Consultation questions

Implementation of remedies

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

The CMA should reflect strongly on the fact that the profession does not neatly divide into two divisions ie those vet services for household pets and everything else. They are very intimately entwined in many cases and a remedy intended to impact vet services for household pets may unintentionally impact equine and farm vet services negatively. This needs further consideration and consultation with both the equine and farm veterinary sectors. This consultation begins with remedies that deal with issues that could be limited to the provision of veterinary services to household pets but very quickly moves into remedies that will have profound effects on the whole of the veterinary industry.

I would further add that an unintended consequence of the implementation of remedies may cause increase in veterinary fees and an increased burden upon the small veterinary practice to such an extent that they sell to a corporate or withdraw from the market. Therefore, the remedies may have the opposite effect intended of encouraging competition and reducing veterinary bills.

Trialling of information remedies

● 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.

A well-structured trial would be welcomed if it is uniformly applied across the sector and monitored sufficiently to ensure that the evidence that the trial produces is robust and not skewed by poor implementation or non-uniform implementation. Until the measures to be trialled are put forward it is not possible to comment on the criteria that are to be measured. Once a trial has been proposed we can then comment on the criteria.

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 list is quite comprehensive but is overly simplistic and will be complicated by the various sizes of dogs that will alter the costs as you have stated. However practices may use different weight brackets to you because of the anaesthetic agents they have clinical reasons to use. Therefore consumers will be comparing “apples with pears”. There will also be unique factors pertinent to many individual cases that any list will fail to address.

● 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.

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● 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.

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● 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.

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● 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.

The consumer is likely to be bewildered by the amount of information required on this list and will struggle to compare like for like services.

● 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.

The information can be provided but will require very regular updates due to drug price changes and will put extra costs into the system resulting in potentially higher bills for consumers.

● Question 9: Could the standardised price list have any detrimental

consequences for pet owners and if so, what are they? Please explain your

views.

It is possible that the prices listed will be set higher than standard to cover any unexpected extra costs. Therefore, increasing rather than decreasing the costs to the consumer.

● 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.

There will be significant administration costs for practices. The admin will be easier to afford and perform for the LVG so this remedy will disproportionately effect the small independent practices pushing them closer to the decision of selling to a corporate or withdrawing from the market.

● Question 11: What quality measures could be published in order to support

pet owners to make choices? Please explain your views.

There are no quality control measures recorded in veterinary medicine. This would require input from Quality Improvement initiatives again the LVGs are in a much better position to publish QI data and again disproportionately affect small independents.

<u>Remedy 2: Create a comparison website supporting pet owners to compare the</u>

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.

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

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● 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?

The RCVS is not a suitable organisation to operate a price comparison site. They are woefully inadequate as a regulator and any such undertaking is beyond their skills. I also have concerns that third parties would obviously want to make money therefore they would ultimately drive costs up and so prices will go up too.

● 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?

Skills and resources within small independent practices – LVGs can cope fine with this.

● 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.

I don't think the CMA fully grasp the skill set of employees within general veterinary practice. There is not the IT technical skills within the industry to easily provide the relevant information for this endeavour nor is there the capacity without increasing resources and therefore overheads which will ultimately result in increased cost to the consumer.

● 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.

Unless there are going to be set bundles this is not possible. Defining bundles will limit the innovation and creativity of services – quite the opposite of what this investigation is trying to achieve.

● 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.

Veterinary practices are not making vast sums of money and in many cases are just getting by. Vets, vet nurses and the lay staff are not well paid. There is no spare money in the system for practices to fund a comparison website, if practices are to fund this then prices will rise. This is an unworkable idea that does not seem to exist in any other industry that I am aware of and therefore there is no off the shelf system to build it around. The IT systems within veterinary practices are often old legacy systems that just about do the job. Trying to get these systems to link with a comparison web site is impossible in all reality. A comparison website will result in either high costs to consumers or will result in a race to the bottom in veterinary care driving more and more highly skilled young vets and nurses from the profession into better paid jobs.

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

● 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.

Health plans are a business strategy to gain clients and retain them. The publishing of this level of data just shares information between practices resulting in a very similar level of offering across all practices and reduces creativity and innovation in service provision.

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

Health plans are discounted so effectively those who do not use all the offerings subsidise those that do use all the offerings. It is highly likely that requiring the level of information being provided that health plans will be less discounted.

● 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?

As with remedy the CMA are overestimating the technical knowledge and skills within the veterinary industry and this will result in more resources being required, more overheads that will have to be funded by higher prices.

<u>Remedy 4: Provide FOP vets with information relating to referral providers</u>

● 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.

Again, a price comparison website will increase costs and require a skill set that is not present within the profession. Referral practices develop reputations and develop relationships with referring practices. It is not just about the cost of procedures; it is personal recommendations and relationships that develop the trust between referring vet and referral vet.

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

It is often not possible to compare procedures and techniques easily; a comparison site oversimplifies what is being compared. This is where there must be trust that the referring vet is referring the case to the vet that they believe has the skills to do the job. Clients may, via a

website, choose the cheapest option that is not in the best interests of the animal as they don't understand the intricacies of the clinical case. The consumers do not have the knowledge to make these decisions in many cases. This is the unique position of referring vets as a trusted advisers.

● 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?

The LVG are at an advantage here – small independent will be disadvantaged.

● 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.

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● 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.

I believe that this is the role of a vet as a trusted adviser to provide this information.

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

● 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.

The provision of estimates for all treatments no matter what the cost should be encouraged and costs talked openly and up front. But these can only be estimates as responses to treatment cannot be guaranteed.

● 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 very dependent on the clinical case and cannot be defined, of course owners can waive it. Vets can't refuse to treat something because they must wait until the end of a thinking 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.

This should not apply when there is immediate suffering that requires treatment.

● 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?

Short notes can be made on the PMS – not a huge burden and good clinical notes should include this.

● Question 31: What are the advantages and disadvantages of using treatment consent forms to obtain the pet owner's acknowledgement that they have been provided with a range of suitable treatment options or an explanation why only one option is feasible or appropriate? Could there be any unintended consequences?

This is good clinical note taking.

● 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?

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● 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.

This is good service provision.

● 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?

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● 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.

There does not need to be a set number of options as each clinical case will only have a small number of relevant numbers.

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

● 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.

There should not need to be any prohibition of business practices. Vets should be referring to the most appropriate referral vet whether that is within the same LVG or not. The code is clear on this, and the RCVS should follow up on this as required. It is beholding on the LVGs to offer suitable levels of service.

● 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.

This question should apply to all remedies. Who monitors, who enforces, what are the punishment. This whole document fails to satisfactorily address this issue and is fundamental to this process. It would seem that the RCVS would be the correct body but without legislative reform this is not possible.

● 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.

No, the monitoring should be across the whole industry not just concentrating on LVGs.

● 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.

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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, medicines administered by the vet within the consultation room or within the surgical/treatment suite should be excluded as there is insufficient time for a client to determine if there are alternatives. The vet will have chosen the product because they are comfortable with its use and can predict the effect.

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

I believe that the CMA underestimates the challenges that small independent practices will face when trying to achieve this remedy. It is likely that this will require more resources both IT related and personnel.

Furthermore, if practices lose the revenue generated by mark ups and they are limited in recouping this from the prescription fee plus factoring in the extra costs of the extra resources then the only way to balance the books will be to increase the professional fees. This increase in fees will negate any reduction in drugs fees paid by the consumer.

In a similar vein to above, given that most of the large online pharmacies are owner by the LVGs then it would stand to reason if their practices are losing out on revenue from drugs sales then they would look to recoup this revenue by increasing the prices on their online pharmacies.

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

The best option would be a third-party system that talked to the practices PMS. If this system even exists it will result in increase overheads which will have to be recouped via increased professional fees.

● Question 43: What transitional period is needed to deliver the written

prescription remedies we have outlined? Please explain your views.

This remedy and any transitional period cannot be considered until there is some sort of workable IT system that incorporates the ideas put forward by remedy 8.

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.

I struggle with this remedy. Why would any business hoping to make money to stay in business be expected to tell their customers how much every other business charges for the product that they are wanting to sell. Veterinary practices cannot compete with online pharmacies and this remedy will make veterinary practices withdraw from selling veterinary medicines. This has already happened in equine practice with equine worming products. Vets only stock a tiny amount that they may need to administer in an urgent case. This may save consumers money in terms of drugs costs, but the practices will just ramp up the professional fees to make up the lost revenue.

● Question 45: What should be included in what the vet tells the customer

when giving them a prescription form? Please explain your views.

Only that there are online pharmacies where the drugs can be purchased and leave it up to them to purchase these drugs via the prescription. Vets should not have to do the background research into the prices of alternative suppliers if they are not to benefit from the sale.

● Question 46: Do you have views on the feasibility and implementation cost

of each of the three options? Please explain your views.

Who will pay for this price comparison website? It is the consumers who will ultimately have to pay via increased fees.

I would also urge the CMA to speak to the drug companies regards how losing the majority of their sales to the hyper competitive online pharmacy market will affect the budget of their R and D programmes for new veterinary drugs. These companies have already expressed concern about the bargaining power of the LVGs driving down their revenue through LVGs demanding lower prices and therefore they have had to reduce R and D. This reduction in innovation will result in animal welfare issues especially as we face into antimicrobial resistance issues. I am concerned that the unintended consequences of this remedy will result in animal suffering in due course.

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.

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● 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.

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

If all sales of a newly developed drug are lost to generics immediately a product comes off licence, then the major drug companies will want to charge more for their drugs whilst under licence. This will result in more expensive drugs or worse still the drug companies may move out of the veterinary market as they cannot make a profit from newly developed drugs.

● 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.

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

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

Drugs will need to be kept under licence for longer so that the drug companies developing drugs have a guaranteed window of opportunity to generate sufficient profits to fund their R and D programmes.

● 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?

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● 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.

The CMA see fixated on the new IT systems solving this perceived issue. It is a great idea in theory but who will pay for these systems? It will be the consumer via increased fees.

<u>Remedy 10: Prescription price controls</u>

● 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 disagree that price controls would be required. If veterinary practices are effectively being forced to give up making profits from drug sales, then they will look to other fee increases to maintain their profits – prescription fees would be a suitable way to recoup the lost revenue.

● Question 56: Are there any unintended consequences which we should take

into consideration? Please explain your views.

Yes, if vets lose out on profits from drugs sales other fees will need to increase. This will result in those owners already struggling to pay for veterinary fees to avoid seeking veterinary services and will cause welfare issues. Furthermore if a price cap is set those practice below the cap will increase their fees to be in line with the cap.

● 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?

Option B would be the least burdensome.

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?

This is a veterinary document and needs to be signed by a vet, therefore it will require the time for a vet to produce the document or check and electronically produced document. This will take anything between 5 and 10 minutes. If there is an IT system the costs of this will need to be taken into account. The rate per minute should be in the region of £4 per minute therefore £20 - £40 per drug prescribed.

● Question 59: What are the costs of dispensing a medicine in FOP, once the

medicine has been selected by the vet (i.e. in effect after they have made

their prescribing decision)?

These costs include the ordering of the drug, the checking of the order on delivery, the unpacking of the order, the stock management and rotation, the picking of the order from the pharmacy, the relevant rent of the pharmacy area, utilities used, insurance implcations, the checking of the drugs, the label production, the lost stock through waste and stocking occasionally going out of date, the stock taking processes and reconciliation with orders and stock dispensed.

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.

I believe that price controls are inappropriate, and any price control will just result in professional fees being increased.

● 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.

I believe that price controls are inappropriate. The CMA need to look at where the veterinary industry has come from. It has grown from traditional farm practices where vets unfortunately would rather charge the farmer for their services via drug mark ups rather than charge correctly for their services via fees. I am unsure of the rationale behind this, but I think it is important for the CMA to understand why the drugs are marked up in the fashion they are. If price controls are imposed then there will be a correction in the professional fees to drugs sales ratio but there will not be any reduction in what the consumer will need to spend to access quality veterinary health care.

● 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 controls if used cannot be on a blanket wide approach. The CMA would need to calculate the price they want for the drugs they believe are overpriced and provide evidence of their reasoning.

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

There is no appropriate body capable of monitoring and enforcing this. The costs of monitoring and enforcing this will just result in increased costs.

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.

I think the CMA idea of an all-encompassing web-based price comparison tool with an e prescription system is very creative and innovative, however if there was the demand for this system, I strongly suspect that it would have been created already. The CMA are creating a solution for problems that they plan to implement. Who is going to create this solution? Is there a start up currently being primed to produce this solution?

● 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.

The consumer will have to pay via increased fees. There is no money sloshing around the veterinary market to fund this, pet numbers are in decline. Before implementing any remedies, I urge the CMA to look again at the trend in pet numbers.

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.

Notice periods of 6 month would be adequate to make teams redundant if insufficient on termination of a 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.

The limit should be based on the average rolling last 3 months revenue. Most employment contracts have a 3 month notice period.

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.

Changes to the code may be satisfactory. But the practices could charge other fees rather than just applying a markup. These may include cadaver storage fees, administration fees etc.

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?

This must apply to all practices – how would it be possible to draw any line between practices. Not all LVGs always use in house cremation services.

● 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.

I strongly disagree with price controls. Why not add cremation fees to your planned price comparison website then consumers have all prices freely available and the market will decide the price.

● Question 71: For how long should a price control on cremations be in place?

Please explain your views.

I strongly disagree with price controls.

● Question 72: If a longer-term price control is deemed necessary, which

regulatory body would be best placed to review and revise such a longerterm price control? Please explain your views.

The RCVS would be the correct body, but they do not have sufficient resources. Alternatives would be the local authority or trading standards but again they will not have sufficient resources.

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 the VSA is out of date and how the RCVS cannot regulate the modern look of the veterinary industry. But I am concerned that this consultation that is meant to be about the provision of veterinary services to domestic pets only is exceeding the scope of the investigation and moving into areas that will effect the whole veterinary industry.

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.

This is where the LVGs can help via their Quality Improvement departments – they can help set suitable quality measuring metrics to be used alongside the PSS.

● 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.

This depends very much on the investment of the RCVS in promoting the PSS. At present consumers are unlikely to know anything about the PSS so in practice it often feels like we are jumping through hoops to prove we are doing the right things, but consumers have no idea of the differences between practices. Very poorly supported.

● 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.

This is where the LVGs QI teams can help.

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

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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 – the industry is changing at pace, and the statutory regulatory framework must be able to evolve as rapidly.

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

This must be framed in a way that there is no detriment to animal welfare. Decisions must be made in the benefit of animal welfare, but animal welfare can only be advanced if the veterinary industry is financially healthy and this requires that consumers must pay for that care. We cannot operate without reasonable profits.

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 they are likely to.

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

This is beyond the scope of practitioners.

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

The costs are a significant issue.

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

The end consumer that will need to fund this through higher fees.

<u>Remedy 19: Effective and proportionate enforcement</u>

● 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 – but only if proportional and relevant.

● 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.

The RCVS investigations already cause significant stress and anxiety. It must be born in mind that the suicide rate within the profession is unacceptable high, and step should be taken to ensure that any regulator is sympathetic to the teams involved. Ie work with teams to improve what they do rather than punish.

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.

Yes

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

Step to follow and indicative time lines.

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.

No – very often complaints are vexatious and purely fee avoidance. Personally I have found the VCMS utterly hopeless and did not resolve the complaint one way or the other.

● 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?

It is likely that consumers would see this as a great way to make vexatious complaints to avoid paying fees.

● Question 90: How might any adverse or undesirable consequences be mitigated?

If the compliant is found to be baseless then the consumer would be legally bound to make payment.

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?

Promoted as part of the complaints procedure on websites.

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?

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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?

Will this result in bills being paid after a complaint is made. Very often complaints result in unpaid bills. Often at a level where it is uneconomical to pursue via the small claims courts.

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

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

This would need to be statutory.

Remedy 25: The establishment of a veterinary ombudsman

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

I am concerned that this consultation that is meant to be about the provision of veterinary services to domestic pets is including the creation of an ombudsman and is exceeding the scope of the investigation.

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

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

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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?

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● 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?

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● 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?

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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 am very concerned that the proposed remedies will result in increased costs to consumers and totally fail to meet the intended aims of the investigation.

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

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

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● 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)

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