

To:

[VetsMI](#)

Subject:

Vets market investigation: remedies working paper feedback

Date:

05 May 2025 13:59:12

To whom it may concern,

In response to the recent publication of the remedies working paper, I would like to provide confidential feedback based on my own experiences as a veterinary surgeon.

Question 1: We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper.
See below.

Question 2: We invite comments on whether these (or others) are appropriate information remedies whose implementation should be the subject of trials. We also invite comments on the criteria we might employ to assess the effects of trialled measures. Please explain your views.
See below.

Question 3: Does the standardised price list cover the main services that a pet owner is likely to need? Are there other routine or referral services or treatments which should be covered on the list? Please explain your views.

There should be fewer services on this list. Routine, straightforward services, such as vaccines, microchips, flea/tick treatments and prescription fees, may be appropriate for a standardised price list, and this may actually be beneficial in some circumstances, to encourage clients to remain with one practice, instead of registering with several and seeking the lowest prices. Almost all other services are not suitable for a standardised price list. Estimates given to clients for procedures and services vary depending on the size of the patient, for drug and fluid doses, etc... the temperament of the patient (a fractious animal will require more sedative drugs), the duration and complexity of the procedure, concurrent disease or medications, and any complications that may arise. Additionally, in my experience, only the large corporates can afford to standardise the pricing of more complex procedures.

Question 4: Do you think that the 'information to be provided' for each service set out in Appendix A: Proposal for information to be provided in standardised price list is feasible to provide? Are there other types of information that would be helpful to include? Please explain your views.

This information is feasible to provide, but is not enough to give a precise estimate of costs for point 3 onwards, please see my answer to question 3. Veterinary surgeons train for at least 5 years to advise clients on which of these factors will affect their animal, this is not something that an owner can do on a comparison site or price list.

Question 5: Do you agree with the factors by which we propose FOPs and referral providers should be required to publish separate prices for? Which categories of animal characteristics would be most appropriate to aid comparability and reflect variation in costs? Please explain your views.

I agree with those factors suggested, but would argue that there are many more contributing factors which can affect estimates of prices. For example; breed, temperament, presence of BOAS, body condition, concurrent health conditions, concurrent medications, potential complications and their management. Veterinary surgeons train for at least 5 years to advise clients on which of these factors will affect their animal, this is

not something that an owner can do on a comparison site or price list.

Question 6: How should price ranges or 'starting from' prices be calculated to balance covering the full range of prices that could be charged with what many or most pet owners might reasonably pay? Please explain your views.

A 'starting from' price should include average drug and fluid doses, for an average procedure without complications, in an average patient of that species and size. A starting price should also include all post-procedural medications and check-ups required, and VAT, however I would hasten to add that only the most basic services are appropriate for price ranges or 'starting from' prices, for the reasons already detailed above. The publishing of 'starting from' prices encourages practices to publish a low number, for example a procedure only, but not including VAT, or follow-up appointments, so that clients are drawn in by the low 'starting from' price. Additional fees should apply for animals requiring more complex care, and this should be done on a case by case basis. It should be made very clear to clients that a 'starting from' price may not be the final price for the treatment of their animal, and to refer to their vets directly for this.

It is arguable, for example, that the owner of a French Bulldog with BOAS, should be responsible for the costs of any complications associated with BOAS, as they have chosen to take on the responsibilities and costs of owning a French Bulldog. Clients that own healthier animals with lower risks would likely be unhappy about subsidising the care of such a dog.

Question 7: Do you think that the standardised price list described in Appendix A: Proposal for information to be provided in standardised price list would be valuable to pet owners? Please explain your views.

I think that pet owners would perceive this as valuable, but may be disappointed, or in fact even feel the vet has not been upfront about the pricing, if they own an animal that does require more complex care beyond the remit of the basic standardised list, and that care ends up being more expensive.

Question 8: Do you think that it is proportionate for FOPs and referral providers to provide prices for each service in the standardised price list? Please explain your views. •

No, please see my answers to questions 3-5 for reasoning. Only the very basic services should be standardised, such as vaccines, and prescriptions. Further services are not suitable for this.

Question 9: Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.

Pet owners may feel motivated to seek the cheapest care, which may not be the best care for the animal. In point 3.14 on page 49, the line "create greater pressure on FOPs to reduce prices and increase quality" is used. These two concepts are mutually exclusive in veterinary medicine, in fact I would go so far as to say that reducing prices significantly reduces the quality of the work being done, as practitioners are rushing, and under pressure to use cheaper methods that are less appropriate for the animal. This does not benefit our patients.

Question 10: Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of many practices which do not have a website? Would any impacts vary across different types or sizes of FOP or referral provider? Please explain your views.

In point 3.14 on page 49, the line "create greater pressure on FOPs to reduce prices and increase quality" is used. These two concepts are mutually exclusive in veterinary medicine, in fact I would go so far as to say that reducing prices significantly reduces the quality of the work being done, as practitioners are rushing, and under pressure to use cheaper methods. This does not benefit veterinary surgeons, who then may foot complaints because of a poorer outcome directed by a client trying to save money. Most practices have websites, one or two do not. In my experience, only the large corporates can afford to standardise more complex procedures, and this isn't feasible for smaller private practices.

Question 11: What quality measures could be published in order to support pet owners to make choices? Please explain your views.

Transparency of marketing - it is common for vets to market themselves as 'sports medicine vets', for example, when they have no further qualifications in sports medicine. It is common for clients to seek second opinions from vets that market themselves this way, but are actually not seeking a more qualified or experienced opinion. A vet wishing to market themselves as a 'sports medicine vet' should possess a qualification that supports this.

Question 12: What information should be displayed on a price comparison site and how? We are particularly interested in views in relation to composite price measures and medicine prices.

Services for which the price would be the same for all animals, for example; vaccines, microchips, prescriptions. Further services are not suitable for a price comparison website, please see above in questions 3-5.

Question 13: How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.

A price comparison site is not appropriate for the veterinary profession, please see my answers to questions 3-5.

Question 14: What do you think would be more effective in addressing our concerns - (a) a single price comparison website operated by the RCVS or a commissioned third party or (b) an open data solution whereby third parties could access the information and offer alternative tools and websites? Why?

A price comparison site is not appropriate for the veterinary profession, please see my answers to questions 3-5.

Question 15: What are the main administrative and technical challenges on FOPs and referral providers in these remedy options? How could they be resolved or reduced? The uptake of time, which sadly is inevitable if these remedy options are implemented.

Question 16: Please comment on the feasibility of FOPs and referral centres providing price info for different animal characteristics (such as type, age, and weight). Please explain any specific challenges you consider may arise.

Please see my answers for questions 3-5.

Question 17: Where it is appropriate for prices to vary (eg due to bundling or complexity), how should the price information be presented? Please explain your views.

It is not practical to present price information which may vary so much by the individual animal, please see my answers for questions 3-5.

Question 18: What do you consider to be the best means of funding the design, creation

and ongoing maintenance of a comparison website? Please explain your views
Sadly I do not consider that a comparison website is appropriate for the veterinary profession, please see my above answers for my justification for thinking so, and I would consider funding such a project to be counterproductive.

Question 19: What would be the impact on vet business of this remedy option? Would the impact change across different types or sizes of business? Please explain your views.
This is something that many practices already do, therefore I think the impact would be small over most businesses.

Question 20: How could this remedy affect the coverage of a typical pet plan? Please explain your views.

Question 21: What are the main administrative and technical challenges on FOPs and referral providers with these remedy options? How could they be resolved or reduced?

Question 22: What is the feasibility and value of remedies that would support FOP vets to give pet owners a meaningful choice of referral provider? Please explain your views.
Such remedies do not work with regards to standardising price and trying to create comparison tools, for the same reasons that they do not work for FOPs, see questions 3-5. There is too much variation in the requirement of the individual animal which may need to be assessed by the referral provider before a final estimate is given. Comparison of referral providers regarding services offered and location, but not price may be helpful for pet owners.

Question 23: Are there any consequences which may be detrimental and if so, what are they?

Clients may feel inclined to choose the cheapest service, rather than the more appropriate service for their animal.

Question 24: What do you consider are likely to be the main administrative, technical and administrative challenges on referral providers in this remedy? Would it apply equally to different practices? How could these challenges be reduced?

Time to set this service up, as above. Variations in requirements of individual patients.

Question 25: If you are replying as a FOP owner or referral provider, it would be helpful to have responses specific to your business as well as any general replies you would like to make.

NA.

Question 26 What information on referral providers that is directly provided to pet owners would effectively support their choice of referral options? Please explain your views.
Accessibility is a big factor in people choosing referral services, as referral practices are fewer and further between than FOPs and clients have to consider the cost and time commitment to travelling. Qualification level of the provider, so they can compare services better.

Question 27: If a mandatory requirement is introduced on vet businesses to ensure that pet owners are given a greater degree of information in some circumstances, should there be a minimum threshold for it to apply (for example, where any of the treatments exceed: £250, £500, or £1,000)? Please explain your views.

No, clients should be making informed choices regardless of the cost of the options available.

Question 28: If a requirement is introduced on vet businesses to ensure that pet owners are offered a period of 'thinking time' before deciding on the purchase of certain treatments or services, how long should it be, should it vary depending on certain factors (and if so, what are those factors), and should pet owners be able to waive it? Please explain your views. Many practices already advise thinking time for clients, particularly for cases that are not urgent. It may vary for the individual case, from 5 minutes to several weeks. Pet owners should be able to make decisions as quickly or slowly as they wish.

Question 29: Should this remedy not apply in some circumstances, such as where immediate treatment is necessary to protect the health of the pet and the time taken to provide written information would adversely affect this? Please explain your views • Yes, this remedy should not apply for acute urgent cases where an animal cannot be reasonably stabilised to give owners more time to consider. This remedy should also not apply for owners who know which avenue they wish to take treatment-wise and are happy to consent sooner.

Question 30: What is the scale of the potential burden on vets of having to keep a record of treatment options offered to each pet owner? How could any burden be minimised? Vets should already keep records of treatments offered in the clinical notes. The burden arises where copious amounts of written information have to be provided for individual cases. I do this for complex cases where the owner has several options to consider, giving detailed estimates for each option, and the advantages and disadvantages of each. Templates can be kept for certain conditions, so that writing up reports is quicker.

Question 31: What are the advantages and disadvantages of using treatment consent forms to obtain the pet owner's acknowledgement that they have been provided with a range of suitable treatment options or an explanation why only one option is feasible or appropriate? Could there be any unintended consequences? It may help to have this information on a consent form so that should a complaint arise that a client was not informed of their options. It would be good to have a line in the consent form that says "I have read and understand the information provided to me", so that the form itself is not too long. They should have been provided this information in advance of signing the consent form. Clients may not read through the entirety of a consent form if it is too long, for example if they are in a rush to drop an animal off in the morning.

Question 32: What would be the impact on vet businesses of this remedy option? Would any impacts vary across different types or sizes of business? What are the options for mitigating against negative impacts to deliver an effective but proportionate remedy? • The principles of this remedy are already in place in many practices, however having the time to do it effectively is a concern for busy professionals. Businesses that can afford to allocate vets time to do this in their working schedule may do this better than those that can or will not. Keeping this information concise will be important.

Question 33: Are there any barriers to, or challenges around, the provision of written information including prices in advance which have not been outlined above? Please explain your views. •

As above, these reports take time to write, that many professionals simply don't have in their working days. Scheduling administration time into vets' working days would be helpful, but this will result in a reduction in clinical productivity and hence earnings.

Question 34: How would training on any specific topics help to address our concerns? If so, what topics should be covered and in what form to be as impactful as possible? Communication regarding treatment options and informed consent should be included in veterinary professional education.

Question 35: What criteria should be used to determine the number of different treatment, service or referral options which should be given to pet owners in advance and in writing? Please explain your views.

Evidence-based medicine is the most important criterion for this. All options which are appropriate for that case, and evidence-based, should be offered to the client, so that an informed choice can be made. Which options may be more suitable than others, and why, should also be detailed, as clients should be aware that not all options are created equal in terms of clinical efficacy.

Question 36: Are there any specific business activities which should be prohibited which would not be covered by a prohibition of business practices which limit or constrain choice? If so, should a body, such as the RCVS, be given a greater role in identifying business practices which are prohibited and updating them over time? Please explain your views.

I would agree with the RCVS being given a role in identifying these issues as they arise, and updating them over time. The profession changes constantly over time, and it is likely that further unethical business practices will emerge as others are limited.

Question 37: How should compliance with this potential remedy be monitored and enforced? In particular, would it be sufficient for FOPs to carry out internal audits of their business practices and self-certify their compliance? Should the audits be carried out by an independent firm? Should a body, such as the RCVS, be given responsibility for monitoring compliance? Please explain your views.

Enforcement of compliance should not be internal, as there may be a large financial incentive for a lenient self-assessment. The RCVS may be best placed to do this, as it already oversees professional conduct.

Question 38: Should there be greater monitoring of LVGs' compliance with this potential remedy due to the likelihood of their business practices which are rolled-out across their sites having an impact on the choices offered to a greater number of pet owners compared with other FOPs' business practices? Please explain your views.

Yes, as LVGs have greater incentive and means to be non-compliant.

Question 39: Should business practices be defined broadly to include any internal guidance which may have an influence on the choices offered to pet owners, even if it is not established in a business system or process? Please explain your views.

Yes, as I suspect that these practices may continue verbally, if not in writing as an established part of the business.

Question 40: We would welcome views as to whether medicines administered by the vet should be excluded from mandatory prescriptions and, if so, how this should be framed. In my opinion, mandatory prescriptions should not be forced upon the veterinary profession under any circumstances.

Question 41: Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?

When I explain the concept of medications costing more in a practice than in an online pharmacy, I use the analogy of buying a bottle of wine in a pub. You can certainly buy the same bottle cheaper in a supermarket, but the two are very different business models with very different overheads, that offer very different services. Some of these remedies seem to me to be akin to requiring bar staff to inform customers that the same bottle of wine can be purchased more cheaply in a supermarket before opening it. Veterinary practices make money by two ways; services, and medicines. Practices cannot buy these medications in

for the prices that the online pharmacies sell them out at. If medicine prices are capped, or prescriptions compulsory, the price of services would have to rise considerably to compensate for this loss. Additionally, clients having prescriptions filled online may have to wait 48 hours or more for an order to arrive. This may not be in the best interests of the animal.

Question 42: How might the written prescription process be best improved so that it is secure, low cost, and fast? Please explain your views.

Written prescriptions should be provided in such a way that they are tamperproof, as this is an issue that we see in practice. Many are provided digitally in PDFs, which the owners can edit with the right software. A system where a prescription is sent directly from the vet to the online pharmacy without the potential for owner tampering might be useful.

Question 43: What transitional period is needed to deliver the written prescription remedies we have outlined? Please explain your views.

Question 44: What price information should be communicated on a prescription form? Please explain your views.

None. When writing a prescription for an animal, cost is not a relevant factor. Costs and medication options should have been discussed with the client before the point of writing the prescription. Clients may be provided separately with estimates from the FOP, so that they may source the medication elsewhere if they wish to.

Question 45: What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.

There is no need for the vet to tell the client anything when giving them a prescription. Options and costs are generally discussed with a client before writing a prescription. Currently, the name of the pharmacy must be on the prescription, so that the same prescription cannot be used more than once with different pharmacies. It is normal for clients to choose which pharmacy they wish to buy from, and inform the vet, who will write the prescription accordingly.

Question 46: Do you have views on the feasibility and implementation cost of each of the three options? Please explain your views.

I think the implementation of any of these options will render veterinary practices unable to sell most medicines. As I have touched on above, practices cannot buy some of these products in for the prices the pharmacies sell them out at, and cannot compete price-wise. This means we will not financially be able to justify stocking them and dispensing them when they are needed urgently. The bottle of wine analogy applies here, as in question 41. This is akin to preventing pubs from selling wine, or forcing them out of business by forcing them to sell it for the same price as the supermarkets. This is not fair, and does not apply to any other businesses that I am aware of. If we were to implement a system where vets did not sell medicines, two things would happen. Firstly, the cost of services would rise considerably, affecting client access to expensive surgical procedures, for example. Secondly, most veterinary pharmacies are online services, and orders have to be processed and posted, meaning that animals requiring medications urgently, or over a weekend, for example, would experience a delay in receiving medication, and this is not in the best interests of animal welfare.

Question 47: How could generic prescribing be delivered and what information would be needed on a prescription? Please explain your views.

This could be delivered easily, simply by removing the requirement for a vet to state the brand on the prescription. This already causes issues, for example if one supplier of a

brand goes out of stock, the prescription then cannot be used to obtain a different brand which is generically equivalent.

Question 48: Can the remedies proposed be achieved under the VMD prescription options currently available to vets or would changes to prescribing rules be required? Please explain your views.

No, because it is currently illegal to prescribe generically. According to the Veterinary Medicines Regulations, vets must use the prescription cascade when prescribing animal medications, (<https://www.gov.uk/guidance/the-cascade-prescribing-unauthorised-medicines>). This means that even if a cheaper form of a drug exists, a vet must prescribe a branded version first that has a license in that species and condition, even if it is more expensive. The VMRs are not designed with animal or customer welfare in mind, with the VMD stating that "The Veterinary Medicines (Amendment etc.) Regulations 2024 will maintain the UK as an attractive place to develop and market veterinary medicines." (<https://www.gov.uk/government/news/new-veterinary-medicines-regulations-coming-into-force-on-17-may-2024>). I think that most veterinary surgeons would welcome the opportunity to prescribe generically.

Question 49: Are there any potential unintended consequences which we should consider? Please explain your views.

While pharmaceutical companies drive high prices for licensed medications, their time and financial commitment to developing these medications should be recognised and appropriately compensated. Licensing exists to ensure that an evidence base exists for medications being prescribed to animals, and to discontinue it entirely would not be progressive.

Question 50: Are there specific veterinary medicine types or categories which could particularly benefit from generic prescribing (for example, where there is a high degree of clinical equivalence between existing medicines)? Please explain your views.

Yes, prednisolone, particularly. The licensed forms are significantly more expensive than the unlicensed versions.

Question 51: Would any exemptions be needed to mandatory generic prescribing? Please explain your views.

Vets should still be professionally obligated to prescribe medicines with the most appropriate evidence base for their use. For example in horses, injectable omeprazole has been shown to be more effective than oral omeprazole in the treatment of equine glandular gastric disease. A horse with EGGD should be prescribed injectable omeprazole, even if oral omeprazole is cheaper. In some circumstances, products used in human medicine are not useful in other species, for example human omeprazole preparations are not suitable for horses, etc...

Question 52: Would any changes to medicine certification/the approval processes be required? Please explain your views.

Yes, many that are beyond my remit to suggest. Currently, the studies are used to apply for licensing are performed and funded by the pharmaceutical companies with a view to licensing their own formulation and brand only. This would potentially need to change to enable generic prescribing. However pharmaceutical companies still require the incentive of profit to keep formulating and researching new drugs, so it would have to be carefully considered across both industries.

Question 53: How should medicine manufacturers be required to make information available to easily identify functionally equivalent substitutes? If so, how could such a requirement be implemented?

As for vets being forced to suggest cheaper alternatives to their own business models, I do not agree that medicine manufacturers should be required to do this either. I am unaware of any other type of business being forced to do this.

Question 54: How could any e-prescription solution best facilitate either (i) generic prescribing or (ii) the referencing of multiple branded/named medicines. Please explain your views.

I do not agree that comparison tools are appropriate for the veterinary profession or the pharmaceutical industry.

Question 55: Do you agree that a prescription price control would be required to help ensure that customers are not discouraged from acquiring their medicines from alternative providers? Please explain why you do or do not agree.

No. If vets are effectively prevented from selling medicines, the prescription cost should not only encompass the cost of providing it, but it would have to cover the loss of earnings created by preventing vets from selling medications. Therefore sadly, the price of prescription would be significantly higher, and would potentially vary according to the business model and geographic location.

Question 56: Are there any unintended consequences which we should take into consideration? Please explain your views.

That the costs of veterinary services will have to go up if the earnings from selling medicines are diminished. This will discourage people from seeking veterinary advice and care, and is not in the best interests of the animal.

Question 57: What approach to setting a prescription fee price cap would be least burdensome while being effective in achieving its aim of facilitating competition in the provision of medicines? If we were to decide to impose a cost based price control for prescriptions, we need to fully understand the costs involved with prescribing and dispensing activities. We are seeking to understand:

As above, a prescription price must take into account the cost of providing it, and the losses encountered by the practice in medication sales. I would encourage a consultation with FOP business owners to remark upon how preventing the sale of medications would increase their prescription and service prices.

Question 58: What are the costs of writing a prescription, once the vet has decided on the appropriate medicine? Question 59: What are the costs of dispensing a medicine in FOP, once the medicine has been selected by the vet (i.e. in effect after they have made their prescribing decision)?

These costs for both are generally low, however. A better question would be what is the cost of running a pharmacy at an FOP, vs that of an online warehouse pharmacy. FOPs have costs that online pharmacies do not, and these are reflected in their drug and dispensing fees. An FOP must stock drugs that are seldom required, but maybe needed urgently. For example, we have to stock crash drugs in our theatre. We have only had cause to use them once in the last 10 years (equine practice), however, we still have to buy them in, and replace them every time they go out of date, the same for many other types of less commonly used drugs. We have to account for these costs in our business model, the online pharmacies do not. It does not matter that providing a prescription is a cheap thing to do, or if dispensing commonly used drugs is a cheap thing to do. Our prices are higher because we have to incur greater losses.

Question 60: What is the most appropriate price control option for limiting further price increases and how long should any restrictions apply for? Please explain your views.

Price control options are not appropriate for the veterinary profession. The CMA has stated

that it recognises the need for thriving veterinary businesses to best serve the needs of pet owners, and to keep prices reasonable. However I would have concerns that its suggested remedies will force many practices, particularly smaller private ones, out of business. Vets and their staff are entitled to earn an appropriate wage as befits their qualification and experience level, with a 10% profit margin to reinvest in the business, e.g. for necessary new equipment, etc... But these proposed remedies cap our ability to make money on both drugs and services. I mentioned the concept of decreasing prices and increasing quality being mutually exclusive in veterinary medicine, and this continues to be true. Vets under pressure to provide cheaper services will provide poorer services. Measures taken must be fair to both clients, and vets.

Question 61: If we aim to use a price control to reduce overall medicine prices, what would be an appropriate percentage price reduction? Please explain your views.

This is not an appropriate way forwards, as it will force practices to put up their prices for services instead, please see the above in question 60.

Question 62: What should be the scope of any price control? Is it appropriate to limit the price control to the top 100 prescription medicines? Please explain your views.

Price control is not appropriate in the veterinary profession, please see my answer to question 60. I am not aware of any other small businesses where price control is enforced.

Question 63: How should any price control be monitored and enforced in an effective and proportionate manner? Please explain your views.

Price control is not appropriate in the veterinary profession, please see my answer to question 60-62.

Question 64: We welcome any views on our preferred system design, or details of an alternative that might effectively meet our objectives. Please explain your views. Question 65: What do you consider to be the best means of funding the design, creation and ongoing maintenance of an e-prescription portal and price comparison tool? Please explain your views.

This is not appropriate for the veterinary profession, please see the above for reasoning.

Question 66: What would be an appropriate restriction on notice periods for the termination of an out of hours contract by a FOP to help address barriers to FOPs switching out of hours providers? Please explain your views. Question 67: What would be an appropriate limit on any early termination fee (including basis of calculation) in circumstances where a FOP seeks to terminate a contract with an out of hours provider? Please explain your views.

NA

Question 68: Do you agree that the additional transparency on the difference in fees between fees for communal and individual cremations could helpfully be supplemented with revisions to the RCVS Code and its associated guidance? Please explain your views. Most providers do provide appropriate transparent pricing information on individual vs communal cremations, but clients may only be able to appraise this properly if they are able to do so in advance of a euthanasia. If a euthanasia is planned, vets should already discuss the cremation options available to them, and most already do. The COC already requires vets to give estimates for services.

Question 69: If a price control on cremations is required, should this apply to all FOPs or only a subset? What factors should inform which FOPs any such price control should apply to?

Price controls are not appropriate for the veterinary profession, see above reasoning in

questions 60-62.

Question 70: What is the optimal form, level and scope of any price control to address the concerns we have identified? Please explain your views.

Price controls are not appropriate for the veterinary profession, see above reasoning in questions 60-62.

Question 71: For how long should a price control on cremations be in place? Please explain your views.

Price controls are not appropriate for the veterinary profession, see above reasoning in questions 60-62.

Question 72: If a longer-term price control is deemed necessary, which regulatory body would be best placed to review and revise such a longer-term price control? Please explain your views.

Price controls are not appropriate for the veterinary profession, see above reasoning in questions 60-62.

Question 73: Would regulating vet businesses as we have described, and for the reasons we have outlined, be an effective and proportionate way to address our emerging concerns? Please explain your views.

Yes, some regulation of vet businesses would be welcome within the veterinary profession, provided that this regulation is fair to veterinary practices and individual professionals.

Question 74: Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of? Please explain your views.

Only what you have already identified in that the PSS is currently burdensome in places.

Question 75: Would an enhanced PSS or similar scheme of the kind we have described support consumers' decision-making and drive competition between vet businesses on the basis of quality? Please explain your views.

Yes, for the reasons you have already described. I refer to my answer for question 11, a vet wishing to market themselves as a 'sports medicine vet' should possess a qualification that supports this and a PSS should require a vet to possess a qualification of this nature to market themselves as such.

Question 76: How could any enhancements be designed so that the scheme reflects the quality of services offered by different types of vet businesses and does not unduly discriminate between them? Please explain your views.

By focussing on services and qualifications, rather than extent of premises or marketing. Some vets provide excellent services as "one-man bands", with fewer facilities, and refer out as necessary. Some provide fewer services but market well and gain traction this way.

Question 77: Are there any other options which we should consider?

That any such scheme should be profession-led.

Question 78: Should any recommendations we make to government include that a reformed statutory regulatory framework include a consumer and competition duty on the regulator? Please explain your views.

I think recommendations should be made with a view to protecting consumers and vets, and to promoting fair competition that benefits both. Many vets already have serious concerns about how the RCVS manages complaints and disciplinary action, and it is important that this balance is not tipped too far in the favour of the consumer to the

detriment of the profession.

Question 79: If so, how should that duty be framed? Please explain your views.

This duty should be prevalent in regulation of individuals and businesses, so that it is implemented fairly and enables client choice.

Question 80: Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote competition? Please explain your views.

Yes, these will encourage veterinary businesses to adhere to good practices and weed out those that don't.

Question 81: How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.

I think it is important to consider, when gauging client feedback and using it as a monitoring mechanism, that complaints in the veterinary sector are often made emotionally, with a lack of scientific understanding of why such advice or action was taken, and that some things may be outside of a vet's control. Many complaints are genuine, however some are also dishonest, malicious, or made with the intention of the bill being reduced. I would prefer to see monitoring of how practices respond to complaints, i.e. have they listened to, and addressed a client's concerns appropriately? Rather than the content of the complaints themselves.

Question 82: What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.

These measures may increase the burden of paperwork on vets' time, and should be designed to minimise this. This may put greater pressure on the RCVS, which may result in its membership fees increasing.

Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.

To use the PSS as a template, but to remove some of the less important aspects of it, i.e. relating to the auditing of car washing, and similar. The RCVS should be responsible for leading this initiative, and vets should not be penalised for adhering to practices which benefit their clients. If RCVS membership fees increase, practices generally fund RCVS membership fees for their employees, therefore it is likely that this cost will and should be passed on to the client.

Question 84: Should the regulator have powers to issue warning and improvement notices to individuals and firms, and to impose fines on them, and to impose conditions on, or suspend or remove, firms' rights to operate (as well as individuals' rights to practise)? Please explain your views.

Yes. All vets should be encouraged to behave in a professional manner and adhere to the CoC. In my personal experience, the profession has issues with individuals not adhering to this code, and being rewarded financially as a result. Clients tend to give their business to vets whose behaviour benefits them, not necessarily the vets behaving in a more professional manner, and ultimately this is a driving factor for poor professional behaviour. Better regulation would prevent this.

Question 85: Are there any benefits or challenges, or unintended consequences, that we have not identified if the regulator was given these powers? Please explain your views.

It may be challenging in practice to prove whether the CoC is actually being followed or not. The RCVS may still rely on reporting of incidents. The RCVS should be proportionate and timely in its handling of breaches, currently RCVS investigations into vets may take months to years to be concluded.

Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.

Only if such a system were fair to the veterinary practice as well as the client. As I have stated above, veterinary complaints are often emotionally charged, with a lack of scientific understanding. Practices should be obliged to listen to complaints, handle them with respect and respond to them accordingly, but should still be able to terminate a client relationship without further discussion if the complaint is untrue, unreasonable, or financially motivated.

- On note 3.25 on page 55; I would be horrified if there were a requirement to publish client complaints. While many are absolutely genuine, many are also dishonest, spiteful, and made with the intention of the bill being reduced. Practices are unable to address complaints in public or online spaces, due to client confidentiality. Therefore any complaints published would be rather one-sided, and that is not fair. I am unaware of any other type of business being forced to publish complaints.

Question 87: If so, what form should it take? Please explain your views.

Question 88: Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views.

No. The concept of mediation is to meet in the middle somewhat, which may be appropriate in some cases. However if a practice has not done anything wrong, they should be able to choose not to enter mediation. Complaints that go to mediation should only be those that are genuine, and not untrue, unreasonable, or financially motivated. Veterinary surgeons' time and mental health are expended on the management of unreasonable complaints, and in such cases, clients should not be able to escalate a complaint without an assessment by the mediator first, to ascertain if this complaint is worth mediating. For example, if a client complains about the cost of a procedure (one they have consented to in writing and associated costs) a vet should not be obliged to enter mediation on this, the fault is clearly not with them.

Question 89: How might mandatory participation in the VCMS operate in practice and are there any adverse or undesirable consequences to which such a requirement could lead? Before any mediation takes place, an external mediator should assess the case from both perspectives, and ascertain whether the complaint is genuine and has grounds for action. If this is not the case, the complaint should not be taken up by the mediation service.

Question 90: How might any adverse or undesirable consequences be mitigated? Complaints should be assessed by an external mediator to ascertain whether they are genuine and have grounds for action. Only then should mediation be recommended.

Question 91: What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?

This is a reasonable piece of information to include in in-house complaints processing information, i.e. on that page of a website, but not elsewhere.

Question 92: How should the regulatory framework be reformed so that appropriate use is made of complaints data to improve the quality of services provided?

It is entirely reasonable to make use of complaints data to improve services, however this complaints data should only include complaints that are genuine, and not untrue, unreasonable, or financially motivated.

Question 93: What are the potential benefits and challenges of introducing a form of

adjudication into the sector?

Adjudication may be useful in the sector, to prevent the dragging on of complaints where mediation cannot be reached. Assessing which are suitable for adjudication may present challenges.

Question 94: How could such a scheme be designed? How might it build upon the existing VCMS?

Complaints should be considered by a mediator, to ascertain whether they have grounds for mediation or not. I.e., has the practice done something wrong? If the outcome of this is no, then the complaint should be adjudicated, and dismissed so that it cannot be taken further. If the outcome this is yes, then both parties should enter mediation, if this does not resolve the dispute, adjudication should follow.

Question 95: Could it work on a voluntary basis or would it need to be statutory? Please explain your views

Ultimately many practices wish to decide how to handle their complaints, so a statutory basis would likely be unpopular. A voluntary basis would be more suitable.

Question 96: What are the potential benefits and challenges of establishing a veterinary ombudsman?

This has the potential to be very useful, but care must be taken to ensure that only genuine complaints are being investigated. Clients may use the presence of an ombudsman to put pressure on vets to reduce a bill, or behave unprofessionally.

Question 97: How could a veterinary ombudsman scheme be designed?

Question 98: Could such a scheme work on a voluntary basis or would it need to be statutory? Please explain your views.

As for question 95, practices should be able to choose how they respond to complaints, so this would depend on what powers were appointed to them. If the objective is to force vets to respond to complaints in certain ways, a statutory policy would be unpopular. It would be less so if a statutory policy was limited to inquisitive and investigative powers.

Question 99: What could be done now, under existing legislation, by the RCVS or others, to clarify the scope of Schedule 3 to the VSA?

Question 100: What benefits could arise from more effective utilisation of vet nurses under Schedule 3 to the VSA, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?

Nurses will have greater job satisfaction.

Question 101: What benefits could arise from expansion of the vet nurse's role under reformed legislation, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?

Nurses will have greater job satisfaction, and the profession better job retention. Nurses can take pressure off of vets.

Question 102: Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation? Please explain your views.

Regarding whether costs of additional qualifications would result in increased earnings; in principle this would be fine and this is what we would like to aim for, however this is unlikely to be the case in practice, because, overwhelmingly, clients do not choose their vets based on qualification alone. Clients choose based on experience, personal preference,

and their internal biases, I have known clients to choose vets because they found them physically attractive, and to apply racial and gender bias.

Unresolved complaints may be unresolved because they are not reasonable. It is not fair to charge businesses for the privilege of being complained about. Charging a business who has had a complaint investigated by an external provider and found to be in the wrong would be fairer.

Question 103: How should we develop or amend that assessment?

See the above.

Question 104 How could we assess the costs and benefits of alternative reforms to the regulatory framework?

Question 105: How should any reformed system of regulation be funded (and should there be separate forms of funding for, for example, different matters such as general regulatory functions, the PSS (or an enhanced scheme) and complaints-handling)?

RCVS fees, if these reformed systems are overseen by the RCVS.

In summary, I would be much in favour of a revised regulatory framework, and increased transparency over practice ownership. Standardising prices, prescriptions, and implementing comparison sites, I am firmly against and I feel it is important for the CMA to thoroughly understand the negative impacts on veterinary practices for doing so. Complaints processes must be fair to the client and the practice.

Thank you for taking the time to read this.

Kind regards,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]