**From:** [redacted]
**To:** VetsMI
**Subject:** Response to Remedies
**Date:** 26 May 2025 20:38:25

I would like to comment that this has been extremely burdensome to engage and reply. It is likely that many will not be able to take the time to digest the information and respond. I am also concerned that the information gained from this is not easily quantifiable to use for further action easily. If relying on AI to digest it, it may well not represent the responses.

Question 1: We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper.
*Lots of admin burden, particularly on small businesses. Very heavily weighted on vets having to be responsible for leading consumer choice when this is not the case for other professions and businesses. The remedies imply this information has been with-held or falsely represented in the past. Burden falls highly on clinical staff who are already stretched to provide extra information. This is likely to lead to lack of resource to actually help the patients themselves. This will be an inefficient transition given that you will be asking many many practices to do this, rather than facilitating it via useful technology. You really need to speak to practice management system providers to get the idea of what is actually possible and efficient to put in place too. A lot of the recommendations will result in costs shifting to 'professional fees' which you may not have considered the impact of as it goes for client interpretation of this. Misses some key issues such as problems with sharing history to aid treatment by different vets.*

Question 2: We invite comments on whether these (or others) are appropriate information remedies whose implementation should be the subject of trials. We also invite comments on the criteria we might employ to assess the effects of trialled measures. Please explain your views.
*Yes everything should be shown to be effective. Trial it in the areas you identified as being problematic that actually set off this whole thing! you could monitor traffic to comparison sites. you could ask for standardised reports on number of written prescriptions compared to dispensing fees. You also need to know clinical outcomes don't suffer and job satisfaction isn't adversely affected.*
*Do some mystery shopper type things? Not very ethical though!*

Consultation questions: 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.

*home visits*

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.
*Yes. Some things are not comparable, e.g. tick treatment could be a spot on lasting a week vs an injection lasting 1 year and difficult to account for all sizes even with categories. You would need to specify length of time.*
*dispensing fees are not standard, they are our way to account for time (longer to draw up, count meds), consumables (greater for injectables), skill (only nurses/vets can do some activities). We can standardise them but this will push fees to other areas*

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.
*weight, brachycephalic, aggressive*
*external lab test vs in house?*
*oral vs injectable meds*
*firstline vs secondline meds*

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.
*give an example animal e.g. 4kg chihuahua spay and 10g french bulldog castrate, chronic disease is complex and it is uncommon to have a patient with just one need or that will take a certain type of medication when there are 5 different options, give examples again of 15kg dog on oral pain relief no blood tests, 30kg dog on multimodal medication including monthly visits and 6 monthly blood tests*

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.
*yes but will just move costs around,*

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.
*Yes. this may need us to redo our entire pricing structure from scratch, lots of work*

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

*Miss some things that we currently do to help reduce prices e.g. add on blood tests reduced costs. interpretation will vary dependent on who looks into things more may return to jumping around practices which can hinder relationship and history transfer.*

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? Some, these are likely not on PSS
Would any impacts vary across different types or sizes of FOP or referral provider? Please explain your views.
*this may need us to redo our entire pricing structure from scratch, lots of work. these would have to be updated every year and this would be at a different time for most practices. There is a high likelihood that clients will request bloods without interpretation and try to interpret them themselves*

Question 11: What quality measures could be published in order to support pet owners to make choices? Please explain your views
*huge mental health impact of publishing feedback, complaints and 'scoring', I think if done tactfully this would be good but need better clinical balance too like benchmarking of post op complications, response to complaints etc.*
*mandatory Practice standards should really be brought in but less red tape focus (this is already causing issues to retention, costs etc.)*

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.
*agree hugely ownership information should be published as currently not clear*

Question 13: How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.
*Via RCVS.*
*Would you set an alert for clients to be updated if prices change in their locality or*

*highlight the trend (up and down)? That would actually be quite helpful for them, and us to help aid competition.*

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?

1. as stops bias

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?

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.
*one piece of equipment is not the same as another. And also not a guarantee that there is a person able to use it. There should be some aspect of the service being present, not just the equipment to avoid confusion*

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. 7
*Would you set an alert for clients to be updated if prices change in their locality or highlight the trend (up and down)? That would actually be quite helpful for them, and us to help aid competition.*

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.
*RCVS with mandatory PSS*

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.
*can't see easy current savings for health plan on practice management system, better for client to deal directly with the external health plan or we just stop offering them.*

Question 20: How could this remedy affect the coverage of a typical pet plan? Please explain your views.
*Less upfront stock items included to prevent debt recovery of cancellations. Would*

*have to collect monthly for example or have paid x month's worth before getting products. Probably stop offering plans as already admin burden and not useful to us.*

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?
*Speak to PMS people and find efficient way to show stuff to clients. health plans required to have customer facing aspect and take away from practice.*

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.
*Good, annoying to get info currently. But wouldn't give availability which is key!!!*

Question 23: Are there any consequences which may be detrimental and if so, what are they?
*Not enough resource to service demand of clients wanting most price effective option or not being the safe option due to travel, availability etc.*

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?
*multiple queries over availability and inappropriate referrals.*

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.
What information on referral providers that is directly provided to pet owners would effectively support their choice of referral options? Please explain your views.
*availability , success rates, average caseload, specialist vs other led.*

Remedy 5: Provision of clear, accurate and timely information about different treatment, service and referral options.

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.
*Yes, if admitted. Otherwise costs can be discussed in person.*

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 is already done where appropriate, issues are usually that a patient is not safe to travel for 2nd opinion and price input.*
*'Waiving' anything is bad comms.*
*This can only be determined by the individual patient needs and practice circumstances so don't think there can be a definitive time period.*

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.
*It should never apply in an emergency as we have a duty to provide first aid and pain relief. Not apply if a recorded phone call would suffice.*

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?
*HUGE. already done in clinical notes briefly but if becomes more arduous and more requirement to detail exact specifics, we will need to increase consult times and this will increase costs to owners.*

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?
*too much time required unless it's a vague statement which defeats the object. Lots of clients don't read these anyway.*
*could provide a good checkpoint though for clients to ask if other options are available in non emergent situations.*

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?
*new consent forms or inputs to PMS system. Printing estimates with breakdown of costs for different options to be given to client is feasible. We have estimate cribsheets with common estimates. We could create list of options for different common diseases to handout to clients but would need to update costs regularly.*

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.

*Estimates already provided prior to procedures, our reception team to check phone calls day before to ensure had costs discussed. IT's the showing you've discussed every option that is time consuming.*

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?
*I doubt it, unless in safe AI practices to make this quicker and more streamlined.*

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.
*The vet's knowledge of the situation, history, clinical exam, owner's budget (this is very important as it is pointless discussing options they cannot afford), travel capabilities (again may prohibit referral or going to main site), ability to give meds (difficult as all clients lie and say they can't as want an injection)*

Remedy 6: Prohibition of business practices, incentives, goals and/or other performance tools which unduly limit or constrain 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.
*Yes the RCVS should regulate but both vets and practices.*

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?
*Internal auditing could be integrated into PSS (mandatory)*

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! They need more specific oversight as there are usually not vets running it*

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.
*This opens up a question on financial contribution being used to guide pay increases. There is already really unclear advice on this from RCVS/VMD as it goes for setting up selection of drugs in the practice and obtaining discounts. How do you accurately avoid defensive medicine*

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.
*Yes, this is mostly injections and it is not feasible to prescribe these unless for longterm use.*
*B seems proportional and in line with RCVS PSS guidance*

Question 41: Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?
*We will double handle costs., separate system for the practice and the pharmacy? Forgeable? We will likely reduce stock on site and have increased wastage which will pass on costs to the client. Lots of admin burden and tech integration. Many pharmacies to compare and changing prices. Issues with client being penalised if disabled and unable to use tech systems resulting in discrimination if they being made to pay higher fee with us?*
*double handling as many pet owners will think they want to get elsewhere then cannot source/be bothered and come back, we will then have had to incur expenses at both prescription and dispensing.*
*Short duration meds of low expense may increase costs to owner of written script due to dose changes (technically not able to write these in on script)*

Question 42: How might the written prescription process be best improved so that it is secure, low cost, and fast? Please explain your views.
*Proper printer like doctors have or tech to submit directly pharmacy of their choice.*

Question 43: What transitional period is needed to deliver the written prescription remedies we have outlined? Please explain your views.
*Likely 12 months*

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.
*this may be available at a different cost elsewhere including online.*

Question 45: What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.
*The fact that it may not be appropriate to get meds elsewhere due to time constraints and welfare impact. What time the practice pharmacy is open from/til, whether currently in stock with us.*

Question 46: Do you have views on the feasibility and implementation cost of each of the three options? Please explain your views.
*A is proportional , B is ridiculous, C requires lots of double handling. Why should the onus be on us to research comparative prices and list these???! we can't even see list prices of our own meds so transparency needs to improve in other areas prior to instigating something like B and C.*

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.
*active ingredient (main one), strength, dosage, frequency, length of time over.*
*would like for pharmacists to be able to dispense from range including capsules, tablets, liquid if stock issues.*

Question 48: Can the remedies proposed be achieved under the VMD prescription options currently available to vets or would changes to prescribing rules be required? Please explain your views.
*No as products are so specific that an alternative could not be provided. would need to change rules*

Question 49: Are there any potential unintended consequences which we should consider? Please explain your views.
*More dispensing errors, more medication interactions. More training required for dispensing staff*

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

Question 51: Would any exemptions be needed to mandatory generic prescribing? Please explain your views.
*cascade use? Needs to be clear if we can prescribe generic paracetamol.*

Question 52: Would any changes to medicine certification/the approval processes be required? Please explain your views.
*Requirement to demonstrate differences to other meds with same active ingredient?*

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?
*Info on NOAH to cross reference and data mine*

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.
*Both but relies on easy link to PMS.*

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.
*Charging fairly for prescribing is not the same as discouraging. But price control will help with uptake*

Question 56: Are there any unintended consequences which we should take into consideration? Please explain your views.
*Consult prices will go up, greater amounts of meds will get prescribed in one go to avoid this admin burden each time and this may not be appropriate, concerns over stockpiling, waste,*
*how do you part redeem a script in a FOP, this would need thinking about.*

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:
*c is easiest but impacts practices financially the most, meaning cost shift. B too onerus. A too biased.*

Question 58: What are the costs of writing a prescription, once the vet has decided on the appropriate medicine?
*time to complete template*
*printing costs*
*other staff to apply unique coded labels to reduce fraud.*
*time to sign as PMS currently unable to do electronic signature.*
*time to go through expiry with client (lots of complaints that haven't been able to get all meds in the 6 months)*

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)?
*time to complete - efficient as PMS set up well for this*
*label printer costs*
*nurses to dispense and countersign*
*nurse to demonstrate meds to client*

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.
*None. The way PMS is setup brings through meds prices monthly and has a calculated markup, you would need to have a % rather than a limit to price for it to be feasible. This also does not account for drug rebates which are a huge disparity between small and large practices.*

Question 61: If we aim to use a price control to reduce overall medicine prices, what would be an appropriate percentage price reduction? Please explain your views.
*This does not work as all practices have different setups. You could limit mark up but costs will just be shifted to other areas. This will be most effective e.g. limit to standard markup that we see on average in other industries.*

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.
*It would have most impact to do the most popular medicines but again, costs will shift to others. This is also difficult to maintain if not done for all.*

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

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.
*Looks good, does discriminate against those without smart phones*

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.
*RCVS through fees, these will go up! So ultimately this means the practice funds it. But could get tech investment through VMD approved pharmacies.*

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.
*6 months, this would also have to work both ways that providers could drop them?? This would need a lot of organising to provide OOH provision.*

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.
*Payment of average income of the user practice calculated on last 6 months.*

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.
*It could be clearer if placed there but ultimately unlikely to change behaviour unless monitored via PSS. more onus should be on the owner to organise cremation and price shop if this is important to them. We offer our services but advice they can take their own pet. Owners rarely wish to do this. There are costs to storage and administration of cremations and they are a very high source of complaints so they take considerable time. The owner is paying for ease of the system and therefore the price is not equivalent. More information to owners on preplanning what they would like to do with their pet would be better.*

*There are a multitude of individual crem options which is hard to have individual prices for and confusing to discuss when in an emotive situation. We have an average price to make it simpler and easier for the client.*

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?
*Consider groups that own crems to have higher price manipulation*

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.
*Limiting RRP to the same as the crem price to client. Costs will then shift to the euthanasia which could affect animal welfare but ultimately, we can provide without payment.*

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

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*

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.
*Yes, more accountability is needed of persons of power. However, what is the statute? Many of these may leave the business, the regulator must still be able to deal with this.*

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.
*Benchmarking of outcomes, VALIDATED reviews*

Question 75: Would an enhanced PSS or similar scheme of the kind we have described support consumers' decision-making and drive competition between vet businesses on the basis of quality? Please explain your views.
*Yes, easiest way and allows layers. Although burdensome, it is mostly about things we should be doing for compliance.*

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.
*similar to awards section*

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

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.
*Yes*

Question 79: If so, how should that duty be framed? Please explain your views.
*Requirement to include in yearly meeting*

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.
*Yes*

Question 81: How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.
*complaints are not always founded - there would need to be a way to differentiate this. veterinary has a high rate of spurious complaints and often people do not interpret feedback as a complaint. It would need to be balanced to protect the mental health of our professionals.*

Question 82: What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.
*Costs will be passed back to practices to enable running this via RCVS. Practices will get increased demand if they are deemed good but this may not be able to keep up*

*with resource*.

Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.
*RCVS fees, mandatory for everyone, scaled for small, big practices etc*.

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, more accountability is needed*

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.
*resource demand. Low level issues probably occur commonly. Biggest impact needs to focus on big issues which may be rarer*.

Remedy 20: Requirements on businesses for effective inhouse complaints handling

Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.
*Yes, I imagine some places just ignore*.

Question 87: If so, what form should it take? Please explain your views
*Just culture, expectations of timelines, signposting to info on mistakes, communication issues etc. clarity on clinical vs monetary complaint*

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.
*It could be but it is rare to achieve a useful outcome through them*

Question 89: How might mandatory participation in the VCMS operate in practice and are there any adverse or undesirable consequences to which such a requirement could lead?
*extra time of going through process. Often outstanding debt which delays the collection process*.

Question 90: How might any adverse or undesirable consequences be mitigated?
*Identifying monetary complaints early and having an auto bidding system that allows negotiation on price client pays without admitting fault. Allows recoup of costs quickly*

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?
*Adding to all complaint acknowledgements*.

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?
*Include complaints log and reasons within PSS*

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?
*too many departments, confusing as to whether this is against a practice or vet like in full RCVS complaint. good to get an outcome with some common sense as usually still ends in standstill by end of mediation*.

Question 94: How could such a scheme be designed? How might it build upon the existing VCMS?
*submit details and possible outcomes you would consider in advance*

Question 95: Could it work on a voluntary basis or would it need to be statutory? Please explain your views.
*Voluntary as likely hugely time consuming and will be some clients that you know will achieve no outcome*.

Remedy 25: The establishment of a veterinary ombudsman

Question 96: What are the potential benefits and challenges of establishing a veterinary ombudsman?
*too many regulators and confusing. increase public trust though, make complaints*

*even more accessible which will potentially increase them. Make more financial claims.*

Question 97: How could a veterinary ombudsman scheme be designed?
*Linked to RCVS and practice websites, online.*

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

Remedies 26 - 28

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?
*make it less reliant on vetled. Give nurses their own accountability. make sure courses teach the content so they are capable on day one*

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?
*much more efficient and flexible with staffing.*

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?
*also do boosters and prescribing powers for preventative healthcare + others with additional training, would free up huge amount of vet time, improve preventative healthcare and efficiency.*

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.
*I think costs will be much higher than anticipated by you. PRice per complaint is a good option but complaints are often low value, this may lead to increases in practices settling in house more often which implies poor quality when that may not necessarily be true*

Question 103: How should we develop or amend that assessment?
*Spend time shadowing in practice to see admin burdens*

Question 104 How could we assess the costs and benefits of alternative reforms to the regulatory framework?
*Trial practices. Look at increased costs incurred in other professions*

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

Kind regards,

[redacted]