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Introduction

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

The proposed remedies outlined in this Working Paper reflect a genuine effort to improve transparency, choice, and competition in the veterinary sector that has become increasingly dominated by LVGs, bringing with them the associated business practices that we were perhaps shielded from in the sole trader/ partnership days. However, the implementation of the proposed remedies must be carefully phased, proportionate, and practically workable to ensure they enhance client experience without compromising animal welfare or overburdening already stretched practices.

We support the principles behind measures such as fee transparency, written prescription access, and clearer corporate ownership labelling, but urge caution regarding blanket price controls or overly complex disclosure requirements, which could create unintended consequences, particularly for independent practices. Implementing remedies via existing regulatory bodies (e.g. RCVS, VMD) is sensible and avoids duplication. Leveraging platforms like the RCVS Practice Standards Scheme to support transparency goals is also a practical route forward.

It is vital that the CMA works collaboratively with the veterinary profession throughout implementation, using consultation, piloting, and phased rollouts to test impact and adjust measures accordingly. Remedy success depends not just on policy design, but on securing engagement and trust from vets, clients, and suppliers alike. A supportive, evidence-based approach to implementation will yield the most meaningful and sustainable improvements.

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.

Many of the proposed information remedies in the CMA's working paper, such as improved ownership disclosure, fee transparency, and client rights to prescriptions, are appropriate in principle but would benefit significantly from small-scale trials before wider implementation. Trialling these measures would allow for real-world feedback, identification of unintended consequences, and assessment of whether they genuinely improve client understanding, choice, and trust without placing excessive administrative burden on practices.

In particular, remedies involving the standardised display of fees, written prescription information, and price comparison requirements should be tested for usability and clarity from a pet owner's perspective. Trials should include both independent and corporate practices, across a range of geographical and demographic settings, to ensure solutions are effective and fair across the sector.

We would suggest the following criteria for assessing the proposed remedies:

1. Client Understanding and Behaviour
   Does the remedy improve pet owners' awareness of their rights and ability to make informed choices?

2. Impact on Veterinary Practices
   What is the administrative and time burden on staff and systems?
   Is implementation feasible across different practice types?

3. Client Trust and Satisfaction
   Does the remedy build transparency and confidence in veterinary services?

   This is especially important given that trust and confidence in the sector has been eroded significantly in recent years.

4. Consistency and Compliance
   Can the remedy be applied reliably and uniformly across practices?

5. Animal Welfare and Access to Care
   Are there any unintended delays, confusion, or barriers to treatment as a result?

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 list does appear to cover many of the routine services that a pet owner is likely to need, such as vaccinations, neutering, and microchipping. These are procedures where pricing is relatively consistent and predictable, making them suitable for inclusion in a public-facing list.

However, there are several important areas, particularly around chronic conditions, parasite prevention, and non-routine surgeries, where standardised pricing is far more challenging, and potentially misleading for clients.

For example, flea, tick, and worming treatments involve a wide range of products, with different durations of efficacy, methods of administration, and levels of protection. The appropriate choice depends on a case-by-case risk assessment based on the animal's lifestyle, environment, and other clinical factors. Additionally, the cost of these products is closely tied to fluctuating wholesale prices, making it impractical, especially for small practices, to continually update a public price list without significant administrative burden.

Similarly, for chronic conditions such as diabetes or epilepsy, treatment plans, and therefore costs, vary widely depending on the animal's size, response to treatment, and the frequency of rechecks, blood tests, and medication adjustments required. Giving an estimate or "typical" cost range could unintentionally mislead clients about the complexity, duration, and variability of managing such conditions. It may also understate the significant clinical input needed to monitor and adjust treatment over time.

The same concerns apply to procedures such as lump removals or wound management, where a simple ballpark figure may be unhelpful. These procedures depend on the size and location of the lump or injury, the weight and breed of the animal, and whether they have underlying conditions that complicate anaesthesia. For instance, brachycephalic breeds often require more careful anaesthetic protocols and monitoring, which increases time and cost. Attempting to price each variation for every weight and breed would be unmanageable and could give clients an overly simplistic or inaccurate view of the service being provided.

In our practice, we believe in transparent and accessible pricing, and we consistently display our fees for common, routine procedures both in our waiting room and on our website. We feel this approach strikes a fair balance, giving clients the ability to compare practices and assess affordability, without compromising clinical integrity or creating confusion around services where pricing depends heavily on individual patient needs.

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.

While the intention behind the proposed 'information to be provided' in Appendix A is understandable, the feasibility of providing this level of detail for every service varies significantly depending on the nature of the treatment and the capacity of the individual practice.

For routine and clearly defined services such as vaccinations, microchipping, and neutering, the proposed information (including what is included in the service, the price inclusive of VAT, and any additional potential costs) is both practical and reasonable. These are relatively standardised procedures with minimal variation, and many practices, including ours, already provide this type of information in their waiting rooms and on their websites.

However, for more complex or variable treatments, such as ongoing management of chronic conditions, surgical procedures, or parasite prevention, the level of detail outlined in Appendix A becomes much less feasible. These services can vary greatly depending on the patient's species, size, breed, underlying health conditions, and clinical needs. For example, the cost of treating a diabetic animal can vary significantly depending on the dose and type of insulin required, how quickly the patient stabilises, and how frequently monitoring and follow-up appointments are needed. Similarly, parasite prevention products and protocols vary depending on risk assessments and are affected by fluctuating wholesale prices. Requiring practices to provide precise, standardised pricing for such services could mislead clients and place an undue administrative burden on small teams.

A more practical and client-friendly approach might involve providing clear pricing for routine, high-volume procedures, alongside indicative "from" prices or typical ranges for services with more variability. It would also be helpful to include explanations of the factors that influence the cost, for example, the animal's weight, the complexity of the procedure, or the need for specialised anaesthesia in certain breeds. A disclaimer noting that

personalised estimated costs will be confirmed after clinical assessment would help manage expectations while still supporting transparency.

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.

We agree in principle with the need for FOPs and referral providers to publish pricing in a way that supports transparency and helps pet owners make informed choices. However, the proposal to publish separate prices based on animal characteristics must be approached with caution to ensure it remains practical and meaningful for both clients and veterinary teams.

Some degree of price differentiation is appropriate and already recognised in many practices—for example, by animal species (e.g. cat vs dog), and in some cases by weight categories, which can influence drug dosages, anaesthetic risk, and procedure complexity. These categories are logical, broadly applicable, and align with clinical and cost-based realities. Publishing prices by species and weight bands could therefore improve comparability for clients without being overly complex or burdensome for practices to maintain.

That said, the introduction of too many variable categories, such as breed, age, or temperament, could quickly make pricing structures overly complicated and difficult to present clearly. For instance, while brachycephalic breeds often require modified anaesthesia protocols and additional monitoring, not all clients will understand these distinctions, and publishing breed-specific pricing could lead to confusion or perceptions of unfairness. Similarly, while older animals may require more pre-anaesthetic testing or extended care, this is best addressed through individual clinical assessment rather than a blanket pricing structure.

We believe the most appropriate and feasible categories for published pricing would be:

- Species (e.g. cat, dog, rabbit) – as baseline physiological and treatment differences justify distinct pricing.
- Weight bands – particularly for procedures like neutering, anaesthesia, and medication, where weight directly affects cost.
- Possibly "standard vs complex" cases, with clear explanations of what might qualify as a complex case (e.g. additional health risks, behavioural considerations, etc.).

To maintain fairness and clarity, it is vital that practices are allowed to explain that published prices are estimates or starting points, and that final costs may vary based on the patient's specific needs following a clinical assessment.

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

"Starting from" prices and price ranges can be a helpful way to give pet owners a realistic idea of potential costs while acknowledging the variability in veterinary care based on individual patient needs. However, to ensure that this approach is meaningful and not misleading, the calculation of these prices must strike a careful balance between inclusivity and clarity.

A "starting from" price should reflect the lowest fee that a typical client might reasonably pay for a straightforward case, without complications. This might be, for example, a young, healthy animal undergoing a routine procedure with no additional services required. It should not be based on the absolute minimum cost under ideal conditions if those conditions are rare in practice. Otherwise, there is a risk of setting unrealistic expectations and eroding client trust when the actual cost ends up significantly higher.

For price ranges, one practical approach would be to publish a range that reflects the most common clinical scenarios encountered while making it clear that more complex or exceptional cases may fall outside this range. Practices should also be encouraged to explain the factors that influence pricing, such as weight, age, temperament, pre-existing health conditions, or the need for additional diagnostics, so that clients understand why final costs may vary.

Crucially, any "starting from" or range-based pricing should include a disclaimer that the actual cost will depend on the specific needs of the individual animal, and a personalised estimate will be provided following a clinical assessment. Transparency in this messaging is key to maintaining client confidence while still supporting price comparison and informed choice.

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.

Many clients appreciate having a clear idea of costs before committing to a service and standardising how this information is presented could help reduce confusion and build trust between veterinary practices and pet owners.

As mentioned above, for routine and predictable services the list would likely be helpful. These procedures tend to follow a consistent protocol, making them more suitable for standardised pricing that reflects typical costs across practices. For these services, the proposed format can empower pet owners to make informed decisions based on both clinical offerings and affordability.

However, the value of such a list diminishes when applied to more complex or variable procedures, such as surgeries, treatments for chronic conditions, or parasite control. These services depend heavily on individual clinical assessments, the animal's species, weight, age, and health status, as well as the specific medications or techniques used. In such cases, a standardised price could be misleading if it fails to capture the true complexity or variation in cost. Without careful communication, this might result in false expectations or even mistrust if the final bill exceeds what was assumed based on a generic listing.

Smaller practices may find it challenging to keep highly detailed pricing lists up to date, especially for services influenced by fluctuating wholesale costs (e.g., medications) or those that require a tailored approach. For these reasons, any standardised list must be supported by clear caveats, allowing practices to explain where flexibility is necessary and providing reassurance that personalised estimates will follow a clinical consultation.

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.

While we agree that price transparency is important, we feel that the remedies put forward cover too broad a range of conditions and possible treatment to be feasible for smaller, independent practices, without large marketing teams to carry out the work. We feel our time would be better spent ensuring that we are working with our clients to provide them with an appropriate and affordable level of care for them and their pets.

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

While the intention is to improve transparency, there is a real risk that publishing estimated or average costs for procedures such as chronic condition management or surgery could create misunderstanding or false expectations about what a client will actually pay.

In our experience, even when we provide clear written estimates and verbally explain the potential for costs to change, some clients still struggle to understand the difference between an estimate and a fixed quote. This confusion can persist despite including plain language disclaimers and keeping clients updated throughout treatment. A standardised price list that includes average or estimated costs may unintentionally reinforce this confusion, especially if clients assume the listed price is a guaranteed figure.

For chronic conditions in particular, costs can vary significantly depending on how an individual patient responds to treatment, how quickly they stabilise, and the frequency and nature of follow-up care. Similarly, the cost of surgery can vary based on factors such as the animal's size, health status, breed, and complexity of the procedure. Attempting to represent such variable services with an average price range may not only mislead clients but also lead to dissatisfaction or a breakdown in trust if actual costs exceed their expectations.

We believe it would be more appropriate to avoid including price ranges or averages for treatments that are subject to change and instead focus the standardised list on routine and predictable services. For more complex procedures, providing a personalised written estimate after clinical assessment, supported by clear communication, is a more effective and accurate approach.

Question 10: Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of any 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.

Cost concerns are rarely brought up with clinical staff. More often than not these are raised with the front of house team, who have very little control over costs. Including pricing for chronic condition management and non-routine surgeries which may be generalised estimates or averages would increase the likelihood of

confusion over pricing if the end cost is more than the stated estimate or average on the pricelist. This would lead to increased pressure on front of house staff and erode client trust in the practice.

Furthermore, clinical staff may feel that they are unable to include or recommend additional care, even where the patient may benefit from it, due to the pressure to try and fit into the estimate or average provided on the pricelist.

We are already having increasing difficulty in having conversations with clients around costs. Due to the CMA investigation and the almost constant negative press that the industry is receiving, consumer confidence In the veterinary industry is at an all-time low. Many clients now feel that most of the treatments recommended are overpriced and that they are being upsold to. To be clear, we have no targets or incentives of any kind, are an independent practice, and will not ever recommend treatments or procedures that are not for the direct benefit of our patients.

It is mentioned that the mandating of a pricelist will facilitate benchmarking. While this will make comparing different practices easier for clients, it will also risk devaluing the profession and all the skills and knowledge required to operate within it.

As mentioned above, we are a small practice and do not have a marketing department to create and maintain a large pricelist including many prices that may fluctuate depending on the wholesale price of medications. This will increase the administrative workload disproportionately for smaller practices vs larger practices and referral centres who may have dedicated staff for this.

We are not aware of any practices that do not have a website.

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

To help pet owners make informed choices, published quality measures should focus on clear, accessible indicators such as RCVS Practice Standards Scheme accreditation, client satisfaction feedback, transparency of fees (including prescription charges), continuity of care, and out-of-hours provision. These practical measures reflect the aspects of care that matter most to clients, trust, communication, and access, without relying on raw clinical outcome data, which can be misleading. Highlighting a practice's commitment to clinical governance and ongoing professional development can also reassure owners about care quality in a meaningful, understandable way.

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.

See above regarding fixed cost prices that should be displayed on the pricelist (e.g. vaccinations and neutering costs) and therefor any comparison tools. Medications costs present a much more complicated problem. As already mentioned, wholesale costs of common medications change frequently throughout the year. As many practices track these prices and adjust their prices accordingly, this would be a massive administrative burden for smaller practices that have much more limited resources than large groups or corporate practices. It is our view that it is not possible to include medications in pricelists or price comparison website/ portal as the risk of these prices being out of date is too high.

Question 13 & 14:
Involvement of the RCVS would not only increase public knowledge of the PSS and therefor increase the ability of consumers to make quality comparisons based on the different awards, but this would add integrity to any comparison tools. The website must clearly state any ranking system that is in place. Distance from the location of the user would be the most logical system of ranking, as the current comparison site offered by VetHelpDirect operates. It must also be made clear that no one practice is being endorsed over another by the RCVS, but that it is a tool to present consumers with the availability of services in their area. Ownership data would also be important to have listed as well as out of hours provisions.

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?

Providing the same data is used as is suggested in remedy 1 then this will reduce the administrative burden however, this will still be significant for smaller practice with less resources. Submission of the data must be possible with limited technical knowhow and must be easy to update should the information change. Again, this will adversely affect smaller practices if it is cumbersome or complicated as they are less likely to have a technical IT department that can navigate the challenge.

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.

As previously explained, there are so many different combinations of treatment options for different species, depending on many different factors. Taking the example of flea, tick, and worming treatment for a cat: Initially the vet will have a conversation with the pet owner to assess the risk of that individual patient being exposed to the different parasites. Is the cat indoor or outdoor? Does the cat hunt? If yes, does it consume what it hunts? What type of home does the client have, is it urban or rural? All of these questions will inform the treatment protocol recommended e.g. monthly flea and tick treatment? Monthly or quarterly worming treatment? Is tapeworm treatment required, and if so, how often? How much does the cat weigh? Once this has been discussed we must then select the most appropriate treatment for the client. Can they give the cat tablets or would they require spot-on treatment. There are multiple different options for each treatment. This makes it impossible to give an average or estimated cost for parasite treatment for a cat, let alone each weight bracket of dog. Adding in to this that care must be taken with certain active ingredients in some breeds in something that sounds as simple as parasite treatment, it would be even more difficult for vets to do this for much more complex treatments or chronic conditions.

We currently provide neutering costs in species and weight brackets which may be possible for routine, fixed price procedures, but not investigations which can include many different diagnostics.

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

As previously mentioned, we do not think it is appropriate to present the price information that can be so variable. It is impossible to cover all eventualities and there for it is unfair to the consumer to present and estimate or average cost given the propensity for misunderstanding even in a face-to-face practice session on the difference between fixed costs and estimated costs. Perhaps it would be prudent to explain why this information is so difficult to present and that it is not that we are trying to hide or rip anyone off, but that these procedures have too many variables to present a 'one size fits all' price point. Clients can and do receive detailed and tailored estimates for their pets from a variety of practices should they choose to do so as we have yet to come across a practice that will decline to give a second opinion.

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.

the costs associated with designing and creating a comparison website should be funded externally, such as through government support, rather than passed directly onto veterinary practices. Imposing these costs on practices would increase their operational expenses, which would likely be passed on to clients as higher prices, contrary to the goal of making veterinary services more affordable and accessible.

Ongoing maintenance could potentially be funded through minimal fees or voluntary contributions, but the initial investment must not add financial pressure to veterinary businesses.

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.

The current design of pet healthcare plans is already transparent. Our HCP terms and conditions include a clause that if the plan is cancelled before the 12-month anniversary, the client is required to pay the balance of the cost of treatments and discounts received or the remaining monthly premiums, whichever is lower. (This is exactly as suggested in point e). This is incredibly fair as they will never be charged any amount over the treatments and services they have received. In some cases, it may even be significantly less.

We already publish information about the cost savings for each different pet type and weight bracket for the HCP vs PAYG treatments. This is based on buying the treatments and services at current prices when the plans

are reviewed and does not include the additional 10% discount that we provide on all medications. Therefor the savings presented are always a MINIMUM saving for the client.

It would not be possible with our current PMS set up to provide an annual statement to client about what services they have used and what they may have missed. To do this would be a massive administrative task and would require and entire change in process and possibly system. This is not possible for a small independent practice. We do send reminders to clients to give or collect their parasite treatments and for their annual vaccinations. We try as much as possible to ensure clients are getting the full benefit of their plans and we will contact those who have not been and will offer to cancel plans – with no financial or other penalties – if they no longer fit the needs of the client and the pet.

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

Pet health plans currently cover mostly the same treatments and services, with a few minor differences. This remedy would likely standardise the offerings further.

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?

Again, these remedies will be much easier for larger groups and corporate practices to implement than smaller practices with less resources. There also seems to be an insinuation that we are somehow trying to con our clients by offering them an HCP. This is very much not the case. We are trying to spread costs for them throughout the year and offer savings and other benefits compared to PAYG.

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.

Pet owners should already be offered a meaningful choice of referral provider in non-emergency situations. In practice, vets often contact referral centres within a reasonable travelling distance to obtain cost estimates and expected waiting times for the required services. This information is then shared with clients, enabling them to make an informed decision about where to refer their pet.

However, the choices available to pet owners can be limited by the services offered by referral centres, cost constraints, and the client's willingness or ability to travel. Many referral centres already publish cost and service information, which vets can either direct clients to or relay themselves. Therefore, the development of a new system may not be necessary, provided this information remains accessible and up to date.

The value of supporting FOP vets lies in ensuring clear communication and transparency around referral options, rather than creating new systems. Maintaining and improving existing information-sharing practices can help pet owners make meaningful choices, benefiting animal welfare and client satisfaction.

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

Increasing the emphasis on providing pet owners with a wide choice of referral providers could lead to confusion or decision fatigue, especially if information on costs and services is complex or inconsistent. It might also increase administrative burdens on FOP vets, who would need to spend more time gathering and explaining referral options, potentially impacting their capacity to provide care.

Additionally, promoting wider choice without addressing geographic and cost limitations could frustrate clients if their options remain limited in practice. There is also a risk that competition among referral centres could drive cost-cutting measures that might affect service quality or continuity of care.

Finally, without clear standards or oversight, increased choice may lead to variable referral practices, potentially undermining consistency in animal welfare outcomes.

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?

Referral providers may face several challenges in supporting a system that offers pet owners meaningful choice. Administratively, keeping accurate, up-to-date information on costs, waiting times, and services requires ongoing effort, which can be especially difficult for smaller practices with limited staff. Technically, investing in IT systems to share real-time data may be costly and complex. Operationally, managing increased inquiries for estimates could strain staff time and impact clinical workflows.

These challenges will not affect all practices equally. Larger referral centres often have more resources and infrastructure to manage these demands, while smaller or specialist practices may struggle more. To reduce these challenges, standardised data-sharing templates or platforms could simplify information updates and improve consistency. Automation of updates and clear guidance or training for smaller practices would also help ease the burden. Phased implementation of these requirements can allow practices time to adapt without overwhelming their resources.

Balancing the needs of different sized practices and providing practical support will be essential to successfully implementing this remedy.

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 to you would like to make.

In our FOP practice, we already prioritise transparency with clients by providing them with information on referral options, including costs, and waiting times, where available. We make every effort to contact referral centres within a reasonable travel distance to support informed decision-making. However, this process can be time-consuming and adds to our administrative workload, especially when information is not readily accessible or consistently updated by referral providers.

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.

See question 22.

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.

Introducing a minimum threshold for when mandatory information must be provided ensures that the requirement is proportionate, practical, and clinically relevant. It would avoid overwhelming pet owners with unnecessary details while ensuring they are well-informed in cases where the treatment is costly, complex, or has significant consequences for their pet's welfare. Not being a referral provider, we do not feel we have enough knowledge to speculate as to what the threshold should be.

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.

A 'thinking time' period can help pet owners make informed decisions, especially for non-urgent or elective treatments. A reasonable duration might be 24 to 48 hours, which balances giving owners enough time to consider options without delaying necessary care excessively. This period should vary depending on the urgency of the situation and the nature of the treatment. For emergency or time-sensitive interventions, shorter or no delay should apply to avoid risking animal welfare. For elective procedures or expensive treatments with significant implications, a longer period, possibly up to 7 days, could be appropriate. Pet owners should have the option to waive the 'thinking time' if they feel confident and informed, ensuring flexibility and respect for client autonomy.

The aim should be to support clear communication and informed consent without creating unnecessary barriers to timely veterinary care.

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.

For emergency or time-sensitive interventions, shorter or no delay should apply to avoid risking animal welfare.

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?

In a small independent practice like ours, referral discussions are already routinely noted in clinical histories, so the additional administrative burden of recording treatment options would be minimal. However, any new requirement should aim to keep this burden as low as possible.

A practical way to minimise extra work would be to include a simple tick-box option within our practice management system (PMS) to confirm that treatment options have been discussed and recorded. This would need to be discussed with our PMS provider and may incur costs to develop and implement. Additionally, having access to standardised, up-to-date information from referral centres that we can easily share with owners would streamline the process and reduce time spent explaining or documenting details.

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?

Treatment consent forms provide clear, documented evidence that pet owners have been informed about their options, which supports transparency and informed decision-making. They can help reduce misunderstandings or disputes about what was discussed and protect both vets and clients legally. Consent forms also encourage vets to communicate thoroughly about treatment choices, ensuring owners feel involved and respected.

However, formal consent forms may increase administrative workload, especially in busy practices or when multiple treatment discussions occur. They could also make consultations feel more transactional, potentially undermining the trust and rapport between vets and clients. Some pet owners might find the paperwork intimidating or off-putting, which could affect the client experience.

There is a risk that consent forms become a "tick-box" exercise, where the focus shifts to paperwork completion rather than meaningful discussion. This could reduce the quality of communication and lead to complacency. Also, if not well designed, consent forms might confuse clients or fail to capture the nuances of complex decisions.

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?

This remedy would increase administrative tasks for veterinary businesses, requiring additional time for explaining, completing, and storing these forms. Larger practices with more resources may adapt more easily, while smaller or independent practices could face greater challenges due to limited staff and time, potentially impacting clinical efficiency.

Impacts could also vary depending on the complexity of cases handled; referral centres managing specialised treatments might experience more paperwork than general first opinion practices. The added administrative burden could increase operational costs, which may be passed on to clients if not carefully managed.

To mitigate negative impacts, remedies should be designed to be as streamlined as possible. Options include integrating consent forms into existing digital practice management systems, using standardised templates to reduce variability, and providing training to staff on efficient communication and documentation. Flexibility to tailor the process depending on case complexity can also help maintain proportionality, ensuring that the remedy supports informed consent without overburdening practices.

Having standardised information available from referral centres that FOPs can distribute easily to their clients would go some way to mitigating this, but it would still be an increased administrative pressure.

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.

One key barrier is the variability in individual patient needs, which can make it difficult to provide precise pricing upfront. Treatments often need to be tailored as the clinical situation evolves, meaning initial estimates may need revision, potentially causing confusion or dissatisfaction.

Another challenge is the administrative workload involved in preparing and updating written materials, especially for smaller practices with limited staff. Ensuring information is clear, comprehensive, and regularly updated requires ongoing effort and resources.

Additionally, some clients may find detailed written information overwhelming or difficult to understand without verbal explanation, so written materials must be designed carefully to complement, not replace, effective communication. Often the complexity of referral cases, and the changing nature of illnesses and disease processes make it very difficult to estimate for every eventuality. Indeed, not every case will require every treatment or diagnostic options, and it can be difficult to strike a balance giving a realistic estimate of costs. As mentioned above the definition of 'estimate' is often misunderstood with clients taking this as a quote of costs and can lead to confusion and upset.

FOPs would also need to take steps to ensure that any written information provided by referral centres is accurate and up to date. This again would add administrative burden, especially to smaller practices.

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 need to come from each referral centre that a practice might use. For some practices where a wide choice of referral centres is available, this would be too time consuming to be worthwhile.

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.

Only options that are medically appropriate, realistic, and applicable to the specific patient. Clients must be given sufficient information to make informed decisions. This includes likely costs, benefits, and risks of the options. The number and complexity of options should take into account the client's ability to process and understand the information. Some clients want detailed options; others may prefer clear guidance from the vet. Clients should be made aware of cost-effective alternatives, where appropriate. If a gold-standard treatment is unaffordable, offering tiered options (gold, silver, bronze approach) is often appreciated. In emergency situations, it may not be feasible to provide multiple written options in advance. In routine or elective cases, more time allows for thorough written communication of choices.

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.

Beyond general prohibitions on business practices that limit or constrain client choice, specific activities such as referrals or recommendations made only within the same corporate group should be explicitly prohibited. Limiting referrals in this way restricts client choice and can undermine competition. Clients should always be offered options that include other corporate groups as well as independent providers, where appropriate.

Monitoring and enforcement of this prohibition should be overseen by a professional body like the RCVS. Given its expertise and understanding of the veterinary sector, the RCVS is well-placed to identify, and update prohibited business practices over time. This ongoing role would ensure regulations remain relevant and protect both animal welfare and consumer interests.

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.

It would be sufficient for FOPs to carry out internal audits and self-certify their compliance annually, provided that they are required to submit standardised evidence to a regulatory body such as the RCVS to support this self-certification. For example, FOPs could submit data showing the number of referrals made, with a detailed breakdown of the percentage directed to each referral centre within a reasonable radius. This approach balances the need for oversight with practicality, minimising administrative burdens while promoting transparency.

However, to ensure robustness and credibility, there could be a role for periodic independent audits, either randomly or triggered by concerns arising from submitted data. Independent audits would provide additional assurance that self-certification processes are accurate and honest.

The RCVS, given its expertise and regulatory authority within the veterinary sector, should be responsible for monitoring compliance. This would enable consistent enforcement and the ability to update requirements as needed to reflect changes in the market or emerging risks. The RCVS could also provide guidance and support to practices to help them meet compliance standards effectively.

In summary, a hybrid approach combining self-certification supported by standardised evidence, oversight by the RCVS, and occasional independent audits would offer a proportionate and effective system of monitoring and enforcement.

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, there should be greater monitoring of large veterinary groups' (LVGs) compliance with this remedy. Due to their vertical integration and the range of services available within the same corporate group, LVGs have a stronger tendency to recommend or direct clients toward services within their own network. This practice can limit pet owners' choices and concentrate spending within the group, potentially reducing competition and transparency.

Given the broader impact LVGs have across multiple sites and a larger client base, enhanced oversight is necessary to ensure that clients are fairly presented with options, including those from other corporate groups and independent providers. Greater monitoring would help prevent restrictive referral practices and protect consumer choice in the market.

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 that influences the choices offered to pet owners, even if such guidance is informal or 'unwritten.' Making it clear that these 'unwritten rules' fall within the scope of proposed remedies is important to ensure transparency and prevent covert limitations on client choice.

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.

We do not agree that mandatory prescriptions should be introduced, including for medicines administered directly by the vet. Certain medications, such as injectable treatments or those administered during consultations, should be excluded from mandatory prescription requirements. These include one-off courses like ear drops or treatments for acute conditions where waiting for 2-3 days for delivery from an online pharmacy would be detrimental to the animal's welfare. Furthermore, medications requiring close monitoring and dosage adjustment after diagnosis (e.g., for Cushing's or Addison's disease) should only be prescribed once the patient is stable, making mandatory prescription in these cases inappropriate.

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

Mandatory prescriptions for all medicines will add time to every consultation, regardless of the implementation method, increasing the administrative burden on veterinary professionals. Like many other sectors, vets should not be expected to direct clients to competitors simply because they offer lower prices. For example, in retail, large chains do not explicitly display competitor prices on products to encourage direct switching.

Additionally, three of the 'Big 5' large veterinary groups (LVGs) are vertically integrated and own online pharmacies. Mandatory prescriptions risk creating a 'race to the bottom' within these groups as clients are directed to their own online pharmacies, potentially limiting real competition. This may also incentivise the remaining LVGs to pursue vertical integration to remain competitive, a move smaller, independent practices are unlikely to afford.

It may be more effective to examine the wholesale cost of medications, which veterinary practices pay. Even with group purchasing discounts, veterinary practices cannot compete with online pharmacies that operate without the overhead costs of running a practice, including highly trained clinical staff.

Furthermore, not all clients have reliable access to online pharmacies, which risks disadvantaging certain pet owners disproportionately.

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

Currently, our practice charges £18 for any prescription that is not a controlled drug. This fee covers up to six months of medication, depending on the patient's last exam. The charge reflects approximately four minutes of a vet's time to write, check, sign, and deliver the prescription electronically or in print. This service warrants appropriate compensation, similar to how legal professionals charge for document preparation.

Transparency with clients is essential. Our practice informs clients both in reception notices and terms and conditions that they may request prescriptions and source medications externally, ensuring informed choice without mandatory prescriptions.

To improve the prescription process, maintaining electronic prescriptions with secure transmission methods while allowing flexible delivery options will help keep costs and delays minimal.

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

Given our position against mandatory prescriptions, a transitional period for such remedies may not be necessary or appropriate. However, if implemented, sufficient time would be required for practices to adapt clinical systems, staff workflows, and client communication. Training on electronic prescription systems and clear guidance would be essential to avoid disruptions to patient care.

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.

No price information should be included on prescription forms. Clients should be encouraged to research prices themselves and make the best decision for their situation. Providing cost details from the veterinary practice is sufficient to inform clients of the charges they can expect on our end. However, it is not reasonable to expect vets to know or distribute pricing information from other businesses or pharmacies. An independent bookseller is not required to print on receipts or advertise that the same book may be cheaper on Amazon.

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

When giving a prescription form, vets should inform clients that not all online pharmacies are authorised or legitimate. Clients should be made aware that some online pharmacies are owned by veterinary chains, which may influence where they are directed to purchase medications. It should also be clearly communicated that if clients choose to buy medicines from alternative sources, the prescribing practice cannot be held responsible for the effectiveness or authenticity of those products.

Additionally, clients should be reminded that prescriptions require a physical examination by a veterinarian at least every six months (with some variation for specific conditions like congestive heart failure), and that each examination will incur a consultation fee.

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

Including pricing information on written prescriptions is not feasible, especially for smaller practices with limited resources and capacity. This would create compliance challenges and unfairly burden those practices. As mentioned earlier, we do not support mandatory prescriptions and already inform clients that they can purchase medications elsewhere.

Moreover, the costs of implementing any of the options are likely to fall on veterinary practices. This would increase the cost of issuing prescriptions, which practices may not be able to recover through prescription fees if those fees are capped or eliminated. Consequently, the only way to recoup these costs would be by raising fees for other services, ultimately increasing costs for clients.

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.

We tried to prescribe by active ingredient during the Covid-19 pandemic when there was a manufacturing issue with one of the brands of Meloxicam oral suspension. The prescription was rejected by the pharmacy as they did not have that 'brand.' So, in addition to the information required on the prescription (Active ingredient, preparation (e.g. tablet, oral suspension), pack size (this can differ between different generic products), dosage, administration instructions) there would also need to be education of the pharmacies that this is the format these prescriptions would be in.

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.

Changes to the prescribing options may not be required but clarification to vets and pharmacies alike that prescribing by active ingredient is acceptable may be required. However, given that several options may be available for medications containing the active ingredient it would then require further guidance as to how the dispensed product is selected. Would this be based on the cheapest option? Choosing this way would limit choice of the client and create a race to the bottom between manufactures to have the cheapest option. This will adversely affect competition by reducing the amount of money available for research and development.

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

See answer to question 48 above.

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.

- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Examples: Meloxicam, carprofen which are widely available in bioequivalent generic forms, particularly for long-term conditions like osteoarthritis. Prescribing generics may allow better long-term affordability and adherence.
These are suitable for generic prescribing when the formulation and delivery method suit the patient (e.g., liquid vs. chewable tablet preference).

- Parasiticides (some oral formulations)

Examples: Generic fipronil for flea control.
While newer combination products may not yet have generics, older single-active parasiticides are widely available and can provide an effective alternative for budget-conscious owners. Generics here are useful especially when clients need lower-cost alternatives, but compliance and safety must still be monitored.

- Gastrointestinal Medications

Examples: omeprazole, maropitant (where generics exist). Where licensed generics exist, they can reduce costs without affecting outcomes in chronic GI conditions.

- Endocrine Medications (with caution)

Examples: Levothyroxine for hypothyroidism. In certain cases (e.g. stable patients), licensed generics may be a viable alternative, though close monitoring of clinical response and hormone levels is essential.

Key Considerations Before Generic Prescribing:

Licensing status: Must be licensed for veterinary use in the UK/EU or under the cascade where appropriate.
Bioequivalence and clinical data: Not all generics are automatically interchangeable.

Client compliance and palatability: A cheaper product that the animal refuses to take isn't a saving.

Manufacturer reputation and supply chain reliability: Stick to reputable sources to ensure quality control.

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

Some endocrine drugs (e.g. insulin, trilostane) can vary in pharmacodynamics between brands, brand consistency is often preferred unless generic is proven equivalent and monitored carefully.

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

To fully realise generic prescribing, medicine certification and approval processes may need to evolve, particularly around bioequivalence standards, formulation transparency, and post-market monitoring. The VMD would need to further clarify the changes required to facilitate generic prescribing.

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?

Medicine manufacturers should be required to disclose and standardise information on functionally equivalent substitutes. This supports clinical decision-making, cost-effective prescribing, and transparency with clients. Implementation could involve a central database, SPC reform, and integration into practice software, led by regulatory bodies with cooperation from industry.

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.

An effective e-prescription system could promote generic-first prescribing by default, while also making it easy to reference and compare multiple branded medicines. Integration with regulatory databases, pricing, and clinical decision support tools could empower vets to make evidence-based, cost-effective choices without compromising care or compliance.

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.

No, we do not agree that formal prescription price controls are necessary to prevent clients from being discouraged from obtaining medicines from alternative providers. Introducing price control mechanisms would likely create more problems than it solves in the context of veterinary practice.

Veterinary clients in the UK already have the legal right to request a written prescription and obtain their medicines from online pharmacies or external suppliers. This system creates a naturally competitive environment, which encourages practices to keep medicine pricing reasonable without the need for enforced regulation. Clients are increasingly price-savvy and can compare costs across providers, particularly for long-term or repeat medications. Encouraging transparency and client education is a better route than imposing pricing restrictions that may undermine the viability of some practices.

For many small, independent first opinion practices, medicine sales form a critical part of revenue that supports service delivery. Enforcing a uniform or capped pricing structure could disproportionately affect smaller practices that rely on medicine mark-up to subsidise consultation costs, out-of-hours cover, and staff wages. The loss of financial flexibility could make some practices less viable, ultimately reducing client access to care, counterproductive to the goal of increasing affordability.

Implementing price controls would require centralised regulation, enforcement, and continuous monitoring, which could introduce significant bureaucratic overhead for both practices and regulators. Defining what constitutes a "fair" price is complex, especially when factoring in variables like storage, staffing, and regional cost differences.

There are already effective, client-friendly mechanisms in place:

- Written prescription provision, ensuring access to external providers.
- Tiered treatment plans offered by many practices to accommodate different budgets.

Rather than controlling prices, practices should be encouraged to be transparent, competitive, and communicative, offering clients genuine choice and flexibility.

While the intention behind prescription price control is understandable, we believe that market transparency, client education, and professional standards are better tools for ensuring fair access. Mandatory price control risks damaging the sustainability of veterinary practices and could unintentionally reduce access to care in the long term by creating barriers to entry and affecting financial viability of smaller practices with less elasticity in their profit margin.

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

Yes, there are several unintended consequences that should be carefully considered before implementing prescription price controls in veterinary medicine. While the idea aims to make medications more affordable and accessible for clients, it could create significant challenges for veterinary practices, clients, and the profession as a whole.

Price controls could reduce a key source of income for many small and independent practices. Medicine sales often subsidise other areas of care, keeping those costs to more affordable levels. If practices lose flexibility in pricing, they may have to raise consultation fees or reduce services, which could ultimately increase costs for clients in other ways or reduce access to care, particularly in rural or underserved areas.

Reduced revenue from medication sales may mean less investment in:
Staff CPD and qualifications
New equipment or facilities
Client communication resources.

This could lower the overall standard of care or reduce innovation and development in practice.

If practices can no longer recover dispensing costs adequately, they may stop stocking a broad range of medications, especially expensive or rarely used ones. This could delay treatment if medications need to be ordered in from wholesalers or external pharmacies, potentially compromising patient welfare, especially in urgent cases.

Price control mechanisms may inadvertently standardise medicine offerings, reducing the flexibility practices have to tailor options based on compliance, formulation preferences (e.g., liquid vs. chewable), or specific animal needs, or provide tiered treatment options that reflect both clinical and financial considerations. Clients may actually have fewer choices, not more, if practices are restricted in how they manage and price treatments.

Implementing and monitoring a prescription price control system would require significant regulatory oversight, reporting, and compliance infrastructure. This could increase bureaucracy and costs for practices, regulators (e.g., VMD), and possibly clients, without clear evidence of proportional benefit.

Large corporate groups may be better able to absorb the financial impact of price controls due to central buying power and economies of scale. Smaller independent practices may struggle, leading to further consolidation of the market. This risks reducing client choice in the long term and could limit personalised veterinary care.

While the aim of prescription price control is to protect clients from high medication costs, it carries several unintended consequences that could ultimately reduce access, flexibility, and quality of care. Instead of controlling prices, we should focus on improving transparency, and client education, while preserving the financial sustainability of veterinary practices.

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 a prescription fee price cap were to be introduced, the least burdensome and most effective approach would be a nationally standardised flat fee cap, clearly defined by a regulatory body such as the RCVS or VMD and reviewed periodically. This would offer clarity and simplicity for both practices and clients, while still supporting the broader aim of enabling competition and client choice.

A single, clearly defined cap (e.g., set by SPVS national average for prescription charges) would be easy for all practices to apply uniformly, without needing to calculate variable charges based on medicine type, prescription length, or complexity. It avoids administrative complexity and ensures consistent messaging across the profession.

A moderate cap still allows practices to recover the time and admin involved in producing a prescription, while reassuring clients that they won't face excessive or unpredictable fees if they choose to source medicines elsewhere. The cap should be reviewed annually and rise with the rate of inflation. This supports client confidence and transparency, without severely impacting practice income.

By capping the fee for the prescription, rather than interfering with medicine pricing itself, this model encourages clients to compare prices across pharmacies or suppliers and supports fair competition. It promotes price comparison without undermining practice autonomy in product pricing.

A flat, nationally recognised cap reduces variation between practices, which in turn reduces client confusion, complaints, or mistrust, especially when comparing high-street and online pharmacy prices.

Question 58: What are the costs of writing a prescription once the vet has decided on the appropriate medicine?

While the act of writing a prescription may seem quick and simple, it does carry real costs in terms of time, professional responsibility, and administration. These costs reflect not just the writing itself, but the due

diligence, legal compliance, and client communication involved. While the physical act of writing a prescription may be brief, it carries professional, legal, administrative, and communication-related costs. These justify a reasonable prescription fee, especially when supporting safe, informed, and compliant medicine use outside the practice.

Even after deciding on the medicine, the vet must:

Confirm the correct dosage, duration, and formulation for that individual patient.
Ensure the medicine is licensed or justify cascade use. Check for contraindications, interactions, or client misunderstandings. Take legal responsibility for the prescription under the Veterinary Medicines Regulations.
Estimated time: 5–10 minutes of vet time (especially for controlled drugs, off-label use, or complex cases).

Practices are required to document the prescription in the clinical notes accurately, store a copy of the written prescription (typically for at least 5 years), and ensure records meet RCVS and VMD requirements. This takes administrative time and increases workload for reception or nursing staff.

Prescriptions often require the vet or a nurse to explain how to use the medicine properly and discuss any follow-up, repeat prescriptions, or monitoring needed. This supports informed consent and compliance but takes time and care to do properly.

Support staff often type or print the prescription under the instruction of a vet, scan and file the copy of the prescription, and handle client requests, emails, or calls about third-party fulfilment.
These tasks may seem minor individually but can add up across the day in a busy practice.

Writing a prescription carries legal liability. If there is an error or adverse outcome, the vet is still accountable, even if the medicine is dispensed by a third party.
This risk must be reflected in the service provided and justifies charging a reasonable fee.

When all factors are combined (vet and staff time, overheads, compliance), the true internal cost of writing a prescription may range from £18 to £25 (more for a controlled drug). This does not include the cost of a consultation, which must already have taken place for a prescription to be valid.

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)?

Once a vet has made the prescribing decision, dispensing a medicine still carries multiple costs, financial, administrative, and regulatory. These go far beyond simply retrieving a box from the shelf and handing it to the client.

The first cost is the wholesale cost paid by the practice to a licensed supplier. Price can vary depending on supplier agreements, product demand, and formulation (e.g., tablets vs. liquid). For commonly used drugs, margins may be small, especially with online pharmacies offering discounted prices that small practices can't match. Staff Time (Nurses and Support Team) as dispensing requires selecting the correct product and batch, counting out and packaging tablets or preparing liquid doses, labelling with legal and safety information, providing printed instructions or leaflets, double-checking by a second staff member (standard in many practices). This process typically takes 5–10 minutes per prescription and often involves two people, especially under RCVS guidelines for safe dispensing.

Labelling and Packaging Material costs include:

Dispensing bottles or pill envelopes
Printed, legally compliant labels
Instruction sheets or practice-branded leaflets

While individually small, these costs accumulate quickly, especially in high-volume practices.

Dispensing requires record keeping and compliance including recording batch numbers and expiry dates (especially for controlled drugs and some POM-Vs), logging the transaction in the practice management system (PMS), ensuring compliance with VMD, RCVS, and cascade requirements. This administrative load is vital for legal traceability and often reviewed during practice inspections.

Dispensing involves ensuring the client understands How and when to give the medicine, what side effects to watch for, the importance of completing the course or revisiting for monitoring, this is often done by a nurse or receptionist and must be carefully documented for medicolegal reasons. This supports informed use and reduces the risk of misuse or non-compliance but requires staff time.

Practices must also store medicines securely and at correct temperatures. Out-of-date or returned medicines must be disposed of via a licensed waste provider. Controlled drugs require secure cabinets, logs, and special destruction protocols. These are ongoing operational costs that support safe and legal dispensing.

If the practice dispenses the wrong drug or dose, the vet remains responsible for the outcome. Internal quality control procedures (e.g. double-checking, staff training) help prevent errors, but add time and cost.

Taking all the above into account, the true cost to the practice of dispensing a medicine can range from £7 to £15 or more per item, depending on, staff time and wages, medicine type and quantity, packaging, labelling, and storage needs, and level of client support required.

These justify a dispensing fee or margin, which ensures safe and sustainable medicine provision within the practice setting.

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.

We do not believe that direct price controls on veterinary medicines themselves are the most appropriate or effective way to limit price increases. Instead, we should look to targeted, lighter-touch measures that maintain access and affordability without destabilising supply chains or practice sustainability.

Direct price controls on veterinary medicines are not the most appropriate mechanism to manage affordability. Instead, monitoring extreme price rises offer a more targeted, lower-risk approach. Any temporary controls should be time-limited (12-24 months maximum), proportionate, and regularly reviewed to protect patient access without undermining practice viability or medicine supply.

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.

Although we do not agree that price controls should be implemented, should a price control aiming to reduce veterinary medicine prices be put in place it should be cautious, targeted, and time limited. A 5–10% reduction on select, high-volume products may be tolerable, but across-the-board cuts risk harming medicine availability, practice sustainability, and patient care. Encouraging generic use and transparency is a more balanced long-term solution.

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.

If price control measures are to be introduced in the veterinary sector (which we do not think are necessary), then limiting the scope to the top 100 prescription medicines, based on usage volume or revenue , would be the most practical, proportionate, and least disruptive approach. Applying controls beyond this scope would risk creating excessive administrative burden, supply chain disruption, and unintended consequences for patient care. The top 100 prescription products likely represent the majority of medicine use in general practice (e.g. NSAIDs, antibiotics, vaccines, parasite treatments, insulin). Targeting these medicines addresses the highest cost burden for clients while allowing flexibility elsewhere. This enables price control to benefit the greatest number of clients without unnecessarily interfering in niche, low-volume, or specialised drugs.

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

Price control monitoring should be overseen by an existing regulator (e.g. VMD or RCVS) and integrated into current systems like the RCVS Practice Standards Scheme to minimise administrative burden. Clear, accessible national guidance should outline which medicines are affected and what price limits apply. Monitoring should be risk-based, focusing on outliers or repeated client complaints, with proportionate enforcement starting with education and escalating only for persistent or serious breaches.

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.

We have no views on the system design as we do not agree that there is a need to change the current method of prescribing. Most of the currently available PMSs have a built-in tool to aid the generation of a written prescription. Those using a PMS which does not facilitate this would need to discuss this with their provider. A price comparison tool may assist clients in deciding where to purchase their medications. Ensuring that practices inform clients of their option to request a written prescription and purchase the medication

elsewhere (in appropriate cases) is more important than the development of new, costly, and potentially complicated software. As previously mentioned, we always endeavour to ensure that clients know they can source their medications elsewhere through client communication and information posted in our waiting room.

We would not wish to be directly connected to or affiliated with online pharmacies which are owned by the LVGs. These are our competitors, and it seems unfair that we would be forced to redirect business directly to our competitors. Having the prescriptions display the lowest possible cost will create further competition between these vertically integrated companies to race to the bottom so that theirs is the price recommended on the prescription. LVGs have the capacity to make up for any losses on these medications elsewhere in their structure, whereas the smaller, independent practices do not.

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.

We have no opinion on the best way to fund any e-portal or comparison tools, but it seems inevitable that the costs of this will in some way be fed back on to practices. The LVGs will be well positioned to absorb this cost but smaller, independent practices will not be. This risks actually increasing costs to clients as practices will need to increase costs to try and make up for any outlay mandated by these remedies.

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.

Anything more than six months is a barrier to switching providers. Three to six months notice period for terminating OOH contracts is appropriate. Three months is an appropriate length of time for the FOP to organise alternative OOH provisions, and to communicate these changes to their client base in good time to ensure continuity and quality of patient care is not adversely affected. Provisions for shorter notice (e.g., 1 month) should be allowed where there are significant service failings.

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.

No more than the length of the notice period (e.g. three months) of contract value. This would hopefully prevent early termination fees becoming a barrier to ending the contract while still giving some financial compensation to the provider. If there are significant service failings then the termination fee should be waived.

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.

We are always very clear about the difference between communal cremation and individual cremation. We offer clients time after the euthanasia (usually around 2-4 days) to decide if they would like their pet's ashes returned. There is never any pressure put on pet owners to decide at a time when they may be emotionally compromised. Perhaps changing the RCVS code of conduct and supporting guidance to mandate this would be beneficial. We can and do provide our clients with the likely cost of all of their options prior to the death of their pet wherever possible. We also offer free of charge paw prints and fur clippings to our registered clients so that even if they decide not have ashes returned, they can still have a memento of their pet.

Remedy 14: A price control on retail fees for 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?

The pet cremation market suffers from a significant lack of competition, primarily because most crematoria, certainly in our geographical area, are owned by LVGs. This vertical integration means these groups not only

operate many first opinion practices but also control the cremation services they refer clients to, limiting consumer choice and reducing price transparency. As a result, independent practices and pet owners often have little to no alternative but to use cremation services owned by these dominant players. This concentration of ownership contributes to a market environment where meaningful competition is restricted, undermining fair pricing and consumer trust.

Ensuring that clients are aware that they do not have to use the service the practice provides and can arrange their own choice of crematoria to collect their pet may help with this.

If a price control on cremations is required, it should apply to all FOPs rather than just a subset. This ensures fairness, transparency, and consistency across the sector, protecting clients, particularly during emotionally vulnerable times, from excessive or inconsistent pricing.

Applying the control universally helps prevent market distortions and supports fair competition by ensuring no group of providers, such as unregulated or independent practices, can exploit pricing flexibility. It also simplifies regulation and enforcement by avoiding the need to define and monitor specific subsets of practices.

While a targeted approach could focus on corporate groups or high-volume providers, doing so risks creating loopholes. Given that pricing concerns appear to be widespread, a broad, uniform application may be the most effective solution.

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.

A maximum mark up may be the easiest price control to implement. This would allow for the variations in pet type, weight, and casket choice that are available. However, since the cost of an individual cremation is not only for the cremations and ashes casket, any price control may be difficult to monitor. The cost of individual cremation includes the costs of storage of the pet and preparation of paperwork etc. required to ensure traceability through the process, transport to the crematorium, individual cremation, processing of ashes, choice of casket, packaging of ashes, and return from crematorium. These 'hidden' costs must be taken into account when determining an appropriate mark up for the service.

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

Any price controls introduced would need to be maintained on an ongoing basis. Implementing them on a time-limited basis would likely lead to a gradual increase in prices once the controls are lifted, undermining their long-term effectiveness. Controls would need to be reviewed at least annually to ensure that they were not restricting the market. An annual rise inline with either the consumer price index or rate of inflation would be reasonable.

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.

It would be sensible for the RCVS to create a subgroup to oversee the controls in the long term.

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.

The current veterinary market is increasingly dominated by LVGs that own not only practices but also associated services such as diagnostic labs and crematoria. This level of consolidation creates an uneven playing field for independent practices like ours, and it can obscure the true nature of business relationships from clients. Focus on greater transparency, particularly around ownership structures and financial links, would help restore trust in the sector and ensure that clients are better informed when making decisions about their pet's care.

For small independent practices, we already operate with a high level of openness and integrity. We are locally owned, know our clients personally, and base clinical decisions solely on what is best for the patient, not on commercial incentives. Our non-veterinary manager collaborates closely with our clinical team and has many years of experience in the industry having come up through the business. These proposed regulations would highlight the distinction between truly independent practices and those that are part of larger, vertically integrated groups, helping pet owners make more informed choices.

Many corporate-owned practices do not clearly advertise their prices, making it difficult for clients to compare costs or assess value for money.

Regulatory change is necessary to ensure the long-term health of the veterinary sector, protect consumer interests, encourage fairer competition, and support the sustainability of independent practices that are committed to providing personalised, community-focused care.

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.

We have participated in the RCVS PSS since its inception, and we consider it an important marker of service quality. However, the administrative burden associated with the scheme has increased significantly in recent years, placing considerable pressure on veterinary practices, particularly smaller, independent ones. While the scheme aims to uphold clinical and operational excellence, the volume and complexity of documentation, evidence requirements, and procedural compliance have become increasingly time-consuming. This growing workload diverts valuable time and resources away from patient care and client service, impacting practice efficiency and staff wellbeing. For the PSS or a similar mandatory scheme to remain a meaningful and accessible benchmark of quality, it is important that its requirements are proportionate, clearly defined, and mindful of the operational realities faced by practices of varying sizes and structures.

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.

An enhanced RCVS PSS, or a similar quality assurance framework as described, could support consumer decision-making and help drive competition based on quality, but only if it is made more accessible, transparent, and meaningful to the public.

At present, the PSS is largely seen as an internal or professional benchmark, and its relevance or significance is often not well understood by pet owners. For the scheme to effectively inform consumer choice, it would need to be better publicised, with clear, consistent messaging about what different accreditation levels mean in terms of care standards, facilities, and clinical outcomes. A more visible and easily understood rating system, akin to those used in other regulated professions, could help pet owners compare practices based on objective quality measures, rather than relying primarily on word of mouth or proximity.

Furthermore, any enhancements to the scheme must avoid adding undue administrative burden, particularly for smaller independent practices. If the cost and complexity of compliance are too high, the scheme risks favouring large corporate groups with more resources, inadvertently reducing diversity and competition in the market.

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.

Enhancements should recognise the wide variation in practice models, including single-site independents, multi-branch practices, and large corporate groups. Assessment criteria should be proportionate to the size, scope, and resources of each business. For example, a small, single-site practice should not be held to the same administrative or infrastructural standards as a large referral hospital, where greater capacity exists for meeting complex requirements.

Quality should be measured by clinical outcomes and adherence to best practices, rather than purely on facilities or technological investment. This ensures practices are judged on the care they provide, not just on their financial capacity to invest in state-of-the-art equipment or branding.

The scheme must guard against embedding advantages for corporately owned practices that can dedicate full-time administrative staff to compliance. Enhancements should streamline processes where possible and offer scalable requirements that maintain high standards without becoming unmanageable for smaller, independent practices.

The outputs of the scheme, such as quality ratings or accreditation levels, should be clearly explained and easily accessible to consumers. This transparency helps clients understand what a practice offers and ensures the public can fairly compare businesses regardless of size or ownership.

Any changes should be developed in consultation with a broad cross-section of the profession, including small independents, to ensure the scheme reflects real-world practice and garners widespread support.

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

None that are not addressed elsewhere in the document.

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.

As the owner of an independent veterinary practice for many years, I have seen how the market has evolved, particularly with the increasing consolidation of practices under large corporate groups, often accompanied by vertically integrated services. These structural changes have significant implications for consumer choice, price transparency, and competition, yet the current regulatory framework has not kept pace.

Introducing a consumer and competition duty for the regulator, the RCVS, would help ensure that the regulatory system evolves in step with the market. Such a duty would provide a clear mandate to protect pet owners as consumers, promote fair competition, and enhance transparency across the sector. This would not replace the RCVS's core responsibilities around clinical standards, animal welfare, and public health, but rather complement them, ensuring the regulatory approach is more holistic and responsive.

A consumer and competition duty would also provide the flexibility needed to adapt regulatory guidance and oversight as new technologies, business models, and client expectations emerge. It would enable the regulator to proactively address issues such as pricing practices, ownership disclosure, referral transparency, and conflicts of interest, areas where the current system has limited reach.

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

As mentioned above a well-framed consumer and competition duty would position the regulator to actively foster a veterinary market that is fair, transparent, and competitive, while maintaining the highest standards of animal care.

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.

These mechanisms could enhance the regulatory framework's ability to oversee the sector, support consumer confidence, and encourage competition, although the effectiveness would depend on how they are implemented and resourced.

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

To ensure monitoring mechanisms are proportionate, they should be risk-based, scalable, and streamlined. Oversight should focus more on higher-risk practices, with lighter requirements for smaller or lower-risk providers. Reporting processes must be simple and efficient, using clear criteria directly tied to consumer protection and service quality. Engaging veterinary professionals in design and implementing changes gradually will help keep the system practical and balanced. This approach maintains standards while minimising unnecessary burdens.

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

Implementing monitoring mechanisms like registration, self-auditing, complaints reporting, and inspections could enhance consumer protection by identifying non-compliance earlier and improving service quality. Increased transparency may boost consumer confidence and support informed decision-making. For the market, these mechanisms could promote fair competition by encouraging consistent standards across veterinary providers.

There would be financial costs related to developing and maintaining these systems, including technology platforms and regulatory staffing. Veterinary practices may face administrative costs in completing reporting requirements and preparing for inspections, which could be more significant for smaller, independent practices.

Additional administrative workload could divert time and resources from clinical care, especially for smaller practices with limited staff. If not carefully designed, the mechanisms might create disproportionate burdens on independent or single-site practices compared to larger corporate groups.

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

There would be financial costs related to developing and maintaining these systems, including technology platforms and regulatory staffing. Veterinary practices may face administrative costs in completing reporting requirements and preparing for inspections, which could be more significant for smaller, independent practices.

Additional administrative workload could divert time and resources from clinical care, especially for smaller practices with limited staff. If not carefully designed, the mechanisms might create disproportionate burdens on independent or single-site practices compared to larger corporate groups.

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

To mitigate costs and burdens, monitoring mechanisms should be designed with simplicity and flexibility, minimising administrative demands especially for smaller, independent practices. This includes using streamlined digital reporting tools, risk-based approaches to reduce frequency and intensity of oversight for low-risk providers, and phased implementation to allow time for adjustment.

Support such as training, clear guidance, and potentially financial assistance or reduced fees could help smaller practices manage compliance requirements without undue strain.

The primary responsibility for bearing these costs should lie with the regulatory system and industry collectively. While practices will inevitably incur some costs, regulators and government should provide resources and infrastructure to minimise the burden on individual businesses, particularly small and independent ones, to ensure a fair and proportionate approach across the sector.

Remedy 19: Effective and proportionate enforcement (page 135)

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.

An effective and balanced regulatory system must be capable of responding to a wide range of breaches with proportionate and targeted actions. The current powers of the RCVS are largely limited to addressing only the most serious cases of professional misconduct. This narrow scope means that regulatory breaches which may harm consumers or distort fair competition, such as poor record-keeping, substandard business practices, or non-compliance with consumer protection requirements, may not be adequately addressed under the current framework.

Granting the RCVS broader enforcement powers would enable it to address such issues more effectively. The ability to issue warning and improvement notices allows for remedial action in less severe cases, encouraging compliance and supporting the development of professional standards without resorting to punitive measures unnecessarily. Similarly, the power to impose fines and operational conditions would provide meaningful consequences for breaches that fall between minor infractions and serious misconduct, ensuring that enforcement remains proportionate and flexible.

Publicising sanctions or requiring improvement plans not only serves as a deterrent to non-compliance but also promotes transparency and helps consumers make informed choices. These tools are widely used by other regulators, such as the CQC, FCA, and GPhC, and have proven effective in reinforcing professional standards and market integrity. However, any decision to publish enforcement outcomes should be carefully considered in light of the potential negative impact on an individual's reputation and mental health. While transparency is important, it must be balanced against the risk of undue harm caused by adverse publicity, especially in cases where breaches are minor or where individuals are actively working to remediate their conduct. A proportionate, sensitive approach to publication can help maintain public trust without compromising the wellbeing of those subject to regulatory action.

With increased enforcement powers comes the critical need for neutrality and accountability in the exercise of regulatory authority. The RCVS, like any regulator, must apply its powers consistently, transparently, and without bias. Safeguards should be in place to ensure that decisions are based on evidence and sound reasoning, and that there is a fair process for those affected by regulatory actions. Neutrality ensures that the regulator serves the public interest, not private or political interests, and helps maintain trust among both professionals and the public.

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.

One key benefit not fully addressed is the potential for greater consistency and predictability in enforcement decisions. With a broader set of clearly defined powers, ranging from warnings and improvement notices to fines and suspensions, the regulator can apply a more structured and transparent enforcement approach. This can enhance trust among professionals, businesses, and the public by reducing perceptions of arbitrary or inconsistent decision-making.

Another benefit is the increased capacity for preventative regulation. Powers such as improvement notices and undertakings allow the regulator to intervene earlier and guide practitioners toward compliance, potentially avoiding more serious breaches later. This not only protects consumers but also supports continuous improvement within the profession.

However, there are significant challenges and possible unintended consequences that must be addressed.

First, resource and capacity constraints may hinder the effective implementation of new powers. Granting the regulator wider enforcement authority will likely require additional training, legal expertise, and administrative resources to ensure decisions are consistent, fair, and legally sound. Without proper investment, there is a risk that these powers may be underused, misapplied, or challenged more frequently.

Second, the potential for regulatory overreach must be considered. There is a risk that businesses or individuals may perceive the regulator as punitive or overly interventionist, particularly in borderline cases. This could undermine professional morale or create a culture of defensiveness rather than openness and learning. Safeguards such as appeal rights, clear guidance, and proportionate thresholds for action are essential to mitigate this risk.

Third, reputational and psychological impacts must be carefully managed. Publicising enforcement actions, even when justified, can have serious and lasting effects on a professional's reputation and mental health. This is particularly important in a profession such as veterinary medicine, where individuals often operate in high-pressure, emotionally demanding environments. Unintended harm could occur if publication is handled insensitively or applied too broadly. Regulators must consider mechanisms for discretion in publication, or support for affected individuals.

Finally, there is the possibility that increased enforcement powers could unintentionally stifle innovation or risk-taking among veterinary professionals and businesses. If the regulatory environment is perceived as overly strict or punitive, it may discourage experimentation with new models of care or business practices, even when those could improve consumer outcomes.

Remedy 20: Requirements on vet businesses for effective in-house complaints handling

Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.
&
Question 87: If so, what form should it take? Please explain your views.

Mandating an in-house complaints process, underpinned by clear, enforceable standards, is a necessary step to modernise the veterinary regulatory framework. It would improve transparency, protect consumers, enhance service quality, and create a more accountable and supportive environment for veterinary professionals. That said, it is important to recognise that many practices already provide information about complaints handling in their terms and conditions, which are routinely shared with all clients. This means that some elements of consumer communication are already in place.

However, there are significant differences in the capacity of practices to manage complaints internally. Larger veterinary groups (LVGs) typically have dedicated administrative teams who can oversee and implement complaints procedures with minimal personal involvement from the clinical staff directly involved in the case. In contrast, smaller, independent practices often lack such infrastructure and are typically closer to the clinical events at the centre of a complaint, making it more challenging to handle these situations impartially or with emotional detachment.

Therefore, while the introduction of a mandatory complaints process would be broadly beneficial, it is essential that any regulatory framework be designed with flexibility and proportionality, recognising the variability in resources across practices. Clear guidance, access to templates, and support from the regulator or industry bodies could help ensure that small practices are not disproportionately burdened by new requirements while still promoting fair and consistent complaint resolution across the sector.

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.

Mandating vet businesses to participate in mediation, such as through the VCMS, may provide consumers with an accessible and independent way to resolve disputes that cannot be settled through in-house complaints processes.

Requiring participation may also encourage vet businesses to handle complaints more effectively at the practice level. Knowing that unresolved complaints can be escalated to mediation creates a strong incentive to resolve issues promptly and satisfactorily, improving overall client satisfaction.

Using the existing VCMS scheme leverages infrastructure already familiar to some vets and minimises the disruption and costs associated with creating a new dispute resolution service. However, it is important to ensure that vet businesses engage in good faith and that smaller practices receive adequate support to manage any additional resource demands.

Finally, raising consumer awareness of the mediation scheme is essential for its success. Clear communication and promotion will help ensure that clients know about their options for redress. Overall, mandatory participation in mediation via an accredited scheme like the VCMS is an appropriate step to improve dispute resolution in the veterinary sector.

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

Mandatory participation in the VCMS could operate by requiring all veterinary businesses to register with the scheme and engage in mediation when a consumer's complaint remains unresolved after exhausting the in-house complaints process. This would involve vet businesses committing to participate in good faith, attending mediation sessions, and considering proposed resolutions seriously. The regulator could oversee compliance and enforce penalties for non-participation or bad-faith engagement.

However, there are potential adverse consequences to consider. Smaller practices might face resource challenges in managing mediation processes, potentially diverting time, and staff away from clinical work. There is also a risk that mandatory participation could be seen as burdensome or bureaucratic, especially if mediation becomes overly formal or time-consuming. Additionally, if vets feel forced into mediation without adequate safeguards, it might lead to resentment or defensive behaviour, which could undermine the process's collaborative intent.

Another concern is that clients might expect mediation to always result in favourable outcomes, which may not be realistic, potentially leading to dissatisfaction even when mediation operates correctly. Lastly, without effective promotion and clear guidance, consumer awareness and use of the scheme might remain low, limiting its overall impact.

To mitigate these risks, the scheme should be designed to be proportionate and flexible, with tailored support for smaller practices and clear communication to manage expectations on both sides.

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?

Requirements to publicise and promote the VCMS (or any accredited mediation scheme) should be clear, consistent, and embedded within the everyday communications of veterinary businesses. This ensures that clients are made aware of the scheme early and at relevant points in their engagement.

Vet businesses should be required to provide information about the VCMS on their websites, in physical locations such as reception areas, and in client correspondence, including terms and conditions and welcome packs. This approach maximises visibility and normalises awareness of the redress scheme from the outset of the client relationship.

Standardised wording (provided by the VCMS) should be used to explain what the VCMS is, what types of complaints it covers, that it is free to use, and that mediation is the form of dispute resolution offered. It should also be clearly stated that vet businesses are required to participate in the scheme once in-house complaint

processes have been exhausted. This ensures clarity and builds consumer trust. It should be made clear the criteria that define the complaint as unresolved, so that practices and clients know when to approach the VCMS.

Information about the VCMS should also be fully integrated into in-house complaint handling policies. Clients should be informed about their right to escalate a complaint to the VCMS when an internal complaint remains unresolved after a certain period or at the conclusion of the process.

Importantly, this information must be shared at the right time, particularly when a client first expresses dissatisfaction. Staff should be trained to raise awareness of the VCMS proactively, not just at the end of the complaints process.

To support implementation, the regulator or VCMS should provide standard templates and materials to ensure consistency and reduce the administrative burden, especially on smaller practices.

Remedy 23: Use of complaints 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?

Mandating structured data use while maintaining fairness and transparency, the sector can shift toward a more proactive and learning-driven model of regulation.

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?

The suggestion that veterinary practices need additional incentives to offer good levels of service risks overlooking a fundamental principle of the profession. All veterinary professionals strive to deliver the highest standards of care to both their patients and clients. This commitment is embedded in the RCVS Code of Professional Conduct, which all registered vets and nurses are bound to uphold.

That said, introducing a form of adjudication into the sector could offer certain benefits for dispute resolution. It would provide consumers with access to a binding and definitive outcome in cases where complaints remain unresolved after mediation, potentially avoiding the stress and cost of court action. It could also encourage earlier resolution of complaints by vet businesses, knowing that unresolved disputes could escalate to a formal process with enforceable decisions.

Adjudication could help reinforce public trust in the veterinary profession by offering an additional layer of transparency and accountability. Moreover, insights from adjudicated cases could support sector-wide learning, helping to inform professional guidance and improve client communication.

However, several challenges must be carefully considered. Establishing a fair adjudication process would require substantial resources, including legally trained adjudicators and access to veterinary experts. There is also a risk that such a system could become overly formal and adversarial, undermining the cooperative nature of mediation and putting additional pressure on the client-practice relationship.

Smaller, independent practices may face particular difficulties. Unlike larger veterinary groups, they may not have the administrative capacity or legal support to navigate a complex adjudication process, potentially leading to disproportionate burdens. Additionally, the fear of formal sanctions could lead to more defensive practice, where clinical decisions are influenced more by risk aversion than by patient welfare.

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

The scheme could be designed as a logical extension of the existing Veterinary Client Mediation Service (VCMS), offering a tiered approach to complaint resolution. This structure would begin with in-house complaint handling, followed by mandatory mediation via the VCMS, and, if unresolved, escalation to a binding adjudication stage. This ensures that complaints are addressed proportionately, reserving formal adjudication for more complex or unresolved cases.

Building on the current VCMS infrastructure would be efficient, leveraging existing systems, staff, and public familiarity. This would minimise administrative duplication and reduce the disruption associated with launching

an entirely new body. Integrating adjudication within the VCMS would also provide continuity for complainants and consistency in handling

Independent adjudicators would need to be appointed through a transparent process and supported by clinical veterinary experts to ensure decisions reflect professional standards. This would protect both consumers and practitioners from uninformed or unfair outcomes. The process should include written submissions, clear timelines, and fair procedural rights for both parties.

To ensure proportionality and protect all parties, outcomes should be limited to actions such as refunds, apologies, or service adjustments, clinical sanctions should remain under the RCVS's jurisdiction. An appeals mechanism should exist for procedural errors or clearly unfair outcomes, but not to reargue the merits of a case.

All decisions should be anonymised if published, balancing transparency with the mental health and reputational impact on veterinary professionals. Adjudication outcomes should also be analysed to identify sector-wide trends, creating a feedback loop that helps improve service quality and client communication.

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

While a voluntary adjudication scheme might seem appealing to respect the autonomy of veterinary businesses, it is unlikely to be fully effective without a statutory underpinning. Voluntary schemes can suffer from limited participation, reducing their ability to provide consistent, sector-wide resolution of disputes. Some businesses may opt out, leaving consumers without access to a reliable, binding process.

A statutory requirement would ensure all vet practices participate, promoting fairness and equality for consumers across the board. It would also provide the necessary authority to enforce compliance and implement binding decisions, which are critical for the scheme's credibility and effectiveness.

However, any statutory scheme should be designed to minimise regulatory burden and allow flexibility, encouraging constructive engagement rather than adversarial interactions. The aim should be to supplement in-house complaints processes and mediation, not replace them, preserving collaborative relationships between vets and clients.

Remedy 25: Establishment of a veterinary ombudsman

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

Establishing a veterinary ombudsman offers benefits such as providing an impartial forum for dispute resolution, improving communication between pet owners and veterinarians, increasing trust, and helping to enhance professional standards. However, challenges include securing funding, limited enforcement power, potential overlap with regulatory bodies, ensuring awareness and accessibility, maintaining confidentiality, and managing workload effectively.

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

This is out with my remit to answer.

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

See answer to question to answer 95.

Remedy 26: Protection of the vet nurses title

Remedy 27: Clarification of the existing framework

Remedy 28: Reform to expand the vet nurse role

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 and other relevant bodies could take several practical steps to clarify the scope of Schedule 3 to the Veterinary Surgeons Act (VSA). Crucially, the RCVS should issue more detailed and scenario-based guidance that clearly outlines what procedures are permissible for veterinary nurses and

student veterinary nurses under Schedule 3. This is especially important because many veterinary surgeons themselves are uncertain about the boundaries of delegation in specific clinical situations.

To address this uncertainty, the RCVS could:

- Publish formal case studies and FAQs that address commonly encountered grey areas in practice, such as types of dental work, minor surgical procedures, or emergency interventions.
- Expand and update existing guidance with clear examples of permissible and non-permissible procedures, drawing on real-world queries from practitioners.
- Conduct outreach and CPD sessions to educate both veterinary surgeons and veterinary nurses about Schedule 3, ensuring a consistent understanding across the profession.
- Collaborate with professional bodies such as the BVNA and SPVS to gather feedback from practitioners about where ambiguity still exists and use this to shape guidance materials.
- Establish a dedicated advisory service or helpline where professionals can seek clarification on specific Schedule 3 questions in real time.
- These steps do not require changes to legislation but rely on proactive communication and support from the RCVS. By doing so, the RCVS would ensure that veterinary surgeons feel confident in delegating appropriately and that veterinary nurses can work to their full potential within the law.

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 utilisation of veterinary nurses under Schedule 3 of the VSA could bring substantial benefits across the veterinary sector, including to veterinary professionals, businesses, pet owners, and animal welfare more broadly.

For the veterinary profession, allowing RVNs to take on a wider range of procedures could help reduce the pressure on veterinary surgeons, enabling them to focus on more complex clinical cases. This redistribution of responsibilities would not only support better work-life balance for vets but could also improve job satisfaction and retention across the profession.

Veterinary businesses could benefit from increased operational efficiency and flexibility. With nurses able to take on more responsibilities, practices could operate more smoothly and make better use of their full clinical team. This could justify offering higher salaries to RVNs, reflecting their enhanced contribution, and help attract and retain skilled nurses. Over time, this could support the development of nurse practitioner roles, especially if RVNs are allowed to prescribe certain medication (such as POM-V parasite treatments and certain NSAIDs) under their current qualifications, and additional medications following a top-up, distance-learning course.

Pet owners would likely benefit from more accessible care, including shorter wait times, lower costs for routine treatments, and more opportunities for engagement with knowledgeable professionals. As RVNs often have more time to spend with clients, the client-practice relationship may improve, and public confidence in the profession could be strengthened.

From an animal welfare perspective, broader utilisation of RVNs could mean quicker, more frequent, and more preventive care, reducing the risk of disease progression or suffering due to delayed treatment.

However, these benefits are not without potential unintended consequences. Without clear regulation and oversight, there's a risk that some practices may over-rely on RVNs, delegating tasks beyond their training or using them as a cost-saving alternative to employing more vets. This could lead to overwork, stress, and burnout among nurses.

There may also be confusion among the public about the roles and qualifications of veterinary nurses, especially if advanced practitioner roles are introduced that require additional CPD or qualifications. If not clearly communicated, this could undermine trust or create misunderstandings about who is responsible for a pet's care.

To maximise the benefits while minimising the risks, it is essential that the RCVS and other bodies provide clear, consistent guidance on the scope of Schedule 3, ensure robust training pathways for any expanded roles, and support practices in implementing effective team-based care models.

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 the veterinary nurse's role under reformed legislation could deliver substantial benefits across the veterinary sector, particularly for veterinary professionals, businesses, pet owners, and animal welfare.
For the veterinary profession, a broader scope of practice for RVNs would provide meaningful career progression, greater job satisfaction, and improved retention. RVNs would be able to work at the top of their licence, which would not only justify better pay but also enhance professional respect**,** particularly from newly qualified veterinary surgeons, who may feel more confident working alongside empowered and experienced nurses. It would also allow vets to focus more on diagnosing and treating seriously ill animals, making better use of their advanced clinical training.
Veterinary businesses could benefit from improved efficiency, more flexible team structures, and reduced recruitment pressures. By distributing workloads more effectively between vets and nurses, practices could see financial savings, higher productivity, and a better ability to meet client demand.
Pet owners would likely experience shorter waiting times, easier access to preventive and routine care, and potentially reduced costs for some services. Increased nurse-client interaction could also improve communication and client confidence, helping build stronger relationships with the practice.
For animal welfare, the impact could be significant. With RVNs delivering more hands-on care, treatment could be delivered more promptly and accessibly. This would reduce delays in clinical intervention and improve overall outcomes for animals.
However, several unintended consequences could arise if the expansion is not carefully managed. There may be confusion between the roles of vets and nurses, especially if public understanding of RVNs' qualifications remains limited. Increased responsibility could also lead to burnout or stress among nurses, particularly if workload increases without sufficient support. Financial and time pressures could become barriers if further study or CPD is required to take on advanced roles, such as nurse practitioners. Furthermore, if the expansion is seen primarily as a cost-saving measure, there is a risk that the nurse's role could be devalued, perceived as a cheaper substitute for a vet rather than a complementary professional in their own right.
To realise the full benefits while mitigating these risks, reform must be accompanied by robust training requirements, clear role definitions, professional oversight, and strong public communication about the evolving role of veterinary nurses.

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.

From a veterinary business perspective, the outline assessment seems broadly fair and balanced. While a reformed regulatory system would likely introduce additional costs (for example, through registration, compliance, and accreditation fees) these are acceptable provided they lead to a more transparent, consistent, and competitive market environment. Many practices already invest in meeting core standards and would welcome clearer benchmarks and recognition for quality.

The proposal to link fees to practice size and to use automated systems for registration and monitoring is sensible and would help keep costs manageable, particularly for smaller businesses. Similarly, a complaint-handling model where unresolved issues incur fees only when escalated seems proportionate and could encourage better customer service.

Crucially, if reform improves consumer trust and allows businesses to differentiate themselves based on quality and service, it could create a more level playing field and support sustainable growth. Overall, with careful implementation, the benefits could outweigh the costs for veterinary businesses in the long term.

While the proposed reforms aim to enhance transparency and competition, there is a risk that certain measures could inadvertently devalue the veterinary profession. Increased regulatory burden, particularly if it focuses heavily on consumer-facing metrics like price comparisons or complaint volumes, may oversimplify the complexity and clinical judgment involved in veterinary care. There is concern that this could reduce the profession to a commoditised service, rather than recognising its medical and ethical responsibilities.

Furthermore, requiring businesses to absorb or pass on the costs of regulatory compliance, complaint fees, and accreditations may lead to cost-cutting pressures that could affect clinical standards or staff welfare. If not carefully implemented, such reforms could undermine the professional autonomy of veterinary surgeons and diminish public perception of the skill and training required in the field.

Maintaining a balance between market improvements and preserving the integrity and status of the veterinary profession will be essential to the success of any regulatory reform.

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

The assessment could be developed further by placing greater emphasis on the potential risks to the professional identity and autonomy of veterinary practitioners. While promoting transparency and competition is important, reforms should avoid reducing veterinary services to price-driven commodities. A more nuanced evaluation of how regulation affects clinical judgment, professional morale, and the perceived value of veterinary expertise would strengthen the analysis.

Additionally, the cost-benefit assessment should more explicitly consider the impact on small and independent practices, which may face proportionally higher burdens from compliance, accreditation, and redress mechanisms. It would also be helpful to explore phased or scalable implementation strategies to ensure fairness and sustainability across practices of different sizes and resources.

Incorporating the views of veterinary professionals, not just businesses and consumers, could provide a more rounded perspective on how the reforms affect service quality, staff wellbeing, and the long-term resilience of the profession.

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

Assessing the full costs and benefits of alternative reforms is a complex task that goes beyond our remit. It would require detailed economic modelling, data analysis, and input from a wide range of experts, including economists, regulators, and those working directly in the veterinary sector. While it's possible to highlight general areas where benefits or risks might arise, a thorough and reliable assessment would need to be carried out by those with the appropriate expertise, resources, and access to data to do it properly.

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)?

A reformed system of regulation should be funded in a way that is transparent, fair, and proportionate to the size and nature of veterinary businesses. Separate funding streams for different regulatory functions, such as core regulation, accreditation schemes like the PSS, and complaints-handling, would help ensure that each area is properly resourced without placing an unfair burden on any one part of the sector.

General regulatory functions could continue to be supported through annual registration and renewal fees, possibly scaled to practice size or revenue. Participation in an enhanced PSS or other voluntary accreditation schemes could be funded through optional fees, giving practices the choice to invest in recognition for higher standards.

For complaints-handling, it may be appropriate to adopt a "polluter pays" model, where unresolved complaints referred to a third-party redress scheme incur a fee for the business involved. This approach would not only cover costs but also incentivise better service and complaint resolution at the practice level.

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)?

A reformed system of regulation should be funded in a way that is transparent, fair, and proportionate to the size and nature of veterinary businesses. Separate funding streams for different regulatory functions, such as core regulation, accreditation schemes like the PSS, and complaints-handling, would help ensure that each area is properly resourced without placing an unfair burden on any one part of the sector.

General regulatory functions could continue to be supported through annual registration and renewal fees, possibly scaled to practice size or revenue. Participation in an enhanced PSS or other voluntary accreditation schemes could be funded through optional fees, giving practices the choice to invest in recognition for higher standards.

For complaints-handling, it may be appropriate to adopt a "polluter pays" model, where unresolved complaints referred to a third-party redress scheme incur a reasonable fee for the business involved. This approach would not only cover costs but also encourage complaint resolution at the practice level.