We welcome the CMA's recognition of the dedication, professionalism, and compassion shown by veterinary surgeons and veterinary nurses across the UK. The acknowledgement that 88% of pet owners believe their vet focuses on the highest standards of care speaks volumes about the clinical and ethical commitment that underpins our profession. We also appreciate the CMA's thoughtful recognition that, unlike human healthcare, veterinary services operate in a commercial environment where meaningful client trust is earned. It is encouraging to see the complexity of veterinary care acknowledged, particularly in emotionally charged, time-sensitive, and medically intricate situations. We share the goal of ensuring that veterinary services remain sustainable, accessible, and transparent, and we are grateful that the CMA is consulting directly with the profession to shape the future of care and client experience.

We are grateful that the CMA has chosen to consult widely on its provisional remedies and that this consultation is open to all veterinary practices. While the summary of stakeholder meetings shows that most discussions to date have been with large veterinary groups, we are pleased to see at least one session with a mix of representative bodies (BVA, BSAVA, SPVS, and FIVP), which gave some voice to the 40% of practices that remain independent. Including independent perspectives is vital to ensure that any future regulatory or market framework is both fair and representative of the diverse nature of UK veterinary provision.

The CMA's remedy trialling powers

We support the CMA's intention to make use of its new powers to trial information remedies before full implementation as a proportionate and sensible approach.

We would also question why trials are not being proposed more broadly, especially in cases where remedies are likely to impose substantial operational change or cost.

It would seem proportionate and responsible to use trials not just to compare delivery formats, but to assess whether the remedy:

- Positively influences client behaviour
- Leads to better informed decisions
- Justifies the burden placed on practices

In our view, trials should not be limited to *how* a remedy is implemented but should also inform whether it is likely to be effective and achieve the intended outcome without disproportionate cost or harm.

Remedies 1-2: Price transparency

We acknowledge that inconsistent or unavailable pricing information can hinder client choice and limit competition. However, price alone is a misleading comparator when it comes to veterinary care as no two services are truly identical, especially when care is tailored to the individual animal's needs and circumstances. We support greater transparency and that clients should be able to access pricing and understand what is included in those prices.

We caution against price-only displays without context, we believe a standardised template for price transparency is would be beneficial to reduce client confusion. This requires careful design and industry consultation to ensure consistency and clarity, without creating undue burden or confusion.

Comparison website idea has merit in principle, but significant care is needed to avoid oversimplification. !f a website is pursued, it should:

- Allow for qualitative information alongside prices (e.g. values, ownership, RCVS status)
- Avoid simplistic star ratings or "cheapest first" sorting
- Be clearly regulated and maintained to ensure accuracy and fairness and aligned with existing RCVS guidance on client communication and consent.

We also are aware that many clients already competently use search engines which if all practices are displaying information online on pricing can give them accurate local information without the cost of setting up a website, and with the evolution of AI the website maybe outdated very quickly. This also allows practices to be able to give context of services provided on their online site which can be accessed in the search.

Remedy 3 : Pet Health Plans

Having a successful plan with unlimited consultation for over 8 years we understand from our clients that the value they place in it is the access they have to the vet, with a budgeted cost monthly. Informing clients of the costs for this vs pay as you go is possible.

To provide annual statements and plan usage averages there is a significant administrative burden for small/medium sized businesses to be able to data mine for the information requested, for the LVG they will have more ability to form teams available to collate this. We are unsure of how this will, proportionate to the burden on practices, benefit clients. Many people have subscription services which they value but do not fully use (gym membership, TV subscription services).

Our cancellation policy is as described in your document with a month's notice and the charge for services and payments made reconciled and either refunded or recouped, which is fair and clear to all.

Remedy 4: Referral

As an FOP when referring often the primary concern by clients of who to go to is access and speed of being seen. It is also difficult to know after the primary referral consultation what the investigations and treatments will be decided, to give meaningful price comparisons. It is rare to send a client for a known fixed procedure, so a variety of guesses would need to be considered by the FOP of what may

need to be done , which would border on unprofessional, to them give potential costings adding a time burden onto FOPs.

We would be keen to hear what solutions referral practices could put forward to alleviate this to potentially trial.

Remedy 5: Clear accurate information

Good communication is a cornerstone of the profession and leads to the trusted relationships that we have, leading to effective patient care and maintaining a functioning business. We agree with many of the solutions suggested and already have workflows that fit with the suggestions as would many practices out there. Engaging in conversations tailored to the client's preferences and the pet's welfare, typically narrowing options to on average a manageable three, to avoid overwhelming clients with too many choices. We provide written estimates for in-practice procedures, either printed or emailed, directly from our Practice Management System which are saved for reference. We allow for considered decision time "a cooling-off period" for non-urgent treatments, enabling clients to review estimates and discuss them with family or carers. We offer clear explanations when referrals are made and have no bias to any external referral centres.

While we support the principle of providing written information, we caution against mandating it for all treatments. We believe that setting a reasonable financial threshold, we suggest £1,000 for mandatory written estimates to strike a better balance between transparency and practicality. The threshold could be adjusted to allow for regional adjustment based on local costs and client demographics. We feel lower threshold would create a significant administrative burden for frontline teams, slow down decision-making in cases where clients are already well-informed, experienced, or have come to a decision in consultation with the vet and reduce trust or introducing frustration for clients who feel their autonomy is being second-guessed.

We feel a trial would be valuable of written treatment options and estimates should be encouraged as best practice, especially for higher-cost or complex procedures, but not rigidly mandated in every scenario.

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

We support this remedy. Veterinary professionals must be empowered to offer clients the full range of appropriate options and that means preserving clinical autonomy, transparency, and genuine choice**.**

The only knowledge we have had of this is as we provide independent out-of-hours (OOH) services in our local area and have been approached by other practices wishing to refer their clients to us. However, these practices are contractually tied to an alternative OOH provider, despite us being closer, more cost-effective, and clinically appropriate. This means clients are denied an alternative option, not because of clinical judgement, but due to commercial constraints.

Having businesses attest to this annually self-certify would be the simplest implementation with the knowledge that this could be audited at any point with consequences.

Remedy 7: Changes to How Consumers Are Informed About and Offered Prescriptions

We fully support client choice and transparency around medicines. We already ask clients whether they would prefer to take a prescription or obtain their medication directly from us. However, we have concerns about the practicality, unintended consequences, and fairness of this proposed remedy.

We agree that clients should be able to make informed decisions. However, proactively offering a prescription in every case (even when a client has no intention of using it) is clinically and administratively time-consuming**,** and that time must be accounted for. This cost would need to be charged for or absorbed into consultation fees thereby increasing costs for all clients.

We question the CMA's emphasis on "online purchasing"**,** which appears to promote a particular distribution model rather than supporting unbiased client choice. Encouraging online and large-scale pharmacy use may reduce overall competition. Large pharmacies with greater purchasing power can initially undercut on price, but once market dominance is achieved, history suggests prices rise again.

While clients may find cheaper sources online, this is not without risk, including issues with fraudulent prescriptions which is a concern of the VMD as well, storage conditions, and delays in treatment. We currently aim to support our clients by verify the legitimacy of third-party suppliers, significant increased numbers would introduce further administrative burden or not be possible timewise.

We would suggest option B or D would be the most workable, with the mandatory prescription for ongoing/repeat medications where delay in medication would not put treatment at risk would be good to trial and monitor for effectiveness and give practices a six month transition to put protocols in place.

Remedy 8: Transparency of Medicines Prices

We support the principle of price transparency for clients. Where appropriate, publishing medicine prices can help improve understanding and trust, however, the implementation and design of this remedy are critical to ensure it is effective, fair, and does not create more confusion than clarity.

We would be willing to publish medicine prices online, but we strongly recommend that any standardised list be co-designed with input from the profession to ensure it is accurate, relevant, and clinically meaningful**.** In the example cited by the CMA, a 30ml bottle of Meloxicam for dogs, illustrates the risk of confusion. In reality, the dog format is 32ml; the 30ml version is for cats. These small differences can create misunderstandings and client mistrust if the list isn't meticulously constructed. Due to ongoing stocking issues, veterinary practices often need to switch between suppliers and brands to ensure continuity of care. Prices can vary significantly depending on availability and wholesaler costs, making accurate, up-to-date price publication potentially challenging.

An overly rigid or simplistic pricing list may inadvertently create false equivalence between medications that differ in formulation, palatability, or species-specific use. Lead to client dissatisfaction when what's quoted online doesn't match what's available due to supply challenges.

Adding a section on the prescription as described in option B with an average price could be trialled with the above concerns fully considered.

Remedy 9: Mandatory Generic Prescribing

We fully support efforts to help clients access affordable treatment options, but we believe mandatory generic prescribing as proposed would risk undermining clinical autonomy**,** confusing clients**,** and potentially compromising animal welfare. Prescribing decisions are made in partnership with clients and involve more than just the active ingredient. Factors such as palatability, formulation (e.g. liquid vs tablet), packaging size, and ease of administration significantly affect client compliance and treatment success**.** Simply prescribing "Meloxicam" or "Furosemide" does not guarantee that the dispensed product will be suitable or effective for that particular animal and household. If generic prescribing is mandated, vets will need to spend more time educating clients about differences between available products so that they have the information to get the product suitable for them. The responsibility for appropriate medication selection remains with the prescribing vet**,** not the pharmacy, which raises clinical and legal risks. The report also raises the issue of LVGs "own brand" medicines limiting price comparison. A more effective and proportionate solution may be to require own-brand products to display their generic equivalent clearly**,** enabling price comparison without overriding the vet's clinical judgement.

If this is a remedy that is continued forward as a trial then the drug companies would need to produce a standardized comparison tool for vets to be able to swiftly and accurately compare medications with same active ingredient, the prescription would need to be able to include only those relevant brands that the client and vet feel are suitable in each case. There will need to be a transition period of at least 12 months, possibly longer, for the relevant changes to be made to practice management systems to accommodate this as currently many vets prescribe on trade names to reduce error and ensure they legally maintain the cascade.

An alternative would be rather than mandating generic prescribing, the CMA could focus on ensuring transparency around own-brand labelling, getting pharmaceutical companies to collate and make accessible reliable comparative data for prescribers to further support for informed client discussions**,** not rigid prescribing rules. This would achieve the CMA's goal of improved price competition without sacrificing quality, trust, or care outcomes.

Remedy 10: Prescription Price Controls

While we support fair and accessible veterinary care, we have significant concerns about the implications of capping or removing prescription and dispensing fees. Prescription fees reflect the genuine clinical work involved: reviewing medical records, confirming dosages, checking interactions, and creating a legally compliant written prescription. These are not trivial tasks, they are regulated acts that require professional responsibility and clinical accuracy.

Capping or eliminating these fees would remove an essential income stream If we are unable to charge for this time, we would be forced to recover costs elsewhere, likely through increases to

consultation fees, which would unfairly affect clients who do not need prescriptions. Smaller practices, already under financial pressure, would be disproportionately affected, widening the gap between LVGs and small/mid-sized practices.

If a cap were to be introduced, it must be regionally sensitive, accounting for local cost-of-living and staffing costs, index-linked to inflation to prevent erosion over time and designed to reflect real operational pressures faced by small and mid-sized practices.

Remedy 11: Interim Price Controls

We have serious concerns about the fairness, feasibility, and unintended consequences of this proposed remedy. While we understand the CMA's intention to protect consumers during a transition period, we believe interim price caps or freezes on medicines would disproportionately impact independent practices and fail to address the root cause of pricing disparities**.** This remedy does not correct the underlying issue: large purchasing power advantages enjoyed by LVGs and online providers. Instead, it imposes retail constraints on practices already facing wholesale cost disadvantages, exacerbating existing inequalities rather than resolving them. Practices like ours do not benefit from the same bulk discounts or vertical supply chain control. Expecting us to match the retail prices of large-scale competitors is like asking a corner shop to sell bread at supermarket prices, it's not a level playing field. Unless wholesale pricing is regulated at source, this measure is neither fair nor sustainable**.**

Practices may become reluctant to stock a broad range of medications, particularly those with shorter shelf lives or less predictable demand. Those risks reducing immediate access to treatment**,** especially for emergency or time-sensitive conditions. Clients could experience delays, reduced availability, or frustration, ultimately undermining trust in veterinary care.

If interim price controls were pursued, they would need to apply equally across the entire supply chain, be time-limited, clearly defined, and reviewed regularly and avoid covering products that are frequently subject to supply volatility.

Implementation of remedies 7 – 11

We appreciate the CMA's attempt to propose a cohesive, technology-driven solution and while we support the underlying principles, we have serious concerns about the practicality, proportionality, and potential consequences of the proposed remedy package as currently outlined.

Adding a separate e-prescription portal outside of the practice management system (PMS) would interrupt clinical workflow, increasing the risk of errors or duplication, add administrative strain, particularly during busy or emergency consults and require training and familiarisation, pulling teams away from patient care. Prescriptions are not simply digital documents, they involve nuanced clinical judgment and communication. Introducing a standalone interface at the point of care may compromise both focus and flow during consultations.

Regardless of the operating model and who funds it someone will ultimately bear the cost, and that is likely to be clients**,** either directly or indirectly through consultation fees, whether charged as

subscription costs or per-prescription charges. This risks creating a regressive cost structure that disproportionately affects non LVG practices (without economies of scale). We would be open to consider including average pricing for commonly prescribed medications where relevant, but strongly question the apparent bias toward online pricing in the CMA proposal. Sharing client data with an external portal operator introduces GDPR compliance challenges. These must be addressed before implementation including clear data responsibility delineation, transparent client consent processes and secure storage and transfer protocols.

We agree with the CMA's assessment that such a system would be complex, time-consuming, and costly to implement. If pursued, we suggest:

- A phased, trial-based rollout only
- Focusing initially on long-term, commonly prescribed medications
- Limiting to non-urgent contexts and outcome evaluation

This would allow real-world feedback from a diverse range of practices without overwhelming teams or risking service quality during early stages.

Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers

We strongly support this remedy. Restrictive contractual clauses between practices and OOH providers are limiting client choice, stifling competition**,** and actively preventing collaborative, locally appropriate care solutions**.**

We are able to provide OOH cover to local practices with no financial cost to them, no restrictive contract obligations and a strong commitment to continuity of care.

However, we have been directly approached by practices unable to take up our offer due to exclusive contracts with OOH providers. These clauses not only reduce options for those practices but have limited our ability to grow and serve the wider community despite us being closer and already offering a trusted clinical service.

This feels like an unfair competitive advantage for large OOH providers, effectively blocking expansion for other providers and reducing meaningful client choice in emergency situations.

Clients are often unaware of their OOH provider until they are in a crisis. Many are surprised to learn they cannot choose where they go. A key benefit of providing OOH services in partnership with local day practices is that it supports continuity of care. Removing exclusivity clauses would make it easier to build trust-based partnerships that serve the client and patient**,** not the contract. We urge the CMA to implement this remedy in a way that encourages local partnerships**,** protects clinical autonomy, and ensures client-focused flexibility in the provision of OOH care.

Remedy 13: Transparency on the differences between fees for communal and individual cremations

We support the aim of this remedy. End-of-life decisions are emotionally complex, and we believe clients should be supported with clear, compassionate explanations of their options including pricing.

We already distinguish clearly between communal and individual cremations and can explain both verbally and in writing what each includes. Our team is trained to hold space for grieving clients and provide pre-euthanasia consultations where options are discussed in advance through our dedicated euthanasia support team. We frequently free of charge offer to hold the pet's body**,** giving owners time to consider their options without pressure or urgency. Standardising the way cremation options are communicated could help ensure consistency across the sector. This remedy is proportionate if it avoids being overly prescriptive in format, allowing flexibility for practices to tailor conversations to the client's emotional state.

Remedy 14: A price control on retail fees for cremations

While we support transparency in cremation pricing, we have serious concerns about the fairness and feasibility of price controls**,** especially for smaller practices**.**

We apply an additional fee on cremation services to reflect the time required by our team to arrange and process services, and the increased risk of client distress or complaint, especially for individual cremations, where expectations are higher. We do not own a crematorium and therefore cannot control the base costs. We are also unable to access the discounts available to LVGs or vertically integrated providers. A blanket price cap could disproportionately harm smaller practices who provide the high levels of client support but lack economies of scale.

A trial of a fixed markup or service fee cap could be tested before permanent implementation ensuring non LVG practices are not penalised compared to larger, vertically integrated groups. Transparency, coupled with compassionate communication (as per Remedy 13), may be equally effective without needing strict controls.

Remedy 15: Regulatory Requirements on Vet Businesses

We support the CMA's proposal to introduce business-level regulatory standards as a meaningful step toward improving transparency, fairness, and accountability across the veterinary sector. While the current regulatory framework focuses primarily on individual veterinary surgeons, there is a clear and growing need to apply consistent expectations at the business level**.**

We would welcome clear, enforceable standards in the following areas:

- Ownership transparency: Clients should be able to understand who owns the practice they use, and whether they are being referred within the same group.
- Referral policy disclosure: It should be clear to clients when they are being referred internally vs externally, and that clinical judgement and client choice are prioritised.
- Estimate and pricing transparency: Clients should receive clear, contextual estimates in writing, particularly for higher-cost treatments.

Remedy 16: Developing New Quality Measures

We agree with the CMA that helping clients compare practices on more than just price is important. Meaningful, fair, and accessible indicators of veterinary service quality could support informed decision-making and encourage continual improvement across the profession.

We believe it is possible to develop appropriate quality indicators, but caution that they must be meaningful to clients, be fair across practice models and sizes and avoid unintended clinical or commercial consequences as many smaller practices lack internal analytical capacity or dedicated non-clinical personnel to collect, process, and report this kind of data consistently

We would support the inclusion of indicators such as:

- RCVS Practice Standards Scheme (PSS) participation and tiers for additional services
- Accreditations beyond the veterinary industry**,** such as IIC (Investors in Customers) or B Corp
- Out-of-hours provision**,** whether in-house or via trusted partnerships
- On-site diagnostic facilities, including imaging and lab access

These metrics reflect genuine investment in clinical standards, client care, and accessibility, which can typically be communicated clearly to clients.

We caution against the use of:

- Online reviews or star ratings, which are highly variable, easily manipulated, and often reflect individual emotion rather than systemic quality
- Raw clinical outcome data, which can encourage risk-averse case selection, something already seen in human healthcare. This would undermine first opinion care and discourage support for complex or end-of-life cases.

We also listen actively to client feedback, including through focus groups. Clients consistently tell us they choose us based on personal recommendation, backed by our website and online presence, showing that reputation, values, and transparency go hand in hand.

Remedy 17: A Consumer and Competition Duty

We support the CMA's proposal to introduce a consumer and competition duty for veterinary businesses. This would reinforce ethical conduct at the business level, complement existing clinical standards, and help ensure that commercial decisions reflect client interests, transparency, and fair market behaviour**.**

As a B Corp certified practice, we are already assessed against a framework that evaluates ethical governance, client service standards, transparency of pricing and communication and community and environmental impact. We therefore welcome a formal principle that holds all practices, regardless of size or structure, to consistent expectations around consumer protection and competition.

We would support this being trialled first, to understand how it would apply across different business models and developed with input from the profession, client groups, and independent practices to ensure it is proportionate and practical. Eventually it could be made part of a broader, formal code of conduct.

This approach would ensure the duty becomes a living standard, not just a compliance burden.

Remedy 18: Effective and Proportionate Compliance Monitoring

We agree that effective compliance monitoring is essential to ensure that the CMA's proposed remedies lead to real and lasting improvements in client transparency, choice, and market fairness. However, any monitoring regime must also be proportionate, fair across practice sizes, and built on existing frameworks wherever possible.

We believe the RCVS Practice Standards Scheme (PSS) already provides a well-established structure for compliance auditing and could be used as a vehicle to monitor elements of the CMA's remedies.

However, we note that PSS evidence collection is already very burdensome, particularly for smaller practices. Adding more requirements to this process without simplification would risk overwhelming teams, detracting from time spent with clients and patients.

We recommend a trial starting with self-certification, followed by proportionate checks where needed.

Remedy 19: Effective and Proportionate Enforcement

We support the CMA's intention to ensure that compliance with any new obligations is taken seriously, and that appropriate, fair consequences exist for non-compliance. However, enforcement must be handled in a way that is educational, proportionate, and designed to improve outcomes, not punish unnecessarily.

We believe enforcement should follow a tiered approach, with warning letters, improvement notices and structured opportunities for remediation and learning. We are open to more serious consequences such as suspension from schemes (e.g. the RCVS Practice Standards Scheme) for repeat or severe breaches.

However, we caution against the use of public non-compliance notices without context. Reputational damage could occur even in cases of minor or administrative issues leading to unintended harm to client trust, staff morale, and business sustainability.

The RCVS is well-placed to trial enforcement responsibilities, subject to review and future refinement

Remedy 20: Requirements on Vet Businesses for Effective In-House Complaints Handling

We support the CMA's aim to improve clarity and consistency in client complaints handling across the veterinary sector. A well-managed, transparent complaints process is essential for maintaining client trust, protecting teams, and supporting continuous improvement.

We already have a clear, written complaints process outlined in our Terms and Conditions, provided to clients both in hard copy and online. We follow an internal complaints policy to support team members in managing concerns with compassion and consistency. Our aim is to resolve complaints in-house wherever possible, only passing on to our insurers (VMD) once internal pathways have been fully explored

We would support the introduction of a formal minimum standard for complaints handling, provided it is proportionate to the size and resources of the practice, flexible enough to reflect the nature of the complaint and acknowledges that OOH complaints may involve longer resolution times due to staff rotas and case handovers. Such a framework could support fairness and clarity without becoming overly bureaucratic or deterring open communication.

Our limited experience with the Veterinary Client Mediation Service (VCMS) suggests that it has often focused solely on financial compensation negotiation, without sufficient recognition of clinical information or resolution already achieved. As such, we have limited confidence in its usefulness as an escalation route.

We would support a trial of using the RCVS as a body for escalation in unresolved business complaints. It is already established, familiar to clients, and could bring greater consistency to how disputes are managed across the sector.

Remedy 21: Requirement for Vet Businesses to Participate in the VCMS

We agree with the CMA's principle that clients should have access to an independent dispute resolution pathway where internal complaints processes have not resolved concerns. This is valuable for both clients and practices, as it can help preserve trust, clarify misunderstandings, and bring closure in complex or emotionally charged situations.

However, based on our limited experience with the Veterinary Client Mediation Service (VCMS), we have concerns about its current effectiveness. In the few cases we have encountered, the VCMS process focused almost exclusively on financial negotiation, with little attention to mutual understanding, context, or clinical nuance. This can be frustrating for both clients and veterinary teams, especially when the complaint is about communication, empathy, or values, rather than a clear service failure.

We support the idea of an independent complaints resolution service, provided it focuses on communication and understanding, not just compensation. It also needs to respect clinical

complexity and ethical practice standards and supports constructive dialogue, rather than adversarial outcomes.

We would be happy to trial participation in such a service but it should only be required once internal complaints processes have been followed, to ensure that practices have a fair opportunity to resolve concerns directly.

Remedy 22: Requirement for Vet Businesses to Raise Awareness of the VCMS

We support the CMA's aim of ensuring clients know where to turn if they are unable to resolve a complaint through the practice's internal process. We would be happy to include reference to the VCMS in our terms and conditions and provide information about the VCMS when a client complaint is escalated or cannot be resolved through our internal process.

We believe this approach offers clients access to external mediation at the appropriate point, without causing confusion or unnecessarily signalling a lack of confidence in the in-house process.

We would be open to using standardised messaging or templates to ensure that VCMS references are clear, consistent, and reflect the intended purpose, while still allowing flexibility to reflect each practice's tone of voice and values.

Remedy 23: Use of Complaints Insights and Data to Improve Standards

We support the CMA's intention to encourage the use of complaints insights as a tool for continuous improvement, both at the practice level and across the wider profession. When used constructively and with care, as complaints can offer meaningful insight into communication gaps, process breakdowns and shifts in client expectations.

While we do not formally "track" complaints in a structured database, we already share and reflect on complaints internally. We have meetings to discuss cases in team meetings to identify learning opportunities and use feedback to adjust communication, workflow, and service experience.

We would be open to sharing anonymised complaint insights, provided the mechanism is simple and low-burden, similar to existing models like the VDS VetSafe system. The purpose needs to be clearly focused on **l**earning, not punitive benchmarking and the reporting process does not require excessive time or admin to complete.

As a profession, we are often deeply analytical, and there is a risk that public or comparative reporting may lead to over-interpretation, particularly where complaints are based on subjective or emotionally charged experiences.

Remedy 24: Supplementing Mediation with a Form of Binding Adjudication

We understand the CMA's desire to strengthen dispute resolution pathways for clients, particularly where mediation does not result in resolution. However, we would question whether binding

adjudication is necessary, or beneficial, given the existing legal avenues already available to clients who feel dissatisfied.

We would therefore like more clarity on what binding powers would be granted and what types of resolutions or remedies could be imposed. We would also like to know how clinical complexity and professional discretion would be protected

We are open to trialling the concept, provided it is voluntary, limited in scope and carefully evaluated.

Remedy 25: Establishment of a veterinary ombudsman

We understand the CMA's reasoning in proposing a dedicated veterinary ombudsman to simplify and strengthen the complaints pathway for consumers. However, we are ambivalent about this proposal at this stage and would seek further consultation and clarity before forming a definitive view.

Any such ombudsman scheme would inevitably come with a cost whether a levy or percase plus cost of administration, training, staffing, and case management. This risks further increasing the cost of veterinary care, particularly for independent practices already balancing affordability and service quality.

For such a service to function fairly and credibly, there would need to be presence of veterinary clinical expertise with input from those with real-world understanding of practice dynamics**,** client communication**,** and medical risk. Binding decisions made by individuals without clinical backgrounds could create frustration and unintended precedent, and risk undermining veterinary autonomy.

Remedy 26: Protection of the Veterinary Nurse Title

We strongly support the regulation and legal protection of the title "Veterinary Nurse"**,** limiting its use to Registered Veterinary Nurses (RVNs) listed on the RCVS register. We foresee no difficulties in implementing this change and believe it will enhance clarity within practices. Most practices already operate with respect for title distinctions, and formal protection would simply bring legislation in line with best practice.

Remedy 27 - 28: Clarification of the existing framework and reform to Expand the Veterinary Nurse Role

We strongly support the CMA's proposal to explore reform of the Veterinary Nurse role, with a view to expanding their clinical responsibilities where appropriate. Fully utilising RVNs not only improves service delivery but also promotes professional fulfilment, retention, and long-term sustainability of the workforce.

We already support our veterinary nurses in maximising the scope of their current training and have seen clear benefits in job satisfaction and service efficiency. We believe that enabling nurses to undertake additional tasks like having greater autonomy in repeat prescriptions and vaccinations and doing advanced anaesthesia, dentistry, and surgery with the appropriate training and governance, would be a natural and valuable evolution of the role.

We do not foresee any major client confusion, particularly when roles are clearly explained. In fact, we believe this would enhance client confidence, especially when clients understand that they are being supported by highly trained, regulated professionals.

Proportionality of Regulatory Reform

Question 102: Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation?

We broadly agree with the CMA's assessment that reform of the regulatory framework is necessary to reflect the modern veterinary landscape. However, we caution that any system of regulation must remain proportionate, supportive of quality care, and not overly burdensome for smaller practices**.**

While the benefits of improved transparency, consistency, and accountability are clear, the cost of administration, compliance, and reporting could be significant, particularly for non LVGs.

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

We suggest amending the assessment to:

- Segment practice types and sizes — recognising the cost and capacity differences between LVGs and non LVGs.
- Include an evaluation of existing efforts already in place (e.g. RCVS PSS participation, B Corp certification, VDS risk management)
- Recognise that many practices already achieve high standards voluntarily and may only need light-touch verification, not duplication.

Cost-benefit assessments should also account for non-monetary impacts like staff time, clinical workflow interruptions, client confidence and trust and team wellbeing.

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

A useful approach would include:

- Pilot schemes and trial periods with real-world feedback from a cross-section of practices.
- Co-creation workshops involving independent vets, RVNs, corporate groups, clients, and regulators.
- Surveys or focus groups to assess client understanding and priorities.
- Impact analysis using case studies of small, mid-size, and large practices.

This would help ensure reforms are not just theoretically sound but also practical, adoptable, and effective in the real world.

Question 105: How should any reformed system of regulation be funded?

We believe that funding should be proportional to practice size and structure. This would help distribute cost fairly and sustainably, while ensuring high standards can be supported without creating barriers to smaller practices.