

CMA Remedies Response – [REDACTED]

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Question responses:

Remedy 1: Require FOPs and referral providers to publish information for pet owners
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 .
The standardised price lists cover consultation & preventative care, prescription dispensing and administration, medications and chronic conditions, surgeries and treatments, diagnostics and lab tests, end of life care and specialist treatments and procedures. But there is a lack of blood tests in "laboratory tests". Blood tests are frequently used as a part of surgical procedures for the protection of the patient, therefore omitting them could be misleading and detrimental. Although $\frac{3}{4}$ of our laboratory tests are carried out internally, not all practices have the same level of in-house capability. Where a third party laboratory is used, the prices are set by the provider. And some of these external laboratories are owned by the LVGs.
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
For some aspects of the proposed standardised price list, we already have set fees which we publish on our website and in our surgery receptions eg consultations, full vaccination course & booster, neuters, animal health certificates, euthanasia with communal cremation. For these specific services, it is straightforward to publish information of what is included/not included, which I believe is important so that customers can compare eg are their pets receiving L2 or L4 vaccines, is a full health check included with vaccination appointment, do neuters include bloods & fluids, do nail clips/anal glands include a nurse health check, is stage 1 dental nurse or vet-led, and does it include scale & polish and charting. For medication, the generic name would need to be listed, rather than the brand. Customers are unlikely to be familiar with the generic names, so an unintended consequence would be greater customer confusion and/or more time spent by Vets explaining to customers, which would add to a consultation time and therefore cost. In addition, price lists for medication would need to be very specific eg volume, tablet or liquid, topical, injectable or oral. There are so many variations in options. Medication regularly changes price because of cost increases imposed by the supply chain – price changes can take place at different frequencies and times of the year. The unintended consequence of which would require the standard price list to be

updated in alignment, which would require a dedicated administrator, the cost of which would need to be passed onto our customers.

Availability of medicines is a frequent issue in both human and veterinary practices, with some medications going out of stock for long periods of time. 3 major issues that affected the sector were (a) fluids (diverted to human pharma), (b) vaccines (vials diverted for covid and serious manufacturing issues, and (c) a major wholesaler warehouse system failure. We manage day to day fluctuations in availability, and the major stock outages, but we are often forced us to procure alternative products at much higher prices. So listing the price of a generic would leave practices financially disadvantaged.

It is also impractical to publish a set fee because there will be variables such as the patient's condition, animal type, weight, customer need etc that a vet takes into consideration in order to provide a range of options to a customer (eg a skin condition may only require a short course of steroids or an extensive work-up & treatment plan or external referral, or what happens if a pet cannot tolerate the format of medication that is in scope of the set price). We employ vets to take the responsibility for delivering the best outcomes for their patients, and this should not be taken away from them.

The unintended consequence of over-standardising a price list is there will be detriment to the patient as clinicians will be forced to take a standard approach to the medical treatment, removing customer choice, and causing greater customer dissatisfaction. Instead, practices should be mandated to provide a detailed estimate for each option, with the right level of transparency to demonstrate what is/isn't included. Then customers can evaluate their options, obtain alternative estimates, should they wish to do so, and compare on a like for like basis.

We offer a price match guarantee, which is published on our website, and this has been occasionally used by our customers, when they have received a like for like quotation which has been cheaper.

In summary, 'one size fits all' cannot not exist to provide a price. This should not be about standardising pricing unless it is a service that clearly can have a set fee – instead, it should be about transparency, empowering vets to recommend the most appropriate options, and clear communication with the customer so they can make an informed choice.

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.

There are some factors omitted that significantly impact price and need to be built into a pricing model for certain services, for example:

- (i) location of the surgery (our group has significant regional variances due to cost of labour, rental prices etc),
- (ii) equipment (eg we have an in-house CT scanner at one surgery, which we would use for some diagnostics, whilst in other surgeries, we would use different imaging techniques or a third party),
- (iii) knowledge and skill of the clinical team (there are examples of customers being given the option for a consultation or procedure to be performed by one of our AVPs, or one of our vets that is working towards a certificate, which will have different prices),
- (iv) medical history,
- (v) individual needs of the owner (we never pre-judge the discussion with an owner regarding the options for their pet's diagnostic or treatment plan, so it would be hugely detrimental if customer need was not taken into account),
- (vi) cost of medication & consumables, which can vary based on the wholesaler/manufacturer, over which an FOP has no control (supplier price increases may change daily, weekly, monthly or quarterly),
- (vii) being an accredited surgery eg cat friendly demonstrates we have invested in our facilities, equipment and people to deliver a higher quality service.
- (viii) bundles – with the support from some suppliers, we have created bundles eg for diagnostics to make it quicker, easier and cheaper to perform a series of tests, and at a preferential price for the customer in comparison to the single tests.

It would not be possible to incorporate and communicate all of these factors in a standardised price list if the whole proposed scope was included.

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

We have a very thorough pricing model, which is used for all non-routine procedures, based on animal type, weight, extent of condition, risk of remediation etc. And this model is benchmarked by our finance team.

Pricing is created for every individual case and customer need to account for the variables, and is discussed before any plan is agreed, enabling a customer to seek opinions from alternative providers.

'Starting from' may also have an unintended consequence of owners thinking the vet is trying to 'upsell extras' like bloods and intravenous fluids, but actually these might be necessary for the animal to ensure a safe general anaesthetic.

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.
No. The unintended consequences are this will cause more confusion than it delivers insight. The most important factor with pricing is the discussion that takes place between the clinician and the customer. And this is where transparency of pricing should be mandated.
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.
As an independent practice, if we provided prices for all the services in the standardised list, we would require additional admin resource, either through recruitment of a dedicated team (like the LVGs) or by diverting time from our existing surgery colleagues, at the detriment to the value-adding time spent with their customers and patients. Either way, there will be a cost that would have to be passed on to the customer, with unintended consequences of increasing prices. This remedy is likely to benefit LVGs because they all have central admin and pricing teams.
Question 9: Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.
A standardised price list is not a good remedy, for all but a small set of services, which can be easily compared on a like for like basis. If the scope of the standardised price list is broadened to the scope proposed, there will be unintended consequences that are detrimental to customers and patients. Some of these are: • Constant monitoring and adjustment based on supplier costs. This could be daily in some cases. The unintended consequence of this is to cause huge confusion for customers. Much better to provide an estimate and honour this for x weeks. • Increased admin costs in maintaining a standardised price list. These additional admin costs would need to be passed onto the customer. • Risk of price fixing and so preventing choice, especially in locations where LVGs have a density of surgeries. Isn't this exactly what we are trying to get away from? • Risk of misleading customers, because price lists would not cover all the breadth and variability of actual clinical situations, so costs are likely to deviate.

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.

2 key unintended and detrimental consequences:

- As an independent practice, with limited admin resource and whose time is currently focused on value-adding activity such as insurance claim processing, booking appointments, supporting customers through difficult and emotional situations, handling customer dissatisfaction, managing waiting times..... the additional administrative burden will come at a cost to our customers.
- We are committed to offering the best customer service and pet care, so we have invested in (i) recruiting a high ratio of qualified clinical colleagues vs non-clinical, (ii) developing high calibre clinical teams with experience and post-graduate qualifications, (iii) facilities to offer added-value services and pet welfare and (iv) accreditations to best serve the needs of the pets in our care. A standardised price list would not demonstrate to customers all these factors. Therefore, customers could opt for a cheaper option, simply based on a published price list, rather than the factors that give patients a better experience and outcome.

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

A customer wants to be able to have confidence in the care their pet is going to receive, and this is driven by quality and credibility. And quality is not solely determined by clinical outcomes, but also by the relationship built between the veterinarian, the client, and the patient. The ability to build rapport, trust, and open communication is essential for ensuring that pet owners feel confident in the care their animals receive.

So owner choice should not just about price, therefore customers should be able to easily compare eg:

- If surgery is independent or part of an LVG
- Number of permanent colleagues in the surgery – broken down into qualified vs unqualified, number of interns and ratios of vets to nurses
- Colleague qualifications eg certificate holders
- Google rating
- In-house facilities and equipment (for example, every operating theatre using a multi-parameter, the surgery having an ultrasound, laboratory, dental x-ray)
- Surgery accreditations eg cat friendly

- External awards

Remedy 2: Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers

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.

- Any price comparison site must state the name of a surgery and its ownership ie if independent or an LVG. The discussion of medicines to a pet owner is complex, will involve the patient's clinical history and current presentation, and the availability of suitable products. A price comparison website for medicines would have unintended consequences of surgeries having to stock excessive products (causing high wastage) or disappoint customers with no immediate availability of a particular medicine, or have to explain the lack of suitability of a product that they have seen on the website.
- Animal type, breed, age and weight are all factors which a price comparison site would need to be able to filter in order for customers to accurately compare prices, otherwise it wouldn't be truly representative, and would lead to unintended consequences of being misleading or causing greater confusion, requiring vets to spend more time on explanations in justifying their recommendations.
- Most medications are dosed using a range that is calculated based on the patient's weight and the drug's concentration. The exact dose and frequency are determined by the veterinary surgeon's clinical judgement and the specific needs of each individual case. As every patient and clinical scenario is different, it would be impractical to provide accurate price comparisons for each possible treatment option.

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

While a price comparison website could improve transparency, designing one that is accurate and useful would be very challenging and could potentially lead to confusion for some pet owners. Medicine pricing varies based on dose, formulation, and individual patient needs, which are determined by the veterinary surgeon's clinical judgement. Without context, price comparisons may lead owners to misunderstand treatment options or assume that cheaper alternatives are always appropriate.

To minimise confusion, any such website would need to include clear educational content, explain the role of veterinary prescriptions, and emphasise that medicines must be selected based on clinical suitability, not just cost.

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?

Neither (a) nor (b)

If (a) the RCVS (or other governing body) would incur costs to provide such a site and these would be passed on to surgeries and ultimately the customers. If (b) it would need to be compatible with all practice management systems in order for information to be accurate and up to date. PMSs are not sufficiently sophisticated to enable this functionality and could be open to risk of cybersecurity.

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?

Owners bring sick animals to qualified veterinary professionals whose primary responsibility is to safeguard animal welfare. Introducing price comparison tools risks undermining the clinical judgement of veterinary surgeons and the trust-based relationship between vet and client. For First Opinion Practices (FOPs) and referral providers, the main challenges would include maintaining clinical autonomy, ensuring clients are not misled by price alone, and managing increased administrative burdens to justify treatment choices. These challenges could only be reduced by reinforcing the message that clinical decisions should always prioritise welfare over cost, and by avoiding tools that oversimplify complex, case-by-case medical decisions.

Specific examples are:

- Limited in-house capacity and current capability of administrative colleagues to uphold these remedies
- Limitations in capability of practice management system to enable integration with or bolt-on to the necessary providers to uphold these remedies
- Discomfort at a third party accessing the content of our practice management system.
- Risk to cybersecurity, GDPR and data integrity

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.

Providing accurate price information based on animal characteristics such as type, age, and weight is not feasible in a meaningful clinical context. Treatment plans are tailored to the individual patient, and factors like underlying health conditions, response to medication, and diagnostic findings all influence cost. Expecting FOPs and referral centres to standardise pricing in this way

undermines the veterinary surgeon's clinical judgement and the individualised nature of care. It may also create false expectations for clients and damage the trust between vets and pet owners. Ultimately, pricing must be guided by clinical need, not generalised categories.

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.

- Prices may vary for many reasons eg due to location, animal type, age, weight, complexity of condition/symptoms, duration of treatment, post treatment care/monitoring, in-house, peripatetic or referral.....
- Pricing presented to the customer is very specific, with clear written explanations of what is included within the price and that any deviations from these exact conditions will alter pricing accordingly. At admission, the same information is discussed to obtain consent. And at discharge the customer is provided with an invoice which is replicated from the estimate, unless there have been agreed deviations.

Where price variation is appropriate—such as due to bundling, case complexity, or individual patient needs—attempting to present fixed or standardised prices can be misleading. In veterinary medicine, treatment is not a one-size-fits-all service; it is tailored to the animal's condition, species, size, age, and response to treatment. Price information, if presented, should be clearly explained as an estimate only, with a strong emphasis that final costs depend on clinical assessment and professional judgement. Over-simplifying pricing risks eroding client trust, especially if expectations do not match reality.

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.

Governing body/regulator

Surgery – ultimately passed on to the customers client funded, private company funded (although this has the potential to introduce bias to the process).

Please note our views that while the idea of a comparison website may appear helpful in theory, its execution would be extremely difficult due to the clinical variation between cases. Veterinary treatment is highly individualised, and attempting to standardise or compare prices risks misleading clients, creating mistrust, and ultimately increasing complaints and misunderstandings. Vets are already facing a significant rise in client pressure and abuse, and introducing such a tool may further undermine the profession. For these reasons, even with appropriate funding, the practical and ethical challenges outweigh the potential benefits.

Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch

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.

We are very proud of our pet health plans, and clearly publish on our website and in our information leaflets the details of the benefits that are included. Our pet health plan schemes can be started, cancelled and switched to an alternative provider without any delay or friction.

Although our pet health plans are specific to our organisation, they are centrally administered by a third party provider (Vetsure) which reduces the administrative burden on our surgery teams and ensures good financial governance.

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

Any increase in administrative tasks in-house or with our PHP administrators would increase the costs to service the plans, and as an unintended consequence, these costs would have to be passed onto the customers through an increase in the PHP prices.

The key purpose of a PHP is for customers to engage in preventive pet health care, enabling our surgeries to keep pets healthy for longer, and spot the early signs of any conditions that could become serious if left untreated. By increasing the administrative hurdles, increasing costs of these plans will become a prohibiting factor for customers. Each year we review our PHP benefits and pricing. When we communicate price changes to customers, even if this comes with increased benefits, we experience a spike in plan cancellations. This indicates that these plans are already price sensitive, so unnecessary additional charges may well increase the level of cancellations or deter new registrations. And ultimately this reduces our surgeries' abilities to engage in preventive health for the pets in our care.

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?

Any additional administrative tasks will require a bigger administrative capacity of our teams. As an independent practice, this will disproportionately effect us, given our reduced capacity to cope with these additional requirements in comparison to LVGs who already have large centralised admin teams.

The in-house burden is reduced in using Vetsure, which is an independent provider – but other PHP administrators are owned by LVGs.

Remedy 4: Provide FOP vets with information relating to referral providers

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.

As an independent practice, we are not affiliated with any specific referral provider. Referral selection is based on the discipline required, location, and appointment availability. For routine or non-urgent referrals, we often use an online portal, which allows us to discuss costs with the owner by referencing fixed prices available on the provider's website.

In emergency cases, referrals are typically arranged via telephone, during which we confirm availability and obtain a verbal cost estimate from the referral centre. This estimate is then communicated to the owner by the referring vet.

Some referral centres offer a set price to certain procedures, and this would be of value to the pet owner, assuming it is clear as to what is included within the price.

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

With no affiliation to a specific referral provider, the discussion with the client would be discipline, location, availability of appointments and price. The client is in full control of the choice.

From experience, a set price at one referral centre cannot be directly compared to a set price at another referral centre. So caution must be applied to ensure customers are making the right choice for their pets. Unintended consequences could lead to a customer paying more for a referral service because the comparison was not a genuine like for like.

As per remedy 1, there is a risk of price fixing or conversely a race to the bottom, making referral centres financially unviable.

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?

Fixed prices on websites help inform clients of price to help manage expectations and if referral is appropriate. Online portals are an easy way to organise non-emergency appointments so having these for all referrals would be helpful.

A daily/weekly update of available appointments for the different disciplines to help with emergency referrals would reduce wait time for clients.

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.

From a FOP point of view:

- Fixed prices on websites to help inform clients of price to help manage expectations and if referral is appropriate. Online portals are an easy way to organise non-emergency appointments so having these for all referrals would be helpful. BUT with fixed prices there must be an explanation of what is included/not included.
- A daily/weekly update of available appointments for the different disciplines to help with emergency referrals would reduce wait time for clients.

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

- Expertise of vets at referral centre (including qualifications)
- Speciality services provided
- Equipment & facilities
- Ownership details
- Fixed prices (and what is / is not included)
- Availability of appointments

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

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.

To date we provide clients with estimates for every procedure discussed and treatment options. This allows owner to make an informed decision as to the most appropriate treatment option for their pet and their financial circumstances.

Regardless of the value, customers should understand what is included in the price. Costs should be discussed with the owner and an estimate provided for any treatment or procedure. The extent of information provided should not be linked solely to the value, but instead to the complexity of the product and/or service and to the individual circumstances of the pet owner.

This should be mandated.

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.

This approach would not be advisable in urgent or life-threatening situations, as the pet may require immediate treatment. Offering a 'thinking period' in such cases could delay necessary care, potentially compromising the animal's welfare and undermining the veterinarian's clinical judgement. Encouraging clients to leave the premises to consider urgent treatment may also lead to them disregarding or forgetting the importance of the recommendation. In cases where clients decline critical care, they are typically asked to sign an 'Against Veterinary Advice' (AVA) form to formally acknowledge the risks involved.

However, for routine procedures and non-life-threatening conditions, we already provide opportunities for clients to consider their options. This includes written estimates, discussing different treatment pathways—such as symptomatic management versus further diagnostics—and scheduling follow-up appointments. This approach allows pet owners to observe how the initial treatment is working and gives them time to reflect and make informed decisions without compromising the animal's immediate wellbeing.

The estimates to our customers are offered with a commitment to hold the price for 4 weeks for non-emergency treatment. We will follow-up with a customer at the end of this period to prompt a decision so that clinical records can be updated accordingly.

A vet can tell when a situation is more urgent, or an emergency, but this isn't always evident to a pet owner. So in these circumstances, it is the responsibility of the vet to guide the customer into making a decision in a timescale that is proportionate to the level of urgency of the pet's treatment. That said, price should still be estimated, discussed and consented.

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, there should be exceptions to this remedy in circumstances where immediate treatment is necessary to protect the health or welfare of the animal. In urgent or life-threatening situations, any delay—such as taking time to prepare written information—could compromise the animal's wellbeing and interfere with the veterinarian's ability to act in the pet's best interest.

Veterinary professionals have a duty of care to act promptly in emergencies, and their clinical judgement should be trusted to determine when immediate intervention is needed. In such cases, verbal consent may be more appropriate, followed by written documentation after the animal is stabilized.

In contrast, for non-urgent cases or routine procedures, written information and consent are entirely appropriate and should be encouraged. In fact, in these instances, we already provide treatment options, estimates, and follow-up plans that allow pet owners time to consider their decisions.

Therefore, while the principle of informed consent remains important, flexibility must be maintained in urgent situations to ensure that timely care is not compromised.

This remedy should not apply in circumstances where immediate treatment is needed to avoid any risk to the health and welfare of the pet. Individual vets are capable of judging the urgency based on clinical need, and discussing this with the customer.

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?

The requirement to formally record all treatment options discussed with each pet owner could place a significant administrative burden on veterinary professionals. It would likely increase consultation times, especially in complex cases where multiple options—including diagnostics, treatment plans, and cost considerations—need to be explained in detail. This additional time requirement may, in turn, necessitate longer appointment slots and could lead to an increase in consultation fees to account for the extended time and documentation workload.

Smaller practices, in particular, may find it challenging to absorb the administrative overhead without affecting appointment availability or increasing staff pressure. There is also a risk that the focus shifts too heavily toward documentation, potentially detracting from the clinical and interpersonal aspects of the consultation.

While transparency and informed consent are vital, it's important that any new requirements are balanced with practical considerations to ensure they support—not hinder—high-quality patient care. Clinical note taking using AI tools will be a significant step forward once the PMS systems have the proven capability to use this technology.

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?

Advantages:

- Provides legal and professional protection by documenting informed consent.
- Enhances transparency and supports shared decision-making.
- Encourages consistent communication across teams.

Disadvantages:

- Increases administrative workload and may extend consult times.
- Risks becoming a tick-box exercise, reducing meaningful dialogue.
- May overwhelm or confuse some clients, particularly in stressful situations
- For medical treatments, a treatment plan can change multiple times during the course of the treatment, so may be challenging to implement and an unintended consequence could be the time burden on vets, which would be passed onto as a cost to the pet owner.

Unintended Consequences:

- Could lead to defensive practice rather than personalised care.
- May create mistrust if clients feel pressured to sign without understanding.
- Longer consultations may result in higher costs for clients.

Conclusion:

Consent forms can support good clinical practice, but they must be used flexibly and alongside clear communication to avoid undermining trust or delaying care, especially in urgent situations.

Consent forms are discussed at point of admission for all our surgical procedures. The discussion with the admitting nurse or vet is important to ensure that the pet owner reads and understands all the information they are consenting to. Consent forms are scanned and loaded onto a pet's clinical record.

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?

As per the other remedies any additional administrative or time burden placed upon vets and surgery admin staff will disproportionately impact independent FOP clinics because of the lack of central admin team to absorb the additional workload. Smaller or independent practices may be disproportionately affected, as they have fewer resources and less administrative support compared to larger corporate groups.

We are pipelining a move to electronic consent forms during 2025, which will reduce the administrative burden and improve our environmental credentials.

To be effective and proportionate, the remedy should be flexible, scalable, and supported by practical tools that minimise administrative burden while maintaining focus on high-quality care and communication.

Mitigation Options:

- **Standardised templates and digital tools** to streamline documentation.
- **Clear guidance and training** to ensure proportionate application based on case complexity.
- **Flexible implementation**, with discretion allowed in urgent or straightforward cases.
- **Support for smaller practices**, such as phased implementation or additional funding for system upgrades.

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

Veterinary cases can be complex and unpredictable. Initial assessments may not capture all issues, making it difficult to provide accurate prices or fully detailed treatment plans upfront. Costs may fluctuate depending on the pet's response to treatment, need for additional tests, or complications. Providing precise prices in advance can be challenging and may lead to misunderstandings or disputes.

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?

Training would not negate the challenges of fully implementing this remedy.

Targeted training would be valuable in standardising best practices, improving communication, and supporting vets in delivering high-quality, compliant care. It could help reduce inconsistencies in how treatment options and consent are handled, thereby improving client trust and satisfaction.

However, **delivering this training effectively presents challenges**. Many vets already face significant time pressures, especially those undertaking additional qualifications such as postgraduate certificates, internships, or European diplomas. CPD budgets may also be limited, particularly in smaller practices.

While training is a key tool in delivering consistent, high-quality care, its implementation must be realistic, accessible, and sensitive to the existing demands on veterinary professionals.

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.

It would be impractical to set a fixed number of treatment or referral options that must be provided in writing, as each clinical case is unique. There can be a wide—and sometimes infinite—range of possible options, each influenced by factors such as the animal's condition, prognosis, client preferences, financial limitations, and ethical considerations.

Rather than focusing on quantity, the emphasis should be on the **clinical relevance and appropriateness** of the options presented. Veterinarians should be expected to provide:

- All **clinically viable** options based on their professional judgement,
- A clear **rationale** if only one option is appropriate,
- Transparent **information on costs**, risks, and outcomes as relevant.

The goal should be to support informed decision-making, not overwhelm clients with unnecessary or inappropriate options. Any guidance should allow for **professional discretion** while promoting transparency and client engagement.

Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners

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.

- Long notice periods and high buy-out costs on contracts for essential services such as out of hours services, laboratory and crematoria.
- Ability to switch essential service providers if performance is not in line with expectation eg closure of an OOH surgery due to lack of staff
- All practices and any vertically-integrated providers should have to display their ownership clearly at the premises, on their website and other promotional material.
- Anti-competitive behaviour should be prohibited, such as vertical integrations that link services offered by LVGs and prevent consumer choice.
- Artificial diversification of LVG practices into sub-groups that potentially mislead customers into thinking they are not part of an LVG, unless a customer looks into the small print.

Given the complexity and evolving nature of veterinary business models, a regulatory body such as the RCVS would be well-placed to monitor, define, and update guidance on prohibited practices. This would allow the profession to adapt to emerging commercial trends while maintaining high standards of transparency and ethical care.

However, implementing this effectively would be challenging. Business models vary widely across the sector, and what constitutes an inappropriate influence may not always be clear-cut. As an independent FOP we have no financial incentives to recommend specific products or services, which allows us to focus purely on what is clinically appropriate. In contrast, larger corporate structures may have more complex internal pressures or targets that are harder to regulate consistently.

It will therefore be important for any guidance or oversight to be practical, proportionate, and sensitive to the diversity within the profession, while still upholding the principle of informed, unbiased clinical decision-making.

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

- There is the unintended consequence for bias with self-certification, therefore there is a need for independent audits, particularly of the LVGs.
- The RCVS needs to be replaced by a governing body/ombudsman that monitors and enforces compliance. And there is a requirement for a whistleblowing policy for customers and other practices to enable confidential reporting.
- Reported concerns or findings from desk top audits should trigger unannounced spot checks.

While internal audits and self-certification may be appropriate for some practices, they are unlikely to be sufficient on their own to ensure consistent and robust compliance across the sector. Given the wide variation in business models and potential conflicts of interest—particularly in larger or corporate groups—relying solely on internal checks could result in inconsistencies.

Our practice already carries out internal audits to ensure clients are being offered appropriate treatment options and are charged correctly for our services. This reflects our commitment to transparency, ethical care, and maintaining client trust. However, not all practices may follow this approach voluntarily.

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, greater monitoring of LVGs is appropriate. Due to their size and centralised decision-making, business practices rolled out across multiple sites can influence the care and choices available to a large number of pet owners. This is particularly important in vertically integrated models, where internal referrals or financial incentives may affect clinical independence.

Independent first-opinion practices, like ours, typically operate with more clinical freedom and fewer commercial pressures. We already carry out internal audits to ensure transparency and appropriate care.

A proportionate approach is key:

- **Enhanced monitoring for LVGs**, given their wider reach.
- **Lighter oversight for independent practices**, supported by self-audit.

This ensures fair regulation while protecting pet owner choice across all types of practice.

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, business practices should be defined broadly to include **any internal guidance, policies, or informal expectations** that could influence the options presented to pet owners. Even if not part of a formal system or process, such guidance can subtly shape clinical decisions—especially in larger or corporately owned practices where centralised policies are often applied across multiple sites.

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

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.

If mandatory prescriptions were required for all medicines, there are many situations where it is impractical for the customer to obtain the medicine from a third party so that treatment can be administered within a timeframe, quantity or format that is appropriate for the patient eg

- Medicines are administered as part of anaesthetic and surgical procedures, often in single doses which are not able for customers to obtain from third parties.
- Medicines prescribed in vet consultations such as vaccines, antibiotics, pain relief, are often given as single or small doses either because that is what is required or to assess the effectiveness of the medicine before prescribing a full course. Customers may not be able to obtain single/small doses from third parties, particularly if in injectable format.
- Medications prescribed for hospitalised patients may vary in type and frequency for the duration of their hospitalisation, depending on their changing condition. These medicines may be unavailable directly to owners at the dosage and timeliness required by the vet.
- Human medicines can be used by vets and may not be available from online pharmacies.
- Medications prescribed for a pet that is registered on a pet health plan will receive a discounted offering which may be more cost-effective than a third party.

Owners with pets requiring long term medication for chronic conditions are the customers most likely to seek the most cost-effective treatments. Therefore if this remedy is to be introduced, it should be adapted to the scope of long term prescriptions only.

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

A paper written prescription handed directly to the customer carries a risk of fraud, so we now only send prescriptions directly to a nominated pharmacy, vet practice or other authorised provider. This approach was adopted after encountering falsified prescriptions where quantities and dates were altered.

If a mandatory written prescription must be provided in all cases for POM-V drugs, maintaining our current fraud prevention method will become difficult. An alternative, secure system for fraud reduction would need to be developed to address these risks effectively.

Additionally, the requirement to produce written prescriptions for every case would increase consultation time, adding to administrative burden.

It is also important to note that some clients prefer to obtain medication directly from their FOP due to convenience, compared to ordering online. Moreover, for clients with pet insurance, many policies do not cover costs for medications obtained via written prescriptions or online pharmacies, meaning these clients must purchase medications directly from their FOP to be eligible for claims.

It takes approximately 3 minutes for a Vet to complete a written prescription. In 2024, we completed:

- **Total medication transactions: 1,828,632**
- **Written prescriptions: 7,986**
- **Total POM-V transactions: 1,519,307**

If a written prescription was required for every POM-V medication transaction, this would have the unintended consequence passing the additional administrative cost onto the customer through eg extended consultation time or higher prescription charges.

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

In accordance with the requirement of the Veterinary Medicines Regulations and the RCVS, we must include on a written prescription certain standard information and specific information relating to the medication and the individual patient. It also needs to be hand-signed in ink. It seems unlikely that the requirements would be reduced by the authorities, as they are required

for patient safety and legislative compliance. Therefore, unless there was an acceptable digitised solution via a practice management system or a central prescribers hub, the problems of time and security remain.

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

There is no sensible transitional period unless a workable digital solution becomes available.

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

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

The price of the medicine including VAT, prescription fee and any dispensing/injection fees.

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

Our routine vet appointments are 15 minutes and that time is currently used for examination, diagnosis, discussion of treatment options and in some cases first stage of treatment. Within the discussion, out vets explain the treatment options, prices, and any alternative providers, should that be relevant. We believe in clinical freedom, within the framework of our practice procedures manual, so our vets are empowered to discuss what is most appropriate and important within the duration of the consultation.

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

There is no other sector in which a service provider is required to actively advertise the services and costs of another provider, or group of providers. Price comparison sites are managed and maintained independently for consumers to use as a research and purchasing tool.

Therefore all three options risk patient detriment in delaying treatment, whilst an owner independently, or in discussion with a vet, compares pricing. Plus whom is going to maintain the price comparison site to ensure it is always accurate and up to date?

Instead of a new remedies of mandatory prescribing and the price comparison sites, the RCVS should strictly apply and audit FOPs to ensure they discuss with customers their options to purchase prescriptions in the most effective way, whilst enabling vets to continue to have freedom of a pricing structure that would preserve the abilities of practices to offer high quality, contextual services at sensible prices.

Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales

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

While generic medicines can be more cost-effective, veterinary surgeons are not permitted to choose medications based on price alone. Prescribing must always follow the Cascade, ensuring the selected product is licensed and suitable for the condition and species being treated. Any use of unauthorised medicines must be fully justified and accompanied by informed owner consent, in line with RCVS guidance.

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.

While some of the proposed remedies—such as increased use of generic names and greater cost-awareness—can be partially achieved under the current VMD prescription options, there are limitations that may require adjustments to prescribing rules.

Under existing rules, veterinary surgeons must prescribe authorised veterinary medicines where available and can only use the Cascade when no suitable authorised product exists. This means that even if a cheaper generic human medicine exists, it cannot be prescribed unless there is no appropriate authorised veterinary product, regardless of cost considerations.

Therefore, while some flexibility exists within the current framework, greater freedom to prescribe generics based on clinical equivalence and cost-effectiveness would require changes to the prescribing rules—particularly around the hierarchy of the Cascade. Any such changes would need to carefully balance animal welfare, legal responsibility, and pharmacovigilance.

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

Changes to prescribing practices could unintentionally reduce clinical flexibility, increase off-label use, confuse clients, complicate pharmacovigilance, and disrupt supply chains if not carefully implemented and supported.

1. Reduced Clinical Flexibility

Overemphasis on generics or cost-driven prescribing could pressure vets to choose less suitable medications, potentially compromising **clinical judgement** and **animal welfare** if not carefully regulated.

2. **Increased Off-Label Use**

If generics are prioritised without adjustments to the **Cascade**, vets may be pushed toward **off-label prescribing** more frequently, increasing regulatory and ethical risks, particularly where robust evidence of safety or efficacy is lacking.

3. **Confusion or Reduced Compliance**

Changing to unfamiliar generic names may confuse clients used to branded products, potentially reducing **owner compliance** with treatment instructions or diminishing trust if outcomes differ.

4. **Pharmacovigilance Challenges**

Increased use of multiple generic sources could complicate **adverse reaction reporting** and **traceability**, making it harder to monitor product safety and quality.

5. **Supply Chain Disruption**

A shift in demand from branded to generic products may lead to **availability issues**, particularly if supply chains are not prepared for increased demand for certain active substances.

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.

While generic medicines often offer a more cost-effective option, veterinary surgeons must not base prescribing decisions solely on price. Prescribing must always adhere to the Cascade, ensuring the chosen medicine is appropriately licensed and clinically suitable for the species and condition being treated.

Generic prescribing can be beneficial in categories where clinical equivalence is well established—such as some antibiotics, anti-inflammatories, and parasite control products—provided these meet licensing requirements and demonstrate equivalent safety and efficacy.

Where unlicensed or unauthorised medicines are used under the Cascade, this must be fully justified, and informed consent obtained from the pet owner, in line with RCVS guidance.

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

Yes, exemptions are needed for cases where no suitable generic exists, where patients have sensitivities, or where a specific brand is clinically preferred. Flexibility is essential to ensure treatment is safe, effective, and tailored to the individual animal.

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

Medication licensing is a lengthy and costly process, with pharmaceutical companies investing significant time and resources to ensure safety and efficacy. Allowing generic medicines should not undermine this robust licensing framework. Any changes must preserve rigorous standards to protect animal welfare while balancing the need for affordable alternatives.

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?

Clear and accessible information on functionally equivalent medicines is essential to support informed prescribing. While licensed medicines may have higher costs due to patent and licensing factors, manufacturers can play a valuable role in providing transparent details about their products.

Collaborations like the BSAVA formulary demonstrate how industry and veterinary bodies can work together to share information on licensing, dosages, and formulations. Expanding this approach would require ongoing cooperation and support, potentially guided by regulatory frameworks to ensure consistent, impartial access for vets and pet owners.

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.

While an e-prescription system could support generic prescribing and referencing multiple brands, challenges such as varying formulations, concentrations, and availability make this complex. Implementing such a system could add significant administrative burden for vets and may cause confusion for clients if not designed clearly and intuitively.

Remedy 10: Prescription price controls

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.

I strongly disagree.

In our vet group, vets discuss alternative choices with customers, where they are available, to acquire their pet's medicines from alternative providers. There does not need to be a prescription price control to deliver high quality, contextual, responsible veterinary medicine.

To evidence this behaviour, we have an audit team to check vet consultations daily.

Question 56: Are there any unintended consequences which we should take into consideration? Please explain your views. How would a prescription price control be managed nationwide, given such regional overhead costs which must be considered when building pricing models.
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? Setting a prescription fee price cap is likely unrealistic and unachievable due to the wide variation in practice costs, medicine types, and service models. Such regulation could impose administrative burdens without effectively promoting meaningful competition.
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:
Question 58: What are the costs of writing a prescription, once the vet has decided on the appropriate medicine? £23 (£18.59 for subsequent items)
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)? £12
Remedy 11: Interim medicines price controls
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 freeze on prescription, dispensing and injection fees for any practices over an agreed price. Then standardised % increase mandated by the governing body, rather than price cap. This would allow for regional variances. We review all our routine prices on a quarterly basis. The direct comparison of medicines prices between third party pharmacies and FOPs is not a fair assessment of the overall value of our FOP services. We provide services that enable customers to use our expertise in a way that is most beneficial to the patient. Our consultations are central to the care we provide through which we create a set of recommendations which provide customers with choice. We do this responsibly, offering our vets clinical freedom, and we audit ourselves to ensure the recommendations we provide are contextual and offer choice. None of this is taken into account with price controls and mandatory written prescriptions.

If price caps are to be introduced, they should be on the supply chain/buying groups, as veterinary practices have no control over these costs, and typically apply a standard mark-up onto the list price.

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.

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 measures should be limited in scope and for a finite time period.

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

Only an organisation that is motivated to address customer detriment so eg CMA, Which? or RCVS (under a new scope) through an on-line portal.

Gross profit of an FOP would be the best KPI to measure whether a practice was unethically charging for its services. This simple metric would incorporate the cost of medicines, treatments, diagnostics, labour.

Implementation of remedies 7 – 11

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

The only system design that is remotely feasible in an on-line BUT this will require continual management and maintenance, and it will cause a delay in creating a prescription for the customer. The only reasonable scope is for long-term medication, where inputting data burden would be less burdensome as the numbers involved would be lower, and once complete, the prescription could be re-used.

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.

On-line pharmacies stand to benefit most from this set of remedies. No other party is likely to be willing or able to fund it.

Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers

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.

We are currently tied into [REDACTED] I have recently given notice for one of their locations, as I am switching to a provider with 0 notice. I believe 3 months is reasonable. But in addition, I believe there should be an immediate break clause if the OOH provider cannot service the need from the stipulated location. For example, we have had this situation in the Sheffield area, where on multiple occasions, the OOH provider has not been able to open, and our pets have had to travel further for emergency treatment. And yet, we have not been able to switch provider to a more reliable source due to the length of contract.

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.

There should be no early termination fee. If the notice period is shorter, I believe the OOH providers will become more competitively priced and offer better service levels, so there would be no need to terminate a contract.

Remedy 13: Transparency on the differences between fees for communal and individual cremations

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.

While transparency about cremation fees is important and benefits pet owners in making informed decisions, revisions to the RCVS Code may have limited impact on owners' personal choices regarding euthanasia and aftercare options. Decisions around burial or cremation are deeply personal, and clear communication from the veterinary team tailored to individual preferences is likely more helpful than formal code changes.

This is a very emotive subject for most customers, and while some want to know the cost difference up front, others can get frustrated when talking about different crematoria providers, pricing etc . Many cannot absorb all the information already provided to them at this very difficult time. Grief can cause customers to become very overwhelmed, upset and angry. So to make this even more of a deal would be detrimental.

In an ideal world, having a pre-euthanasia appointment to prepare an owner for what is to come in chronic diseases is preferable where this can be discussed at an appropriate pace for the owner. In a sudden death or rapid deterioration to euthanasia, this may not be possible and forcing vets to focus on the financial aspect of cremation options would be seen as insensitive.

Perhaps being mandated to have this information on a practice website would be most appropriate.

Remedy 14: A price control on cremations

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?

I do not believe price control on cremations is a necessary requirement. Imposing such controls could add unnecessary complexity without clear benefit to pet owners or practices.

Pricing of cremations within all FOPs should be clear and transparent. But that requires the crematoria to also be clear and transparent. Some crematoria (eg [REDACTED] tie in cremation and casket cost, so it is impossible to provide a breakdown of the charges to the customer. Others are much more transparent (eg [REDACTED] ie cremation cost + casket cost.

Pricing within an FOP should then be the cremation cost + casket cost + mark-up (for admin, body preparation, ashes handling etc) + VAT. This would be very simple to explain to a customer and would give them an easy comparison vs other providers or going direct to crematoria.

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

There should be full transparency from crematoria of the cost of cremation (individual and communal) and separate costs for urns/caskets (if applicable). That way, an FOP can have an open and sensitive discussion with a customer regarding their options.

Reasonable discounted rates could be offered to FOPs by crematoria (vs their walk-in prices) in recognition of much of the admin, customer liaison and body preparation that is conducted by the FOP.

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

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.

As per previous responses, a governing body should be created to develop and monitor clinical and commercial aspects of the veterinary industry (including the supply chain), meaning that veterinary and non-veterinary professionals can be held accountable.

The unintended consequences of the current scope of the RCVS is that it only has the ability to monitor and regulate veterinary professionals, who are not necessarily involved in commercial decision-making processes relating to pricing, particularly within the LVGs.

Remedy 15: Regulatory requirements on vet businesses

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.

Holding non-veterinary staff to the same standards as veterinary professionals in a new code of professional conduct (including any part of the supply chain) would certainly address concerns in a proportionate way. A new regulatory body or ombudsman would need to be created for this to work. This should align to the requirements of the VMD and Training Practice Standards, both of which are already mandatory schemes.

Regulating vet businesses could help address concerns around transparency, choice, and ethical practices. However, any regulation must be proportionate to avoid undue administrative burden and preserve professional autonomy. Clear guidance, combined with targeted oversight, may be more effective than broad regulatory mandates.

Remedy 16: Developing new quality measures

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.

Veterinary surgeons are currently obliged to comply with the requirements of RCVS, however non-veterinary professionals are not, so enabling a way to standardise and enforce a new code of conduct for all is needed. A PSS accreditation scheme can then be voluntary.

An important challenge is capturing the quality of the vet–client–patient relationship, which is central to effective care but difficult to quantify. This relationship is influenced by clients' financial and educational backgrounds, which affect their perceptions and expectations of quality. Additionally, quality measures should consider case complexity and individual animal needs to avoid unfair comparisons. Opportunities exist in using client feedback and outcome-based metrics, but these must be carefully designed to be meaningful and not overly burdensome.

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.

We are already at risk of having too many mandatory standards, schemes, accreditations.

Our sector would be improved by starting with what is already in place and streamline/refine, so that practices are mandated to develop a culture, policies, protocols and procedures that:

(a) focuses on consistently delivering the essentials which yield appropriate levels of customer service, patient welfare and clinical care

(b) audits their performance and identifies opportunities for continuous improvement.

This is the true essence of quality management, and the code of conduct and/or other mandatory standards should be reflective of this. Too many standards = confusion, bureaucracy, cost and lost time, with no material benefit to customer service and patient outcomes.

An enhanced PSS scheme could support consumer decision-making by providing clearer, comparable information on veterinary service quality. However, its effectiveness depends on the relevance, accuracy, and accessibility of the data presented. To truly drive competition, the scheme must reflect meaningful quality measures and be user-friendly, without adding undue administrative burden on practices.

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.

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

Remedy 17: A consumer and competition duty

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.

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

Remedy 18: Effective and proportionate compliance monitoring

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

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

Question 82: What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views
Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.
This remedy feels like 'ofsted inspections' for schools. We are already inspected by the VMD to ensure we comply with the medicines legislation (and we pay for that inspection). A lot of what is inspected (eg building, security, processes, standard operating procedures) already is applicable. So as per my response to Q75, I believe we should extend the scope of the VMD audit to not only ensure practices are meeting legal medicines requirements, but also other appropriate standards. The same reporting structure can still apply, with improvement notices being able to be issued if necessary and more frequent visits to ensure compliance. This would establish a simple and effective scheme, evolving what is already in place to include a broader scope.
Remedy 19: Effective and proportionate enforcement
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, the regulator should have these powers to ensure accountability and uphold professional standards. However, their use must be proportionate, transparent, and based on clear criteria. There should be a robust appeals process to protect against unfair or inconsistent enforcement, and to ensure that both individuals and firms are treated fairly.
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.
A potential benefit is improved public confidence through greater accountability. However, unintended consequences could include increased fear of punitive action, which may discourage openness and learning from mistakes. Smaller or independent practices may also face disproportionate impact if regulatory actions are not applied consistently. Clear guidance, transparency, and a fair appeals process would be essential to mitigate these risks.
Remedy 20: Requirements on businesses for effective in-house complaints handling
Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.
Having a good in-house complaints process is very important. It offers support for customers, reassuring them that they are being listened to when needed. It also allows to see where, as a practice or a team, we can improve on. Outcomes of complaints are

not always monetary reimbursement, but allows for protocols and in-house training to be strengthened to prevent repetitive complaints being made. Good handling of a complaint can reinforce the trust of our customers.

We have a robust complaints procedure as part of our practice procedures manual so that customer dissatisfaction can be acknowledged, investigated and responded to in a timely and proportionate way. We find that as long as our customers feel listened to, and their concerns properly investigated, they are typically satisfied with the conclusion, even if it does not uphold their initial concerns.

Every practice should have a good in-house complaints handling process.

Practices must have veterinary indemnity insurance, and ours is provided by the veterinary defence society (VDS) who does an exceptional job when required to support our veterinary group, whilst being fair to the customer. Perhaps making it a requirement for statutory membership to the VDS would be beneficial.

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

With the increase in customer abuse to veterinary colleagues, it is important that there is adequate process and support for all practices, regardless of size to ensure that customer dissatisfaction is managed appropriately.

Small independent practices do not have access to the same range of resources as the LVGs. It would make sense to standardise this complaints process across the industry to allow better alignment between practices. Training should be provided for all practices with adequate support to ensure they can comply with this remedy as the owners of most practices trained as veterinary surgeons, not complaints handlers so a guide should be available to simplify the process for them

Remedy 21: Requirement for vet businesses to participate in the VCMS

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

We do not believe this needs to be mandatory as this will become a very timely process for veterinary practices. I think it's good practice to accept mediation where appropriate to show willingness to the customer, however if a robust complaints procedure is already in place, then the outcome of the mediation process is going to be the same. The mediation is probably beneficial for practices that don't have an internal complaints-handling process as it allows for this third party to advise and help reach a resolution.

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? Dependant on the practice's surgery team and structure would depend on who participates. Our central services unit helps to organise & liaise with the VCMS. However, for smaller practices that don't have this in-house resource, vets and nurses may need to block time off their diaries in order to participate, which takes them away from focusing on patient care. If this becomes a high volume task, then the practice will have to restrict their clinical time, meaning a loss of income but also a higher pressure or workload on the teams.
Question 90: How might any adverse or undesirable consequences be mitigated?
Remedy 22: Requirement for vet businesses to raise awareness of the VCMS
Question 91: What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take? As part of our in-house complaints process, we do sign post to customers to the VCMS if we can not come to a resolution. I believe there is already sufficient advertising, as some customers are aware of them already or seek assistance before we signpost.
Remedy 23: Use of complains insights and data to improve standards
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? A platform could be created, similar to Vet Safe, where practices can log their complaints. This will create data nationwide, enabling to see trends and enable the industry to help minimise certain complaints from occurring in the future. We have created our own spreadsheet trackers in which we log every complaint that comes through, who was involved, the stage of the complaint and what resolution was reached, if any. If we see trends at any of our surgery's ie the same vet receiving complaints, this this will spark an internal investigation to see whether additional support is needed etc.
Remedy 24: Supplementing mediation with a form of binding adjudication
Question 93: What are the potential benefits and challenges of introducing a form of adjudication into the sector? A key benefit of binding adjudication is providing quicker, clearer resolution of disputes, which could enhance consumer trust and reduce the emotional and financial toll of prolonged complaints. However, challenges include ensuring adjudicators have appropriate clinical understanding, maintaining fairness for both clients and veterinary professionals, and avoiding an overly legalistic or punitive system. It must complement, not replace, open communication and mediation.

Question 94: How could such a scheme be designed? How might it build upon the existing VCMS?
Question 95: Could it work on a voluntary basis or would it need to be statutory? Please explain your views.
Remedy 25: The establishment of a veterinary ombudsman
Question 96: What are the potential benefits and challenges of establishing a veterinary ombudsman?
A veterinary ombudsman could offer an impartial, accessible route for resolving disputes, improving public confidence and consistency in handling complaints. However, key challenges include ensuring the ombudsman has appropriate veterinary knowledge, avoiding duplication with existing regulatory bodies, and managing the cost and administrative burden on practices. It must strike a balance between protecting clients and supporting fair treatment of veterinary professionals.
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.
Remedies 26 – 28: Effective use of veterinary nurses
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?
Under existing legislation, the RCVS could clarify Schedule 3 by issuing detailed guidance that clearly defines “minor surgery” and outlines specific procedures veterinary nurses are permitted to perform under veterinary supervision. This should include practical examples, decision-making frameworks, and FAQs to ensure consistent interpretation. Additionally, integrating this clarification into CPD, training programs, and employer resources would support confident delegation and better utilisation of veterinary nurses while maintaining compliance and patient safety.
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?
More effective use of veterinary nurses under Schedule 3, improve practice efficiency,
Better utilisation of RVNs can ease vet workload and would help improve the effectiveness and efficiency of veterinary practices, speed up care for pet owners, and enhance animal welfare. However, risks include inconsistent application and over-reliance on nurses without proper veterinary supervision; and not every RVN is the same, so for example, they must have the proven ability to

perform schedule 3 procedures under general anaesthesia. Clear guidance and training are needed to prevent these risks and it essential that there is adequate formal training through eg advanced certificates.

It should be made clear to customers that an RVN is performing a procedure so that their expectations are met.

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?

Expanding veterinary nurses' roles under reformed legislation could further reduce vets' workload, improve business efficiency, increase care accessibility for pet owners, and enhance animal welfare through timely interventions. However, unintended consequences might include risks to patient safety if nurses act beyond their competence or without adequate oversight. Robust training, clear role definitions, and strong veterinary supervision would be essential to manage these risks.

This needs to be properly regulated through the RCVS (or new governing body) in a way that is aligned with how veterinary surgeons are regulated.

Proportionality

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

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

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)?

