

Response to CMA Veterinary Services for Household Pets Market Investigation Remedies Working Paper, published on 1 May 2025

About this document

1. This document forms the response from the Royal College of Veterinary Surgeons (RCVS) to the Competition and Markets Authority (CMA) Veterinary Services for Household Pets Market Investigation Remedies Working Paper, as published on 1 May 2025.
2. The document has been prepared in consultation with the RCVS Council's Competition and Markets Authority Working Group.

Format

3. The document is structured in two parts:
 - a. Part one: Summary statement
 - b. Part two: Individual table with specific responses against the numbered questions in the Remedies Working Paper
4. Where we have not provided a response, we have indicated where we consider it might be preferable for other parties, organisations and stakeholders to comment. This may be because of a perceived conflict with our role as the regulator of veterinary surgeons and registered veterinary nurses (RVNs) or because we consider others have more appropriate expertise.

Further information

5. For further information, please contact the RCVS CEO, Lizzie Lockett, on l.lockett@rcvs.org.uk.

Part one: Summary statement

6. The statutory regulation of Veterinary Surgeons by the Royal College of Veterinary Surgeons is governed by the Veterinary Surgeons Act 1966. Under previous versions of this Act, the RCVS issued the Guide to Professional Conduct (as it then was) in 1949 and 1961 to address such consumer-facing aspects as the size of plates affixed to the outside of veterinary practices and prohibitions on listing the various services offered by veterinary surgeons. The nature and method of delivery of veterinary services has certainly changed since then, but unfortunately the legislation governing the regulation of veterinary surgeons has not. Nevertheless, our primary considerations of public protection and animal health and welfare remain, despite a lack of modern regulatory tools.
7. The RCVS acknowledges the recent changes in the veterinary sector that have prompted the CMA's Market Investigation and the need for an increased consumer focus and therefore we welcome the opportunities for improved consumer protection that it could bring. We recognise the issues raised by the CMA's investigation so far, although it is not yet clear which of these may be identified as having adverse impacts on the market for veterinary services for household pets. We are mindful of the risk of unintended consequences posed by proposed remedies in those areas not covered by this Market Investigation (for example, the care of production, equine and exotic animals, and the charity sector). In addition, the veterinary market is intrinsically linked to One Health, which necessitates collaboration across disciplines (human, animal and environmental) to solve health issues that impact people, animals, plants and the environment, particularly in areas like disease prevention, food safety, biodiversity and climate change.
8. We also appreciate that the CMA in its Remedies Working Paper again recognises the important contribution made by many thousands of dedicated veterinary surgeons and RVNs to animal health and welfare in the UK, and the high trust that they engender amongst the animal owning public.
9. As we have previously stated, we believe that the key change required to bring about improvements to consumer protection, standards within veterinary practice, and support for veterinary professionals working within clinical practice, would be for the RCVS to implement a scheme of mandatory practice regulation. To achieve this, new legislation is required. The RCVS has been pushing for such legislation for many years, as the Veterinary Surgeons Act 1966 (VSA) is out of date – a point well understood by the CMA.
10. We are, of course, willing to continue working with the CMA on any interim remedies that it may find are necessary in the meantime. However, it remains vitally important that any such measures are:
 - a. Proportionate to the outcome anticipated
 - b. Enforceable in a transparent manner
 - c. Applicable across the very wide range of practice types that exist in the UK, not just those for domestic pets – it is a diverse and thriving ecosystem with inter-reliant parts that affect public health and disease management as well as veterinary care
 - d. Neither inhibit growth nor cause an additional burden on practices that may end up being reflected in increased costs to the consumer.

- e. Effective, with a clear review mechanism to assess this and make changes, if necessary
11. In responding to the questions posed in the Remedies Working Paper, we have been keen to identify the measures we have already put in place to address the issues that have been identified. These include:
- a. Provisions in the Codes of Professional Conduct for Veterinary Surgeons and Veterinary Surgeons and the Supporting Guidance that set standards for conduct
 - b. The Standards, Accreditation Levels and Awards provided by the RCVS Practice Standards Scheme, which provide indicators of quality for those practices that choose to engage with the Scheme
 - c. The existing Find a Vet website tool that provides information to consumers about individual veterinary professionals and veterinary practices.
12. We recognise that more can be done until new legislation is forthcoming to ensure that consumers have access to the right information, at the right time, so they can make good choices for their pets and their pockets. We have already begun this work, improving the information that we make available via our website to animal owners (<https://animalowners.rcvs.org.uk/help-and-advice/>). We support measures identified by the CMA that would build on existing structures and measures, e.g. an enhanced Find a Vet. We would also welcome additional monitoring powers and enforcement by the CMA in relation to those aspects of veterinary services delivery that are challenging to enforce under our existing legislation.

Part two (a): table with specific responses to questions in the CMA Remedies Working Paper

Q #	Question	RCVS Response
Implementation of remedies		
1	We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper.	The RCVS is the statutory regulator for veterinary surgeons and the regulator of registered veterinary nurses (under Charter). We are keen to engage with any remedies that may be effective in addressing any adverse impact on the veterinary services for household pets market that are found by the CMA in this investigation. We are particularly keen that such remedies be to increase transparency and information available to consumers to increase freedom of choice, are proportionate, support growth in the sector and are capable of review. Any proposed remedies must be compatible with protection of the public and animal health and welfare. However, we also caution against the unintended consequences that any proposed remedies may have for those delivering veterinary services to other species, such as farm/large animal, exotic and equine veterinary practices not encompassed by the CMA investigation. We would also be concerned by any proposed remedies that increased the cost of regulation to practices to such an extent that smaller practices were unable to continue operating, thus reducing the available choices for consumers, or that disproportionately increased the cost of veterinary services to consumers. We have provided responses wherever appropriate and look forward to engaging further with CMA in relation to proposed remedies. Many of the areas for potential remedies highlighted by the CMA reflect our own thinking, particularly in relation to new legislation for the regulation of veterinary professionals and veterinary businesses. Many of the proposed remedies are already included in the Code of Professional Conduct, which can be difficult to enforce, or the Practice Standards

Q #	Question	RCVS Response
		Scheme, which is voluntary. We strongly support those remedies that seek to build on the measures already in place (such as Find a Vet) and are consistent with our proposals for new legislation. We acknowledge that better regulation is necessary and those involved in regulating the sector need better regulatory tools, which will come at a cost, ultimately for consumers. Nevertheless, we consider there is a proportionate benefit to consumers in the form of a better-regulated veterinary services market and that the RCVS is best-placed to deliver better regulation at a proportionate cost.
Trialling of information remedies		
2	We invite comments on whether these (or others) are appropriate information remedies whose implementation should be the subject of trials. We also invite comments on the criteria we might employ to assess the effects of trialled measures. Please explain your views.	We support the principle of trialling to ensure the best outcome but, assuming the trials would need to take place before the introduction of any new legislation, would question what is likely to be possible given the timescales. We note there is likely to be costs for the regulator and veterinary practices associated with preparing for trials of remedies, which ultimately may not be implemented, and therefore may have a disproportionate impact, particularly on smaller practices.
Remedy 1: Require FOPs and referral providers to publish information for pet owners		
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.	More appropriate for veterinary associations to answer.
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	More appropriate for veterinary associations to answer.

Q #	Question	RCVS Response
	provide? Are there other types of information that would be helpful to include? Please explain your views.	
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.	More appropriate for veterinary associations to answer.
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.	More appropriate for veterinary associations to answer.
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.	We agree that greater transparency around prices would be beneficial but some of the treatments and procedures in the proposed list are not 'every day' items and may cause owners concern if they feel this list might represent typical costs of ownership over the lifetime of a pet. It is also very detailed, so could be confusing for owners to navigate. It may be better to stick to a shorter list of more commonly-accessed treatments or medicines for cost comparison purposes, then require the practice and/or professional to provide detailed estimate for the particular case at hand, prior to treatment. As identified in the response to question 9 below, there may be unintended consequences of the price listing process.

Q #	Question	RCVS Response
8	Do you think that it is proportionate for FOPs and referral providers to provide prices for each service in the standardised price list? Please explain your views.	The answer depends on the purpose of the price list. There may be many reasons to produce a price list, for example: • To help someone choose a practice, without clinical need • To help someone choose a practice, with clinical need • To help someone understand the cost of lifetime ownership of a pet • To help someone make decisions about which treatment to go for, or to euthanise • To help someone budget to ensure they can meet the treatment needs of their pet. The harm that the CMA intends the price list to address will dictate the extent to which it is important for all practices to provide prices for all items contained in the list. In any event, practices can only compete for consumers needing the treatments that they actually offer.
9	Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.	It will be important for the financial and administrative burden on practices of complying with any price list requirement to be proportionate but also fair. Any additional time spent on this kind of activity will ultimately be passed back to consumers, as will the cost of any levy on practices required to enable the RCVS (or other third party) to collect, check, maintain and display such information. Therefore it is advised that only the minimum necessary to address any market harm caused by lack of pricing transparency be required. Price lists could also lead to 'loss-leaders' or heavily caveated prices being listed, which do not reflect actual prices of other services. Standardised price lists could also have unintended consequences on practices' willingness to take on complex cases, which could have a negative impact on animal health and welfare. Rare and elective procedures, such as TPLO surgery, are easier to standardise as the conditions

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		requiring them generally occur in patients that are otherwise well. Other types of procedures are required for sick animals, and the level of complexity and care required depends on the point at which diagnosis has been reached. We consider that some care will be needed to explain that prices listed are only a guide and that departures may be necessary in the particular case, but that additional information should be provided by practices where this is necessary. The requirement for publication of a standardised price list for a minimum number of services, may also encourage some practices to provide prices for a greater range of services in order to attract consumers. This could also encourage the provision of services and procedures that are outside the scope of practice of veterinary professionals at the particular practice.
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.	Some veterinary practices do not have websites (the RCVS PSS is aware of some examples). It is currently not mandated for practices to have an online presence, and this could have cost and resource implications for smaller independent practices. It also may be important to consider that not all consumers will benefit from online publication of information - in remote and rural areas, there may not be reliable internet access for practices or their clients. There could be options for written price lists to be sent to clients, posted in the practice window or added to a phone service (although if the latter, it would likely have to be a shortened version). Even those practices without a website could have their price information hosted on Find a Vet, if that option is chosen by the CMA. Standardised price lists may also reduce the flexibility of practices to charge based on their actual costs (which will depend on location, type of practice, quality of service).

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		This may mean either a race to the bottom in terms of quality, or to the top, in terms of price, if all prices are now visible to all practices. A standardised approach to pricing, if wide ranging, may also limit innovation and the ability of new practice models to develop, e.g. fixed fees, lifetime pet plans, telemedicine or subscription services. It will likely be challenging for most referral practices to produce detailed standardised lists as by their nature many cases they see are not routine, and the skills, facilities and equipment offered are not easy to compare across practices. Meaningful price lists may then be difficult to produce, making effective comparison difficult and risk adding unnecessary cost that is passed back to the client.
11	What quality measures could be published in order to support pet owners to make choices? Please explain your views.	We consider that RCVS accreditation levels and awards as part of the Practice Standards Scheme would be the most comprehensive indicator that a practice had submitted to quality assurance. Whether the practice is an approved veterinary nurse Training Practice would also be a good indicator of standards being met. This information is currently available to consumers on Find a Vet. Other quality measures that might be considered include: • Consumer satisfaction data • Staff members' CPD completion • Average waiting times for first appointments (although this may need context to be useful for the consumer as triage will be used by the practice) • Distance from main practice to out-of-hours services provision, and whether this is part of the same practice group or not (will impact accessibility of patient history and continuity of care)

Q #	Question	RCVS Response
		• Veterinary professionals on the senior management team • Appointed Senior Veterinary Surgeon in post. We would counsel against considering metrics such as mortality data as this may depend on factors other than quality, such as the demographic area where the practice is based or the number of complex cases where mortality is inherently more likely. Publishing such data may also lead practices to turn away cases where outcomes may be poor but there are few alternatives for consumers.
Remedy 2: Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers		
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.	We do not feel that a site that purely focuses on price is in the best interests of animal health and welfare or, necessarily, the consumer. Purely focussing on price may be misleading for consumers about the importance of quality. Or they may choose a practice that is far away from where they live, based on price, and not be able to access adequate out-of-hours follow up care. We also feel that a professional regulator promoting a site solely listing prices or encouraging choice of veterinary services solely on price would not be appropriate. We do accept that being able to select on some price indicators, alongside other more quality-oriented search items, could be helpful. Other factors, such as range of services, level of expertise, referral arrangements and out-of-hours care arrangements, may be just as important if not more important than low cost. The Supporting Guidance to the Code of Professional Conduct for Veterinary Surgeons (9.2) already provides: ...veterinary practices should provide [information including]:

Q #	Question	RCVS Response
		• the provision, initial cost and location of the out-of-hours emergency service; • information on the care of in-patients; • the practice's complaints handling policy; • full terms and conditions of business - to include for example: - surgery opening times; - normal hours of business; - fee or charging structures; - procedures for second opinions and referrals; and - access to and ownership of record. We would support these also being factors included in a comparison site to allow effective comparisons between practices by consumers. Reference to the post-graduate qualifications of veterinary surgeons (e.g. whether they hold the Certificate in Advanced Veterinary Practice (CertAVP) or recognised Specialist qualifications) may also be relevant factors to include for comparison. Because there will be a range of treatment options available depending on the presentation of an animal, it may be difficult to provide suitable price comparison for anything other than routine procedures or a broad price range (which may be unhelpful). For example, there could be simple routine procedures for a “standard” animal “for cat neutering you could expect to pay between £x - £x for a medium sized cat” – but this should just be one of many search metrics available. Medicines could be easier to compare by price alone due to location being less of an issue, although there is the time/cost of delivery to factor in.

Q #	Question	RCVS Response
		There are potential long-term risks in terms of accessibility of medicines. There are three basic categories to be considered: • Those needed to be administered at the time of evaluation, which will continue to be stocked by practices; • Chronic long-term medicines, which are likely to be a more attractive proposition for online pharmacies; • Lower volume essential medicines, which are neither needed urgently nor sold in enough volume to be commercially interesting for online pharmacies – these are likely to be at risk terms of accessibility for the client. If a site was developed that was just price comparison with no other quality factors or practical information, we feel it should carry a warning about its limitations, and other factors of which animal owners should take account.
13	How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.	As outlined in the response to question 12, we would not be in favour of a site that just looked at prices, as this prioritises only one of many factors that consumers ought to be taking into account when sourcing the most appropriate veterinary services for their pet. Our preferred option would be for an enhanced version of the RCVS Find a Vet tool, which already has two million visitors per year. It could include some price information but also other search criteria that would facilitate a more well-rounded search. Find a Vet is free from any commercial influence and the cost of enhancing it to meet consumer needs to address any market harms found by the CMA would be less than establishing an entirely new information provider.

Q #	Question	RCVS Response
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?	We feel that neither option would be the most appropriate. Instead, as outlined above, we recommend an enhanced Find a Vet tool from the RCVS website, which includes more than price comparison. In addition, an API (Application Programming Interface) could be developed that allows third parties to use Find a Vet data to build alternative tools and websites, although some quality control would be required in terms of the environment in which these tools were hosted, to maintain the reputation of the profession and the trust of the public. There could also be a duty placed on practices to give out more information as part of the registration process for a new client, for example, how medicines are provided, out of hours provision, how to complain, how to switch practice, etc.
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?	The veterinary associations will be better placed to answer this question in detail. We anticipate that the main issues to consider will be the time taken to fulfil the data requests, and any changes to practice management systems in order to serve the data in the format required. Time taken to update and check information provided on a regular basis to ensure accuracy will also need to be considered.
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.	More appropriate for veterinary associations to answer.

Q #	Question	RCVS Response
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.	The veterinary associations will be better placed to answer this question in detail. In general terms, we would expect the general principles about accuracy and transparency outlined in the Code of Professional Conduct for Veterinary Surgeons to be followed: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/consumer-rights-and-freedom-of-choice/ The RCVS Code of Professional Conduct for Veterinary Surgeons and its Supporting Guidance currently provide relevant guidance for veterinary surgeons as follows: Certain information must be provided on request, such as the price of a service or, if an exact price cannot be given, the method for calculating the price. (Supporting Guidance 9.1): • ...If it becomes evident that the initial estimate or a limit set by the client is likely to be exceeded, the client should be contacted as soon as it is practicable to do so and informed, and their additional consent obtained. This should be recorded in writing by the veterinary surgeon. (Supporting Guidance 9.11) • ...Veterinary surgeons should clearly inform clients that due to the unpredictable nature of clinical work, and variations in the way that each individual animal may react to treatment, treatment plans and the initial estimate may change. There is no reason a veterinary surgeon may not give a fixed price 'quote' for treatment but should only do so on the understanding that this is an offer that once accepted may be binding in law. (Supporting Guidance 9.12) • Discounts should be clearly recorded and transparent for all parties liable for payment of an account. Where there is an arrangement that more than one party is liable for payment of an account (eg insurance companies where client pays the

Q #	Question	RCVS Response
		excess), it is not reasonable to apply a retrospective discount for the benefit of one party only. (Supporting Guidance 9.14)
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.	We consider a levy on practices would be the most appropriate route. This should be scaled according to the size of the practice – we are not fixed on the metric to be used, but the number of full-time-equivalent veterinary professionals (veterinary surgeons and RVNs) may be a useful one. Turnover may be another useful metric, but will depend on many factors and may not end up being a good comparator depending on the nature of the work the practice carries out and their likely overheads. A levy could be charged at premises level, as per the current Register of Veterinary Practice Premises, or at entity level. In reality, as with the Practice Standards Scheme, payment of any levy would likely be at entity level even if invoicing was at premises level. If the enhanced Find a Vet website route is chosen, we would recommend that the levy is charged by, and paid to, the RCVS directly, with any enforcement being carried out by the CMA. The way in which this work interlinks with the Register of Veterinary Practice Premises, held by the RCVS on behalf of the Veterinary Medicines Directorate, needs further consideration.

Q #	Question	RCVS Response
		A third-party site might be funded via affiliate marketing, commission, data sale, advertising or commission – none of which would be very transparent.
Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch		
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.	There are not likely to be any downsides to publishing more information about such schemes providing the amount of time required is not onerous. As mentioned in previous consultation responses, there are animal health and welfare concerns if consumers are encouraged to switch practices without good reason, as benefits flow from the long-term relationships between veterinary professionals, owners and their pets. There can also be an administrative burden in producing clinical notes if clients switch frequently from practice to practice. If the 'switch' is more about coming in and out of a pet care plan, but remaining with the practice, this is less of a concern. However, some practices may set up pet care plan programmes to give some predictability to their income, as well as generating loyalty. On the other side of the argument, we do not view positively any pet healthcare plans that overly rely on the prescription of specific medicines, such as endo- or ectoparasiticides. This is because an in-person consultation is required before such products are prescribed, for environmental and product efficacy safeguarding (reduction of resistance) reasons.
20	How could this remedy affect the coverage of a typical pet plan? Please explain your views.	More appropriate for veterinary businesses to answer.

Q #	Question	RCVS Response
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?	We acknowledge that reducing income in one area of veterinary business may increase prices in another. More appropriate for veterinary businesses to answer.
Remedy 4: Provide FOP vets with information relating to referral providers		
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.	Feedback from the RCVS Public Advisory Group underlines previous research that animal owners trust their primary care veterinary surgeon to refer them appropriately. This gives rise to two risks from more information being provided about referral providers: • clients may become confused with options when they are seeking a recommendation they can trust; and • offering a range of options may take a large amount of time and add to cost to the client, which may also mean delays in the referral taking place, which, depending on the issue, could have an animal health and welfare implication. In addition, for some procedures, it may not be possible to offer multiple options as they may not exist. If clients are told to expect X number of options and do not receive them, this may erode trust unnecessarily. Nevertheless, some owners may be keen to do their own research, and if referral providers were included in the enhanced Find a Vet, this would be possible, although it may not always be in the best interests of animal health and welfare for the FOP to be bypassed. Most referral practices would not carry out a treatment without referral from the FOP vet, but the referral process may delay necessary treatment.

Q #	Question	RCVS Response
		We could consider adding an RCVS Academy course on the principles of referring, to assist primary care practitioners in terms of appropriate levels of complexity and information. In the future, if changes to the Veterinary Surgeons Act mean that practices are regulated, veterinary professionals will be better supported to fulfil requirements already in the Code of Professional Conduct for Veterinary Surgeons about having conversations with clients about referral options.
23	Are there any consequences which may be detrimental and if so, what are they?	We refer to our response to question 22 above.
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 ?	If by referral providers, we mean the FOP doing the referring, then providing more choice will increase the time taken for referrals. It may lead to more questions from consumers which could take more time to address and add expense to a consultation (although would potentially lead to a better informed choice by the consumer).
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.	N/A
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.	Issues such as geographical distance, accessibility, expertise, status of veterinary surgeons (for example, Specialists, Advanced Practitioners) availability of appointments, price, feedback data, relationship (if any) with recommending veterinary

Q #	Question	RCVS Response
		surgeon (for example, are they part of the same group or veterinary school). As some of this information will change regularly (for example, in relation to staff) the time that will be required to keep it up to date should be considered, to ensure it is not too onerous.
Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing		
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.	We do not feel that a financial threshold for provision of information would be appropriate or workable. We consider that the level of information provided should be proportionate to the nature (including complexity) and cost of the treatment and its impact on the individual animal. We consider that ultimately this is a question of professional judgement for the veterinary surgeon providing the treatment. It is difficult to assess this proposal without further details of the information requirement. Any treatment discussions should take into account impact on animal health and welfare and other contexts, and it should be for the veterinary surgeon to use their professional judgement about the appropriate range of options available and when and how this information should be given, relevant to the needs of the animal and the owner. The Code of Professional Conduct for Veterinary Surgeons places an obligation on veterinary surgeons to practise contextualised care and obtain informed consent. The impact of delay to treatment in order to provide required written information should also be taken into consideration, for example, in emergencies. It is also important to be consider that written information is not going to be helpful to some consumer groups.

Q #	Question	RCVS Response
28	If a requirement is introduced on vet businesses to ensure that pet owners are offered a period of ‘thinking time’ before deciding on the purchase of certain treatments or services, how long should it be, should it vary depending on certain factors (and if so, what are those factors), and should pet owners be able to waive it? Please explain your views.	This would hugely depend on the urgency of the need for treatment. Adding additional stages could also cause frustration for the client at an emotional time. Delays may also mean lack of continuity of care. We can encourage, via the Code of Professional Conduct for Veterinary Surgeons and educational means, veterinary surgeons to remember that clients may need time to consider next steps, and that guidance should be given on any animal health and welfare-related timeframes that might be applicable. We do not feel that mandating a set time would be positive from an animal health and welfare perspective, as different cases would have different needs. Also if the ‘thinking time’ is too long, the client may then have to pay for an additional consultation to discuss the outcome or any interim changes in the case, or go back to the vet a second time for the treatment to be carried out, which would add additional cost and potential stress for the animal.
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.	As outlined in the answer to question 28 above, there are clearly situations where this would not be appropriate in animal health and welfare terms, and this should be at the professional discretion of the veterinary surgeon.
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?	Veterinary surgeons should already be offering a range of reasonable treatment options to the client, in accordance with the standards and guidance, and this discussion should be noted in the clinical records - so the record keeping burden shouldn't be significantly more than they are already doing.

Q #	Question	RCVS Response
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?	Whilst we do require informed consent be obtained in every case – and we say informed consent can only be given by a client who has had the opportunity to consider a range of reasonable treatment options - there is no requirement for consent forms to be completed in every case. We do however say that consent forms are an aid to ensuring that consent is informed and the guidance does encourage their use, there are also some specific situations where we do require written consent, for example, when prescribing under the Cascade (see relevant PSS rules). This is not dissimilar to human healthcare consenting procedures, where consent does not have to be provided in writing.
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?	More appropriate for veterinary businesses to answer.
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.	More appropriate for veterinary businesses to answer.
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?	We will consider adding additional courses to the RCVS Academy to support these requirements as part of our ongoing review of additional content. Topics may include improving veterinary professionals' understanding of the commercial structure of the veterinary practice.

Q #	Question	RCVS Response
35	What criteria should be used to determine the number of different treatment, service or referral options which should be given to pet owners in advance and in writing? Please explain your views.	There is not likely to be a formula for this. Veterinary surgeons are trained in the delivery of contextualised care and it should be for their professional judgement in terms of what is 'reasonable' in any particular case. Again, this is identical to how professional judgment is used in human healthcare. In some cases, there may be multiple options, in others, very few. Mandating a specific number could waste clients' time in cases where there are few options, and unrealistic alternatives need to be developed to tick a box. In cases where there are more than the mandated number, and all are valid for discussion, such a set limit could be unhelpful for other reasons. Providing a 'shopping list' of written options could leave clients feeling bewildered and unsupported. It is more appropriate that veterinary professional and client work together to establish the best options in a specific case. Our partner charity, RCVS Knowledge, has developed contextualised care resources which may be helpful to practitioners when exercising their professional judgement. It is worth noting that the burden for additional communication and paperwork will not only fall on veterinary surgeons, but RVNs within the team, where appropriate to their role.
Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners		
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	We would want to ensure that there are no business practices that affect the ability of veterinary professionals to exercise their professional judgement. Veterinary surgeons and RVNs should always be working in the public interest, with animal health and welfare and public health their primary concern.

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	in identifying business practices which are prohibited and updating them over time? Please explain your views.	The RCVS currently has scope to identify such practices over time – for example, incentives – in its Supporting Guidance, but has limited ability to enforce prohibitions. It is to be hoped that any new legislation would make it easier to enforce rules that prohibit business practices that limit or constrain choice. In order to future proof any such provisions it would seem most sensible to keep them in rules, with ability to enforce requirements via legislation, rather than specific business practices being named in legislation.
37	How should compliance with this potential remedy be monitored and enforced? In particular, would it be sufficient for FOPs to carry out internal audits of their business practices and self-certify their compliance? Should the audits be carried out by an independent firm? Should a body, such as the RCVS, be given responsibility for monitoring compliance? Please explain your views.	This could be done via self-assessment if there was mandatory practice regulation. Via a CMA Order, the responsibility might fall upon the practice licence holder to attest that the measures outlined were being met, e.g. via an annual report. Some risk-based and intelligence-informed audits could also take place (based on information from complaints and other sources).
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.	The potential for centrally formulated business practices being rolled out in a number of practices may call for greater monitoring for LVGs. Monitoring for independent practices will usually be at a practice level, and this is also likely to be proportionate for veterinary businesses who have a few practices. For LVGs who are likely to introduce business practices centrally, monitoring at a corporate level may be required as well as at practice level. It may be proportionate to the issues that the CMA are investigating for LVGs to attest to compliance and submit documentary policies and procedures to evidence compliance.

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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.	Internal guidance can influence the behaviour of veterinary professionals and lead to information being provided that negatively influences the choices offered to pet owners. Some relevant internal guidance should be included in the definition.
Remedy 7: Changes to how consumers are informed about and offered prescriptions		
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.	Generally, written prescriptions allow the owner to obtain medicines elsewhere that they will then take home and administer to the animal themselves. As such, there are a number of situations where this may not be appropriate, including: • An emergency where there is not time to obtain the medicines elsewhere • Where the medicine must be administered by the veterinary surgeon due to the administration route, e.g. via IV or IM injection, as the Veterinary Surgeons Act 1966 only allows owners to administer 'minor medical treatment' • Where the medicine is toxic and unsafe for use by lay people, e.g. cytotoxic medication. In respect of the second point above, a consumer could possibly buy medication from elsewhere and ask the veterinary surgeon to administer it, but it is likely that the administration would incur an additional fee. For low dose/low volume veterinary medicines, an online pharmacy may be less willing to stock appropriate medicines as the amount required would be part of a vial/bottle/pack and this could introduce waste that would make the sale uncompetitive. If, meanwhile, practices are no longer able to charge a mark-up that makes the dispensing and storage of such medicines practical, there will become a

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		gap in the market and consumers will be obliged to purchase veterinary medicines from other dispensers.
41	Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?	We have outlined our view of the potential challenges in the answer to question 40.
42	How might the written prescription process be best improved so that it is secure, low cost, and fast? Please explain your views.	A standard form for veterinary prescriptions would improve security, as used by prescribers in the human healthcare field. This may require amendment of the Veterinary Medicines Regulations to ensure that all prescribers used a standard form of prescription. In order to ensure that this was effective, standardised training in online and physical pharmacies regarding the detection of fraudulent prescriptions would be necessary. Safeguarding against fraudulent practices will be important in the small animal market, but even more so, potentially, in the foodchain, where there could be serious implications for public health and trade security. If such measures are brought in for one sector (such as household pets) it is likely they will transfer across to others.
43	What transitional period is needed to deliver the written prescription remedies we have outlined? Please explain your views.	Practices will need lead in time to adapt to any of the changes proposed. Our view is that it is likely that option C: mandatory offer of a prescription with a with a price cap on fees, will require less lead-in time for practices than the other options. Any monitoring mechanism required by the regulator is likely to need some time to establish and embed, the time and cost required will depend on the level of monitoring required.

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Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers		
44	What price information should be communicated on a prescription form? Please explain your views	Our view is that the price information communicated on the prescription form should include the following: • Prescription fee and how it has been calculated • Cost of the medicine • Signpost (e.g. website address) or link to any price comparison website • A statement that the consumer can purchase the medication from the prescriber, or from other outlets (assuming the practice elects to continue to stock medicines for dispensing against prescriptions).
45	What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.	Whether the consumer buys the medication from the veterinary surgeon or not, the prescribing veterinary surgeon will have a duty to ensure that the medication is used responsibly, and that the owner is competent to use it. The veterinary surgeon should provide sufficient contextualised information to the consumer to ensure that they meet their professional duty, including the dosage, how often the medication is to be administered, any side effects and how to properly administer the medication. Additional information to assist the consumer in making a choice about where to purchase the medication should include: • Prescription fee and breakdown • Cost of buying medication from practice • That the consumer is not obliged to purchase the medication from the practice and may find a cheaper price elsewhere. • Signpost/link to any price comparison site

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		• The names of some alternative medicines that they can use to compare (if prescribing a brand), or alternative brands with the same active ingredient. It should be clear on the prescription that these are alternative medications • It may also be helpful to include a warning that they should alert the dispensing individual to any allergies their pet may have, as different formulations may include different ingredients
46	Do you have views on the feasibility and implementation cost of each of the three options? Please explain your views.	We feel there may remain some misunderstandings about the components that make up an invoice total, i.e. consultation, prescription, dispensing and the cost of the medicine, and would be happy to have further discussion with the CMA on this point.
Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales		
47	How could generic prescribing be delivered and what information would be needed on a prescription? Please explain your views.	Currently the prescription of alternative or generic medication is subject to the rules in the Cascade, which is part of the Veterinary Medicines Regulations. In order to achieve routine generic prescribing, it is likely that the Veterinary Medicines Directorate would have to amend the Cascade. There would also be wider questions around licensing of medicines. Veterinary surgeons are only able to prescribe in accordance with the limits of the licence of the relevant medication. Generic prescribing is preferred in the NHS, where it reduces risk, improves medicine supply and is cost-effective as pharmacies are reimbursed at a set price listed in the Drug Tariff.

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		However, as mentioned in other responses, there are benefits to prescribing a branded product, in that pharmaceutical companies will have invested R&D funds in developing products that are easier to administer, which improves welfare and compliance. If there is no incentive for this work to be carried out, this could have a longer term impact on animal health and welfare.
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.	More appropriate for the VMD to answer.
49	Are there any potential unintended consequences which we should consider? Please explain your views.	Relaxing the Cascade in the way described may discourage manufacturers from obtaining licences (and by extension carrying out risk assessments etc) and developing new medicines, which is not in the interests of animal welfare – the numbers of veterinary medicines available are fairly limited as it is, and since EU exit specific UK licences have been required. The VMD will need to advise on whether the Cascade could be relaxed for some species but not all, or there may be consequences for food safety and trade.
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.	More appropriate for those with related expertise to answer.
51	Would any exemptions be needed to mandatory generic prescribing? Please explain your views.	We consider that any mandatory generic prescribing framework should ensure that veterinary professionals are able to exercise their professional judgment regarding the

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		most appropriate medication in the specific circumstances, some of which would not be suitable for generic prescribing
52	Would any changes to medicine certification/the approval processes be required? Please explain your views.	More appropriate for the VMD to answer.
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?	More appropriate for the VMD or NOAH to answer.
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.	More appropriate for related industry or veterinary businesses to answer.
Remedy 10: Prescription price controls		
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.	A prescription is provided following a consultation – writing a prescription itself is a broadly administrative task for the veterinary surgeon but the costs are incurred in the consultation and expertise required to determine what should be included in a prescription, as well as ensuring that it is written accurately. Prescription price control may mean that other costs, for example, of consultation, increase. Online or non-practice bricks & mortar dispensers do not bear the other costs required in the overall activity of prescribing medication, including consultation and developing and maintaining the expertise required. To note that many online pharmacies are owned by LVGs, so the impact of a change that drives more medicines to be purchased from

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		online pharmacies may not be uniform across the sector with the most significant detriment being on smaller independent practices.
56	Are there any unintended consequences which we should take into consideration? Please explain your views.	See our answer to question 55
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?	We do not have a comment on this question, it would be more appropriate for veterinary associations or businesses to answer this question.
58	What are the costs of writing a prescription, once the vet has decided on the appropriate medicine?	The consultation, decision about what to prescribe, providing advice on dosage, administration, side effects are part of the consultation. The physical writing of a prescription is an administrative task following the expertise and time required to decide what, if anything, to prescribe. Writing the prescription also requires professional clinical time and expertise to complete accurately.
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)?	More appropriate for veterinary businesses or associations to answer.
Remedy 11: Interim medicines price controls		
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.	More appropriate for veterinary businesses or associations to answer.

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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.	More appropriate for veterinary businesses or associations to answer.
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.	More appropriate for veterinary businesses or associations to answer.
63	How should any price control be monitored and enforced in an effective and proportionate manner? Please explain your views.	Any monitoring or price controls could include: • Certification/Attestation by firms to the regulator that price controls are adhered to • Requirement to have an internal complaints policy and to report complaints data to the regulator by theme • Power of the regulator to conduct inspections or require audits are conducted where appropriate on a risk-/intelligence-led basis • Compliance audits conducted by the regulator on a regular risk-based basis • Publication of prices including a link to a price list on Find-a-Vet
Implementation of remedies 7 – 11		
64	We welcome any views on our preferred system design, or details of an alternative that might effectively meet our objectives. Please explain your views.	We agree that the proposal for an e-prescription system that is integrated into practice systems is likely to be costly and difficult for practices to set up. Paragraph 4.136 of the Remedies paper indicates that LVGs are in a better position to set up this type of integrated system than small practices and so it is likely that the costs and resources required will disproportionately impact small independent practices. The difficulty in setting up a system may lead to some smaller practices exiting the market, for example by selling to LVGs. Of the two proposed remedies a web portal is likely to be

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		less costly and onerous for practices to implement, but there will still be a cost to practices. There are alternative ways that the market could operate – for example, some European countries operate in different ways and in some cases veterinary surgeons are allowed to prescribe drugs from the practice but have a cap on mark up (including a minimum price), in others they are not allowed to dispense other than for immediate need. Although the RCVS has no preference in terms of these models, the CMA may wish to investigate how successful these models have been from a consumer perspective, as well as animal health and welfare. We would welcome any system that ensures the cost of prescription relates to the professional skill involved, rather than the price at which practices can obtain medicines wholesale and the application of a corresponding mark-up.
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.	An e-prescription portal and price comparison tool are dealing with the prices of medication. Therefore, funding may appropriately come from the Veterinary Medicines Directorate. Practices could contribute to the funding of this model, and they would bear the costs of setting up the systems in their practices for the e-prescription portal, but this should be a proportionate levy on businesses, bearing in mind the costs are likely to be passed on to consumers. The RCVS's view is that it would not be appropriate or within the remit of the RCVS to fund or operate an e-prescription portal or a price comparison website, although we accept that price information could be included within the RCVS's Find-a-Vet tool.

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		If the e-prescription portal and price comparison website are funded by firms or pharmaceutical companies, then this should not influence any ranking of information provided.
Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers		
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.	Veterinary professionals are required to ensure that there is round-the-clock provision of emergency care and pain relief available in accordance with RCVS standards, even if they do not provide that themselves. Any relevant contractual arrangements should ensure that out-of-hours provision to the extent required in the standards is maintained in the interests of the public and the health and welfare of animals. Notice periods would be a commercial matter for both parties, providing the standard could be met.
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.	More appropriate for veterinary businesses or associations to answer.
Remedy 13: Transparency on the differences between fees for communal and individual cremations		
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	The Supporting Guidance to the Code of Professional Conduct already provides that practice pricing should not be misleading and there is a need to be open and honest in relation to veterinary treatment costs. Cremation services provided by practices may fall outside what is considered veterinary treatment and may have little or no veterinary involvement creating a difficulty in enforcing any revision to the Code through the RCVS Disciplinary Committee.

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		However, we agree that there should be transparency around costs of services provided by practices, including the difference in fees between communal and individual cremations. This would need to be enforced by other means. It is worth noting that complete transparency on invoicing around end-of-life care may not be well received by clients. There will be specific costs for euthanasia, storage of the body, transport of the body, cremation, return of ashes – at an emotional time for a pet owner, such detail may not be palatable.
Remedy 14: A price control on cremations		
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?	To avoid any potential unfairness in the application of cremation price control, it should apply to all practices offering cremation services. However, it should be noted that it is not just veterinary practices providing pet cremation services. All providers of such services should be the subject of price control if it is required.
70	What is the optimal form, level and scope of any price control to address the concerns we have identified? Please explain your views.	More appropriate for relevant businesses to answer.
71	For how long should a price control on cremations be in place? Please explain your views.	More appropriate for relevant businesses to answer.
72	If a longer-term price control is deemed necessary, which regulatory body would be best placed to review and revise such a longer-term price control? Please explain your views.	As the provision of cremation services is not restricted to veterinary practices, and if all such services are to come under any legislation, there may be bodies better suited to the task than the RCVS. Price control of cremation services may be better suited to a body such as Trading Standards.

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Remedy 15: Regulatory requirements on vet businesses		
73	Would regulating vet businesses as we have described, and for the reasons we have outlined, be an effective and proportionate way to address our emerging concerns? Please explain your views.	The RCVS has been calling for regulation of veterinary businesses for many years and has been addressing the legislative gap as best it can via the voluntary Practice Standards Scheme. Discussions are ongoing with Defra for legislative change that would put in place a comprehensive and future-proofed framework for businesses, with sufficient flexibility to be updated as the landscape changes. We agree that practices should be required to provide adequate information to consumers on a range of factors relevant to animal health and welfare to assist in their choice of vet, and that the requirements should be enforceable. We have commented on the particular proposals in sections 4 and 5 of the remedies paper in this document. We agree that in order to address any competition issues, the least possible burden should be placed upon practices to ensure that all sizes and types of practice can bear any additional cost, including those serving remote and rural areas. As noted, we have concerns that some of the proposals will disproportionately adversely impact small practices, with the risk that those practice owners leave the market either by selling to LVGs or leaving the market altogether. There is a risk that smaller practices, including those owned by LVGs, find that the operation of smaller practices is not viable – particularly in rural and remote locations. This could have a knock-on effect not only in the provision of small animal services, but also those services in respect of other species in the case of mixed practices, which could have an adverse impact on the availability of services to those who need it other than for small animals.

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		It is also key that animal health and welfare, and public health, issues are considered as part of any potential remedy, including where a remedy may have an adverse impact on animals. For example, the prioritisation of price, may lead consumers to not give sufficient attention any requirement for the prompt administration of medication. Furthermore, any practice regulation scheme needs to be suitable for all types (species) and sizes of practice.
Remedy 16: Developing new quality measures		
74	Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of? Please explain your views.	We broadly agree that the two-part system described in paragraph 6.34 would be the most effective way of signalling service quality to consumers. It is broadly the approach of the voluntary PSS and building on the already existing, albeit voluntary, framework is likely to be the most proportionate way for all businesses to comply. As mentioned, we agree that there should be a mandatory regulatory framework for businesses. We submitted our views on this, amongst other suggestions for improvement to the regulatory framework, to government some years ago. The RCVS is currently working with Defra on reforming the legislation. There are significant challenges in defining and measuring quality solely based on reporting clinical outcomes or the types of clinical outcomes in a practice. Measuring performance according to clinical outcomes measure may have the unintended consequence of adversely impacting the exercise of professional judgement, undue pressure being applied by businesses to professionals to exercise their judgment in a certain way, and in some cases a reluctance to take on animals where the outcomes are very uncertain.

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		However, there are measures that are employed by the CQC in human healthcare and the RCVS would be prepared to discuss such a system with the profession to ascertain its suitability for the veterinary sector where there is no centrally funded and universally available alternative if private provision is not available. Measuring quality in the way that is suggested in paragraph 6.34 is likely to be proportionate to practices and to regulatory costs, and useful and understandable to the public. Quality measures that reflect the relationship and treatment of customers and business practices would necessarily be limited if they were the only measures as they would not provide any measure of animal welfare or clinical outcomes. If quality measures include consumer and price measures only then a clear caveat should be provided that this is not an indicator of clinical outcomes which may mitigate any risk that pet owners prioritise price over animal welfare, for example, by delaying treatment.
75	Would an enhanced PSS or similar scheme of the kind we have described support consumers' decision-making and drive competition between vet businesses on the basis of quality? Please explain your views.	An enhanced PSS could have some impact on decision making and drive competition. As noted by the CMA there are many factors in the choice of vet, but more information on the quality of the service provided is likely to assist customers in making an effective choice, subject to the comments in our response to question 74.
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.	Although it would be important to have standardised indicators of quality, care should be taken that the ways of measuring quality are able to take into account the different circumstances of practices. This may mean that practices are able to be measured on a range of quality markers, so that a consumer can ascertain a picture of the practice from a range of measures.

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77	Are there any other options which we should consider?	Mandatory membership of some of RCVS Knowledge's quality assurance schemes, such as for small animal neutering or cruciate surgery, could be considered in the future.
Remedy 17: A consumer and competition duty		
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.	While we support greater focus being given to consumer needs, it is important that public health, and animal health and welfare, are the primary objectives for a regulator of veterinary professionals and services. There may be instances where competition and consumer interests are not in alignment with the animal health and welfare objectives. We support the addition of an obligation on the RCVS to have regard to consumer protection and competition. This weighting will be important, as while there are other regulators with a consumer / competition duty as part of their regulatory remit, there is only one regulating with the health and welfare of animals and public interest as their primary objectives in this context. A competition and consumer objective is only likely to be relevant in a practice or business regulatory context, rather than in the context of regulating professionals regarding their professional conduct and competence, although related professional conduct issues around business practices would be relevant. We assume that any competition duty would also impact on other aspects of our regulatory framework, for example, standard setting in education. As a wider point, if this duty is placed upon the RCVS, as professional regulator, consideration should be given to the nature of the regulatory remit of RCVS (as it may change in the future). At present competition and consumer duties are imposed on a few professional regulators, and not in human healthcare, either at a professional or service provision level, including where services are privately provided. Such a change

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		to the primarily healthcare remit of the veterinary regulatory framework may have wider implications across other sectors, particularly at a time when, as we understand it, government is keen to reduce regulatory burdens.
79	If so, how should that duty be framed? Please explain your views.	It will be important that sufficient flexibility is given to allow the RCVS to exercise its full statutory duties, with priority being given to public health and animal health and welfare as the overarching objectives.
Remedy 18: Effective and proportionate compliance monitoring		
80	Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote competition? Please explain your views.	We agree that the monitoring mechanisms described are currently available to other regulators in their respective sectors and could be employed in the regulation of veterinary practices. In relation to the proposed proactive supervision of individuals, this could be done by the introduction of a CPD or revalidation requirement in order to renew registration every year, as well as a declaration of good health and character and a duty to report any adverse character findings to the regulator. This would be a proportionate version of an annual return with an ongoing obligation to update the regulator if an adverse event occurs and would be in common with other professional regulators. It is difficult to comment on whether these measures would necessarily promote competition but may give public assurance that minimum standards are met and skills are kept up to date. We have made these recommendations to government and we would support a recommendation from the CMA to government that it work with the RCVS and veterinary surgeons and business to design a reformed statutory framework, including monitoring mechanisms described by the CMA.
81	How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.	We consider that a focus on self-reporting and relevant publication is likely to be the most proportionate. Veterinary practices will be sensitive to any regulatory information

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		published about them and are likely to want to avoid any adverse reports. We consider that many aspects of self-reporting could be automated or undertaken online, reducing the regulatory burden, although this may increase the cost and time to set up such a system for practices and the regulator. As mentioned in the answer to question 80, annual returns for individuals could be a requirement to meet CPD requirements and declare it to the regulator when paying the annual retention fee in order to stay on the Register. It is unlikely that any other proactive supervision of conduct of individuals would be proportionate or appropriate. In relation to practices, a system of self-reporting by practices and a risk-based inspection regime is likely to be the most proportionate way of monitoring compliance.
82	What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.	The RCVS is agreeable to being involved in any new compliance monitoring measures and we suggest this could partly be based on the current PSS and our views on what could be brought in through legislative reform. Without further details of what is proposed, it is difficult to provide any realistic estimate of the costs involved in setting up systems and providing additional staff to manage them. However, we would like to explore this further. In our view, the costs of practice monitoring apply to practices and should not be met by individual veterinary surgeons and RVNs through their registration fees. Any additional costs applicable to individual professionals should be borne by individual registrants. This would be by increasing fees which requires Privy Council approval.

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		We consider it would be beneficial for the RCVS to be responsible for these monitoring mechanisms given the position it already occupies within the sector, the existing framework of the voluntary practice standards scheme and the benefits this may provide in identifying market-wide concerns. This would allow the RCVS to be a one-stop-shop for issues around professional conduct and the delivery of veterinary services and provide a proportionate framework for practices who are already engaged with the PSS. We are concerned that the impact of increased regulatory costs may be felt by consumers to the extent that it compromises animal welfare by reducing access to care. Increased costs across the sector may not be feasible for some practices and may also contribute to greater numbers of independent or small practices ceasing trading or selling their practices to LVGs.
83	How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.	Ultimately, we consider the burden of these mechanisms should fall on the businesses providing veterinary services. It may be difficult to mitigate against the likelihood that regulatory costs will be passed on to consumers. Regular reviews of the proportionality and effectiveness of any mechanisms should be undertaken. There could be a risk to the public in accessing veterinary care if the regulatory burden on practices is too onerous, which could cause smaller independent business, or less profitable and more remote branches of LVGs to go out of business. A one-stop-shop regulator of business and professionals is likely to be the most cost-effective option.
Remedy 19: Effective and proportionate enforcement		
84	Should the regulator have powers to issue warning and improvement notices to individuals and firms, and to	We agree that the powers of the RCVS are limited and that we should have the powers set out in the list at paragraph 6.66. Warnings, improvement notices, and

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	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.	practice licences (which could be removed, suspended or have conditions imposed on them) should be key enforcement mechanisms for any mandatory regulatory framework for veterinary practices. They are standard enforcement mechanisms across all practice/clinic regulatory models, from the Solicitors Regulatory Authority to the Care Quality Commission. Stronger enforcement mechanisms could include fines levied against firms, and approval of company directors and practice owners.
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.	Any enforceable regulatory requirements on practices would need to be proportionate and not risk reducing access to veterinary care by forcing practices out of the market. RCVS would urge that legislation provides discretion to the regulator regarding the appropriate enforcement mechanism to use. This would mean that the regulator could consider the appropriate enforcement mechanism taking into account the circumstances of the practice and the market at that particular time. The focus of an enforcement regime should be on bringing any practice falling short up to standard in the interests of the public and animal health and welfare – applying more draconian measures where the level of risk to those objectives requires it.
Remedy 20: Requirements on businesses for effective in-house complaints handling		
86	Should we impose a mandatory process for in-house complaints handling? Please explain your views.	We agree that it could be mandatory for practices to have a complaints-handling process and to make it clearly available via their website, with a link to this being shown on their Find a Vet entry. All businesses will differ in terms of their resourcing and ability to meet timeframes and so may not be able to support very lengthy and prescriptive requirements. Nothing should be imposed that could not be implemented by, for example, a sole practitioner, or this would skew the practice ecosystem towards larger practices with more administrative resources.

Q #	Question	RCVS Response
		The processes should refer to the VCMS or any other resolution service mandated by the RCVS. The Supporting Guidance to the Code of Professional Conduct already provides for this: <i>9.2 In addition, in accordance with the following guidance, veterinary practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of the practice's services, including:</i> <i>... the practice's complaints handling policy;...</i> <i>... the practice's privacy notice – to include for example: etc...</i>
87	If so, what form should it take? Please explain your views.	A high-level process could include : • Time limits for acknowledgement and substantive responses • Opportunities for early resolution • The role of the member of staff required to deal with each stage and how conflicts are dealt with • A requirement that staff (particularly registered professionals) directly involved with the matter being complained about be invited to engage with process and set out their responses • A requirement that there is a review stage where staff dealing with the complaint are not directly involved with the matter being complained about (but with some exceptions for small practices, for example, they may need to collaborate with neighbouring practices to ensure appropriate layers) • Possible remedies in the event that a complaint is upheld and provisions around the information that the complainant would be given

Q #	Question	RCVS Response
		• That reasonable adjustments would be made to enable full participation in the process • A requirement that details of the VCMS are provided to the complainant • A requirement in respect of the type of information provided to complainants If the CMA decides to implement an ombudsman service, specific advice in this area could come from such an organisation. We would support VCMS proposals for complaints procedures that include underlying principles of effective complaint resolution: fairness, transparency, accessibility, consistency and empathy.
Remedy 21: Requirement for vet businesses to participate in the VCMS		
88	Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views.	In order to ensure that all practices participate in mediation, mandatory participation would be required, although it is likely that mandating participation in mediation would not mandate agreement to the outcome or final resolution of a complaint at the mediation stage. It is likely that mandatory participation, and increased awareness of the scheme by consumers would increase confidence in the service. If a further stage was introduced, mediation should be mandated as a first step. If the CMA decided to mandate participation via an Order, there should be a “reasonableness” clause; lots of the practices that decline to engage in mediation do so because the complainant has acted unreasonably, for example, criminal damage to the practice, abuse of staff or similar. Mediation should only be available once in-house schemes had been exhausted.

Q #	Question	RCVS Response
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?	There are currently thresholds that apply when a complainant seeks to access mediation, for example, the complainant must be an animal owner. Time limits also apply. The thresholds should remain in place. Information must be provided to the customer by the veterinary practice so that customers are aware of the scheme and how to access it. Mandatory participation in the VCMS is likely to increase the costs of the scheme due to more participants. Any scheme should be proportionate to address any harm that is identified by the CMA to ensure that excessive costs are not borne ultimately by consumers. Practices who participate in the VCMS currently do so voluntarily and there is the possibility that mandatory participation of all firms, including those who do not voluntarily participate at present, could lead to a lack of willingness to constructively engage with mediation by some practices. A reluctance to engage or participate may result in an increase of costs per case. Mandatory participation would need a means of enforcement, or penalty for not engaging.
90	How might any adverse or undesirable consequences be mitigated?	As any increased costs to practices are likely to be passed back to the consumer, any consumer redress scheme should be proportionate to the harm or potential harm identified and easy to use and access for customers and firms which would reduce the costs of administration involved in dealing with mediation. Monitoring of the uptake and outcomes would assess whether it represents value for money. We would recommend that fees are levied on firms to support the mandatory scheme, with an additional fee payable if a complaint is made, unless vexatious. Any fees levied should be proportionate with the size or financial position of the firms in the scheme.

Q #	Question	RCVS Response
Remedy 22: Requirement for vet businesses to raise awareness of the VCMS		
91	What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?	The key ways to publicise the VCMS would be: • Via the practice website • Within the practice itself (by way of a notice for instance) • As part of any joining pack/introductory information on registering with the practice • On the practice letterhead • On invoices • In response to any complaint • As part of PSS publicity aimed at consumers and practices not currently part of the PSS We would consider including these provisions in the Code for Professional Conduct and also in the Practice Standards Scheme.
Remedy 23: Use of complaints insights and data to improve standards		
92	How should the regulatory framework be reformed so that appropriate use is made of complaints data to improve the quality of services provided?	For individual veterinary professionals, a requirement to review complaints data, amongst other things, and to use this as part of their CPD planning cycle (or a revalidation framework) as recorded through the 1CPD app as part of the chapter of Supporting Guidance on Clinical Governance. This is a requirement for other health professionals, including doctors, dentists and nurses. For practices and firms, a requirement in a framework that the practice gathers and analyses complaints data and identifies themes, considers (and records) improvements or changes that need to be made including regarding training provided to staff/vet professionals and when they have been completed. This might be the

Q #	Question	RCVS Response
		responsibility of the Appointed Senior Veterinary Surgeon. A requirement (perhaps in practice regulation rules) that the implementation of improvements is done in a reasonable time after identification, and that all records are available for inspection by the regulator. Also, criteria for complaints handling and learning from inspections could be developed. Finally, there could be a requirement for practices to submit a short thematic analysis (via a standard framework) to the College so that an overview of topics complained about at population level can be gathered and this can inform CPD and guidance provided by the College (in addition to data coming into the College Advice and Complaints Teams and the VCMS). Sharing of relevant complaints information should be mandated in respect of the complaints service and regulator to inform regulatory priorities and any action required. This should be at regular intervals. The information should be provided on the basis of themes of complaints, practice data and geographical data. Information should be made available about any complaints that are upheld or not upheld. A mechanism should be introduced to ensure that any legislative change that is identified from an analysis of the complaints data should be submitted to the government, with a response from government within a certain time frame from receiving the request. Alternatively, and to ensure that any changes required as a result of complaints data are made as soon as possible, the regulator should be provided with adequate rule-making powers.

Q #	Question	RCVS Response
Remedy 24: Supplementing mediation with a form of binding adjudication		
93	What are the potential benefits and challenges of introducing a form of adjudication into the sector?	A potential benefit of the introduction of adjudication is that it might introduce a final outcome for consumers and practices/professionals to the current process. By using binding adjudication to supplement mediation, and depending on the model, the advantages of participation in mediation could be preserved, with an additional layer of binding adjudication if the mediation fails which could encourage parties to resolve matters at an earlier stage. Adjudication models typically result in a quick resolution which could result in finality and certainty to both parties swiftly, which would be a benefit. If the model adopted was that the adjudication would be binding on the parties until settled or challenged in court, one possible outcome could be that practices would deal with more litigation, which could impact smaller practices disproportionately. The introduction of an adjudication model would also lead to an increased impact on resources of practices, which could again disproportionately impact smaller independent practices. However, there could be cost savings from an adjudicator resolving matters quickly, and this model, if it supplements the existing VCMS, is likely to have a far smaller, and more proportionate impact on smaller practices than an ombudsman model. Currently there is a high level of resolution of complaints in VCMS. This percentage may reduce if participation was made mandatory and parties less willing to participate and so a final decision or outcome would provide some closure to practices and customers. However, when the complaint is regarding a clinical decision, an adjudication process may not be detailed enough to resolve matters – leading to the increased possibility of litigation. RCVS found engaging relevant expertise challenging

Q #	Question	RCVS Response
		when piloting an ombudsman scheme and it is likely that finding relevant expertise for the adjudication role, particularly to deal with clinical matters, would be a challenge. This may lead to a risk that an adjudication service would raise expectations of customers that it would be unable to meet.
94	How could such a scheme be designed? How might it build upon the existing VCMS?	We would defer to Nockolds LLP, who run the VCMS, for detailed knowledge in this area.
95	Could it work on a voluntary basis or would it need to be statutory? Please explain your views.	Parties to VCMS mediation are familiar with voluntary participation of that scheme and the RCVS view is that a voluntary approach is an effective in dealing with most unresolved complaints in mediation, as evidenced by the VCMS scheme. To ensure participation by all practices in adjudication, a requirement to participate should be considered. However, it may be that the parties that do not voluntarily engage will not engage with adjudication, even if it is mandatory, which could result in a longer and perhaps litigious process.
Remedy 25: The establishment of a veterinary ombudsman		
96	What are the potential benefits and challenges of establishing a veterinary ombudsman?	The chief benefit of this scheme would be that a third neutral party would investigate and make decisions on a complaint in a fair and transparent way, ensuring that both sides of a dispute are heard and should provide certainty and finality to practices and consumers regarding complaints. The existence of such a scheme should provide confidence that complaints are resolved in a way that is fair to both parties, which may increase confidence in the provision of veterinary services.

Q #	Question	RCVS Response
		A veterinary ombudsman service is likely to incur significant set-up costs as a new body. There may be difficulty in ensuring that the public are aware of the different routes to raising a matter of concern and how to appropriately use them. This may result in delay if a complaint is raised using the wrong avenue, it may also result in complaints only being raised in one forum – for example, if the ombudsman was able to pay compensation, then that may act as an incentive to raise a concern which may amount to professional misconduct, in that forum, and not raise it as a professional conduct concern with the regulator, meaning that poor conduct is left unaddressed. If the ombudsman only dealt with complaints about practices, and had an obligation to provide relevant information to the regulator, then that risk would be mitigated. Raising awareness with practices and the public will be necessary to ensure that there is a common understanding of what the ombudsman is able to do and the expectations around engagement with the ombudsman service. Lead-in time will be required for practices to adapt their processes and record keeping. As outlined in other answers, one challenge would be the extra cost to practices, aside from set-up costs (and ultimately consumers) of the levies – plus extra costs of dealing with an ombudsman case, which is likely to generate a lot of information requests to the practice and correspondence and may result in an oral hearing. Smaller practices without large admin or complaints-handling teams are likely to be hit harder by any such additional burdens, which may have an impact on availability of services or the viability of businesses and could lead to practices being sold to LVGs. A large number of complaints, whether or not upheld, could impose a significant strain on the resources of small practices, and care should be taken to ensure that complaints are dealt with quickly and efficiently, with vexatious or unmeritorious complaints being closed at an early stage

Q #	Question	RCVS Response
		When RCVS carried out a trial of an ombudsman approach, we found that bringing appropriate veterinary expertise and consumer expertise into the service was a challenge. This may not be a challenge if the ombudsman remit was confined to the operation of the business side of the practice, rather than the clinical side. If the ombudsman dealt with clinical complaints, then it may lead to the lines between professional conduct and an ombudsman investigation becoming very blurred, and if a regulatory investigation was required, a delay to the ombudsman proceedings, which could result in complainants withdrawing their regulatory complaint to move the ombudsman process along more quickly. An ombudsman scheme, with mandatory participation, would have the advantage of achieving an outcome for consumer complaints. The disadvantage would be that the process would be more adversarial and so lead to increased strain on the practice staff, including veterinary professionals and the customers themselves. There is the potential for more litigation against practices, which would be difficult for smaller practices to deal with. Multiple routes to potential redress may mean additional stress placed on the veterinary professionals involved. We know that dealing with complaints is a very stressful process and the profession has high levels of mental ill-health as compared with other health-related professions.
97	How could a veterinary ombudsman scheme be designed?	If an ombudsman scheme is established, access to any scheme should only be available when all other avenues have been exhausted, including the practice complaints scheme. If there was a mediation scheme available, then there should be a requirement to engage with mediation prior to making a complaint to the ombudsman. There should be time limits and financial thresholds to raise a complaint, and it should not be available if there is an insurance claim outstanding.

Q #	Question	RCVS Response
		Thought would need to be given about whether the scheme is available for clinical complaints, or business-only complaints. We have set out the challenges around dealing with clinical complaints above. An ombudsman scheme should be designed to ensure that unmeritorious and vexatious complaints are stopped at an early stage, to ensure that these complaints are resolved as quickly as possible. Professional conduct complaints should be referred to the regulator to be dealt with immediately following these concerns coming to light. Care should be taken to ensure as little overlap as possible in concerns, with a statutory obligation on regulators/ombudsman to agree which investigation takes priority. There should be the opportunity to resolve complaints during the investigation process before the matter is referred to the ombudsman, to ensure that resolution is achieved as quickly as possible. The process from receipt of a complaint to resolution should be subject to statutory time limits that are as short as possible, to ensure that practices and consumers have a final determination in a timely way. Any ombudsman should be adequately resourced and staffed to ensure that time limits are achievable. Any time limit should recognise the time that practices will require to provide information and engage with the ombudsman scheme. Funding for such a scheme should come from practices or firms by way of an annual levy to ensure sustainability and a fee payable when a complaint is made about the practice unless vexatious.

Q #	Question	RCVS Response
		Information sharing obligations with other relevant bodies to ensure that complaints are dealt with in the right way and by the right body should be set out in statute. There should be the right to request an oral hearing.
98	Could such a scheme work on a voluntary basis or would it need to be statutory? Please explain your views.	We feel such an ombudsman scheme would need to be statutory in order to be effective for the whole sector and to ensure that the ombudsman had sufficient powers to investigate and adjudicate on complaints.
Remedies 26 – 28: Effective use of veterinary nurses		
99	What could be done now, under existing legislation, by the RCVS or others, to clarify the scope of Schedule 3 to the VSA?	Over 2025 and 2026, an RCVS-led project: '<i>A vision or a necessity: effective utilisation of veterinary nurses in team-based veterinary healthcare</i>' will explore and address this issue. Based on discussions with professionals and an understanding of current practice, it is evident that this is a complex task requiring attention to various aspects of culture change, along with clear guidance and support to help veterinary healthcare professionals navigate change with confidence and effectiveness. Using a theory of change approach, the project will engage all stakeholders through in-person workshops across the UK, identifying the long-term outcomes for this work, the outputs and activities that will drive this change, and how these outcomes will be measured and communicated.

Q #	Question	RCVS Response
		Outputs from this work may include: digital resources, clear communication, clarification of Schedule 3, process driven protocols, examples of what good looks like, transferable scenarios etc. There will also be a focus on addressing the public perception of the role of the RVN in the delivery of veterinary healthcare, and support in developing interprofessional and public-facing communication.
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?	Likely benefits for the profession and veterinary business include: • More efficient workflow design • Reduction in hierarchical barriers in the provision of care – ‘team-based healthcare’ • Greater level of collaborative teamwork – a greater feeling of ‘team’ within the profession • Increased role satisfaction – veterinary surgeons and RVNs • Veterinary surgeons having more time to tackle the more challenging aspects of their role • Increased retention of RVNs due to a more rewarding role, or return after a break • Increased retention of veterinary surgeons due to a more rewarding role Likely benefits for pet owners include: • Greater access to veterinary care (more team members able to provide it) • Access to the elements of care pet owners need – time to talk, broader history-taking, support with managing conditions • Increased opportunity to build relationship with practice team • Wider scope of discussions – for example, environmental considerations, nutrition, behaviour – enabling animal owners to do the best for their pet

Q #	Question	RCVS Response
		• RVNs have a great understanding of the human-animal bond – what pets mean to their owners - empathy Likely benefits for animal welfare include: • Timely access to care • More regular contact with the veterinary team – close monitoring of disease conditions • Pet owners able to access more regular care, so welfare challenges addressed promptly • RVNs have the skillset to provide a more holistic approach – not just about the meds or the diagnostics, but quality of life, environment, enrichment, behaviour etc Unintended consequences may include: • RVN work not having an appropriate fee structure applied, leading to reduced morale and a negative impact on practice finance • RVNs being overworked and under remunerated for increased responsibility • Clients resisting care delivered by a RVN – wanting to see vet, creation of conflict in this area • Accountability issues not being clarified or understood – veterinary surgeons and RVNs feeling worried and anxious about where accountability lies • RVNs who don't wish to carry out work at a higher level of responsibility feeling pressured to do so – does it become a standard role for an RVN, or is there scope to have RVNs who want to just 'carry on as they were' • Veterinary surgeons feeling increased pressure as carrying out greater amount of more complex work

Q #	Question	RCVS Response
		RVNs carrying out procedures without the support of an additional RVN – for example, monitoring anaesthesia, assisting with infection control,
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?	This brings the same benefits as the previous question – but potentially at an increased level – for example, ability to diagnose and prescribe, increased diagnostic skills, ability to perform more complex surgical procedures. Flexibility of the regulator to determine what level of autonomy is associated with differing levels of responsibility. The ability for specific skills to be associated with RCVS advanced qualifications.
Proportionality		
102	Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation? Please explain your views.	The RCVS recognises the shortcomings in the current regulatory framework. We have lobbied government to change our regulatory framework, including our disciplinary regime and to introduce mandatory practice regulation for many years. As well as lobbying government, we have sought to plug the gaps of our framework by introducing other provisions. An example of this is the voluntary Practice Standards Scheme. We recognise it is limited by being voluntary and we would welcome a recommendation by the CMA to government to overhaul the regulatory framework, including making the regulation of veterinary practices mandatory. This would support the representations that the RCVS have made to government for many years. We agree that effective and robust regulation brings benefits to animal health and welfare, consumers and the public more broadly, and to the regulated professions themselves.

Q #	Question	RCVS Response
		The RCVS recognises that any increased powers and obligations in a regulatory framework will incur greater cost for those regulated to comply, and for the regulator to monitor and enforce, but that this is necessary to establish a more effective regulatory regime. As we have mentioned several times in this response, it is important that regulatory obligations are proportionate, and that the costs of the regulator are also proportionate as those costs will also fall to those who are regulated. It is important to highlight that the current system of registration and renewal fees within the PSS only applies to those practices that choose to be members. The scheme covers approximately 70% of practices, and is funded by the 70%. Additional practices joining the Scheme will incur additional costs. Increased obligations on practices will require additional regulatory resources to monitor and enforce, particularly as there may be a lower level of voluntary cooperation when obligations become mandatory for all practices. There may also be additional costs for enforcement and any legal challenges that result. We are interested in the suggestions that some measures could be online and automated although the CMA is better placed to assess effectiveness based on experience from other market investigations. The RCVS agrees that any increased costs are likely to be passed on to customers and so any additional requirements should be proportionate. The potential impact of increased costs on those firms who are not currently in the PSS is not known and there could be an unintended consequence of smaller firms closing which may adversely affect competition in certain areas. It is also important to note that currently the costs of the VCMS are met from the professional registration fees paid by individual veterinary surgeons and RVNs. The RCVS could not continue to fund an alternative mechanism in this way if it were

Q #	Question	RCVS Response
		mandated by the CMA in relation to practices. A system whereby practices pay a fee in respect of each complaint may result in an unfair financial burden where meritless complaints are made or encourage complaint avoidance, rather than improvement. If the only source of funding was a fee paid when a complaint was made, that may mean that the service is unsustainable. A model of binding adjudication as part of an enhanced VCMS is likely to be more proportionate in cost terms than a veterinary ombudsman, which is likely to be expensive to set up and fund. The Registers of veterinary surgeons and veterinary practices are relatively small and the number of regulatory and redress activities and bodies that it can support, even taking into account the LVGs, is likely to be more limited than, for example, the legal or the financial services framework. The CMA should consider the relative costs and income available to support those frameworks in the legal and financial spheres, which include mandatory practice/firm regulation and (in the case of the SRA) professional regulation, as well as funding an ombudsman scheme
103	How should we develop or amend that assessment?	More information is required about the increased costs to firms of any monitoring requirements, both as a result of increased regulatory costs and increased compliance costs within firms. More information is also required about the impact of increased costs on the 30% of practices not currently in the PSS. The CMA should consider information about frameworks, and the relative income, that is able to support professional and business regulation as well as separate bodies, such as an ombudsman, to ensure that any recommendations made are proportionate.

Q #	Question	RCVS Response
		More information may be required about the harms identified by the CMA, in order to assess whether the proposed remedies will be effective in addressing these
104	How could we assess the costs and benefits of alternative reforms to the regulatory framework?	Potential factors to consider when assessing the costs and benefits of alternative reforms could include: - Assessing different models of regulatory framework that currently operate and the costs and benefits that apply – as well as comparing the costs and income of those regulated and of the regulators - Proposing alternative models to practices and professionals for their input on the costs that would be incurred.
105	How should any reformed system of regulation be funded (and should there be separate forms of funding for, for example, different matters such as general regulatory functions, the PSS (or an enhanced scheme) and complaints-handling)?	As mentioned elsewhere, the Registers of professionals and practices that may fall to be regulated are relatively small. It is likely that, in common with other regulatory frameworks, the funding for the new or enhanced regulatory framework would come from those who are regulated by way of regular fee payments. An increase in fees may be required – currently the RCVS must seek the approval of the Privy Council, which means that there is often significant time between a request for a rise in fees, and approval. There should be a presumption against cross-subsidisation of fees, so practice regulation would be funded by practices, for example, Currently the members of the PSS fund the scheme and the RCVS would recommend that practice continues. Find a Vet is currently subsidised by professionals' fees but it includes information about professionals and about practices. We would seek alternative funding streams to address this, via a levy, as outlined in previous answers. If a new body, such as an ombudsman was set up, then it is likely that the costs to establish the new body would need come from public money, but the ongoing costs would be met from fees paid by those regulated and subject to the ombudsman jurisdiction.

