

Response from the Pet and Equine Insurance Association (PEIA) to the CMA Remedies Working Paper on UK Veterinary Services

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About the Pet and Equine Insurance Association (PEIA)

The Pet and Equine Insurance Association (PEIA) was established in 2024 in response to growing concern across the insurance and veterinary sectors about the sustainability and affordability of care for pet and horse owners in the UK.

PEIA exists to bring together insurers, MGAs, brokers, veterinary service providers, and other ecosystem participants to collaborate on transparency, data sharing, and solutions that safeguard long-term access to care through insurance. We aim to support informed policy development and act as a neutral convening body that encourages constructive dialogue across what has historically been a fragmented marketplace.

Our Steering Group and Membership

While the Association is still in its early stages, with formal membership only recently opening in May 2025, our Steering Group comprises senior leaders from across the pet and equine insurance markets. This includes representatives from insurers, managing general agents, and distribution partners with in-depth market knowledge, active claims data, and a long-term commitment to these sectors.

We are not a veterinary body and do not speak on behalf of veterinary professionals. However, we provide an essential lens into how systemic issues in the veterinary market, such as unchecked cost inflation, lack of pricing transparency, and inconsistent prescribing practices, affect policyholders and the viability of insurance products.

PEIA does not seek to pass judgment on clinical standards or veterinary practices. Our comments are focused on the interface between transparency, consumer confidence, and the sustainability of pet and equine insurance. Our goal is to support fair access to care by enabling better understanding, greater transparency, and a shared commitment to sustainable outcomes for consumers.

PEIA Responses to Selected Consultation Questions

Please see below for PEIA's selected responses. The PEIA has responded to 32 of the 105 questions, focusing on remedies where insurance expertise, data and consumer experience are most relevant.

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PEIA Responses to Selected Consultation Questions

Q1. Implementation routes and trialling of information remedies - We welcome comments on our current thinking regarding the routes to implementing the potential remedies outlined in this working paper. Trialling of information remedies.

PEIA supports the CMA's approach to trialling information-based remedies as a practical and proportionate step forward. Trials are essential not just to assess feasibility, but to understand how real pet owners respond to the information provided.

We believe trial success should be measured by behavioural outcomes, including whether owners feel more confident, better informed, and more able to compare practices or query treatment recommendations.

Trials must be representative, involving a mix of large corporate groups and smaller independent practices. Without this diversity, the CMA risks building a solution that only works for one segment of the market.

PEIA also encourages the CMA to consider using anonymised claims and behavioural data from the insurance industry as part of the evaluation process. This would help assess whether trials influence treatment options, costs and claim patterns.

PEIA would welcome the opportunity to support the design and implementation of any trialling activity, particularly for evaluating insurance outcomes, providing consumer insight, and identifying practical barriers to uptake across different parts of the market.

Enabling Role of the Insurance Industry

In reviewing the CMA's proposals, the insurance industry, and PEIA in particular, can play an enabling role in several key areas:

- **Data sharing:** Anonymised claims data and behavioural insights can be used to assess the effectiveness of trials, understand real-world cost trends, and evaluate unintended consequences (e.g. over-treatment).
- **Owner education:** Insurers are well-placed to communicate with millions of policyholders. We can help disseminate information about owner rights, price transparency, prescription options, and realistic treatment expectations.
- **Trial participation:** PEIA members may be open to partnering on trial design and implementation, providing insight into policyholder behaviour, vet behaviour, price sensitivity, and friction points within the claims process.
- **Market insight:** Our ecosystem view allows us to flag emerging issues that span veterinary, consumer, and insurance interfaces, particularly where cost drivers may be misaligned with owner expectations or insurance models.
- **Insurance product development:** Transparency and trust can unlock innovation in insurance product design, such as co-pay discounts for pathway-adherent care or top-up coverage for non-urgent treatments.

We encourage the CMA to consider the insurance market not only as a stakeholder but as a key delivery partner in reform.

Q2. Appropriateness of information remedies to trial - 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.

PEIA supports the trialling of key information remedies, particularly:

- Standardised price lists
- Composite pricing scenarios
- Written treatment options for owners
- Transparency on health plans and switching
- Prescription mark-up visibility

These measures directly address the information gaps that currently limit owner confidence, comparability across practices, and cost control, all of which have a knock-on effect on the viability of insurance products.

We recommend evaluating trial success using a blend of consumer and system-level criteria, including:

- Clarity: Do owners understand the information presented?
- Confidence: Does it improve trust in veterinary recommendations?
- Comparability: Are owners more able to shop around or challenge costs?
- Behavioural impact: Are treatment decisions affected?
- Insurance impact: Do we see shifts in claim volume, cost, or disputes?

Insurers can support this evaluation by sharing anonymised claims and customer data where relevant.

Q3. Coverage of standardised price list - 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 proposed list is a strong starting point and effectively covers many routine services. However, it should also include several high-cost, high-frequency services that are common pain points for owners and significant drivers of insurance claims, including:

- Emergency consultations (both in-hours and out-of-hours)
- Common diagnostics (e.g., blood tests, imaging, cytology)
- Euthanasia and related end-of-life care

These services can be emotionally and financially challenging for owners, and their costs vary significantly across different practices. Including them would provide greater clarity for owners at critical moments and allow insurers to provide better service to customers.

We also suggest clearly stating whether prices include or exclude sedation, anaesthesia, and follow-ups, particularly in diagnostic or surgical procedures, as this is often a source of confusion.

Q4. Feasibility of information provision

Do you think that the ‘information to be provided’ for each service set out in Appendix A: Proposal for information to be provided in standardised price list is feasible to provide? Are there other types of information that would be helpful to include? Please explain your views.

For most providers, the information outlined in Appendix A is entirely feasible to provide. These prices and service descriptions already exist within practice systems; the real barrier is cultural, not technical.

That said, independent or rural practices may need light-touch support to present the information in a consistent, consumer-friendly format, especially where digital infrastructure varies.

We also believe that listing price alone may not be sufficient. To support true comparability and informed decision-making, it would be helpful to include:

- Indicators of whether a service is routinely required, optional, or condition-dependent
- Whether medication is included or billed separately
- Whether services are bundled or individually charged

For example, in procedures such as neutering or dental work, practices may quote a price that excludes necessary sedation, pain relief, or post-operative care. Owners may only discover these additional costs after committing to treatment, which undermines transparency and the ability to compare costs.

The insurance industry receives scanned treatment estimates, invoices and pet clinical history, which can be analysed against a standardised price list.

Without clear context or guidance on treatment necessity, transparency alone risks normalising high-cost, gold-standard care, rather than empowering owners to choose what's right for their pet and budget.

PEIA welcomes the opportunity to collaborate with insurers, veterinarians, and regulators to ensure this information supports both fairness and sustainability across the market.

Additionally, PEIA emphasises that price transparency must be both accessible and inclusive. Publishing pricing solely via posters in practice or buried in digital terms may not be sufficient. To be meaningful, standardised pricing should be:

- Clearly available at point of contact – including via practice websites and reception materials
- Written in plain English, with explanations suitable for owners of varying literacy or insurance understanding

- Supported by clear definitions of what's included, especially for complex or bundled services
- Designed with consideration for vulnerable customers, ensuring equity of understanding and access across all consumer types

Q5. Price variation by animal characteristics

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.

Yes, we agree with the CMA's proposal to reflect cost variation by animal characteristics, such as species, weight, and age.

However, we believe that grouping prices by clinical pathway, such as 'itchy dog', but backed up by clinical justification, may offer more meaningful comparisons for owners, as these better reflect the actual circumstances under which services are chosen.

This type of categorisation has already been trialled in adjacent fields such as private human healthcare, where episode-based or pathway-based pricing has been used to create more realistic quotes and comparisons for patients. Drawing on these experiences could help inform how the veterinary sector approaches transparency in pricing.

It's essential that pricing is structured in a way that supports owner understanding and enables meaningful choice, rather than relying solely on clinical or cost-driven segmentation.

Q6. Presentation of price ranges or 'starting from' pricing - How should price ranges or 'starting from' prices be calculated to balance covering the full range of prices that could be charged with what many or most pet owners might reasonably pay? Please explain your views.

We recommend adopting a data-driven approach based on actual pricing practices. Rather than "starting from" prices, which can be misleading, a more transparent and more representative presentation might be:

"Typical price range: 80% of pets receive this service at between £X and £Y."

This helps owners develop realistic expectations and supports the insurance industry in managing customer communications and claims disputes.

Q7. Value of the price list to pet owners - Do you think that the standardised price list described in Appendix A would be valuable to pet owners? Please explain your views.

Yes. A standardised price list would be highly valuable to pet owners - not only for self-paying clients but also for those with insurance who need to make informed choices about care, excess payments, and policy coverage limits.

Clarity and comparability are essential for restoring trust and enabling a more transparent relationship between owners and practices, as well as ensuring insurance sustainability.

Q8. Proportionality of providing all prices

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.

We have not responded to this question as it falls outside PEIA's remit. This is best answered by veterinary professionals, clinical service providers, and regulatory experts.

Q9. Potential negative consequences for pet owners

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

Yes - if poorly implemented, a standardised price list could lead to:

- Price anchoring, where practices raise prices to match competitors
- Bundled pricing that hides the cost of optional services
- Perceived commoditisation of care potentially encourages owners to focus solely on price rather than suitability or value

Without adequate context, there is a risk that owners will feel pushed toward higher-cost options without understanding the alternatives. To mitigate this, clarity around optionality, clinical relevance, and expected total cost should be built into presentation standards.

Some owners may misunderstand the implications of price transparency if not accompanied by insurance-specific guidance. For example, choosing a lower-cost option may not always result in lower out-of-pocket costs, depending on the policy terms.

Q10. Potential negative consequences for FOPs and referral providers

Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of many practices which do not have a website? Would any impacts vary across different types or sizes of FOP or referral provider? Please explain your views.

We have not responded to this question as it falls outside PEIA's remit. This is best answered by veterinary professionals and practice owners.

Q11. Quality measures to support owner choice

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

We have not responded to this question as it falls outside PEIA's remit. We defer to veterinary regulators and clinical governance experts on quality metrics.

Q12. Information to include on a price comparison website

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.

A price comparison site should present:

- Standardised price list items side-by-side
- Scenario-based composites, such as cost for spay + meds + checkup
- Prescription mark-ups and whether fulfilment elsewhere is permitted
- Flags for out-of-hours surcharges – whether based on premises or elsewhere

The key is to keep it clear and free from jargon. Owners must be able to compare like-for-like easily.

Q13. Design and publicity of comparison site

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

To maximise visibility and trust, the site should be:

- Promoted via insurers, charities, and veterinary organisations
- Mobile-friendly and easy to navigate
- Endorsed by a trusted regulatory or independent body

Consider using comparison site design lessons from financial services and utilities to drive adoption.

Q14. Single platform vs open data

What do you think would be more effective in addressing our concerns — (a) a single price comparison website operated by the RCVS or a commissioned third party or (b) an open data solution whereby third parties could access the information and offer alternative tools and websites? Why?

PEIA supports **Option B: an open data solution.**

This would encourage innovation, create room for multiple formats to meet the needs of different owners, and facilitate integration into insurance and welfare platforms. It also reduces the risk of delays or single-point failure in delivery.

Open data is more flexible and scalable, provided that minimum data and formatting standards are enforced.

Q15–18. Administrative and technical feasibility of comparison tools

We have not responded to Questions 15 through 18 as they fall outside PEIA's remit. These are best addressed by veterinary professionals, clinical software providers, and the RCVS.

Q19. Impact on vet businesses of health plan transparency and switching

What would be the impact on vet business of this remedy option? Would the impact change across different types or sizes of business? Please explain your views.

We believe this remedy would bring positive competitive pressure and greater accountability, especially among corporate practices where terms and pricing are often opaque.

It may also enable smaller practices to better compete by differentiating on flexibility and personal service, rather than locking clients into rigid, long-term plans.

Greater transparency could help reduce claim disputes where insurers and owners currently lack visibility on overlapping plan and insurance coverage, which sometimes results in duplicate charges or non-claimable services.

Q20. Effect of the remedy on the coverage of pet plans

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

This could result in:

- Greater clarity on what's included (and excluded)
- More modular, flexible pet plans
- Increased owner switching between plans based on need or preference

Transparency may help shift the model from retention-focused to value-focused offerings.

Q21–26. Referral provider information and FOP vet support

We have not responded to Questions 21 through 26 as they fall outside PEIA's remit. These are best addressed by veterinary professionals, referral centres, and practice regulators. We believe that the RCVS code of conduct effectively illustrates the relationship between FOPs and referral vets.

Q27. Threshold for written treatment options

If a mandatory requirement is introduced on vet businesses to ensure that pet owners are given a greater degree of information in some circumstances, should there be a minimum threshold for it to apply (for example, where any of the treatments exceed: £250, £500, or £1,000)? Please explain your views.

Yes. We recommend a threshold of £500 for mandatory written information, with consideration for a lower threshold (e.g., £250) for advisory treatments. These thresholds help strike a balance between proportionality and informed decision-making.

This approach would:

- Improve clarity for owners at key financial decision points
- Reduce disputes around claims

- Help owners understand what's included or excluded under insurance

Q28. Cooling-off period before treatment

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.

We support a 24-hour cooling-off period for treatments above £500, provided that pet owners can waive it if urgent care is required or if they feel sufficiently informed.

This would:

- Help prevent impulse decision-making
- Support conversations with insurers (to ensure coverage by policy terms and allow potential insurer/vet communication), family, or second opinion sources
- Improve transparency and trust in the veterinary profession by demonstrating a commitment to ethical and customer-centric care.
- Financial preparedness and consideration of long-term care implications, especially where ongoing or follow-up treatment may be required.

Q29. Exemptions for urgent treatment

Should this remedy not apply in some circumstances, such as where immediate treatment is necessary to protect the health of the pet and the time taken to provide written information would adversely affect this? Please explain your views.

Yes. Emergency treatments should be exempt, as the pet's welfare remains the overriding priority, but the criteria must be narrow and clearly defined to avoid overuse. Examples might include:

- Rapid-onset illness with welfare implications
- Trauma, injury or acute severe illness requiring immediate stabilisation

We would also suggest that the treatment be explained clearly, outlining the risks and benefits, and presenting a range of options for the customer to consider. As well as clear clinical notes to support the rationale.

Where exemptions are used, it should be recorded that written options were not provided due to time-critical intervention.

Q30–33. Administrative burden and consent

We have not responded to Questions 30 through 33 as they fall outside PEIA's remit. These are best addressed by veterinary professionals, regulators, and practice management systems.

Q34. Training to support remedy implementation

How would training on any specific topics help to address our concerns? What topics should be covered and in what form to be as impactful as possible?

We strongly support the introduction of training focused on the intersection between veterinary decision-making and insurance sustainability. A shared understanding between clinical teams and the insurance industry is crucial for reducing disputes, enhancing claim outcomes, and maintaining customer trust.

The following should help with customer outcomes:

- Communication – It should cover how to clearly explain treatment options, risks, costs, and alternatives in a way that supports customer understanding without pressure.
- Exemptions – Veterinary professionals should be trained on when an exemption applies and how to document waivers or urgent exemptions.
- Decision-making and customer autonomy – Training should reinforce the importance of respecting the pet owner’s right to consider their options without undue influence, including the ability to choose whether or not to claim on their insurance.

Key topics might include:

- How insurance works – Including policy structures, co-pays, excesses, exclusions, and pre-authorisation processes. Many clinical staff are unfamiliar with the real-world implications of these terms.
- The relationship between pricing and premiums – How price inflation, treatment patterns, and over-diagnosis contribute to rising insurance costs and, ultimately, to affordability and access to care challenges.
- Owner affordability and choice – Training should recognise that not all owners will wish to claim on insurance and that understanding the differential impact of claiming versus self-funding can help owners make more informed decisions.
- Treatment coding and invoice structuring – How invoice language and bundled charges affect claims outcomes, and how clearer, more consistent descriptions can reduce friction and improve the speed of reimbursement.
- The role of preventative care and owner communication – Training that supports vets in advising clients on treatment options, value-based choices, and when high-cost options may not materially improve outcomes.
- Inadvertent fraud and transparency – Ensuring veterinary professionals understand how poor recordkeeping, vague or duplicated entries, or unnecessary upcoding may inadvertently trigger claim disputes or create the appearance of fraud.
- Sharing clinical notes – Training should emphasise the importance of transparency with owners, including sharing key details such as breed, clinical observations, and treatment plans to prevent disputes over policy coverage.

Importantly, this training is not intended to equip veterinary professionals to provide insurance advice, but to ensure that clinical communications and documentation support smoother policyholder experiences and reduce unnecessary friction during the claims process.

Significantly, this education must not be limited to initial training. Ongoing CPD should include modules that cover these areas, providing professionals with up-to-date insights into both regulatory and commercial expectations. This ensures that understanding is reinforced throughout a vet's career, not just at entry level.

Delivery methods could include:

- RCVS-accredited CPD modules
- Integration into undergraduate veterinary curricula
- Short online learning modules co-designed with insurers and the PEIA
- Case-based workshops using anonymised claim data to explore best practices

By equipping veterinary professionals with a deeper understanding of how their decisions and documentation impact insurance interactions, we can create more transparent, efficient, and equitable outcomes for all parties involved.

Q35. Criteria for treatment options

What criteria should be used to determine the number of different treatment, service or referral options which should be given to pet owners in advance and in writing? Please explain your views.

The primary criteria should be **clinical proportionality** and **cost variance**.

Where multiple viable treatment options exist, particularly if they differ in cost, invasiveness, or recovery time, these should be clearly explained in writing.

If only one option is clinically suitable, that should also be recorded and justified, to aid transparency.

Q36–39. Prohibited business practices and internal policies

We have not responded to Questions 36 through 39 as they fall outside PEIA's remit. These questions require regulatory, legal, and clinical input that is best provided by professional veterinary bodies, corporate groups, and legal experts.

Q40. Exemptions for administered medicines

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 agree that medicines physically administered during treatment (e.g., anaesthetics, vaccines) could be excluded.

However, all medicines dispensed to owners should require a prescription unless an owner explicitly waives this.

We believe review of the VMDs veterinary cascade is needed, an example being where a vet cannot recommend an owner use human, over the counter paracetamol at an appropriate dose and instead MUST prescribe the veterinary licensed equivalent resulting in a significant difference in cost for the owner (the human equivalent being pence for a short course, the licensed equivalent being around £20-30).

Q41. Challenges of written prescription remedies

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

Yes - some practices may discourage or delay issuing prescriptions even when permitted.

We recommend:

- Clear enforcement of prescription rights
- Standardised prescription templates
- Standardised rules on how long prescriptions last with respect to different drugs (e.g. long-term medication versus controlled drugs)
- Reporting routes for owner complaints

Q42. Improving the written prescription process

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

We support a centralised e-prescription portal. Benefits include:

- Lower admin burden for practices
- Easy access for owners and pharmacists
- Transparent audit trail

Q43. Transition period

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

PEIA recommends a **6-month transition period** to allow veterinary practices, pharmacies, and digital platforms to implement written prescription remedies effectively and consistently.

To support a smooth and meaningful rollout, this period should include:

- **Standardised template guidance**, to minimise variation and support consistent compliance across practices

- **Practice-level training**, covering owner rights, recordkeeping, and transparent pricing of medicines
- **Owner-facing information campaigns**, to raise awareness of prescription rights and encourage informed medicine choices without compromising continuity of care

From an **insurance perspective**, this transition period also allows time for insurers and third-party administrators to adjust claims workflows, review policyholder communications, and monitor any changes in prescription-related claims or disputes.

We would also like to highlight that the Competition Commission previously required practices to display signage stating that “written prescriptions are available on request.” While widely followed, this had minimal impact on uptake, as detailed in Appendix B of the CMA’s working paper. This indicates that passive disclosure alone is insufficient. Any implementation now must go much further — combining clear communication, regulatory expectations, and practical tools to drive real behaviour change.

A phased, actively supported approach will help ensure the remedies deliver their intended outcome: empowering owners, encouraging price comparison, and reducing friction across the veterinary, pharmacy, and insurance interfaces.

Q44–46. Prescription form content and implementation cost

We have not responded to Questions 44 through 46 as they fall outside PEIA’s remit. These are best addressed by veterinary professionals, the VMD, and pharmacy regulators.

Q47–54. Generic prescribing

We have not responded to Questions 47 through 54 as they fall outside PEIA’s remit. These questions involve clinical equivalence, prescribing protocols, and medicine classification best addressed by veterinary and pharmaceutical experts.

Q55. Prescription price controls

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.

Yes - we agree in principle. Some practices charge significantly more than the cost of issuing a prescription warrants, discouraging owners from sourcing medicines elsewhere.

Price control would:

- Support market competition
- Align veterinary and pharmacy pricing
- Reinforce owner rights and confidence

However, the influence of large corporate vet groups - often referred to as the ‘Big 6’ - over the UK’s largest online veterinary pharmacies (such as Pet Drugs Online, Animed, and

VetUK) also warrants monitoring. Without oversight, this vertical integration may undermine the intended impact of price controls by limiting genuine competition and consumer choice.

Q56. Unintended consequences of price controls

Are there any unintended consequences which we should take into consideration?

Please explain your views.

A fixed fee that is too low could lead to:

- Reduced willingness to issue prescriptions
- Vet practices absorbing hidden costs elsewhere

Controls must be fair and proportionate, with regular review and stakeholder input.

Q57. Setting a prescription fee price cap

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?

We suggest:

- Benchmarking against average NHS/private prescription costs
- Consultation with practices and insurers
- Annual review to reflect inflation and workload

A cap of around £10–15 may strike the right balance.

Q58–59. Cost of writing and dispensing prescriptions

We have not responded to Questions 58 and 59 as they fall outside PEIA's remit. These are best addressed by veterinary business managers and regulatory accountants.

Q60–63. Interim medicines price controls

We have not responded to Questions 60 through 63 as they fall outside PEIA's remit. These questions are best considered by veterinary supply chain experts, health economists, and the Veterinary Medicines Directorate (VMD).

Q64–65. E-prescription portal and funding

We have not responded to Questions 64 and 65 as they fall outside PEIA's remit. These questions involve system architecture, procurement, and digital infrastructure — and should be guided by regulators and implementation partners.

Q68. Transparency on cremation fees

We have not responded to Question 68 as it falls outside PEIA's remit. However, we support greater clarity on all veterinary costs, particularly where emotional decisions are involved.

Q69–72. Cremation price controls

We have not responded to Questions 69 through 72 as they fall outside PEIA's remit. These questions are better addressed by consumer rights groups, veterinary service providers, and regulatory economists.

Q73. Regulating vet businesses

Would regulating vet businesses as we have described, and for the reasons we have outlined, be an effective and proportionate way to address our emerging concerns? Please explain your views.

Yes - PEIA supports regulation of vet businesses to complement the individual professional regulation of veterinary surgeons.

Business-level oversight would help ensure:

- Price transparency
- Ethical treatment promotion
- Fair consumer contract terms

We believe the regulator should focus on outcomes and impact rather than adding unnecessary bureaucracy.

Q74–77. Quality metrics and competition

We have not responded to Questions 74 through 77 as they fall outside PEIA's remit. These involve clinical benchmarking, operational standards, and the design of performance schemes best developed by veterinary bodies, the RCVS, and quality assurance experts.

Q78. Consumer and competition duty

Should any recommendations we make to government include that a reformed statutory regulatory framework include a consumer and competition duty on the regulator? Please explain your views.

Yes. PEIA supports the introduction of a consumer and competition duty within the regulatory framework.

This would:

- Help rebalance market dynamics between providers and owners
- Promote affordability and transparency
- Ensure regulators have a clear mandate to consider the impact of business practices on market fairness

Q79. Framing of consumer and competition duty

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

We recommend a duty that:

- Requires proportional consideration of both clinical standards and market effects
- Empowers the regulator to monitor and act on issues affecting transparency, access, and pricing
- Encourages better use of data to track consumer experience and outcomes

Q80–83. Monitoring mechanisms

We have not responded to Questions 80 through 83 as they fall outside PEIA’s remit. These questions are best handled by legal and regulatory experts with expertise in enforcement, proportionality, and cost/benefit evaluation.

Q84–85. Enforcement powers

We have not responded to Questions 84 and 85 as they fall outside PEIA’s remit. These involve decisions on regulatory enforcement and sanctions which should be determined by government and professional regulators.

Q86–87. In-house complaints handling

We have not responded to Questions 86 and 87 as they fall outside PEIA’s remit. These are best addressed by professional bodies, consumer rights organisations, and the VCMS.

Q88–90. Mandatory participation in VCMS

We have not responded to Questions 88 through 90 as they fall outside PEIA’s remit. However, we support greater awareness and accessibility of the VCMS as a vital route for resolving disputes and improving owner trust.

Q91. Publicising the VCMS

We have not responded to Question 91 as it falls outside PEIA’s remit. This issue should be led by the VCMS and relevant regulators.

Q92. Use of complaints data

We have not responded to Question 92 as it falls outside PEIA’s remit. We encourage better use of complaints data in shaping quality assurance and customer experience but recognise that this is a matter for the regulator.

Q93–95. Adjudication and dispute resolution

We have not responded to Questions 93 through 95 as they fall outside PEIA’s remit. These involve legal structures and governance frameworks that are better addressed by regulators and ADR specialists.

Q96. Veterinary ombudsman

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

PEIA supports the principle of a veterinary ombudsman in strengthening accountability and giving owners a trusted route for redress.

Potential benefits include:

- Consistency of outcomes
- Reduction in repeated complaints
- Public confidence in fair resolution
- Consideration should be given to allowing access to this service to the insurance industry

Q97. Design of a veterinary ombudsman scheme

We have not responded to Question 97 as it falls outside PEIA's remit. Design decisions should involve government, regulators, and consumer rights bodies.

Q98. Statutory vs voluntary ombudsman

Could such a scheme work on a voluntary basis or would it need to be statutory?

PEIA supports a statutory model to ensure consistency and mandatory participation. A voluntary scheme may lack authority and market coverage.

Q99–101. Role of veterinary nurses

We have not responded to Questions 99 through 101 as they fall outside PEIA's remit. These involve scope of practice, regulatory interpretation, and workforce planning issues best managed by the RCVS and clinical educators.

Q102–105. Proportionality and regulation funding

We have not responded to Questions 102 through 105 as they fall outside PEIA's remit. These require regulatory and financial analysis which we defer to qualified policy experts and the CMA.

