

Overall summary of responses:

Support

- **Ownership Transparency:** I strongly support mandatory clear disclosure of ownership—including corporate ownership—to promote client trust, similar to private medical hospitals.
 - **Cost Awareness & Pricing Transparency:** I advocates providing pet owners with reliable insurance-based cost data via a central portal, along with publishing pricing ranges (minimum, maximum, median) rather than fixed prices to reflect care variability without misleading clients or overburdening vets.
 - **Quality and Referral Transparency:** I support disclosure of referral patterns, success rates for common procedures, and ownership of referral centers to improve informed client choice.
 - **Regulatory Improvements & Quality Standards:** I back mandatory RCVS Practice Standards with regular audits (every four years) and evidence-based treatment guidance to raise care quality and consistency.
 - **Data Benchmarking:** I encourage collection and analysis of sales and treatment data to benchmark practice behaviour and identify outliers for investigation.
 - **Sustainable Pricing Models:** I support pricing tied to overheads, not solely competitive pressures, with introduction of Recommended Retail Prices (RRPs) for medications to level the playing field between practices and online pharmacies and to incentivise pharmaceutical investment.
 - **Digital Prescriptions:** I welcome integrated electronic prescribing systems with security features (digital signatures, biometric verification) that seamlessly link with Practice Management Systems.
 - **Complaints and Feedback:** I favour enhanced feedback loops from complaints to support learning, reduce repeat issues, and build public trust.
 - **Expanded Roles & Schedule 3 Provisions:** I support advancing roles of non-veterinary professionals under Schedule 3 to improve service efficiency.
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Risks

- **Impact on Smaller Practices:** New regulations around ownership transparency, pricing controls, and prescription reforms could jeopardise the viability of small or independent practices, potentially accelerating corporate monopolies.
- **Complexity and Overemphasis on Pricing:** Detailed or mandatory fixed price lists risk increasing fees as practices factor in all contingencies; focusing too heavily on price may harm service quality and encourage corporatisation with hub-and-spoke models, reducing local comprehensive care.
- **Administrative Burden:** Increased transparency, reporting, audits, and compliance demands may disproportionately strain smaller practices, add to paperwork, reduce patient care time, and worsen staff retention and wellbeing.
- **Rise of Limited-Service Providers:** The growth of limited-service and home-visit providers “cherry-picking” routine cases threatens full-service practices that handle complex cases, creating an uneven playing field.
- **Misleading Pricing Information:** Overly detailed or rigid price disclosures risk confusion and inflated costs, potentially damaging client relationships.

- **Online Review Systems:** Mandated online reviews may be unreliable due to bias and enforcement challenges, leading to unintended negative consequences if not managed carefully.
 - **Complex Prescription Transition:** Implementing digital prescribing with generic prescribing and pharmacy training involves significant costs and technical challenges, requiring phased and careful rollout.
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Potential Outcomes

- **Improved Client Trust and Choice:** Clear ownership and pricing transparency, alongside referral data, would empower pet owners and strengthen decision-making.
- **More Sustainable Practices:** Properly managed pricing transparency and data benchmarking could encourage fair pricing without undermining financial viability.
- **Risk of Market Fragmentation:** Without careful balancing, increased regulatory demands may lead to closure of smaller practices, leaving underserved areas reliant on limited or emergency-only providers.
- **Enhanced Professional Standards:** Mandatory RCVS standards, audits, and published clinical outcomes would likely improve overall care quality and client confidence.
- **Increased Corporate Influence:** Potential consolidation as smaller practices close or are acquired, creating more corporate hubs with limited service models and reduced local care.
- **Service Fragmentation:** Overly rigid pricing or service controls could separate basic care providers from specialists/emergency centers, risking gaps in animal welfare.
- **Strain on Workforce:** Without addressing remuneration and workload, rising costs and administrative burdens may exacerbate staff shortages and mental health issues.

Consultation questions: Remedy 1: Require FOPs and referral providers to publish information for pet owners

I support the requirement to publish ownership information. Ideally, I would like corporately owned practices to rebrand upon acquisition; however, I recognise this may not always be possible. That said, there should be absolute clarity around ownership. In private medical hospitals, local branding is common, but third-party ownership is clearly disclosed across all branding. This level of transparency should also be mandatory within the veterinary profession.

• **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.**

It is almost impossible to define the main services a pet owner will need, as this varies widely. With no NHS equivalent for pets, it would be helpful to provide prospective owners with a general understanding of the costs involved in pet ownership. However, it must be acknowledged that many people will not proactively research these costs. Ultimately, responsibility lies with the owner, not the veterinary profession, to understand the financial commitment. Expecting vets to provide this information at every stage only serves to increase costs further.

The insurance industry is likely better positioned to provide reliable data on pet ownership costs—broken down by species, breed, age, common conditions, and geographical area. Presenting this data (e.g., minimum, maximum, median, and mode) through a central portal, and requiring veterinary practices and breeders to signpost it—potentially linked to microchip registration—would support informed decision-making without placing the entire burden on vets. While this data would be based on insurance claims, the high proportion of insured pets means it would likely be statistically significant and useful.

• 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.

Please see above

• 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.

No. Sustainable pricing is ultimately tied to a practice’s overheads. In most cases, pet owners choose a veterinary practice based on location rather than price. While encouraging more research when selecting a practice would be beneficial, placing too much emphasis on price risks driving costs up rather than containing them.

There are already limited-service providers and home-visit services that require clients to be registered with a full-service practice. This allows them to avoid certain responsibilities and associated costs, creating an uneven playing field. These lower-cost providers can “cherry-pick” routine work, leaving full-service practices to handle more complex, urgent, or costly cases. This imbalance is unsustainable.

It could be argued that owners who rely on these limited-service providers should expect to pay more when accessing other practices. They are not contributing to the ongoing costs of running a full-service practice, nor are they building a consistent relationship with it—yet they expect to benefit from its services when it suits them. This raises the question of whether practices should differentiate pricing for registered clients versus non-clients.

Additionally, when owners use multiple practices, it creates extra administrative work—particularly around sharing medical histories—which is not always done thoroughly or in a timely manner. If the profession moves further toward time-based charging models, then there should be a fee associated with this kind of additional work.

• 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.

Please see answer to question 8.

• 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.

Creating a standardised price list is extremely challenging due to the many variables involved. The level of detail is critical—too general, and it becomes unclear what is actually included in the service; too detailed, and it risks overwhelming or confusing clients.

For example, listing simply “General Anaesthetic” provides little insight. However, breaking it down into specifics—such as the type of premedication, method of administration, placement of intravenous catheters, preparedness for fluid therapy and emergency intervention, use of equipment like moisture filters, and monitoring protocols (e.g. blood pressure, heart rate, CO₂ levels, temperature), as well as the involvement of a registered veterinary nurse during recovery—would offer a more accurate basis for comparison between practices.

If practices were required to indicate whether or not they adhere to a pre-defined list of best-practice elements, it would help contextualise pricing. However, this level of detail would itself need explanation and could be difficult for clients to interpret without guidance.

• 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.

No—for reasons partly outlined above. While fixed pricing could offer clarity in some areas, it risks leading to inflated package costs as practices account for a wide range of possible outcomes and contingencies. This could inadvertently drive prices up rather than down.

A more practical alternative would be for practices to publish pricing ranges—such as minimums, maximums, means, modes, and medians—for common conditions or procedures, based on data from the past 12 months. This would provide a more realistic picture of likely costs, while still allowing for variability based on individual pet needs, owner choices, and the pet’s response to treatment.

Pet insurance companies may also be well placed to contribute to this kind of data, especially when broken down by region. This is something I am currently working to implement within my own practice, with the aim of eventually offering optional care packages—but we are not yet at that stage.

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

Yes—detailed price lists could ultimately lead to confusion and may actually drive prices up, as practices begin factoring in all aspects of care that are currently provided without charge. To ensure the true cost of veterinary services is accurately reflected, work that has historically gone unbilled would need to be included, potentially increasing overall fees.

While I broadly support greater pricing transparency, I believe practices should retain the flexibility to decide how they communicate this information. The reason many practices don’t currently publish prices on their websites is because it is extremely complex to do so accurately. Every case is different, and standardising prices without context can be misleading and unhelpful to clients.

- **Question 10: Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of many practices which do not have a website? Would any impacts vary across different types or sizes of FOP or referral provider? Please explain your views.**

Introducing excessive pricing controls or rigid requirements around the provision and discussion of pricing has the potential to put many mid-sized first opinion practices (FOPs) out of business. This could result in certain areas being left with only limited-service providers, with more complex or urgent cases being referred elsewhere. The outcome may be a fragmented system where basic 9–5 veterinary care is available for minor conditions, while more serious issues are either referred to expensive out-of-hours providers or specialist centres.

We saw a similar situation during the COVID-19 pandemic—at that time, I was in a senior role within a national out-of-hours provider. No cases were turned away, but we were seeing significantly more cases that would normally have been managed by FOPs, who were unable to provide care due to various constraints. This placed a heavy burden on emergency and referral services.

If too much emphasis is placed on pricing transparency—whether through enforced publication, fixed pricing, or extensive time spent discussing fees—practices may be forced to reduce the scope of their services. This would be to the detriment of patients and clients alike. It also increases the risk of more practices being acquired by corporate groups and operated as limited-service branches under a hub-and-spoke model, further reducing access to comprehensive local care.

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

General reviews and review transparency are important, but standardisation is unlikely to be practical due to the wide range of review platforms. It's also important to acknowledge that online reviews are inherently self-selecting—typically left by those with particularly strong positive or negative experiences. Mandating reviews could have unintended negative consequences.

However, steps could be taken to improve the integrity of online reviews. For example, requiring the use of a transaction code issued by the service provider would help ensure that only genuine clients can leave feedback.

While most practices already promote the services they offer, it could be beneficial—and more transparent—if they were also required to state what they *don't* provide. For instance, whether they lack on-site parking, or whether they don't offer separate cat and dog waiting areas. This kind of clarity would help clients make more informed choices.

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.**

I do not support this proposal, as I believe it would contribute to the perception that the veterinary profession is solely focused on money. This risks damaging the trust and relationships we work hard to build with clients, and could ultimately have a negative impact on animal welfare.

(See also my response to Question 3.)

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

- **Question 14: What do you think would be more effective in addressing our concerns - (a) a single price comparison website operated by the RCVS or a commissioned third party or (b) an open data solution whereby third parties could access the information and offer alternative tools and websites? Why?**

- **Question 15: What are the main administrative and technical challenges on FOPs and referral providers in these remedy options? How could they be resolved or reduced?**

- **Question 16: Please comment on the feasibility of FOPs and referral centres providing price info for different animal characteristics (such as type, age, and weight). Please explain any specific challenges you consider may arise.**

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

This is a fundamental reason why a price comparison site would not be effective. The treatment options chosen for a pet are highly individual and depend on the owner's preferences and financial situation at the time. Veterinary care isn't a standardised product, and trying to compare prices without context risks oversimplifying complex clinical decisions.

- **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.**

Linking the information to microchips—certainly at the time of registration, and possibly through an annual fee—could be an effective approach. Ultimately, any such website is intended to benefit pet owners and therefore should be funded by them.

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 impact would be significant. After recently contacting each of our pet care plan members individually about price and plan changes, we estimate that providing annual statements and similar communications would take approximately five minutes per animal. This amounts to roughly two weeks of work for every 1,000 animals and would require funding. Smaller practices, in particular, may struggle to invest in the technology needed to automate this process.

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

Much of what pet care plans provide is peace of mind and the convenience of spreading payments. Pet owners should be treated as responsible adults—if they choose not to use certain services, that is their decision. Plans should be priced appropriately with the intention of covering all included services, rather than being structured as some currently are, where profitability depends on clients not using parts of the plan.

• 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?

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

Pet owners already make choices, often based on availability. In some areas, there may be limited or no real choice. The administrative burden on first opinion practices (FOPs) to keep updated on all referral practices would be excessive and unworkable.

There should be strict prohibitions—and audits—to prevent FOPs from simply referring cases within the same corporate group for convenience. Additionally, referral information published on FOP websites, such as the number and type of cases referred to each referral centre (including ownership details) over the past 12 months, should be required to increase transparency.

Ultimately, pet owners trust their FOPs, including trusting their recommendations for referral practices that deliver quality care and with whom they have good working relationships.

Furthermore, requiring both referral centres and FOPs to publish success rates for the most common procedures—similar to how individual surgeon statistics are accessible in human medicine—could be highly beneficial for informed decision-making.

• 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.

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

• 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?

- **Question 25:** If you are replying as a FOP owner or referral provider, it would be helpful to have responses specific to your business as well as any general replies you would like to make.

- **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.

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.

This would depend entirely on the specific condition and the likely outcome. Providing options and discussing likely costs is already a routine part of daily practice. However, if a higher level of detail is required, costs are likely to increase to cover the additional time and resources needed.

- **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.

Pet owners generally want to begin investigations or treatment as soon as possible. When they are uncertain or wish to consider their options, this is already accommodated. If additional consultations result from this decision-making time, these are often currently provided without charge. If charging for such follow-up discussions were introduced, owners should, of course, have the option to waive the option of ‘thinking’ time.

- **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.

In reality this is most situations (see answer to question 28).

- **Question 30:** What is the scale of the potential burden on vets of having to keep a record of treatment options offered to each pet owner? How could any burden be minimised?

The impact would be huge. Minimising this burden by offering only a limited number of options—less bespoke than currently—is one possibility, allowing for pre-prepared information and pricing. However, this approach would be detrimental to patients, owners, and the veterinary profession.

- **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?

Pet owners typically do not have the knowledge to determine what suitable options might be. If detailed pricing and options were mandated, would every case then require a second opinion from another practice? (See also my response to Question 30.)

● **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?**

The impact would be huge and unworkable due to time and cost constraints. While mitigation might involve package pricing and limiting options, this would effectively reduce the profession to a robotic service rather than enabling veterinary professionals to develop bespoke care plans in partnership with pet owners they have a relationship with.

● **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.**

● **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?**

● **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.**

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

I am broadly supportive of this. Practices could be required to provide data on sales of certain products (or prescriptions) and treatments as a percentage of consultations. This would enable benchmarking across the profession, with the regulator empowered to investigate and act on outliers—whether unusually high usage suggesting possible overuse, or unusually low usage indicating the practice may not be sufficiently up to date with available products or treatments.

Additionally, the uncoupling of cremation services, online pharmacies, pet food manufacturers, out-of-hours providers, and similar services from veterinary practice ownership should be considered. Where ownership is linked, pet owners should be informed and offered alternative options to ensure transparency and choice.

● **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.**

● **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.

RCVS Practice Standards should be made mandatory, with self-certification required during non-assessment years and formal RCVS audits conducted every four years.

● **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.**

● **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.**

The profession should be evidence-based, and treatments will inevitably evolve over time. Any issued guidance should be supported by a solid evidence base.

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.**

Absolutely, it would be impractical and impact on animal welfare if this were not to be the case.

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

These changes could potentially put many smaller practices out of business, allowing larger groups to dominate, creating further monopolies, and ultimately driving up prices.

To address this, there needs to be a level playing field regarding purchasing power across the profession. For example, my practice cannot buy many medications—even through buying groups—at prices comparable to those offered by online retailers. Introducing Recommended Retail Prices (RRPs) for medications could help; this would encourage investment by pharmaceutical companies into developing new drugs and level the playing field between veterinary practices and pharmacies.

Based on calculations for my practice, if drug revenue were lost, consultation fees would need to increase by approximately £11 to £16 per consult. While I support sustainable pricing based on professional fees, any transition must be gradual and carefully managed—perhaps starting with chronic medications supplied for over 30 days. We already issue many of these medications via written prescriptions because we cannot compete with the net purchase prices offered to us.

It is important to note that if medication income is lost, veterinary practices might be reluctant to allow repeat prescriptions without requiring a chargeable consultation, potentially increasing overall costs for clients beyond any savings.

Having recently purchased our independent practice, I am concerned that these proposed changes could jeopardize our viability before we have the opportunity to adapt carefully.

Moreover, many practices operate on small profit margins while facing ever-increasing costs. Staff remuneration remains inadequate in many cases, often due to historical factors within the profession, which contributes to poor retention and higher suicide rates. Improving rates of remuneration is essential, and the profession needs changes that support this goal—not additional administrative burdens and time-consuming paperwork that other sectors are not subjected to.

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

The Cascade would need to be amended to allow for the prescribing of generic medications. Pharmacies would also need to have extended opening hours, as veterinary practices may choose not to stock many medications that are rarely sold but might be needed at any time.

Any prescription system must integrate directly with the Practice Management System (PMS); requiring veterinarians to log into a separate system would add unnecessary complexity, time, and cost.

Incorporating digital signatures and some form of biometric verification would enhance security when writing prescriptions. Prescriptions could then be sent directly to the selected pharmacy. However, pet owners must understand that if the pharmacy does not stock a prescribed medication and the prescription needs to be reissued, an additional fee may apply.

Furthermore, human pharmacies would require training to accept veterinary prescriptions, as not all currently do.

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

This process will take years. Technical implementation must be carefully planned, and financial adjustments made to account for potential loss of earnings—without causing rapid increases in professional fees.

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.**

None. The responsibility should lie with pet owners to research alternative purchasing options if they choose to do so. My plumber, electrician, dentist, or lawyer does not have to inform me of prices for materials or fees elsewhere. In private medical consultations, costs of recommended tests are generally not discussed during the appointment; while estimates may be provided, it is ultimately the individual's responsibility to ask.

I fully support transparent, proactive estimates, but not removing all responsibility from the pet owner.

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

See answer to Question 44.

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

Practice management systems may require updates. For example, ours automatically links to our supplier, but the medication names include pack sizes, which can cause issues when writing prescriptions. Addressing this may involve significant time and financial costs.

Additionally, the value lies in the professional's expertise and the overall services provided by the practice—not merely in generating a paper or electronic prescription.

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.**

Generic prescribing would be relatively straightforward; however, significant training—and therefore cost—would be required to ensure that those dispensing medications understand the available products. Additionally, practice management systems would need to accommodate both branded and generic products to enable accurate prescribing and charging.● **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.**

As vets have to prescribe under the cascade, I believe that changes to prescribing rules would be required.

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

When brands disappear and new medications are not developed due to insufficient returns for drug companies, it harms the advancement of veterinary medicine. I am not in favour of relying heavily on the Cascade, as some companies use it to license products that have been in use for years without further innovation. However, funding for research and development remains essential.

● **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.**

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

Almost certainly to keep some drugs in the marketplace otherwise animal welfare could suffer.

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

- **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?**

- **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.**

Remedy 10: Prescription price controls

- **Question 55: Do you agree that a prescription price control would be required to help ensure that customers are not discouraged from acquiring their medicines from alternative providers? Please explain why you do or do not agree.**

I do not agree. Fair purchasing prices combined with Recommended Retail Prices (RRP) or maximum retail prices would be more effective, alongside a clear understanding of practice finances.

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

Fees will likely have to rise elsewhere, which could negatively impact animal welfare, as not every consultation requires a prescription.

- **Question 57: What approach to setting a prescription fee price cap would be least burdensome while being effective in achieving its aim of facilitating competition in the provision of medicines? If we were to decide to impose a cost-based price control for prescriptions, we need to fully understand the costs involved with prescribing and dispensing activities. We are seeking to understand:**

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

Also see my answer to question 59, but in addition, time spent by the vet, rental costs for the consultation room that could be used for another appointment, and proportional costs for IT licenses, maintenance, printer servicing, paper, toner, and so on should be considered.

- **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)?**

There are numerous costs and challenges involved in stocking medication, including the initial purchase tying up cash flow, storage space requirements, time spent ordering, unpacking, and labelling, and the willingness to supply partial boxes (which many online pharmacies do not offer). Additional factors include the risk of medications going out of date and disposal costs—though we stock them regardless for animal welfare reasons—as well as packaging, double-signing, payment processing fees, label printers and labels, temperature monitoring and related equipment such as fridges, and managing requests for repeat prescriptions.

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.**

Implementing Recommended Retail Prices (RRPs) or maximum retail prices for medication should be considered. Medication costs vary and fluctuate, and our Practice Management System (PMS) keeps track of these changes. If such pricing is implemented, it should be a permanent change rather than a temporary measure, following an initial trial period.

- **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.**

Lost revenue would need to be recovered elsewhere, likely resulting in service inflation. The percentage reduction in medication costs would depend on the target end price and the starting point. The goal should be to achieve a consistent final price across the board, rather than having varying prices that simply decrease proportionally.

Small reductions, combined with close monitoring of consultation, vaccination numbers, and other services, would be necessary to ensure that overall animal welfare is not negatively affected.

- **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.**

I support controls on chronic medications; however, medications that must be stocked on-site—or where owners do not wish to wait for delivery—to ensure timely animal care and welfare should not be subject to such controls. Income from these medications is necessary to compensate for revenue lost due to price controls, and some practices may adjust pricing here to maintain competitive headline prices.

Determining an exact figure would be challenging, but online pharmacies can provide data on the most commonly sold products, and First Opinion Practices (FOPs) can supply information on the most frequently prescribed medications. I would be happy to provide this information for my practice if required.

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

External audits and spot checks would be necessary, supported by punitive measures. However, these would be costly and could ultimately lead to higher prices.

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- **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.**

- **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.**

If a prescription is written, I suggest a fee be charged to the pet owner, payable to a third-party operator but collected by the pharmacy. I do not support the creation of such a tool, but if the CMA decides to proceed, they should fund its design and development initially, with the system becoming self-funding as described above once implemented. Pet owners who choose to purchase medications directly from the practice should be exempt from any fees associated with this tool.

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.**

I do not believe this is a significant problem; it depends on what is meant by “outsourcing.” The RCVS requires practices to provide, or make arrangements for, out-of-hours (OOH) care, and it is this responsibility that is being outsourced. Over time, the financial model has shifted from FOPs being charged a fixed fee to income derived solely from cases seen by OOH providers.

If it is clearly understood that the outsourcing relates to the RCVS requirement and not the actual provision of cases, and fees are reintroduced for practices accordingly, OOH providers could maintain a stable income. Meanwhile, FOPs outsourcing this responsibility would need to factor these costs appropriately. OOH clinics are expensive and complex to operate, so longer contract termination periods are necessary to ensure their survival for the benefit of all.

Other models exist, but often FOPs prefer not to take on this responsibility, which limits the growth of cooperatives and similar arrangements. Practices that do not cover their own OOH generally have lower overheads, so the playing field is not level.

Exclusivity is not an issue either, as it pertains to the outsourcing of responsibility, not the exclusive provision of cases. If the CMA wishes to promote choice, this could be clarified by requiring FOPs to inform clients about which OOH provider they partner with and why.

However, it should be noted that pet owners have no direct contract with any OOH provider. Where FOPs outsource OOH care, they could be required to display information about all OOH providers within the same travel time as their chosen provider, including whether those providers accept transfers or new cases from the original FOP at the pet owner’s request.

There may be future models where pet owners pay a subscription to a non-regular FOP to provide OOH cover—this might or might not be the same OOH provider the FOP outsources to. I would be happy to discuss this in more detail if required.

● **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.**

This should be left to the parties involved, both of whom have entered into the contract willingly. Alternative options are available depending on the level of risk FOPs are prepared to accept.

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.**

Transparency in this area would be beneficial and could easily be displayed by practices. There should be no mark-ups on external services. Chapter 9 of the Code of Professional Conduct states:

9.15 All invoices should be itemised, showing amounts relating to goods—including individual medicinal products—and services provided by the practice. Fees for outside services and any charges for additional administration or other costs in arranging such services should also be shown separately.

This is standard practice in our clinic for cremations, external laboratory fees, and similar services. These fees are charged at the external provider's cost, with separate professional handling fees. If this is not currently enforced by the RCVS, it should be.

Remedy 14: A price control on cremations

- **Question 69: If a price control on cremations is required, should this apply to all FOPs or only a subset? What factors should inform which FOPs any such price control should apply to?**
- **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.**
- **Question 71: For how long should a price control on cremations be in place? Please explain your views.**
- **Question 72: If a longer-term price control is deemed necessary, which regulatory body would be best placed to review and revise such a longerterm price control? Please explain your views.**

69-72 are unnecessary if section 9.15 of the Code is appropriately enforced.

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.**

I am broadly supportive of these proposals.

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.**

- **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.**
- **Question 76: How could any enhancements be designed so that the scheme reflects the quality of services offered by different types of vet businesses and does not unduly discriminate between them? Please explain your views.**
- **Question 77: Are there any other options which we should consider?**

I am broadly supportive of developing new quality measures; however, we should be cautious about what these measures entail. Clinical quality is difficult to assess but can easily become the main focus. Client-focused quality measures would be very important from a client's point of view and might include a different set of criteria, similar to a food hygiene rating.

Having previously served on the PSS committee, I have observed that the public is often surprised that such a scheme is not already compulsory. Increased auditing of procedures and outcomes for routine treatments should also be considered.

Remedy 17: A consumer and competition duty

- **Question 78: Should any recommendations we make to government include that a reformed statutory regulatory framework include a consumer and competition duty on the regulator? Please explain your views.**
- **Question 79: If so, how should that duty be framed? Please explain your views.**

Remedy 19: Effective and proportionate enforcement

- **Question 84: Should the regulator have powers to issue warning and improvement notices to individuals and firms, and to impose fines on them, and to impose conditions on, or suspend or remove, firms' rights to operate (as well as individuals' rights to practise)? Please explain your views.**

No. If practice promotion and transparency are effective, the market should be self-regulating. There is a need for a variety of practice types to meet the diverse needs and preferences of pet owners. Removing some of these practices for the wrong reasons could limit access to veterinary services for animals. The RCVS already has the necessary powers to intervene if required.

- **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.**

See question 84.

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

- **Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.**

No. This ultimately relates to service provision and the overall standing and reputation of a practice.

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

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

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

No. In my experience, when we have agreed, the VCMS has subsequently sought to reduce our fees, treating it as a negotiation—even when there was no prior indication to do so. As a result, we have stopped agreeing to such negotiations. If this were mandated, it could easily be exploited by pet owners seeking partial refunds without justification.

- **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?**

See question 88.

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

A fee should be required from the pet owner, with part of it covering the costs of the VCMS and part compensating the practice for their time. There should also be an expectation that, in some cases, no fee reduction occurs—in which case the pet owner's fee is forfeited. If a refund is granted to the client, the fee should be paid by the practice.

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?**

Minimal—this should be noted within the complaints procedure, as we do currently, but no further requirements are necessary.

- **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?**

Summaries and learnings should be provided to practices by the RCVS as part of the annual retention fee. While learning from one's own mistakes is valuable, learning from others is even more beneficial. Knowing the common complaints allows us to avoid repeating the same errors and situations. The RCVS exists to serve the public but currently does little to support the profession in better serving them.

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?**

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

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

Potentially, questions 93–95 could address some issues with the VCMS. However, complaints are inherently stressful and can contribute to professionals leaving the field, which is detrimental to everyone. No one wishes to make errors—whether clinical, operational, or professional—and providing significantly more feedback to practices and individuals could make a voluntary scheme far more appealing. Success would be reflected in a reduced number of clients choosing to use the scheme.

Remedy 25: The establishment of a veterinary ombudsman

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

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

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

I do not believe this is necessary and consider it would simply incur additional costs that would ultimately be passed on to pet owners.

Remedies 26 – 28: Effective use of veterinary nurses

- **Question 99: What could be done now, under existing legislation, by the RCVS or others, to clarify the scope of Schedule 3 to the VSA?**

- **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?**

- **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?**

I am very supportive of this, as it could bring significant benefits for all involved. However, Schedule 3 needs to go further. Currently, a veterinarian still needs to be available for some procedures, which limits the full realisation of these benefits and makes it logistically challenging to implement many Schedule 3 provisions in practice.