



- **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.**
 - *'Chronic diabetes treatment (insulin) (consultation + initial course of medicines + dispensing fee, repeat course of medicines + dispensing fee)'* this should also include a possible 6 months to annual Blood Glucose Curve. This is also variable due to potential change of doses as the condition changes
 - *'Chronic arthritis treatment (NSAIDs) (consultation + initial course of medicines + dispensing fee, repeat course of medicines + dispensing fee)'* Again very variable due to wide range of drugs used and does require a 6 monthly consultation for a medicine check which is a legal requirement for any prescription medication.
 - Any ongoing medicine cases should be at least offered an overview of potential monthly cost to help owner make an informed choice.

- **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.**
 - Nursing Care/Consultation is too Vague. What do you mean by this? Is it a weight management consult? A behaviour consults? A post operative check? A Medication demonstration? This needs to be clear as Nurses are not mini vets as there is a lot we are unable to do such as diagnose or prescription veterinary medication, so this needs to be made clear to owners. Also while a post operative check may only require a 10 minute appointment, a weight management discussion may take 20-30 minutes.
 - Microchipping: It is often done under anaesthetic especially for cats while in for neutering, this is often done at a discounted price.
 - *'Routine surgeries (lump removal, laceration repair, anaesthetic)'* this is too variable to offer on a price list but owners should be given an individualised estimate to their individual pet.
 - The end-of-life care only includes 'Communal' and 'Individual' I would also advice considering the differences in individual cremations. The price of a basic cardboard scatter tube is obviously going to lower than a wooden carved container or cast resin urn like some companies offer. It may be worthwhile having additional brackets to this to help owners choose the most suitable option. Cremation companies are also offering ash jewellery services and even urns made of previous stone like Onyx or pottery urns.
 - Individual: Scatter Tube
 - Individual: Casket
 - Individual: Urn

- **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.**
 - Species
 - Weight Brackets (<10kg, 10-25kg, 25-45kg, >45kg)
 - However, this can also vary depending on age of animal for surgery as they may require more intensive treatment such as Fluids, Pre-Operative Bloods
 - 'Standard 15 min interpretation' this may not be that realistic as it may actually take more or less time for interpretation and by putting a number to this it forces vet to potentially limit interpretation.
- **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.**
 - 'Starting from' Prices do not allow for transparency and should be avoided. They should instead use 'price brackets' to show top and bottom end of treatment. Starting from prices feels like lying to the client.
 - We personally give written estimates to all operations prior to the surgery, this is rounded to the nearest £5 with a £40 bracket (for routine) £100 (for more complicated surgeries). For example, estimate is £342.30, estimate given is £345 – 385.
- **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.**
 - 100% but it needs some clarification in some areas such as what nurse consultation/care entails and additional information about vessels for individual cremation. Also for surgeries other than basic neutering/dental work clients should be getting estimates anyway so may not be required on the 'price list'.
- **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.**
 - FOP should not be showing prices for services they do not do inhouse and vice versa. It would cause confusion otherwise.
- **Question 9: Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.**
 - Wouldn't say detrimental but the chronic illness part may give unrealistic expectations as the estimate is likely to be for a pet that has no complications. Sadly, this is not always the case so may give owners unrealistic pricing for their pet's care.
- **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.**

- Being too specific may limit a vet's ability to offer treatment as they need to stay within the designated price.
 - I feel all practices no matter if FOP or referral should offer transparent pricing on their website and inhouse.
 - [REDACTED] and [REDACTED] do not have even basic pricing on their websites. [REDACTED] Regenerative Therapies and Rehabilitation also does not have full pricing on their website which can give owners hope to use a treatment like Stem Cells but then very disappointed when they realised how expensive it is.
- **Question 11: What quality measures could be published in order to support pet owners to make choices? Please explain your views**
 - PSS should be mandatory not optional ensuring all vets are kept to a minimum standard that is universal.
 - **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.**
 - If the site includes online prescription medication it needs to be made clear that these cannot be ordered without a Written prescription from the vet and maximum for many meds is 6 months or 12 months, so including this is very important.
 - Location is also important to consider. Working in a rural practice our prices are cheaper than those in Edinburgh and in some cases this price difference is considerable.
 - **Question 13: How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.**
 - Ensuring it is clear and not too complicated. A mile radius is required especially because if emergency treatment is required (within opening hours) being a travelable distance for potentially life threatening issues should be considered at as high a level as price.
 - **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? 70**
 - 100% a! There are many vet practices that will ignore a 3rd party website which will result in an incomplete website. If the site is going to happen it needs to be the most complete it can be and with RCVS direct involvement this will ensure this happens.
 - **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?**
 - Ensuring data is kept up to date. With prices going up sometimes twice a year this data base needs to be fully up to date, this will take administrative consideration.
 - Addition of complaints is an area I would advise not be included. It opens ability to 'vet bash' and a full picture of emotional situations often is not shown.

- **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.**
 - It will take a lot of effort to give the full price list shown with consideration to species, age, weight. It will be easier for set price surgeries such as neutering but will take a lot for others. This is a job that will also likely be put on a veterinary nurse and due to the current lack of nurses and overworked nurses in the profession, patients and understanding need to be clear.
- **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.**
 - Personally we provide a bracket ('between £400 – 500') which allows owners to be aware of the top and bottom end of the price possibilities.
 - This information should also always be written down! Verbal permissions are not suitable in this day and age for larger procedures.

- **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.**
 - Time to do certain considerations such as calculating statements and publishing update would be difficult for smaller teams without dedicated admin staff.
- **Question 20: How could this remedy affect the coverage of a typical pet plan? Please explain your views.**
 - It will likely not help those on the plan who already are diligent with their pet's preventative health and ensure they get their benefits.
 - Sending annual statements will likely push some individuals to cancel health plans if they are not actively coming back for medication / vaccinations.
 - It may result in some owners in over-'vetting' wanting to get the maximum benefit of their plan. This happens already with some clients coming in for Anal Gland Expression and Nail Clipping when their pet doesn't need them 'because its on the plan'. This doesn't not help some anxious pets
- **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?**
 - Having the staff to complete these annual statements and publishing information about update. This is sadly not realistic in smaller practice or very busy hospital settings. We are a small practice with around 1400 on our health plan with varying annual dates. This is not realistic.
 - When it comes to cancelling 3.84 (e) this already is a term of many plans and I'm concerned to hear that owners are being charged for services they haven't used. Like a gym membership if you don't use the benefits, you lose out on what you're paying for but not charged for not going. Our plan has that owners pay the difference of costs of used services via what they have paid.

General Note about Health Plans

- As an owner is should be their responsibility to ensure they are taking advantage of their health plan benefits. Owners will receive reminders for worming/flea treatment or vaccinations and often these reminders repeat if not done the first time, but it should not be the vet's responsibility to chase them up to get their benefits. Preventive treatment is part of pet ownership and as a result owners should take accountability to look after their pets.
 - Gyms don't chase you to visit if you haven't used your membership? It shouldn't be a vet's responsibility to chase owners to do basic pet management. If this is the case, maybe owners shouldn't have pets.
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- **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.**
 - This would actually be very helpful because as FOP we are looking for referral that suits our clients.
 - **Question 23: Are there any consequences which may be detrimental and if so, what are they?**
 - Price does not equal quality of care. While one referral practice may be the cheapest this does not mean they offer the best treatment and care.
 - **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?**
 - Transparency of treatment will be more variable in referral practice. It will be interesting to see if there is a vasty difference price depending on location of referral services and also other areas such as popularity (ie Fitzpatrick referrals) and if this changes price of services.
 - **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.**
 - Distance. Cost. Specialties
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- **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.**
 - This is very case by case basis and some owners will be more involved than others wanting this information. All owners should be getting the information they require to give informed consent for their pet to undergo referral services.
- **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 77 factors (and if so, what are those factors), and should pet owners be able to waive it? Please explain your views.**

- 'Thinking time' really depends on the case. These are living beings we are working with, thinking time may result in prolonging of suffering for an beloved animal. There are many cases where Thinking Time may be a luxury that cannot be given without putting this pet lives potentially on the line.
- However, in the cases of non-emergency cases 1 week should be a good amount of time to allow for owners to weigh up their options and decide.
- **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**
 - 100%! As mentioned above this could result in the suffering or death of a pet due to delay in action taken.
- **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?**
 - It will take time for the vet to ensure any treatment options are added to clinical notes, especially for cases with multiple options and on busy days.
 - This could be minimised by businesses having a 'treatment cheat sheet' for cases that can be referenced to quickly and provided to the owner.
- **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?**
 - This would be suitable to ensure that clients are able to provide informed acknowledgement that they understand the options available.
 - This will also help in cases where owners return at a later date after not following treatment advice and defend that they were not given full options and the vet practice will have evidence that they did indeed get all the options available.
- **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?**
 - It would take more vet time in and out of consult and could result in extended consult times which will as a result be more expensive especially for more complicated cases. Extended consults does results in less appointments and less pets seen in a day.
- **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.**
 - Most estimates and written information may not be able to be given at time of consult due to needing specific input about the animal. This would result in finding time outside the consult to do this which may be difficult in the understaffed and overworked profession.
 - Having pre-prepared condition option sheets will help in long run as can be provided to save time. However due to the ever changing medicines and protocols and

development of new medications and treatment keeping these up to date will take management.

- **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?**
 - Unsure what is meant by this question
- **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**
 - All suitable treatments should be discussed but only appropriate ones provide in written format. This would happen through a discussion with the client. Many treatment options may be cost prohibited if looking as highly specialist treatments.
 - Example: 12 year old dog has an oral mass, diagnostics show invasion of bone around the eye. While it is a treatment option to remove the effected bone with a specialist it would be a highly invasive surgery resulting in removal of the eye and surrounding structure effectively removing part of the dogs skull. So while an option it is not in the best interest of the dog.

- **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.**
 - Self-certification could result in bias. LVGs are more likely to be more compliant due to an overseeing body ensuring compliance.
 - RCVS should be given overseeing responsibility, but practices should also be ensuring they are avoiding practices that would result in constraint of choice.
- **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, some LVG may have roll out forms of these business activities but not all do so a blanket approach may be unfair.
 - Recent news would should that LVG are currently pushing these behaviours.
 - All practices should be checked for compliance and monitoring to the same level.

- **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.**
 - Yes, some should be excluded because the vet is administering it and the public are not trained in a way that will allow for safe administration and able to dispose correctly of any sharps. Injectable medication (excluding Caninsulin) should be excluded from this mandatory prescription rule due to the safety concerns of this.

- **Question 41: Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?**
 - Not charging for written prescriptions (out with a consultation) as mentioned in 4.18 is not an appropriate as the vets time is being used to write these prescriptions, so it is not fair to not charge anything.
 - How do you decide a price cap? How can you decide an appropriate price that is suitable for Rural Scotland and Central London?
 - Mandatory prescriptions for all medication is going to take more vet time in each which will result in extended consult times which will as a result be more expensive especially for more complicated cases where more than one medication is required or detailed instructions are needed. Extended consults does results in less appointments and less pets seen in a day
 - **Question 42: How might the written prescription process be best improved so that it is secure, low cost, and fast? Please explain your views.**
 - Online Pharmacies can be very picky about the wording of prescriptions and some have different rules which can extend the time it takes for owners to get medication
 - Written prescription should 100% be offered to all pets on repeat medications for chronic illnesses to ensure they are able to save money. Some clients will refuse a written prescriptions but at least they have been offered.
 - **Question 43: What transitional period is needed to deliver the written prescription remedies we have outlined? Please explain your views**
 - Depends on the Option. Option A and B could be implemented in less than a month.
 - Option 3. 6 Months Max as most vets already offer prescriptions for patients on long term medication.
 - The others are likely to get support in the veterinary sector due to the additional time this is going to take so could take up to 12+ months for delivering
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- **Question 44: What price information should be communicated on a prescription form? Please explain your views.**
 - Written prescription cost.
 - Sadly, there are so many online pharmacies that providing an price for all it is not realistic.
 - Also, owners do need to take a level of responsibility for sourcing the medication themselves just like price comparing medication or electrical goods.
 - **Question 45: What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.**
 - Price
 - List of Reputable websites
 - **Question 46: Do you have views on the feasibility and implementation cost of each of the three options? Please explain your views.**
 - While a wonderful idea, unsure how realistic it is.

- How can this information be kept up to date and applicable to all prescriptions?
Different vets use different software that it is highly unlikely these will allow for the ease of what is being suggested. It is a huge uptake with the need for a whole lot of programming to get the desired effect, it's a brilliant idea but unsure if will be able to be implemented.

- **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.**
 - Agree on price control but not price removal.
- **Question 56: Are there any unintended consequences which we should take into consideration? Please explain your views.**
 - The remedies considered assumes owners will be computer literate and able to order a medication from an online pharmacy. This is not the case for many owners who choose to get medication from their vets due to security of know no scam is possible and ease of prescribing. This does not mean we take advantage of these individuals.
 - Price of medication needs to be evaluated also as vet practices simply can't purchase drugs at the price of these online pharmacies.
- **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:**
 - Setting average price cap to prevent going above a maximum.
- **Question 58: What are the costs of writing a prescription once the vet has decided on the appropriate medicine?**
 - Calculation of Appropriate dose (depends on medication, some calculations take longer)
 - Vet Time to write prescription.
 - Printing of Prescription for signing by Vet
 - Scanned and sending to owner (email or cost of postage)
 - Skill/qualification of the vet to complete the prescription in the first place.
- **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)?**
 - Label / Ongoing Maintenance of Machine
 - Vessel for tablets/bag for blister packs.
 - Receptionist/Nurse to dispense medication.

- **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.**

- Ensuring medicine prices are not being increase all the way along the chain. Prices are often increased in FOP due to the increase of purchase price.

- **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. 113**
 - Having an e-prescription separate from the PMS is going to be more time consuming for vets because all client details will need to be entered manually which can take up to 10 extra mins per consultation.
 - While I understand the need for prescription to be offered, having them being given to every medication is just too time consuming and this needs to be taken into consideration as less pets will be able to be seen a day due to vets not having the time for this to be implemented.
- **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.**
 - Ease of use.
 - If there is a cost to use a lot of vet practices will be reluctant to use the system. Running costs are increasing regularly which means that additional cost will put more stress on practices and staff.

- **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.**
 - Any practice that are not giving transparent prices between individual/communal cremation are doing a dis-service to their clients. When euthansia is discussed the options are given and the owner should be given time to discuss. At any practice I have worked at we do not demand a decision at the time of the owner is not able to, we hold the patient and give the owner time to come to a decision that works for them
- **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?**
 - If a price cap is to be introduced, it needs to be ALL clinics. There is no way you could 'select' which clinics get a cap and which don't. There is already a level of separations between clinics if independent/private/large/small/referral/general practice we do not need further separation.
- **Question 71: For how long should a price control on cremations be in place? Please explain your views.**
 - Permanent. Why change something just for it to be undone in a couple years

- **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.**
 - RCVS. 3rd Party organisations will be ignored.

- **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.**
 - 6.6. Yes owners have less knowledge but that is why vets go to university for 5+ years. The resulting of Dr Google has caused more detrimental effect to pets welfare when owners try to avoid vets and look for home remedies that vets then need to fix with more experience treatment. Also public perception of a pet is a 'NEED' but pets should be viewed as a 'LUXUARY'. I have 1 cat because I know I can afford to pay for her and have the ability to pay for her insurance, food, care, preventative treatments and if something were to go wrong, I could get 2 cat but that care would have to be reduced as I know I can't afford the luxury of another cat.
 - Caution needs to be used touching regulation. However I do believe better monitoring is required as having worked with some 'questionable' professionals there is not enough done to monitor.

- **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.**
 - PSS needs to be mandatory. Also the optional 'awards' the PSS will push clinics to reach these as it will show they are better than local competition in these areas.
- **Question 80: Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote competition? Please explain your views.**
 - There isn't a lot of information of what would be done. What would be involved in these self certification check ins? Are they done by the individual or their boss?
 - I do think it is a good idea to ensure competency but more information is required
- **Question 81: How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.**
 - They will need to be regularly, mandatory and easy to preform because otherwise they will not be implemented.
 - Integrated complaints. If the RCVS has received a complaint that is valid and been proven that the professional was in the wrong this would be on their 'file'
 - The file of each individual should be able to be updated by the individual and additional qualifications added. Like LinkedIn for Vet Professionals.
- **Question 82: What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.**

- Benefits definitely outweigh burdens as a self-certification is really important but sadly there are individuals that will not be honest which is why this will be difficult.
- **Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views**
 - Online system
- **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.**
 - 100% Yes. Not changes will happen if warnings are not followed through
- **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.**
 - Complaints are not always founded in truth so caution needs to be used.
- **Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.**
 - Yes and No. It should already be in place and practices where it isn't, why? Complaints are difficult to deal with, especially where the complaint is unfounded and purely 'vet bashing'. I have sadly been witness to the suffering of animals who's owners refuse to euthanise despite evident illness/injury/pain and grave prognosis and we often receive complaints following discussions of euthanasia or the actual euthanasia despite the animals being our best interest. We are only human, the animals are our priority and particular euthanasia's follow us our entire career/life. Great care needs to be given.
- **Question 87: If so, what form should it take? Please explain your views**
 - Written / Email

- **Question 88: Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views.**
 - Sure. Currently practice does mediation in house but would be appropriate for those that currently do not.
- **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?**
 - Time required may be difficult especially in the situation of low staff and/or busy clinics.
- **Question 90: How might any adverse or undesirable consequences be mitigated?**
 - Prior evidence gathered and ready prior to any medication.
- **Question 91: What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?**
 - Honestly, I did not know about the VCMS. When complaints have been dealt with in the past, we have gained our advice from the VDS. So publicising

- **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?**
 - Mandatory use of Vetsafe/VDS and implement it into a data base that can be used by RCVS

- **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?**
 - No gray areas like their currently is.
- **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?**
 - Increased ability for the nurses to preform more and help reduce workload on vets.
- **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?**
 - Increased ability for the nurses to preform more and help reduce workload on vets.
- **General Comments:**
 - Looking at Schedule 3 in not enough for nurses. There are many nurses who are not interested in developing surgical skills
 - Also nurses are not mini vets, there are so many things we are currently unable to do legally such as prescribing medications and diagnosing conditions that it highly limits what we can do.
 - Also advancing our surgical capabilities does not changes that we are severely understaffed and underpaid. You cant do a surgery with 2 nurses (one operating and one monitoring the anaesthetic) if you only have 1 nurse.
 - If nurses are to be able to do more and have even more responsibility our banding of wages need to reflect this. Veterinary nurses are one of the lowest paying jobs in the UK, I could get paid more working for ASDA but I do my job because I love the patients I'm able to help everyday, which is why it hurts so much that we are being called money grabbing and in some cases monsters because we would like to be paid for our knowledge and skill. You've never seen vet nurses on strike like NHS nurses, its because we do our job despite the pay.
 - 6.112 mentioned bringing down costs, how? Is a nurse's ability not as good as a vets which means the charging should be different? This is demeaning and needs to be revised.