-fits-all. The Cascade allows vets to select the most appropriate product for a specific animal, taking into account factors such as formulation differences, bioavailability, flavouring, excipients, and species suitability.

Generic medicines that share an active ingredient are not necessarily therapeutically equivalent in real-world veterinary use. For example, differences in product formulations may affect palatability in dogs or absorption in cats, with direct consequences for treatment success, patient and owner compliance, or adverse reactions. Forcing generic prescribing undermines the professional judgement applied under the Cascade and removes the vet's ability to ensure that a named product—chosen for good clinical reason—is used.

If this remedy were implemented, the Cascade would need to be urgently reviewed, as it assumes that the prescriber has the ability to select specific medicines based on clinical needs. If that is taken away, the legal and ethical basis of the Cascade collapses.

Accountability Without Control

The VMD's February statement rightly highlights the dangers of assuming equivalence between all products with the same active ingredient. If a vet is required to prescribe generically, and a pharmacist or supplier subsequently dispenses a clinically inappropriate alternative, who bears the responsibility for any harm that results?

Veterinary professionals must retain the ability to prescribe specific, named medications when justified by clinical need. Stripping this ability not only puts animals at risk but also places an unreasonable burden of liability on vets for outcomes they cannot control.

Operational Impact and Costs to Clients

In practice, the current PMS systems used in most UK veterinary practices are not designed to generate generic prescriptions. They are structured around specific product names, linked to stock control, labelling, and invoicing.

Manually creating and writing generic prescriptions for every case would significantly increase the time taken per prescription—adding administrative load in already stretched practices and likely increasing the cost to clients, contrary to the CMA's aim of making veterinary care more affordable.

Even considering a halfway measure, where the prescription is generic, but lists appropriate options carries considerable risk. There are many products available, and individual clinicians would need to check each available product to ensure its suitability for their patient. This would be time-consuming for an experienced clinician, let alone a new or recent graduate. I would be concerned that the incidence of inappropriate prescribing would increase significantly.

Support for Transparency Measures

I fully agree with the need for improved transparency around own-brand medications. Clients should be made aware when they are being offered a branded version of a medicine that could be available under another name or at a lower price. However, transparency can be achieved without compromising clinical autonomy or patient safety.

Conclusion

While I support measures that empower clients and encourage fair pricing, generic prescribing as currently proposed is unsafe, impractical, and professionally irresponsible.

Veterinary professionals must be trusted to use their clinical judgement in the best interest of their patients. To do otherwise risks compromising care, undermining professional confidence, and ultimately harming both animals and clients.

Remedy 10: Prescription Price Controls

Price caps on prescriptions potentially fail to recognise the significant variation in operational structure, staffing, and systems between veterinary practices. The time and resources required to issue a written prescription or dispense medication are not uniform, and imposing a standardised cap risks undercompensating practices for the professional services involved.

In our practice, for example, once a clinical decision to prescribe has been made, the process of generating a written prescription typically involves around 5 minutes of a veterinary surgeon's time per item, and a further 10 minutes of administrative staff time. This is not a trivial task — it includes checking patient records, ensuring legal compliance, formatting and issuing the prescription, and often liaising with clients.

Dispensing medication in-practice entails even more resource allocation. It requires approximately 5 minutes of administrative staff time for processing and preparing the medication, an additional 2 minutes for a countersignature, and at least 5 minutes spent with the client to confirm dosage, discuss administration instructions, and answer questions. These tasks are carried out with a high level of care and clinical responsibility. Furthermore, the overhead costs of maintaining a dispensary — including staff training, stock management,

storage – including temperature controls etc, compliance with regulations, and expiry monitoring — are significant and ongoing.

The current mark-up on medications reflects this comprehensive, regulated service — it is not simply a retail margin. It helps subsidise these essential but often underappreciated aspects of patient care, along with subsidising other professional fees. Imposing price caps would undermine the sustainability of delivering these services safely and thoroughly.

Large corporate providers, who often own online pharmacies, may be able to absorb or redirect such losses through other channels. Independent practices, however, cannot. We do not benefit from the economies of scale or diversified income streams of corporate groups. Instead, we would be left with little choice but to introduce or increase charges for individual components — including for written prescriptions, dispensing, and potentially increasing consultation costs — just to cover the real cost of service delivery.

This has a significant risk of alienating clients, fragmenting care, and ultimately compromising animal welfare, as owners may defer treatment or sourcing due to added complexity or unexpected fees.

In conclusion, the imposition of a price cap on prescriptions would have disproportionate and damaging effects on independent veterinary practices. It disregards the real, variable costs involved in delivering this work safely and professionally, and risks making small practices financially unviable. Any remedy must reflect the true complexity of veterinary operations and allow practices the flexibility to charge appropriately for the services they provide.

Remedy 11: Interim Medicines Price Controls

The rising cost of pet ownership is a legitimate concern, and I fully support the principle that owners should be able to obtain necessary medications at fair and transparent prices. However, I wish to raise some important considerations regarding the proposal for interim price controls on veterinary medicines.

For many years, veterinary practices—particularly independent ones—have operated under a model where the mark-up on medicines and other products subsidises professional fees. This has historically helped to keep consultation and procedural charges more manageable for clients while allowing practices to remain viable. Any rapid implementation of price controls without broader structural reform would severely disrupt this model, potentially pushing many small practices toward financial unsustainability.

Unlike larger corporate groups, independents do not benefit from economies of scale or the same levels of purchasing power. Nor do we typically operate large-scale online pharmacies or enjoy alternative revenue streams through vertical integration. A one-size-fits-all price control system would disproportionately affect small independent practices, widening the gap between them and large corporates—ultimately reducing choice and access for pet owners in many communities.

While I do not oppose reforms aimed at greater transparency and affordability, the introduction of interim medicine price controls cannot occur in isolation. It would require a

significant structural shift across the entire veterinary profession, particularly in how services are costed and charged. Without addressing the underlying economic dependencies—such as the reliance on medicine sales to support staffing, facilities, and high-quality care—such controls risk unintended consequences, including reduced investment in clinical infrastructure, reduced staff retention, and practice closures.

If medicine price controls are to be introduced, they must be part of a broader, phased approach that includes:

- A re-evaluation of fee structures to more accurately reflect the cost of professional veterinary services.
- Consideration of the differences in business models between corporate and independent practices, ensuring remedies do not unintentionally favour one sector over the other.

In summary, I support efforts to improve affordability and transparency for pet owners. However, I urge the CMA to carefully consider the practical and economic implications of interim medicine price controls on independent practices. Without a comprehensive and equitable plan for transition, there is a serious risk of damaging the viability of small practices that are integral to veterinary provision in the UK.

Remedies 12: Third Party OOH Provision

As the owner of an independent veterinary practice that relies on outsourced OOH services, I appreciate the CMA's recognition of challenges in this area. Restricting notice periods to 6 months, for example, and ensuring a proportionate cap on early exit fees would support choice and competition within OOH provision. However, I wish to highlight the potential unintended consequences of interventions in an already fragile system.

OOH provision is already under significant strain, with frequent staff shortages, short-notice unavailability, and increasing travel distances for clients to an alternative provider. Perceived uncertainty in user practices by altering notice periods or increasing competition may have the effect of worsening this trend, potentially reducing availability of OOH provision.

Remedy 13-15: Cremation Transparency and Price controls

I strongly support the CMA's goal of ensuring pet owners are treated fairly when arranging aftercare, particularly in emotionally sensitive moments. However, I believe regulatory price controls are unnecessary if appropriate changes are made to existing professional standards.

Practices should provide clear cremation pricing and ensures clients understand the available options as standard. This builds trust and enables informed decision-making.

I agree that amendments to the RCVS Code of Professional Conduct to require full transparency in cremation pricing and a written or digital breakdown of options at the point of discussion would support this change across the profession. If transparency is enforced through professional regulation, price controls would not be necessary, and market forces can continue to function.

It is worth noting that providing a cremation service is not without additional cost of service: careful and respectful care and storage of pets remains with a clear and detailed recording and counter-check system, communication with clients, support in their grief, in which staff are trained specifically. This all comes at a cost, some mark-up on the cost of the crematorium fee is reasonable. Transparency here should be very careful – for instance, having "Cold Storage Fee" or "Remains Processing Fee" feels very cold and insensitive with respect to client care, when it could be rolled fairly within the cremation service.

Remedy 15-16: Regulation and Quality Measures

Strengthening regulatory requirements for veterinary businesses and developing meaningful quality measures are essential steps to modernise the profession and maintain public trust in an increasingly commercialised veterinary landscape.

A review of the Veterinary Surgeons Act is long overdue. In particular, I support the regulation of non-veterinary ownership of practices, which would help ensure that all veterinary providers—regardless of structure—are held to consistent professional and ethical standards. This would protect the integrity of the profession and ensure that commercial interests do not override clinical judgement or animal welfare.

I also support the expansion and mandatory implementation of the RCVS Practice Standards Scheme (PSS). A universal, clearly tiered scheme would ensure baseline clinical quality while encouraging practices to develop and promote areas of excellence. It would also give clients greater confidence when choosing a provider based on their own values and offer recognition to practices that prioritise investment in quality improvement and clinical governance.

At our practice, we actively promote a Just Culture to support incident reporting and foster a growth mindset. We are transparent with our clients when issues arise and see this openness as key to trust and learning. We participate in external schemes such as VetSafe and undergo NASAN audits to monitor and continuously improve our clinical standards. In addition, we are active members of wider veterinary communities to stay current with best practices and innovation across the field.

For the development of meaningful and achievable compliance measures, I would suggest a focus on self-auditing at regular intervals, supported by intermittent record submission to the regulator. This strikes a balance between accountability and feasibility—particularly for smaller businesses with limited administrative resources. The emphasis of any compliance framework should remain on clinical standards and patient outcomes, rather than creating an excessive administrative reporting burden. This would ensure the framework drives meaningful improvement without discouraging participation or innovation and makes higher-tier recognition within the PSS more accessible.

I also believe that practices involved in national quality improvement (QI) programmes, antibiotic stewardship initiatives like the Antibiotic Guardian scheme, and tools such as VetSafe, should be acknowledged within the regulatory framework. These initiatives demonstrate active commitment to improvement and should form part of a recognised path to higher standards and public assurance.

Embedding these principles into a modern, proportionate regulatory structure will elevate clinical standards across the sector while enabling committed practices of all sizes and models to be recognised for their efforts.

Remedies 20-25: Complaints, VCMS, QI and Binding Adjudication

Our practice ethos of care and transparency lends itself to provide a personal and responsive approach to client concerns. Our close-knit team knows many clients and their pets personally, which fosters open communication and trust.

To strengthen our current process in line with the proposals, we would suggest:

- A simple, written overview of our complaints process, available both in-practice and on our website.
- A designated point of contact for handling complaints, ensuring consistency and responsiveness.
- Encouragement for early, informal resolution, which is often more effective and less distressing for clients.

We believe the CMA's recommendation should avoid a one-size-fits-all model and allow for flexibility based on practice size and capacity. Overly complex procedures could risk alienating clients and undermining the personable service we strive to provide.

We are open to more prominent promotion of VCMS, and suggest:

- Clear signposting to the VCMS in our complaints literature and website.
- A brief VCMS overview leaflet to be included in welcome packs and available in reception.

Importantly, promotion should not imply that complaint escalation is expected or typical. Most concerns are resolved effectively within our practice. Any messaging should be balanced and constructive, reinforcing the value of early dialogue while presenting VCMS as a helpful step if needed.

We are committed to continuous improvement and welcome guidance on gathering and reflecting on complaint themes to raise standards.

For small practices, it is essential that any expectations around data use are proportionate. Many of us already reflect on complaints through informal team debriefs or clinical meetings. With light-touch support or templates (for example, a simple quarterly review checklist), we could formalise this into a lightweight internal review process.

We would also support anonymised sharing of complaint data (e.g., via RCVS or veterinary associations) to benchmark performance and learn from sector-wide trends — so long as confidentiality is protected and participation remains supportive, not punitive.

While we appreciate the intention behind introducing a binding adjudication process, we urge caution regarding its implementation, particularly for small businesses.

Key considerations from our perspective include:

- Clarity and fairness: Both parties must understand the process, and it should ensure perceived fairness on both sides.
- Proportionality: Binding adjudication should be reserved for situations where informal resolution and VCMS mediation have been exhausted.
- Affordability: The process must avoid high fees or legalistic structures that could disadvantage smaller practices.

We recommend that any adjudication scheme is developed with sector consultation, particularly involving small practices, and that participation is voluntary rather than mandatory — at least in the initial stages. This would allow assessment of its impact on all stakeholders, including clients.

Conclusion

Overall, Remedies 20–25 represent an opportunity to enhance client confidence and sector standards. As a small independent practice, we already prioritise a personable, transparent, and fair approach to client concerns. We believe these proposals can be implemented successfully across the sector — provided they are adapted to the varying capacities of practices and focus on practical, client-focused outcomes rather than procedural compliance.

Remedies 26-28: Effective Use of Veterinary Nurses

As an independent small animal practice and a training practice for veterinary nurses, I welcome the CMA's recognition of the need to clarify, protect, and potentially expand the role of Registered Veterinary Nurses (RVNs) within the veterinary profession.

I firmly support initiatives that recognise the valuable skills, dedication, and professionalism of veterinary nurses. Enhancing clarity around their scope of practice and ensuring greater recognition of their regulated status is long overdue and an important step toward ensuring better career progression, morale, and retention within the sector. Further, expanding their clinical remit in areas where they are appropriately trained and supported can benefit both patients and practices.

However, I do hold significant concerns about how these changes may be implemented, particularly in the context of growing corporate consolidation in the sector. In my view, there is a real risk that some corporate operators may seek to utilise RVNs as 'mini-vets'—delegating complex clinical tasks to nurses not primarily as part of professional development, but as a cost-saving measure. This could place undue pressure on nurses, compromise patient safety, and ultimately undermine the integrity of veterinary care.

I am especially concerned about the increasing use of RVNs in sole-charge situations, particularly in out-of-hours or branch practice settings. Without adequate support, supervision, and clear delineation of responsibilities, this trend could expose both nurses and patients to unnecessary risk. We must not allow the expanded role of the veterinary nurse to become a vehicle for under-resourced practice models.

It is instructive to consider parallels in the human medical field, where the rapid expansion of roles such as physician associates and anaesthetic associates—while addressing workforce gaps—has raised patient safety concerns and professional tensions. The introduction of such roles without clear oversight, defined limits, or appropriate governance structures has led to confusion about accountability and eroded trust in some settings. We must avoid repeating those mistakes in the veterinary sector.

We would urge that any expansion of the RVN role be grounded in robust training, supported by clear legal and professional frameworks, and implemented with a focus on collaboration—not substitution—between veterinary surgeons and veterinary nurses. Furthermore, any shift in responsibilities must be accompanied by appropriate indemnity cover, workload protections, and a clear understanding of professional liability.

We remain committed to training and supporting the next generation of veterinary nurses and believe that with the right safeguards, the proposed changes could be beneficial. But it is essential that reforms are implemented with the primary goals of improving animal welfare, protecting professional standards, and ensuring the safety and wellbeing of both patients and the veterinary team.

Closing Statement

I fully support the concept of increasing transparency and promoting fair pricing for clients. However, I would urge the CMA to reconsider many of these proposed remedies that will have a negative effect by unintentionally increasing prices and the overall cost of pet care, create greater confusion through what feels like fake transparency, disproportionately affect smaller independent practices, erode the valued trust that pet owners place in their vets, and threaten animal health and welfare.

Choosing Care Provision – Client Education

- I would suggest that focusing on transparency through expanding and improving existing schemes such as the Practice Standards Scheme, Find a Vet and practice websites would be effective
- Avoid a price-comparison website which will be costly, and confusing for clients – we are not an industry such as utilities providers or legal services with clear cut service provision and there is a significant risk of muddying the waters, causing LACK of transparency

Competition in Medicines Market – I would like the CMA to:

- Understand what is involved when prescribing and writing written prescriptions or dispensing medication
- Recognising the existing financial structure – whilst practices make profit from the sale of medications, this marginal income actually subsidises other service provision to enable keeping cost realistic for clients
- Mandate a prescription fee for all medicines BUT avoid mandatory written prescriptions and avoid a focus on generic prescribing (which I view as dangerous).

- Whilst medicine cost transparency is important, I do not think an expensive price comparison site will solve this problem, and will likely generate more issues
- Consider how to mitigate where competition is already biased against practices, such as the inability of practices to purchase certain medicines at a price that can compete with the internet (eg Optimmune, Apoquel, Amodip, etc)

Regulatory Framework

- Ensure the RCVS has the power it needs to be able to regulate practices, not just vets, through mandatory participation in PSS, and mandatory transparency of service through Find a Vet
- Enable a greater range of sanctions so that non-vet business owners can be held to the same level of accountability as vets
- Support the RCVS in its aims to achieve a new VSA, with the expansion and clarification of the nursing role

I am deeply concerned about implementation of these remedies and would ask that consideration of my points above, and those of my colleagues in smaller practices are taken into account prior to final decision making. Consideration of the administrative and clinical realities that would be particularly burdensome to smaller independent practices should be mitigated in some way – perhaps by placing responsibility onto other players in the veterinary sector in these remedies, whether third party service providers such as PMS providers, or pharmaceutical companies. I would also respectfully suggest that pilot schemes and trial periods are used to test the waters for unintended consequences prior to full implementation.

My overarching concern here is that these proposals will not level the playing field at all but significantly risk further undermining it, increasing cost for clients and reducing the number of independent practices, therefore reducing consumer choice.

Thank you for the opportunity to be part of this consultation discussion.