Competition and Markets Authority investigation into veterinary services for household pets: joint response to the remedies working paper

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. Our mission is to represent, support and champion the whole UK veterinary profession. We are a professional body, and our members are individual veterinary surgeons. We take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues, and employment matters.

2. We welcome the opportunity to respond to the remedies working paper which sets out the CMA's current thinking on the potential package of remedies which may be needed to achieve a shift in the commercial relationship between veterinary businesses and pet owners. We understand that the CMA has not at this stage reached conclusions on whether remedies will ultimately be needed or, if they are needed, what form they should take.

3. Our response has been compiled jointly with four of our specialist divisions and affiliate organisations, for which the investigation has the most relevance:

    - The British Small Animal Veterinary Association (BSAVA) which has a membership of 11,000 individuals mainly comprised of veterinary surgeons working in small animal practices treating household pets but also includes registered veterinary nurses (RVNs) and student veterinary surgeons and nurses. Its mission is to enable the community of small animal veterinary professionals to develop their knowledge and skills through leading-edge education, scientific research, and collaboration. It works closely with BVA to represent and support the profession in specific areas of relevance to small animal practitioners.

    - The Society of Practising Veterinary Surgeons (SPVS) whose mission is to provide a supportive membership community offering representation and industry-leading guidance for leaders in veterinary practice.

    - The Veterinary Management Group (VMG), who are the UK's leading representative body for veterinary professionals working in leadership and management roles.

    - The British Veterinary Nursing Association (BVNA) is the independent membership organisation providing services to and representing the veterinary nursing community with 6,500 members. We have a strategic alliance, and their mission is to empower veterinary nurses to develop as individuals and increase their impact on the profession and animal welfare.

4. We have greatly appreciated the many opportunities to engage with the CMA as the investigation has progressed, and we welcome the recognition in the working paper of the dedication shown by vets and vet nurses to their profession and the animals under their care. In the recent series of working papers in which the CMA set out the current assessment of the evidence gathered and emerging views, we were particularly pleased to see that the inquiry group had been listening to the concerns raised and appeared to be working hard to understand the complexities of both the veterinary landscape and how clinical services are delivered. Having made this progress, we are now extremely concerned to be presented with such an extensive package of potential remedies which, if taken together, would in our view impose a very significant and unacceptable burden on

veterinary practices, which could in turn jeopardise the viability of many businesses, reduce consumer choice and negatively impact animal health and welfare.

5. We broadly support the CMA's view that there are several factors inherent to veterinary services which inevitably make it harder for consumers to ensure they are getting the right services to match their preferences. These include:

    - pet owners' need and want to trust their vets and rely on their professional judgment and advice;
    - advances in veterinary medicine which come at increased cost;
    - the purchase of some veterinary services at times of urgency or stress.

    We agree with the CMA's assessment that some of these factors are inherent to a trusted relationship between client and veterinary professional and we welcome the CMA's clear statement that potential remedies should not undermine the trust between pet owners and individual vets. For this reason, we support the CMA's preference to assist consumers to get the best prices and drive competition within the existing market structure. We would urge the CMA to very carefully consider the potential harms which could occur if short-term, temporary 'stabilising' freezes or caps on medicine prices were to be implemented.

6. Although taken individually and if applied in isolation many of the potential remedies may appear reasonable and appropriate, we note that the CMA does not currently believe that there is a single measure that would comprehensively address all the concerns it has identified. For that reason, it is also necessary to consider each remedy in the context of an overall package, and consider how far any particular measure, if implemented together with other remedies, might strengthen or weaken the effect of those other remedies. Given the short consultation period, and the apparent lack of any impact assessment, it is extremely challenging to make any kind of informed judgement on the likely or possible combined effects of the potential remedies. We are also yet to see the CMA's working paper on Econometrics and the further working paper on Financial analysis and profitability, both of which are likely to be critical to informing the way forward. By the CMA's own admission, an assessment of the level of economic profit earned by vet businesses will help understanding of the scope for a better-functioning market for consumers while still maintaining the provision of vet services on which pet owners and their animals rely.

7. We are now at a critical point in the CMA's investigation. We strongly urge the CMA to proceed with extreme caution and to focus on measures such as those which will increase transparency of information available to consumers, which we support. These measures and others should be properly trialled and the impact on practices of all structures and sizes fully assessed before making any final decisions on whether further measures may be needed.

8. Our overarching concerns are summarised as follows:

    - **Proportionality**: The CMA's own guidance states that a proportionate remedy is one that is effective in achieving its legitimate aim and is no more onerous than needed to achieve its aim. We are seriously concerned that the package of remedies as set out in the working paper is too extensive and an entirely disproportionate response to the CMA's identified concerns. Taken as a whole this package of remedies would place a very significant and unacceptable administrative burden on many practices.

    - **Disproportionate impact on small independent practices:** We are also concerned that this package of remedies would disproportionately negatively impact on smaller independent veterinary business where in many cases veterinary professionals will find their time diverted away from providing veterinary services for the animals under their care, with knock-on effects on pricing strategies in order to maintain the viability of these small businesses.

- **Cost:** many of the potential remedies in the paper would necessitate the design and implementation of technological solutions which may or may not be compatible with existing Practice Management Systems. Again, this would likely disproportionately negatively impact smaller independent businesses, with costs passed onto clients. The wide-ranging proposals will also require an increase in RCVS responsibility which will come at a cost. Those costs must not lead to an increase in RCVS registrations fees for vets and RVNs, not least given the diversity of our professions and that some will not be employed in clinical practice but in other areas including R&D, industry, Government and NGOs.

- **Wider impact on veterinary services:** We note that the working paper states that any Orders the CMA might make as part of this investigation will apply only to the supply of vet services for household pets. Notwithstanding this, many of the proposed remedies would still impact on mixed practices and would create an additional burden due to the need to differentiate between the cost of services and products which are offered across a range of species. This will only lead to further client confusion, loss of trust and damage to the Vet-Client-Patient Relationship.

- **Unintended consequences:** We have consistently urged the CMA to avoid unintended consequences. We are concerned that the package of remedies will increase the cost of providing veterinary services for household pets due to the very significant additional burdens placed on veterinary businesses. Some of this additional cost will inevitably lead to higher vet bills for consumers. This may in turn negatively impact animal welfare as consumers who are already struggling to afford veterinary care either delay or avoid taking their pets to the vet. This cannot be in anyone's interest and seems to be precisely the opposite of what the CMA investigation is seeking to achieve.

We urge the CMA to look again at its potential remedies and come up with a more proportionate and targeted package, focusing on those measures which will deliver the greatest benefit to consumers without placing an unmanageable burden on veterinary professionals and businesses.

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Summary of views on the potential remedies

9. We are responding in full to each of the CMA's potential remedies and, where appropriate, the specific consultation questions. However, given the level of detail in the working paper we are summarising our views as follows

Helping pet owners choose FOPs, referral providers and treatments that are right for them and their pet (Remedies 1-6)

- We support the development of standardised price lists, with flexibility for practices to tailor such lists to display those services which are most relevant to their particular client base. However, we are very concerned that the approach proposed by the CMA is too complex and would be unworkable, particularly for chronic conditions. Practices should not be required to provide a level of detail which is overly burdensome and does not bring increased clarity for client.

- We do not support the creation of a costly third-party comparison website. Further development of the RCVS Find-a-Vet website would be comparatively less costly and more trusted by the public.

- We support further consideration of remedies requiring FOPs to publish more information about pet care plans providing the administrative burden does not lead to reduced access to such plans for clients.

- We cannot support a requirement on FOP vets to provide detailed price information when referring to another professional or veterinary business and where the diagnosis, treatment, or prognosis is unknown.

- We support the principle of providing clear and accurate information about different treatments, services and referral options in advance, as part of contextualised care and where the administrative burden does not compromise animal health and welfare.

- Management practices and operational guidelines or criteria which restrict the application of professional clinical judgement should be prohibited.

Increasing price competition in the medicines market (Remedies 7-11)

- For prescriptions, we support a trial of mandatory signage, which should be standardised including format and positioning. A prescription fee cap should be subject to trial and impact assessment, with any cap based on available data.

- We support awareness raising in relation to dispensing options, however, we could not support a legal requirement on veterinary businesses to proactively promote competitors to the detriment of their own business.

- We agree that, where clinically possible, medicines should not be prescribed with reference to a sole branded medicine.

- We do not support price control measures on medicines being implemented at FOP level as this has the potential to significantly reduce the availability of products, which could harm consumer choice and animal health and welfare.

Increasing competition in outsourced OOH care and tackling high mark-ups in the price of cremations (Remedies 12-14)

- Notice periods for the termination of OOH contracts should be long enough for all parties to adjust. The impact of an FOP pulling out of an OOH service would potentially impact other FOPs if the service then became unviable.

- To support transparency and consumer choice we consider that practices should always make clear that owners can carry out their own research on alternative cremation options and offer signposting to appropriate information.

A regulatory framework which protects consumers and promotes competition (Remedies 15-28)

- It is essential that a dedicated specialist regulator, such as the RCVS, is properly resourced to apply, monitor and, where necessary, enforce the extensive behavioural remedies being considered.

- Mandatory practice standards could help to fill a gap in the measures and signifiers of the quality of services veterinary businesses provide, with additional voluntary quality accreditations and awards made available.

- A formal, agreed and consistent complaints process for the veterinary sector, that is both pragmatic and proportionate, should be introduced as part of Supporting Guidance to the RCVS Code and then made part of requirements of mandatory practice regulation.

- Wherever possible local and first-tier complaint resolution is optimal for clients and veterinary practices. When complaints are escalated, a mediation service such as VCMS should be

available as part of a standardised process. We do not support the establishment of a veterinary ombudsman, as this could cause harm to clients by extending complaints processes far beyond what is reasonable and causing further frustration and upset, especially for those who are grieving the loss of their pet.

- There is a need for greater clarity around what can be delegated under Schedule 3 of the Veterinary Surgeons Act, how this should be done, and who is responsible when inappropriate delegation occurs.

- We strongly support the CMA's current view that a recommendation to Government, to protect the vet nurses title in legislation, is appropriate.

- An enhanced system of regulation would require additional resources and funding for the regulator. These costs must not be borne by individual vets and RVNs, but instead by veterinary businesses, which must be regulated.

Response to potential remedies and consultation questions

Implementation of remedies	
Question 1: We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper.	Our overarching comments and key messages are set out in the covering paper.
Trialling of information remedies	
Question 2: We invite comments on whether these (or others) are appropriate information remedies whose implementation should be the subject of trials. We also invite comments on the criteria we might employ to assess the effects of trialled measures. Please explain your views.	We consider that measures which will increase transparency of the information available to consumers should be trialled and the impact of these assessed before any further consideration or implementation of other measures which may impact disproportionately on the sustainability of veterinary businesses, particularly small independent practices.
Remedy 1: Require FOPs and referral providers to publish information for pet owners	
Question 3: Does the standardised price list cover the main services that a pet owner is likely to need? Are there other routine or referral services or treatments which should be covered on the list? Please explain your views.	The list of services being proposed by the CMA to be covered as part of a standardised price list goes far beyond those suggested in our guidance for the profession. As outlined in BVA's guidance for the veterinary profession on transparency and client choice[1], we consider that transparency around costs and the true value of veterinary care is key to giving clients choice and facilitating informed consent. Publishing a price list for the more routine services can help to build client trust and act as a starting point to prompt and facilitate open conversations about contextualised care, as well as help support the wider veterinary team to discuss costs with clients. Developing a price list for frequently offered services is not without its challenges. Each veterinary practice will need to give careful consideration to ensure absolute clarity and reduce the risk of inaccurate comparisons by clients. These considerations include:

[1] https://www.bva.co.uk/media/5766/bva-transparency-and-client-choice-guidance.pdf

	• whether the price is for a one-off service and whether there are any limitations associated with that service (e.g. duration or time of day/night); • whether the price displayed is an aggregate price (such as a vaccination course), • what is included and what isn't; • whether there are any factors unique to the animal which might influence the price, such as size/weight or age; • the skills, qualifications and experience of the team member providing the care; • whether there is any follow-up care associated with the service which could result in an additional charge. As we have previously stated, as there will be variations across veterinary practices and different business models in the services offered, the equipment available, and the staff employed, there will necessarily be variations in what constitutes a list of most frequently offered services. Examples of standard services which most practices should be able to display as either a fixed price or as a range include: • standard consultation with a vet; • a vaccination or course of vaccinations; • neutering services for cats and dogs; • prescription fees; • insurance administration fees; • microchipping; • out-of-hours charges. However, practices will also tailor price lists to display those services which are most relevant to their particular client base. Whilst we accept that some of the services identified by the CMA could be reasonably included in a standardised price list – such as expected costs for some diagnostics and laboratory tests, as well as fixed price items such as cremations – the inclusion of costs relating to more complex investigations and surgeries where outcomes are far less predictable, and for chronic conditions where the progression of a disease is unknown, would be extremely challenging and resource intensive to accurately price. The CMA's proposal as

	currently set out fails to take into account the dynamic nature of veterinary medicine. This could negatively impact on clients in one of two ways: - Prices could be given to only include the anticipated costs for a period of time with no complications or deviation from a 'typical' case. For example, for a diabetic dog the anticipated cost of check-ups, monitoring tests, insulin for that size of dog, needles etc. could be reasonably estimated. If the dog however requires more insulin than expected, is unstable and requires additional testing or hospital admission, the costs will greatly increase. Most practices would already estimate costs in this way and warn clients of possible additional fees, but to try and put this information into standard price lists would be burdensome and potentially meaningless. - The alternative would be to include all possible eventualities and complications, or at least the most common ones, in the price list. This would be a more realistic estimate, but for many cases could be excessive and dissuade clients from taking up treatment options, compromising animal welfare. Some orthopaedic procedures are now priced in this way, with a standard fee to include remedy of all complications for a period of time post-surgery. Whilst this option is appealing in some ways and lends itself to a standardised price list (if all component parts are the same), there is no doubt that some clients will be charged more to cover for the costs of complications suffered by others. In addition, many orthopaedic cases will be discrete with a finite end whereas some medical cases may be more chronic and long-term. Estimates of cost are already made by FOPs (and are indeed an RCVS Code requirement) and are tailored to the individual patient needs and probabilities. Anything that makes estimates of cost less individualised risks undermining trust and damaging to the vet-client-patient relationship, ultimately putting animal health and welfare at risk. There are also challenges and potential unintended consequences associated with displaying a standard price list, which we have previously urged the CMA to consider, including the potential creation of loss-leaders as practices in the area compete for business, resulting in further complexity and cross subsidisation of fee structures, and inadvertently dissuading clients and potential clients from approaching the practice to discuss alternatives.

	Although we broadly support the overarching aim of the proposed remedy we cannot support the detail of the proposal. As such, we would certainly not recommend the addition of any further treatments or services to the proposed list and would instead recommend significant paring back such that the remedy is proportionate and workable for veterinary practices whilst also achieving the desired aim. Please see further comments on suggested price list at **Annex A** as attached.
Question 4: Do you think that the 'information to be provided' for each service set out in Appendix A: Proposal for information to be provided in standardised price list is feasible to provide? Are there other types of information that would be helpful to include? Please explain your views.	As above please see comments on **Annex A** attached.
Question 5: Do you agree with the factors by which we propose FOPs and referral providers should be required to publish separate prices for? Which categories of animal characteristics would be most appropriate to aid comparability and reflect variation in costs? Please explain your views.	Broadly yes, but subject to the proportionality point above. Please also see comments on **Annex A** as attached. Species and body weight are probably the most useful animal characteristics on which to reflect variation in basic costs. Some referral procedures would lend themselves well to standardised price lists if the component parts of procedures are also standardised – for example if diagnostic imaging, post operative care and complications are included or not.
Question 6: How should price ranges or 'starting from' prices be calculated to balance covering the full range of prices that could be charged with what many or most pet owners might reasonably pay? Please explain your views	Most FOP estimates usually include all reasonable anticipated costs plus a 'contingency' amount which is generally a percentage of the estimated fee. As has already been suggested (Q3) it can be difficult to strike a balance between not underestimating and avoiding excessively overestimating for all possible eventualities. For any complex procedures individualised estimates are likely to be far more representative for the client.
Question 7: Do you think that the standardised price list described in Appendix A: Proposal for information to be provided in standardised price	No – the current proposal would necessitate such broad ranges as to confound rather than improve clarity for owners.

list would be valuable to pet owners? Please explain your views.	The CMA suggestion of an average (or presumably median) price alongside a range would be the only way to give owners a genuine reflection of cost but this would only realistically be possible against a relatively short list of services. Please see comments on **Annex A** attached.
Question 8: Do you think that it is proportionate for FOPs and referral providers to provide prices for each service in the standardised price list? Please explain your views.	No – as above A list of prices for some services (as in Q3) should however be possible and proportionate.
Question 9: Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.	Yes - as above
Question 10: Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of many practices which do not have website? Would any impacts vary across different types or sizes of FOP or referral provider? Please explain your views.	Yes. The current proposal is disproportionate and would be particularly unmanageable for independent practices with limited resources. The current suggested price list will also negatively affect FOPs by damaging the Vet-Client-Patient Relationship (VCPR) through trying to oversimplify complex medical conditions and provide an unrealistic estimation of costs. Although there may be a small number of practices without a website this is far from being the primary issue with the proposal.
Question 11: What quality measures could be published in order to support pet owners to make choices? Please explain your views.	We agree that quality of service can be a key differentiator between veterinary practices, and we strongly support the CMA's emerging view that quality may be difficult both to measure and to communicate to consumers. We broadly support the proposed remedy which would require all FOPs and referral providers to publish information on prices, ownership and other basic information on their websites and in their practices (subject to the requirements relating to price lists being proportionate as per comments above). This information could be (and to some extent already is) included in RCVS's Find-a-vet website (see also Q14) to which all practices could be required to sign up to and to keep information up to date.

	We consider that the basic information could reasonably include: • Ownership information • Facilities and species treated • Practice Standards Scheme accreditation and awards • Provision for OOHs care • Experience/qualifications of team members • Testimonials • Weblinks to any standardised price lists agreed • Weblinks to client reviews In BVA's guidance for the profession, we encourage practices to think about the way in they choose to communicate the value of the veterinary care provided by the practice, tailored to the needs of the clients, their animals, and the business. We suggest displaying case studies in the waiting area, testimonials from clients, or profiles of the veterinary team alongside their qualifications and particular areas of interest. This is particularly important for showcasing the key role played by RVNs, and their invaluable contribution towards successful medical and surgical outcomes for animals. We support the CMA view that requirements relating to standardised customer feedback or publishing complaints may not be effective in addressing concerns and could pose considerable practical challenges that may outweigh the potential benefits to consumers. We consider that links to Google reviews from the Find-a-vet website could be a useful addition to the information available to clients. We support the development of a standardised client complaint process (see Q87)
Remedy 2: Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers	
Question 12: What information should be displayed on a price comparison site and how? We are particularly interested in views in	In our response to the CMA's Issues Statement we were clear that a 'one-size-fits-all' approach in the shape of an online comparison tool for pricing – and indeed quality information – risks diminishing the value of veterinary care and fails to take into account the critical importance of contextualised care, including animal factors and human factors, all of

relation to composite price measures and medicine prices	which must be balanced with the skills and equipment that are available within a practice. We continue to hold this view. Price and value are not the same thing – veterinary practices vary enormously, as does the care they can provide, and price is often not a significant factor in clients' choice of veterinary practice. A comparison website would disadvantage practices that do not have significant marketing support and budget, and such a site would be unlikely to capture significant intangibles like 'compassionate care' or the trust element of the VCPR. We would also be concerned that practices viewed as 'desirable' by prospective clients, based on a comparison website output, may not always be able to accept additional clients, leading to potential client dissatisfaction when registering with their second or third choice practice. This could present unnecessary challenges for building a rapport with the client, with the potential for avoidable negative impacts on animal welfare and consumer satisfaction. Price comparison tools may also lead to the creation of loss-leaders as practices in the area compete for business, resulting in further complexity and cross subsidisation of fee structures, and may also inadvertently dissuade clients and potential clients from approaching the practice to discuss alternatives.
Question 13: How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.	We believe that a price comparison site would not be good use of money or the necessary professional time (very often vets and RVNs in small practices) to maintain such a site. Further development of the RCVS Find-a-Vet site would require comparatively little cost and would be more trusted than a third-party provider. The site could be further developed to include links to standardise practice information on pricing and consumer reviews (e.g. via Google). The site already allows searches and comparisons of practices in local areas, which is the information most clients require.
Question 14: What do you think would be more effective in addressing our concerns – (a) a single price comparison website operated by the RCVS or a commissioned third party or (b) an open data solution whereby third parties could access the information and offer alternative tools and websites? Why?	The RCVS Find-a-vet website already has some useful basic information, and we would suggest that this site is a starting point for further development. The profession would have greater confidence in an RCVS operated system. We would not support an open data solution for third parties to access, as such third parties, and the information they presented through their service, would be motivated by their own commercial gain. Neither would we support the use of web scraping as we would question

	its reliability and comprehensiveness given the complexity of the veterinary sector and the services it provides.
Question 15: What are the main administrative and technical challenges on FOPs and referral providers in these remedy options? How could they be resolved or reduced?	If a commissioned third-party site was progressed, there could be challenges for those veterinary businesses with limited administrative staff and systems support. It is important that remedies such as this do not create insurmountable challenges for small practices or clients will lose these businesses and the choice that they bring to the market.
Question 16: Please comment on the feasibility of FOPs and referral centres providing price info for different animal characteristics (such as type, age, and weight). Please explain any specific challenges you consider may arise.	Animal species and weight are probably the most useful characteristics, with age being useful for some diets and medications. This information will be included in most practice management systems and should be reasonably easy to access and analyse. However, the challenges outlined in response to Q15 would remain, particularly for smaller independent practices.
Question 17: Where it is appropriate for prices to vary (eg due to bundling or complexity), how should the price information be presented? Please explain your views.	In order to have standardised price lists, the component parts of the prices must also be standardised and/or any variability (e.g. the duration of an average consultation) carefully explained. This is why only simple fees lend themselves to such standardisation (see Q3). It is possible to compare some non-standard fees for example as has been described in **Annex A** (e.g. duration of consultation fee given alongside cost), but excessive detail will make some comparisons unwieldy and ultimately meaningless for clients. It is important that any fees quoted are simply expressed, correct and valid for the majority of cases, otherwise client trust and the VCPR will be eroded.
Question 18: What do you consider to be the best means of funding the design, creation and ongoing maintenance of a comparison website? Please explain your views.	As mentioned above, any costs incurred by veterinary businesses will undoubtedly be passed straight back to clients. The costs need to be proportional to the benefits. We feel very strongly that funding for such remedies for veterinary businesses must not come at the expense of individual vets and RVNs through increases in their RCVS registration fees, not least given the diversity of our professions and that some will not be employed in clinical practice but in other areas including R&D, industry, Government and NGOs. These costs must be met by veterinary businesses and be proportional to the size of the business.

Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch	
Question 19: What would be the impact on vet business of this remedy option? Would the impact change across different types or sizes of business? Please explain your views.	While pet healthcare plans can reduce annual spend for many pet owners, they may not offer value for money for some pet owners who would otherwise not use many of the routine services included in plans. We consider that a 'one-size-fits-all' approach to pet healthcare plans is no longer appropriate, particularly given the growing imperative to reduce the prophylactic use of parasiticides due to concerns about environmental harms and risk of resistance. We support further consideration of remedies requiring FOPs to publish more information about pet care plans, including comparison with pay-as-you-go and uptake of services included in the plan. Remedies could also include requirements on FOPs that would minimise the friction some pet owners face when cancelling their pet plan or switching to an alternative plan or FOP. Any reduced cancellation periods must however ensure that the FOP is not out of pocket. In this respect a three month notice period seems much more appropriate than a month's notice. However, the provision of information on pet care plans is likely to have different burdens on different practices. Where plans include services such as consultations and triage it may be more complicated to determine what an 'average' bundle of transactions would cost. For practices with flexible IT systems and good records, comparing cost with pay-as-you-go or providing information on uptake of services might be less labour intensive. We agree that for those practices offering pet care plans with unlimited use of some services (eg consultations) there may be additional complications, especially around cancelling a pet care plan and determining whether a pet owner used more or less than the plan covers pro rata. To some extent clients should be responsible for estimating their own likely usage of a plan and determining whether there is a cost-benefit to them. We are unable to identify other sectors offering membership plans or services where it would be contingent on the provider to make that assessment on behalf of the client, particularly without the client being required

	to declare pre-existing medical conditions or being assessed by a professional before subscribing to a care plan (eg medical or dental).
Question 20: How could this remedy affect the coverage of a typical pet plan? Please explain your views.	Pet plans are currently calculated on an annual basis and costs and discounts factored into that. Any financial discounts for clients buying a year's worth of care might be reduced or lost if FOPs know that plans can be cancelled at short notice.
Question 21: What are the main administrative and technical challenges on FOPs and referral providers with these remedy options? How could they be resolved or reduced?	Time and cost-benefit. If the administrative burden becomes too great, then these schemes will be reduced, and clients may not have access to their benefits.
Remedy 4: Provide FOP vets with information relating to referral providers	
Question 22: What is the feasibility and value of remedies that would support FOP vets to give pet owners a meaningful choice of referral provider? Please explain your views	We agree with the CMA's previously stated view that pet owners may not be receiving or engaging with sufficient information to inform their choice of referral provider, and that while FOP vets generally provide sufficient information regarding referral treatment risks, outcomes and practicalities, the provision of pricing information for pet owners is delivered inconsistently. We support the aim of ensuring FOP vets are able to access information from referral providers about availability and prices of services and treatments that can be used to give pet owners choices. However, it must be recognised that it cannot be the responsibility of the FOP vet to provide detailed price information when referring to another professional or veterinary business and where the diagnosis, treatment, or prognosis is unknown. It may be possible to provide estimates where the referral is for particular surgical procedures such as cruciate ligament surgery or fracture repair. Estimates for complex medical conditions are however much more difficult to determine until the referred patient is seen by the referral vet. (see Q5)
Question 23: Are there any consequences which may be detrimental and if so, what are they?	See response to remedy 1 It is important that client expectations are managed. Whilst in some areas and for some procedures there is choice in referral provision, in some parts of the country and for certain

	specialisms such as ophthalmology, referral provision can be very limited. Referrals are commonly also emergencies and there is often little time for the FOP or the client to compare options where options exist.
Question 24: What do you consider are likely to be the main administrative, technical and administrative challenges on referral providers in this remedy? Would it apply equally to different practices? How could these challenges be reduced?	As Q15 Most referral centres are modern facilities and will have the technology to do this relatively easily. This is likely to impact more on peripatetic referral services who will not always have a 'base' practice to work from or staff to ensure administration is carried out in a timely manner.
Question 25: If you are replying as a FOP owner or referral provider, it would be helpful to have responses specific to your business as well as any general replies you would like to make.	N/A
Question 26 What information on referral providers that is directly provided to pet owners would effectively support their choice of referral options? Please explain your views.	As we have previously stated a referral is not merely a transactional arrangement between service providers. Referrals involve considering the animal's health needs alongside accessibility and convenience for the client and will be also based on close professional relationships between referring and referral clinicians. Over time, these relationships build a deep understanding of skills (for example post graduate RCVS recognised training compared to on-the-job experience), expertise, possible costs, waiting times, type/level of follow up/after care and availability of CPD and telephone support, which in turn builds confidence for the referring vet that they can be confident in their referral. This also means they are better placed to advise clients on what to expect. The evidence from the CMA's pet owners survey indicates that a pet owners' trust in their vet is a key driver of referral centre choice, and that most pet owners do not shop around when recommended a referral by their FOP vet. Although we accept that this may mean there is weak competitive pressure on those making and offering referrals, we have also explained that the presence of a specialist is informed by the availability of sufficient caseload. There are some specialisms where there will be competition in many localities but there will also be numerous situations where it is necessary to phone around for even one option for less common presentations. Where the volume of work is low it simply is not

	reasonable to expect that there will be more than one referral option in a locality, and in some cases none at all. See also Q23 We consider that pet owners (and sometimes vets and RVNs within the professions) do not always understand the different types of referrals (eg Specialist vets, as defined by the RCVS, who will have at least a postgraduate diploma level qualification, RCVS Advanced Practitioners, certificate holders, or simply colleagues within the same practice or externally to another practice who have a particular interest in a particular area of work) and consider that greater clarity around qualifications is needed for consumers and the professions to fully understand this element of referrals. RCVS could be encouraged to develop explanatory resources for owners, including greater clarity around the qualifications of the referral vet and the standard of facilities that they work out of.
Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing	
Question 27: If a mandatory requirement is introduced on vet businesses to ensure that pet owners are given a greater degree of information in some circumstances, should there be a minimum threshold for it to apply (for example, where any of the treatments exceed: £250, £500, or £1,000)? Please explain your views.	We strongly support the CMA's current thinking that vets should be able to exercise their professional discretion over the number of potential treatment options which are provided to pet owners. This is contextualised care. Treatment options provided to clients are currently recorded in clinical notes as well as a full written estimate of costs being provided for the option undertaken. This is already a requirement in the supporting guidance to the RCVS Code and there would be benefit in better enforcing the Code rather than developing time consuming disproportionate additional work. We do, however, agree that for one-off procedures additional information and a 'cooling off' period may be of benefit to clients in making choices, where such a delay is clinically appropriate. We do not consider it appropriate to set a threshold for any mandatory enhanced level of information. Client understanding and experience of 'expensive' is contextual, and fixed thresholds could be open to abuse, jeopardising contextualised care and the VCPR.

Question 28: If a requirement is introduced on vet businesses to ensure that pet owners are offered a period of 'thinking time' before deciding on the purchase of certain treatments or services, how long should it be, should it vary depending on certain factors (and if so, what are those factors), and should pet owners be able to waive it? Please explain your views.	The 'thinking time' will depend on the clinical case. For some cases hours or a small number of days will be all that is possible without compromising animal welfare. The 'thinking time' should be at veterinary discretion and clients taking longer than advised will need to appreciate that this may be at some risk to their pet's welfare. It should be appreciated that other treatment, for example medications, may be required during this time, and clinical conditions may also deteriorate, adding to overall cost. We do however appreciate the need for clients to be given the opportunity to consider options, and this already happens in most veterinary practices.
Question 29: Should this remedy not apply in some circumstances, such as where immediate treatment is necessary to protect the health of the pet and the time taken to provide written information would adversely affect this? Please explain your views	Yes, we agree that in some circumstances such as where lifesaving emergency care is required, or where a delay would likely lead to a significant welfare issue, the requirement should not apply. .
Question 30: What is the scale of the potential burden on vets of having to keep a record of treatment options offered to each pet owner? How could any burden be minimised?	As explained in Q27 this will already be happening in many practices and information saved in clinical records and linked estimates. To require this beyond a tailored contextualised approach is completely disproportionate and will create significant burden in practice with no discernible benefit to the client, and potential negative impacts on animal health and welfare. The administrative challenge will vary by practice, potentially being more burdensome for small independent practices without centralised computer systems and IT staff to undertake the necessary changes. It is important that any remedy like this is introduced in a way that allows all practices time to adapt. What is most important for clients is that options are explained well and tailored to them and their pet (contextualised care) as is already happening in many practices. There is a danger that the administrative task takes up the time that was previously spent on good explanation of costs and procedures in a more personalised way.

Question 31: What are the advantages and disadvantages of using treatment consent forms to obtain the pet owner's acknowledgement that they have been provided with a range of suitable treatment options or an explanation why only one option is feasible or appropriate? Could there be any unintended consequences?	As for Q30 – There is a danger that the administrative task takes up the time that was previously spent on good explanation of costs and procedures in a more personalised way. This remedy is completely disproportionate and will create significant burden in practice with no discernible benefit to the client.
Question 32: What would be the impact on vet businesses of this remedy option? Would any impacts vary across different types or sizes of business? What are the options for mitigating against negative impacts to deliver an effective but proportionate remedy?	As for Q30
Question 33: Are there any barriers to, or challenges around, the provision of written information including prices in advance which have not been outlined above? Please explain your views.	Ultimately this remedy is about providing clients with appropriate options and feeling reassured that they have been provided with the correct information. This comes down to the VCPR, contextualised care and in many instances will be what is already happening and is indeed an RCVS Code requirement. Creating a formal, written exercise, must not be allowed to undermine current good practice or add an extra time burden and cost that will ultimately be passed onto clients. Clients must also not be made to feel overburdened by decision making, especially at times when they are feeling upset and/or vulnerable. Clients trust their vets to help them navigate the choices, this remedy must assist with the VCPR, not destroy it. Better enforcement of the current RCVS Code would be a more effective and proportionate remedy.
Question 34: How would training on any specific topics help to address our concerns? If so, what topics should be covered and in what form to be as impactful as possible?	This is contextualised care. There is already training on contextualised care available, and this was always taught to some extent and in various formats to vets and RVNs. Since the start of the CMA investigation the term has become more defined and commonly used, with increasing amounts of relevant CPD available. More important here will be client information to help understand the plethora of choices they may be faced with.
Question 35: What criteria should be used to determine the number of different treatment,	This is contextualised care – it is not about specifying an optimum number of options. For some cases the only options will be a specific clinical plan or euthanasia, for others the

service or referral options which should be given to pet owners in advance and in writing? Please explain your views.	options may be extensive with endless pros and cons. Giving multiple choices may be inappropriate and insensitive, for example when a client requests euthanasia or if a client has made it clear already that they have limited funds. See also Q33
Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners	
Question 36: Are there any specific business activities which should be prohibited which would not be covered by a prohibition of business practices which limit or constrain choice? If so, should a body, such as the RCVS, be given a greater role in identifying business practices which are prohibited and updating them over time? Please explain your views.	We support the aim of ensuring that there are no limits or constraints on pet owners (and their animals) being provided or recommended the most appropriate choice of treatments and/or services based on their circumstances. We have previously stated that we recognise that vets and RVNs not only work as individuals in a regulated context, but also in the context of a practice selling commercial services to consumers. Like the CMA, we also recognise that veterinary businesses are commercial operations which must make sufficient returns for there to be an adequate supply of veterinary care available to support animal welfare and meet the needs of pets and their owners. However, as explained in our response to the working paper 'How people purchase veterinary services' being inappropriately influenced by financial incentives, such that they impact clinical decisions, would be entirely contrary to the declaration every vet and RVN makes on admission to their profession and indeed contrary to the RCVS Code. As the CMA has already recognised, different KPIs work towards different aims, including attempts to consider public health concerns, clinical outcomes, improve business efficiency, or improve customer service. The use of financially driven KPIs is the norm in many businesses, and application of such an approach in a veterinary setting in our view simply represents standard management practice. However, we would be concerned if the setting and monitoring of certain KPIs might put undue pressure on vets and RVNs to change how they recommend treatments to pet owners in a way which did not lead to the best possible animal welfare outcomes. Similarly, we would have serious concerns if unnecessary checks or procedures on pets were being carried out which were of no tangible benefit to the pet and indeed, in some cases might compromise their welfare – again this would be totally contrary to our professional oath and the RCVS Code. As the remedies working paper does not set out in detail the business activities which the CMA might see as limiting or constraining choice it is not currently possible to suggest any additional activities which might also need to be prohibited. The clinical freedom of veterinary

	professionals and a good VCPR is key to offering client choice and supporting contextualised care.
Question 37: How should compliance with this potential remedy be monitored and enforced? In particular, would it be sufficient for FOPs to carry out internal audits of their business practices and self-certify their compliance? Should the audits be carried out by an independent firm? Should a body, such as the RCVS, be given responsibility for monitoring compliance? Please explain your views.	We would support expansion of RCVS's powers to monitor outcomes for consumers and sanction breaches of the Code, as well as regulate veterinary practices. This should be part of mandatory practice standards. The remedy could be formed of some sort of internal audit, in a format set by the RCVS, to be considered at inspection. A standard format would allow comparison between practices. However, any expansion of RCVS's powers and the additional resources and costs that would be required to support this expansion, should not result in an increase in RCVS registration fees for vets and RVNs. We would question monitoring carried out by an independent firm with limited knowledge of the veterinary sector and we would also question self-certification as it could be perceived by clients as a conflict of interest and may compromise the reputation of the profession.
Question 38: Should there be greater monitoring of LVGs' compliance with this potential remedy due to the likelihood of their business practices which are rolled-out across their sites having an impact on the choices offered to a greater number of pet owners compared with other FOPs' business practices? Please explain your views.	Monitoring should be part of mandatory practice standards applying to all veterinary businesses not just LVGs. Remedies must apply equally. The type and extent of monitoring may vary between businesses on a risk-basis but that is for the Regulator to decide. Any monitoring system must be both fair and robust.
Question 39: Should business practices be defined broadly to include any internal guidance which may have an influence on the choices offered to pet owners, even if it is not established in a business system or process? Please explain your views.	This seems reasonable, but it is unclear how this would be monitored and may be a decision for the Regulator.
Remedy 7: Changes to how consumers are informed about and offered prescriptions	
Question 40: We would welcome views as to whether medicines administered by the vet	We note that the CMA's current thinking is that prescriptions should be mandatory in all cases subject to limited exceptions. We also note the interrelation between this remedy and remedy

should be excluded from mandatory prescriptions and, if so, how this should be framed.	8 and the CMA's view that the best vehicle to deliver price information to consumers is the prescription script, and as such the transparency remedy will function better the more consumers have a written prescription. We are concerned that this proposal represents progression of the partial decoupling seen previously in the veterinary sector. We have previously cautioned against any move towards complete decoupling of prescribing and dispensing, which could reduce prompt availability of veterinary medicines, as FOPs would stop stocking anything other than a few commonly used products. This would potentially compromise animal welfare, as well as making it difficult for some members of the public to access medications for their pets. Such a move could also lead to a greater consolidation of the market, including where large corporate groups acquire pharmacies, ultimately resulting in fewer choices for consumers and potential price increases over time due to reduced competition. The loss of medicine sales and/or a low mandatory prescription fee would undoubtedly lead to FOPs increasing consultation and other fees, so any perceived benefit to clients would likely be lost and some clients, especially those who do not have pets on long-term medication or those who cannot access medication online, would overall be affected negatively. We consider that Option Ba detailed at paragraphs 4.20-4.22 and as summarised at 4.9 of the CMA remedies working paper to be appropriate. Option Bb (4.22(b)) could be trialled such that the impact can be assessed. Option Bc (4.22(c)) is not appropriate or proportional and would be time consuming and way beyond what is expected of other businesses. We have previously provided evidence from the SPVS fees survey which found the average prescription fee to be around £18 in 2023 – if this remedy is progressed, preferably as a trial, a figure based on all available data should be used. For an effective trial, signage, including format and positioning, and communication must be standardised. In the event of mandatory prescriptions being introduced, medicines that require administration by a vet (or sometimes an RVN) do need to be excluded. These medications include things such as vaccines, antibiotics, some arthritis treatments and some antiparasitic products. In common with all medications, appropriate controlled transport and storage of these products is required. If these medications were obtained by the client using a prescription the vet would have no control in the handling of these products or confidence in administrating them. Vets do already refuse to administer products sourced in this way and for good reason. Clients administering medications themselves would in many cases be put

	at risk, some individuals (e.g. old, immunosuppressed, pregnant) more than others. A better approach to ensure choice would be for vets to offer alternative medications, for example those that are given orally and can be safely sourced online, wherever possible.
Question 41: Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?	As we have previously explained, when a client requests a prescription, the vet is required to take the time to check the animal is under their care, review the clinical notes, assess the clinical need for ongoing medication, check the dose, and only then if the vet is satisfied that medication is required can they issue the prescription. All of this takes time, and vets need to charge appropriately for their professional time and skill. The RCVS consider veterinary certification, of which a prescription is a form, to be one of the highest levels of professional responsibility and should not be taken lightly or undervalued. If veterinary businesses feel the fee for a prescription does not cover the time and resources required to issue it, they will simply make up the deficit in other charges, such as increasing the basic consultation fee. The benefits of paying for a prescription and sourcing medications elsewhere, including via online pharmacies, are likely to be greatest for clients for ongoing medications for chronic conditions in repeat prescriptions. For other short term and one-off medications, the benefits will be much less and indeed in many situations clinically inappropriate, potentially compromise animal welfare because of delays in the client's ability to source products. We would support mandatory offer of written/electronic repeat prescriptions for ongoing treatments only. The suggestion of mandatory prescriptions for 'the ten most common conditions' or similar is not something we would support. In the past the need to advertise the 'top ten drugs' was open to interpretation and confusion and was subsequently dropped.[2] A requirement to provide written/electronic repeat prescriptions for all ongoing treatments would be simpler, less time consuming and clearer for all. It Is also Important to appreciate that the amount of a drug prescribed, the repeatability, and duration of a prescription, will all vary between clinical conditions and individual animals, as will the frequency of check for repeat prescriptions. It is important that is communicated to consumers to avoid confusion.

[2] https://knowledge.rcvs.org.uk/about-us/news-and-events/news/oft-agrees-to-drop-top-ten-medicines-requirement/

Question 42: How might the written prescription process be best improved so that it is secure, low cost, and fast? Please explain your views.	As is acknowledged at 4.46 in this section, some FOPs do not have efficient systems for issuing prescriptions and prescriptions are open to fraud. A need to issue more prescriptions may have the benefit of resulting in systems improving, but it will take time for this to occur. Better direct electronic communication between the FOP and pharmacies, as is seen between GP surgeries and pharmacies, would clearly be an improvement, but this would again take time to develop. For these reasons we would ask that remedies relating to improved signage and website information are trialled first, and then that the veterinary industry has appropriate time to adjust to remedies requiring any further changes (see Q43 below).
Question 43: What transitional period is needed to deliver the written prescription remedies we have outlined? Please explain your views	Paragraph 4.133 of the CMA's own working paper on remedies identifies that this proposal is likely to require significant changes to systems in order to deliver, as it would drastically increase the volume of prescriptions being issued (up to 27.5 million prescriptions would have been issued had prescriptions been mandatory in 2023). We do not have sufficient information to speculate on the timeframe needed to develop the proposed e-prescription portal software mentioned in the working paper, if indeed that is the preferred option on which the CMA settle. Without that information it is impossible to suggest a suitable transition period. As stated above, these potential remedies in our view represent a move towards complete decoupling of prescribing and dispensing which would mean that veterinary fees for consultations, diagnostic tests and/or surgery would undoubtedly have to increase to ensure that FOPs remain profitable. Whilst no longer having medicine sales compensating for undercharging on fees may be 'fairer' for some pet owners, for example those with pets on long-term medication, for others the overall cost of veterinary services will increase. This is unlikely to be an outcome consumers will be expecting from the CMA investigation and could impact negatively on animal welfare. The impact of any changes on medication prescribing and supply are likely to be felt to a greater extent in small less agile businesses and in some rural mixed practices, where the scope for diversification of fee structures is more limited. For many of these practices, for example Scottish Highlands and Islands practices, medicines sales are often important to the sustainability of these businesses, and supplies to clients from mainland online pharmacies may also be especially unreliable. The unforeseen consequences of these

	remedies could be a loss of small practices and therefore of client choice, especially in remote areas, and in the worst situations animal welfare may be negatively impacted by the lack of availability of vets in an area.
Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers	
Question 44: What price information should be communicated on a prescription form? Please explain your views.	We support the stated key goal of this remedy of improving price transparency, such that customers can effectively compare the prices of medicines before making a purchase. We agree that the availability of better price information would increase competition in the supply of medicines and may exert competitive pressure on FOPs. We also agree that for pricing information to have an effect, consumers need to receive and digest it within a short timeframe. We agree with the CMA's assessment that remedy Option A (Directing the pet owner to a price comparison site on prescription) would not provide sufficiently specific or timely information to be of meaningful benefit to the consumer for new prescriptions. This option would however be of use for repeat prescriptions where the owner was aware of the medication required in advance. However, it could however be argued that a simple Google search would (and does) achieve the same objectives. We do not consider that it should be the responsibility of the vet or practice to proactively encourage clients to take their custom elsewhere by listing in real-time specific retailers where a product can be purchased more cheaply. There are very few service providers or retailers, if any, who are required by law to act in this way. Whilst we accept that increased consumer awareness of dispensing options can only be a positive for competition, we could not support a legal requirement on veterinary businesses to proactively promote competitors to the detriment of their own business. We support proportional promotion, for example practice and website information advertising that prescriptions are available.
Question 45: What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.	Practice protocols should include: • Information that a prescription is available to source the medication • The cost of a prescription in an FOP • What the cost of the medication would be in the FOP including any dispensing fees • That medication may be cheaper from other sources (e.g. online)

	• How and where price comparisons can be obtained (e.g. via a Google search)
Question 46: Do you have views on the feasibility and implementation cost of each of the three options? Please explain your views.	We do not have all the necessary information to assess the likely costs of the proposals. We would however ask that remedies of this type are proportional to the problem and to consumer need. These options need to be funded by veterinary businesses, and costs will inevitably be passed onto clients. Any new system must be a genuine improvement on the status quo – there is no benefit in having a costly system that merely replaces a Google search for the majority of clients. We would also caution against unintended societal consequences relating to options which rely solely on the client needing access to technology as this will further marginalise some of the most vulnerable pet owners in society (e.g. the elderly or the homeless whose pet supports their mental health and wellbeing) and it potentially compromises the welfare of the pet.
Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales	
Question 47: How could generic prescribing be delivered and what information would be needed on a prescription? Please explain your views.	For clarity we are assuming that 'generic prescribing' means prescribing of products licensed for use in animals and/or prescribed under the Cascade by their generic pharmaceutical name rather than trade name. The other common use of 'generic' refers to a human generic drug equivalent to a veterinary licensed product that is pharmacologically identical. As explained in our previous submissions we would not support any dismantling of the prescribing cascade and routine prescribing of unlicensed human generics (see Q49). For the avoidance of doubt or confusion we do not support the routine use of human generic medications outside of the current VMD regulations. We agree that for price competition to be effective between two (or more) medicines that are clinical alternatives, the pet owner needs to be in a position, after a written prescription has been issued, to choose the best option for them from among the clinical alternatives. We support the stated aim of this remedy to facilitate effective choice between alternative medicines within a given category of clinically equivalent medicines. We agree with the CMA's current view that, where clinically possible, medicines should not be prescribed with reference to a sole branded medicine. This may mean that medicines should be prescribed by active ingredient, by generic name, with reference to a clinically

	appropriate (or therapeutically) equivalent, or with reference to multiple specified medicines, except in limited instances where it is clinically inappropriate for more than one branded medicine to be offered. We are aware that clients may sometimes be concerned that switching from a familiar branded medicine may be less effective, less well accepted by the pet, or may result in side effects not previously seen (depending on components other than the active ingredient). This is seen in FOPs when a brand becomes unavailable for a period of time and an alternative is dispensed. There will need to be appropriate information for clients to understand that a decision to change brand, although unlikely to be problematic, could result in clinical issues not previously seen and such problems cannot be the responsibility of the FOP providing a generic prescription.
Question 48: Can the remedies proposed be achieved under the VMD prescription options currently available to vets or would changes to prescribing rules be required? Please explain your views.	We understand that the current regulations allow for generic/active ingredient prescribing. However, we also consider that it would be prudent for the CMA to engage with the VMD on whether any changes to prescribing rules might be required to support the proposed remedy.
Question 49: Are there any potential unintended consequences which we should consider? Please explain your views.	We have previously stated that allowing human generic drugs to be prescribed to animals brings risks to both animal welfare and antimicrobial resistance (AMR). Human equivalents are not necessarily chemically identical to veterinary medicines, and in some cases, a different formulation may be needed due to different bioavailability. There can be considerable difficulties and risks in comparing absorption, distribution, metabolism and excretion (ADME) of veterinary licensed and generic medicines, and the requirement to abide by the Cascade and use veterinary licensed products where they exist, is in no small part because the ADME particulars have been tested fully. We recognise the difficulties faced by consumers who, understandably, lack awareness as to why licensed veterinary products may be more expensive than human products with the same active ingredient. There is a potential unintended consequence here that the remedy may compound misunderstanding amongst the public around why human generics cannot be used for animals and there needs to be a communications piece to accompany the remedy. Within the setting of contextualised care vets will already be discussing a range of treatments, including their likely effectiveness and cost, and we consider that VMD and

	RCVS, with the support of the veterinary associations, have a role to play in supporting veterinary professionals to communicate this information to their clients. The development of simple explanatory material for waiting rooms and practice websites could represent a more immediate solution to address the information asymmetry on this particular issue. Such information could also be part of a price comparison site as is being proposed. It is important to note that trade named veterinary medicines with the same generic constituents do sometimes come in different concentrations (mg/ml or mg/tablet) and like-for-like prescribing may not always be easy or appropriate. Regarding unintended consequences, we would have concerns regarding the issue as outlined at paragraph 4.91 which refers back to paragraph 4.86(a), in particular the last sentence which suggests a requirement on a vet to prescribe, on any given written prescription, all of the clinically effective generic medicines of which they are aware for that species and condition. This seems onerous and potentially impractical.
Question 50: Are there specific veterinary medicine types or categories which could particularly benefit from generic prescribing (for example, where there is a high degree of clinical equivalence between existing medicines)? Please explain your views.	We consider that this is a question for the Veterinary Medicines Directorate to respond to.
Question 51: Would any exemptions be needed to mandatory generic prescribing? Please explain your views.	We consider that this is a question for the Veterinary Medicines Directorate to respond to.
Question 52: Would any changes to medicine certification/the approval processes be required? Please explain your views.	We consider that this is a question for the Veterinary Medicines Directorate to respond to.
Question 53: How should medicine manufacturers be required to make information available to easily identify functionally	We consider that this is a question for the Veterinary Medicines Directorate to respond to.

equivalent substitutes? If so, how could such a requirement be implemented?	
Question 54: How could any e-prescription solution best facilitate either (i) generic prescribing or (ii) the referencing of multiple branded/named medicines. Please explain your views.	Prescribing could be generic for drugs of the same pharmaceutical name and concentration (see above). Referencing to branded alternatives would be unnecessary work for a veterinary practice and difficult to keep up with varying trade names stocked by pharmacists. The responsibility for which version of a prescribed generic should be dispensed should lie with the pharmacy staff (including the responsible veterinary surgeon, pharmacist, or SQP). Note there is a danger here that the 'lack of choice' is simply now passed onto the pharmacy who is likely to stock the brand that they achieve the best profit margins on.
Remedy 10: Prescription price controls	
Question 55: Do you agree that a prescription price control would be required to help ensure that customers are not discouraged from acquiring their medicines from alternative providers? Please explain why you do or do not agree.	As Q40. We consider that Option B (except for para. 4.22(c)) as summarised at 4.9 of the CMA remedies working paper could be trialled such that the impact can be assessed. We have previously provided evidence from the SPVS fees survey which found the average prescription fee to be around £18 in 2023 – if this remedy is progressed, preferably as a trial, a figure based on all available data should be used. For an effective trial, signage and communication must be standardised.
Question 56: Are there any unintended consequences which we should take into consideration? Please explain your views.	Any fixing of prescription price that results in an effective reduction in income in a given FOP will likely just be passed onto the client in the form of an increase in consultation fee. Practices not already charging the set maximum fee may move to charging that upper limit and their clients will be disadvantaged.
Question 57: What approach to setting a prescription fee price cap would be least burdensome while being effective in achieving its aim of facilitating competition in the provision of medicines?	If a price cap is implemented, then a simple single maximum price with clarity as to how many items could be on one prescription for that fee will be needed. As in Q41 the amount of drug prescribed, duration and repeatability of the prescription will need to remain at the discretion of the prescribing vet.

Question 58: What are the costs of writing a prescription, once the vet has decided on the appropriate medicine?	As we have previously explained, when a client requests a prescription, the vet is required to take the time to check the animal is under their care, review the clinical notes, assess the clinical need for ongoing medication, check the dose, and only then if the vet is satisfied that medication is required can they issue the prescription. Prescribing is a privilege and responsibility for vets that is shared only with the medical and dental professions and one that vets take very seriously. The RCVS also consider veterinary certification, of which a prescription is a form, to be one of the highest levels of professional responsibility and should not be taken lightly or undervalued. The time taken to issue the prescription itself will depend upon the systems available in the FOP, and vets need to charge appropriately for their professional time and skill.
Question 59: What are the costs of dispensing a medicine in FOP, once the medicine has been selected by the vet (i.e. in effect after they have made their prescribing decision)?	The cost of dispensing needs to include the costs of running a pharmacy as well as the actual cost of dispensing medication. It is expensive to keep and dispense veterinary medicines under the strict guidelines that are set out in law. Vets must keep a wide range of medicines in stock, all of which have a shelf-life and in some instances require controlled temperature facilities which means the pricing structure must cover the cost of storage, wastage and disposal - the latter requiring compliance with relevant disposal regulations. When an individual medication is dispensed there is a time element needed for checking a prescription or computer record and for sourcing, packaging and labelling the medication. Medicines may sometimes need to be physically counted into bottles. A variety of bottles, containers and labels must all be available and appropriate for the medication dispensed. If medications are prescribed under the Cascade, then additional information may need to be printed and provided alongside the medication, see: https://www.bsavalibrary.com/content/cil/medicines
Remedy 11: Interim medicines price controls	
Question 60: What is the most appropriate price control option for limiting further price increases and how long should any restrictions apply for? Please explain your views.	We do not support the potential time-limited price control measures outlined at paragraph 4.118 of the CMA remedies working paper. Medicine prices paid by FOPs fluctuate continually for a range of reasons including availability and rebate. Any restrictions placed on FOPs which prevent prices from being adjusted according to changes outside the control of that FOP have the potential to significantly reduce the availability of products, which could

	harm consumer choice and animal health and welfare. Price controls, if progressed, should only be explored at wholesaler level.
Question 61: If we aim to use a price control to reduce overall medicine prices, what would be an appropriate percentage price reduction? Please explain your views.	Any price control on medicines should only be explored at wholesaler or manufacturer level. As noted in Q43 any reduction in profits from medicines sales in FOPs are likely to be passed onto the client via other fee increases.
Question 62: What should be the scope of any price control? Is it appropriate to limit the price control to the top 100 prescription medicines? Please explain your views.	This option resembles the 'top 10 drugs' in previous CMA interventions. This was open to interpretation as to what determined drug sales and became meaningless. There would need to be clarity around such a remedy including defining terms such as 'generic', 'branded', 'white label', 'trade', etc The number of drugs that are frequently used, where competition on price can and should be significant, is likely to be less than 100.
Question 63: How should any price control be monitored and enforced in an effective and proportionate manner? Please explain your views.	N/A we do not support this remedy. Any monitoring and enforcement should be the responsibility of the Regulator.
Implementation of remedies 7 - 11	
Question 64: We welcome any views on our preferred system design, or details of an alternative that might effectively meet our objectives. Please explain your views.	We do not support medicines price controls, and believe that any prescription price cap should be trialled, for the following reasons: • Caps are likely to impact small independent practices much more than the LVGs because of LVG purchasing power (even when buying groups are considered). This could result in loss of some small practices, especially in remote rural areas, and reduced choice and competition elsewhere. • Medicines prices fluctuate, and any price control would need to be carefully linked to wholesaler price. • Improved client awareness of prescriptions and offering prescriptions for all 'repeat prescription' situations (as described above), is more likely to stimulate competition in medicines pricing.

	• Any reduction in medicines and prescription profits will be passed onto clients in the form of increases in other fees
Question 65: What do you consider to be the best means of funding the design, creation and ongoing maintenance of an e-prescription portal and price comparison tool? Please explain your views.	We feel strongly that any funding model must not impact upon individual vets and RVNs, whether in clinical practice or otherwise within the veterinary sector, through their RCVS registration fees. Any business remedies must be proportional and be funded by veterinary businesses.
Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers	
Question 66: What would be an appropriate restriction on notice periods for the termination of an out of hours contract by a FOP to help address barriers to FOPs switching out of hours providers? Please explain your views.	As the CMA will be aware, the RCVS require all FOPs to provide OOH care although this can be outsourced. Historically OOH provision was via vets from FOPs being 'on call' but such a system is rarely appropriate or sustainable for a modern workforce and separate OOH services are needed, either outsourced or via an internal separate OOHs staff team. We have previously explained that OOH veterinary services need a critical mass of work to be commercially viable for the provider of the service. In areas of high human population density, there will be correspondingly more pets, but in many other areas, especially rural or remote areas, there is not enough work to support multiple OOH providers. In recent years there has been a significant shift in the companion animal sector to outsourcing OOH care to providers with a more commercially viable structure that specialise in delivering OOH care, with professional staff specifically employed to work nights and weekends This has gone a long way to supporting a diversity of veterinary practice business models offering daytime care, including smaller independently owned practices, and allowing for new start-ups. The ability to outsource It also supports a better work/life balance for veterinary teams, which ensures that practices can recruit and retain experienced staff and enables the delivery of good quality veterinary care both day and night. For owners in geographically remote areas of the UK, access to a choice of OOH providers is simply not feasible. For smaller practices, with limited close neighbouring practices with whom OOH cover can be shared, outsourcing OOH to one practice as an OOH provider may be the only way that local FOPs practices can meet the obligation to provide 24/7 emergency first aid and pain relief for all animals, retain staff, and remain viable as businesses. Outsourcing OOH work to dedicated providers also supports the sustainability of the

	workforce by allowing those vets who cannot or chose not to work on an OOH rota to stay in practice. Therefore, in our response to the CMA's working paper on local competition we supported the assessment that the nature of outsourced OOH means that its provision is likely to be more highly concentrated than for FOPs due to less demand, and that OOH care is also more expensive to provide as it depends on staff working unsocial hours. We also agree that it may be the case that concentration is high in a number of local areas, with no likely scope to increase the number of competitors. We strongly advised against any remedies which shift the requirement to deliver OOH back to individual practices. For many, this would be commercially unviable to deliver due to insufficient demand set against the challenge of modern working practices and recruiting to cover an OOH rota in addition to the normal daytime provision. Any such shift could have serious consequences, in particular for more remote and rural areas of the UK, leading to inability to recruit staff, closures and therefore reduced consumer choice and animal welfare harms. Whilst we agree that both notice periods and termination fees should be reasonable and not a deterrent to FOPs choosing to move between OOHs supplier or choosing to set up their own services, the nature of OOH provision, as described above, must be kept in mind. Setting up of OOH, staffing them and ensuring a critical mass of clients (through contracts with FOPs) is not easy in all areas of the country. Some OOH services will be critically balanced, and sudden changes could result in failure of these businesses. Anything that risks loss of local OOH services for clients and their pets or makes it necessity for FOPs and their staff to take OOH back in house, is clearly to be discouraged. The impact of an FOP pulling out of an OOHs service would potentially extend to other FOPs if the service then became unviable. Another consequence of instability in these businesses might be an increase in fees to mitigate acute changes in client numbers – this would clearly not be of benefit to consumers.
Question 67: What would be an appropriate limit on any early termination fee (including basis of calculation) in circumstances where a FOP seeks to terminate a contract with an out of hours provider? Please explain your views.	As above The notice period should be long enough for all parties to adjust and to avoid the negative impacts described above. We would suggest an absolute minimum of 6mths (which is what some providers have already).

Remedy 13: Transparency on the differences between fees for communal and individual cremations	
Question 68: Do you agree that the additional transparency on the difference in fees between fees for communal and individual cremations could helpfully be supplemented with revisions to the RCVS Code and its associated guidance? Please explain your views.	In our response to the CMA's Issues Statement we observed that the CMA commissioned market research found that pet owners felt relieved that their veterinary practice had taken the lead in dealing with cremation arrangements, and they were happy to leave the choice about which cremation provider to use to their vet. In many cases the provider recommended by the vet will be one where the relationship has been built over time and where the vet can feel confident that the service provided will be compassionate and in the best interests of the owner at a distressing time. Most practices will already offer clients a choice between communal and individual cremation, often with a range of options for type of container for ashes, and the fees associated with this. Making such clarity mandatory would not be overly burdensome but is not the sort of detail we would normally expect to see in the RCVS Code and indeed would feel that such detail is unnecessary and if applied across services would ultimately lead to a distended and impractical Code. The supporting guidance to the RCVS Code already states that: *"11.2 Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider* ***a range of reasonable treatment options…****with associated fee estimates…"* AND *"12.16 Generally, a veterinary surgeon should seek informed consent from the owner to disposal options for the cadaver and should ensure that any third party involved in the disposal is appropriately licensed, for example, if the animal is to be cremated."* It would not be unreasonable for the guidance to be revised the include specific reference to transparency around fees associated with cremation services. However, we agree with the CMA's view that such an intervention could have limited effect due to pet owners often being

	in an emotionally distressed state and therefore not well placed to make the decision even if they have access to the requisite information. To further support transparency and consumer choice we consider that practices should always be clear that owners can carry out their own research on alternative cremation options. Practices may also choose to provide owners with additional information at this time, such as prices for the practice's normal supplier, alternatives if available, and generic information such as signposting to the APPCC: https://appcc.org.uk/the-code-of-practice Practice websites could also have appropriate information explaining cremation options to which clients could be directed as appropriate. To support this, practices should, where space allows, offer to store the cadaver for a defined period of time, to give owners the emotional space to make the decision which is right for them.
Remedy 14: A price control on cremations	
Question 69: If a price control on cremations is required, should this apply to all FOPs or only a subset? What factors should inform which FOPs any such price control should apply to?	We have previously explained that cremation services are almost always external to veterinary practices but provided by the practices to support clients at an incredibly difficult time. Although we welcome and encourage transparency, we have previously expressed concern that complexity of choice or anything that makes providing this service more challenging for practices could inadvertently lead to a much more difficult and distressing situation for pet owners where they could be left to organise such provision themselves. Separation of the cost of cremation from any other fees (e.g. euthanasia fees, handling fees for cadaver storage and labelling) would increase transparency in this area. It would be important however to ensure that this did not inadvertently increase the price of communal cremations (see Q70). Any remedies should be such that they can be applied equally to all parts of the sector.
Question 70: What is the optimal form, level and scope of any price control to address the	We noted that based on the information currently available, the CMA's concern with high mark-ups is mainly around the price of individual cremations, and that any price control could be limited to the provision of individual cremations, rather than apply to all cremations. We

concerns we have identified? Please explain your views	understand that the CMA intends to consider any unintended consequences which may arise from limiting the scope of any price control in this way and whether these would be avoided if a price control were to apply across the provision of all crematoria services. There is a danger that handling fees for communal cremations are currently able to be kept low because of mark-ups on individual cremations and would increase if mark-ups on individual cremations were controlled. For many owners, communal cremations are the only financial option and any significant increase in these would cause unnecessary stress and upset at a difficult time. We fully recognise the need to be fair and proportionate and indeed that some owners may financially stretch themselves to purchase individual cremations.
Question 71: For how long should a price control on cremations be in place? Please explain your views.	We do not believe that price controls are necessary or beneficial to clients. We do however support increased transparency around cremation costs.
Question 72: If a longer-term price control is deemed necessary, which regulatory body would be best placed to review and revise such a longer-term price control? Please explain your views.	See Q71
Remedy 15: Regulatory requirements on vet businesses	
Question 73: Would regulating vet businesses as we have described, and for the reasons we have outlined, be an effective and proportionate way to address our emerging concerns? Please explain your views.	We agree that it is important that regulation is set at the right level. We also broadly agree with the possible problems with the regulatory framework identified in the working paper. Most importantly: a) Its scope is too narrow, placing the burden on individual vets and nurses, but not vet businesses and non-vets who own and work in them. But also: b) It does not always result in consumers having good, relevant and timely information on price, quality and treatment options to would help them make informed decisions, drive competition

	c) It does not contain sufficient and appropriate mechanisms for the monitoring and enforcement of vets' and vet nurses' compliance with the RCVS Code d) Provisions for consumer redress are limited. We agree that it is important that the relevant requirements form part of a statute-based system of professional services regulation under a properly equipped regulator. We note the CMA view that if it is necessary to impose behavioural requirements that would apply to thousands of vet businesses across the UK, and may be required for a substantial period of time, it would be more appropriate for them to be applied, monitored and, where necessary, enforced by a dedicated specialist regulator, such as the RCVS. Such a regulator would have the benefit of sectoral expertise and could be resourced to perform that role. We agree that such an approach would put the regulation of vet businesses and professionals on a similar footing to that of other regulated professions and would also likely be more efficient for businesses, and liable to promote predictability for regulated businesses and professionals, to have a single system of regulation.
Remedy 16: Developing new quality measures	
Question 74: Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of? Please explain your views.	We agree with the CMA's emerging view that: a) the quality of the services vet businesses offer is difficult to measure and to communicate to consumers. b) there are no straightforward measures of quality that can be readily identified that it would be appropriate to impose on vet businesses We also agree that mandatory PSS (or a similar baseline scheme) could help to fill a gap in the measures and signifiers of the quality of services veterinary businesses provide and support further consideration of whether and how a reformed regulatory system could help provide signals of service quality to consumers. We support the suggestion that the system could have two parts - the first being a set of compulsory, core competence requirements that all vet businesses must meet and the second could provide for vet businesses voluntarily to seek additional quality accreditations

	and awards for aspects of their services which exceed the core competence requirements (such as is already the case in the current PSS). The core standards of a mandatory scheme might differ for those in the current PSS, to include enhanced areas of consumer support identified by the CMA in its investigation and as highlighted in this CMA document. We agree that an enhanced scheme must be effectively monitored and enforced and that this is for government and the RCVS to review with regard to the form and frequency of monitoring, and any sanctions.
Question 75: Would an enhanced PSS or similar scheme of the kind we have described support consumers' decision-making and drive competition between vet businesses on the basis of quality? Please explain your views.	The PSS scheme in its current form provides excellent information for clients, but it is poorly promoted and poorly understood (by clients and also by some in the professions). Better promotion and awareness is key to making the scheme useful to clients and of value to practices. RCVS Find-a-vet provides a useful starting point for this. Mandatory practice standards for the small number of practices outside the PSS are essential to ensure standards and public confidence. These standards should include legal requirements and standardised customer facing requirements (e.g. complaints processes). This may mean that the mandatory standard is different to the current baseline 'core' PSS accreditation. The current 3 levels of PSS would then form the basis for 'enhanced' standards that practices could choose to undertake, and consumers could choose between.
Question 76: How could any enhancements be designed so that the scheme reflects the quality of services offered by different types of vet businesses and does not unduly discriminate between them? Please explain your views.	This already happens through the current PSS. Better awareness, promotion and advertising of the scheme would improve its use and benefit to clients
Question 77: Are there any other options which we should consider?	The existing scheme is well regarded within the profession and should be the basis for any mandatory standards. Good communication to clients is essential however to ensure the benefits of the scheme are seen.

Remedy 17: A consumer and competition duty	
Question 78: Should any recommendations we make to government include that a reformed statutory regulatory framework include a consumer and competition duty on the regulator? Please explain your views.	We believe that the detail in Qs 78-85 is best answered by the Regulator, RCVS. We do however feel it is important that: • Any recommendations should be proportional to the problem being addressed • Any costs should be directed at veterinary businesses not individual vets and RVNs • Any monitoring methods should be achievable by all FOPs regardless of size and not overly burdensome
Question 79: If so, how should that duty be framed? Please explain your views.	See above
Remedy 18: Effective and proportionate compliance monitoring	
Question 80: Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote competition? Please explain your views.	See above
Question 81: How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.	See above
Question 82: What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.	See above
Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.	See above
Remedy 19: Effective and proportionate enforcement	

Question 84: Should the regulator have powers to issue warning and improvement notices to individuals and firms, and to impose fines on them, and to impose conditions on, or suspend or remove, firms' rights to operate (as well as individuals' rights to practise)? Please explain your views.	See above
Question 85: Are there any benefits or challenges, or unintended consequences, that we have not identified if the regulator was given these powers? Please explain your views.	See above
Remedy 20: Requirements on businesses for effective in-house complaints handling	
Question 86: Should we impose a mandatory process for in-house complaints handling? Please explain your views.	If a consumer's complaint can be effectively addressed by their veterinary practice, this is likely to be the best outcome, both for clients and for the veterinary practice concerned, particularly where improvements are implemented in response to the substance of a complaint. However, we recognise that complaints handling processes are not standardised at the practice level, and in some practices may be inadequate or even absent entirely. A standardised process, with appropriate guidance and training, would also better allow for comparisons between practices and identification of areas of specific concern. This should be simple and clear, centred on local resolution, followed by mediation then arbitration as necessary.
Question 87: If so, what form should it take? Please explain your views.	A formal, agreed and consistent complaints process for the veterinary sector, that is both pragmatic and proportionate, should be introduced as part of Supporting Guidance to the RCVS Code and then made part of requirements of mandatory practice regulation, ensuring that all practices operate complaints procedures of a certain standard. We recognise that other regulated professions have similar requirements, and we can see the benefits to clients, veterinary professionals and businesses. We would welcome an opportunity to contribute to the development of advice and guidance on a proportionate approach to complaints handling where a 'no blame culture' or 'just culture' is embedded, accompanied by signposting to parallel support for both clients and veterinary teams.

Remedy 21: Requirement for vet businesses to participate in the VCMS	
Question 88: Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views.	We have previously suggested that the Veterinary Client Mediation Service (VCMS) has an important part to play in redress as a voluntary, independent, and free mediation service. We support the VCMS view that wherever possible local and first-tier complaint resolution is optimal for clients and veterinary practices. When complaints are escalated then a mediation service such as VCMS should be available as part of a standardised process.
Question 89: How might mandatory participation in the VCMS operate in practice and are there any adverse or undesirable consequences to which such a requirement could lead?	The introduction of mandatory participation could lead to the unintended consequences of the loss of person-centred complaints resolution, and increased costs which may ultimately be passed on to consumers. It is important that any mandated complaints process, including VCMS, starts at a practice level first. The VCMS service is currently paid for by RCVS which means individual vets and RVNs are funding a service which is mediating business-consumer relationships. It would be more appropriate for funding to come from practice regulation and we feel strongly that any expansion of this type of service should come from veterinary businesses not individual professionals.
Question 90: How might any adverse or undesirable consequences be mitigated?	Ensuring that any standardised complain process starts at a practice level with local first-tier input and is only escalated to the VCMS when appropriate and necessary. This will help maintain the practice-client relationship wherever possible and not overwhelm the mediation service with low level complaints for example those based on simple miscommunications.
Remedy 22: Requirement for vet businesses to raise awareness of the VCMS	
Question 91: What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?	The VCMS has played a significant role in reducing the consumer complaint burden on the RCVS, and we consider that there is scope for better promotion of VCMS both within the professions and to clients. This promotion could also be linked with appropriate pet bereavement services, given the proportion of complaints which are grief driven. Information about the VCMS should be provided to clients in the terms of business, readily available on the practice website, at the practice premises through clear signage, and as an information leaflet for clients. The role of VCMS in complaints should also continue to be

	promoted by the RCVS. A standardised complaints process, that is transparent to clients, as described above, would also make them aware of VCMS should the case escalate.
Remedy 23: Use of complaints insights and data to improve standards	
Question 92: How should the regulatory framework be reformed so that appropriate use is made of complaints data to improve the quality of services provided?	We agree that complaints processes can be a rich source of data that may be used to improve services or identify the need to adapt the regulatory framework. We welcome the recognition of the contributions VCMS already makes in this regard, sharing information with the RCVS, including complaints data, quarterly and annual reports, and insights reports. We also welcome recognition of the VDS online tool VetSafe, which is available to the majority of the practising profession and is designed to drive proactive continuous improvement and clinical risk management through the collection, interpretation and sharing of data insights, which the entire veterinary team can learn from. We agree that there could be scope for the regulator to play a bigger role in using complaints data to drive improvements in services and to ensure that regulation remains appropriately targeted. We would support a standardised complaints process that starts at practice level and uses data for continual improvement. This process would escalate to VCMS, for mediation or adjudication, and then where necessary to the regulator. This would provide standard data that was easy for practices to understand and compare across the sector.
Remedy 24: Supplementing mediation with a form of binding adjudication	
Question 93: What are the potential benefits and challenges of introducing a form of adjudication into the sector?	Adjudication may have a role in a very limited number of cases which cannot be resolved through mediation. Adjudication has a role in bringing closure for both client and vet, which can have an important mental wellbeing benefit for both, particularly where complaints are grief driven. Closure allows the complainant to then progress with counselling to address grief or guilt.
Question 94: How could such a scheme be designed? How might it build upon the existing VCMS?	Development of the current VCMS system, funded by practice regulation, should be adequate.

Question 95: Could it work on a voluntary basis or would it need to be statutory? Please explain your views.	It should be built into a mandatory standardised complaints process and used appropriately as determined by the mediation/adjudication professionals involved.
Remedy 25: The establishment of a veterinary ombudsman	
Question 96: What are the potential benefits and challenges of establishing a veterinary ombudsman?	Our view is that an ombudsman service only works well for transactional services such as utilities. Ombudsman services that are better funded than a veterinary one could ever be, (e.g. for legal complaints) have long wait times, and low satisfaction. We see no value in establishing a veterinary ombudsman, and that this could in fact cause harm to clients by extending complaints processes far beyond what is reasonable and causing further frustration and upset, especially for grieving clients. We feel that building on the existing VCMS system would be greatly preferable.
Question 97: How could a veterinary ombudsman scheme be designed?	We do not support the creation of a veterinary ombudsman
Question 98: Could such a scheme work on a voluntary basis or would it need to be statutory? Please explain your views	We do not support the creation of a veterinary ombudsman
Remedies 26 – 28 Effective use of veterinary nurses	
Question 99: What could be done now, under existing legislation, by the RCVS or others, to clarify the scope of Schedule 3 to the VSA?	We recognise the CMA's observation that uncertainty around what is permitted under current legislation may be leading to Registered Veterinary Nurses (RVNs) being under-utilised across the sector. There is a need for greater clarity around what can be delegated under Schedule 3 of the VSA, how this should be done, and who is responsible when inappropriate delegation occurs. This lack of clarity is having an impact on the confidence of both vets and RVNs to increase the use of Schedule 3, despite some initiatives from the RCVS and BVNA. Additional guidance relating to specific tasks which are mistakenly believed by some to be inappropriate for RVNs, and additional case studies to enhance existing RCVS guidance on

	Schedule 3, would also be welcomed by the professions, although there is some debate as to how best to deliver this. *NOTE: guidance for registered equine veterinary nurses (R(E)VNs) has been developed by BEVA, alongside BVNA and the RCVS, to clarify R(E)VN appropriate tasks and encourage both vets and R(E)VNs to use them in practice. We understand this has been a very positive initiative in empowering equine RVNs:* *https://www.beva.org.uk/Career-support/Nurses/Schedule-Three*
Question 100: What benefits could arise from more effective utilisation of vet nurses under Schedule 3 to the VSA, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?	More autonomy for RVNs as a highly trained and regulated profession is a positive move. However, with vets retaining ultimate oversight of patient care greater clarity may be needed in relation to accountability of the vet for decisions taken by an RVN working autonomously. Although we recognise that RVNs are regulated and professionally accountable, and if they act irresponsibly then the vet cannot reasonably be held responsible for such actions, there are and will be concerns amongst vets regarding lines of accountability. For both vets and RVNs to embrace the opportunities of more effective utilisation of RVNs, there must be additional clarity on accountability. This would be the case if proposals for a new VSA were acted upon. In the short to medium term clarity could usefully be achieved via an enhanced series of case studies illustrating a wider range of scenarios than currently. Enhancement of the RVN role and more effective utilization of RVNs would help free up veterinary time, relieving pressures on vets, resulting in better utilisation of veterinary skills and assisting with current workforce shortages. For RVNs increasing roles would improve career opportunities and job satisfaction and retention within the profession. These changes would positively impact on animal welfare and consumer experiences. It is important to note however that tasks carried out by RVNs to the same professional standard as vets, should be charged in exactly the same way and there should be no direct reduction in costs to clients.
Question 101: What benefits could arise from expansion of the vet nurse's role under reformed legislation, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?	We strongly support the CMA's current view that a recommendation to Government, to protect the vet nurses title in legislation, is appropriate. Protecting the veterinary nurse title will enhance transparency and consumer confidence, improve consumers' ability to compare offerings between firms, and therefore help stimulate competition between rivals. It will also protect animal welfare by stopping untrained individuals calling themselves veterinary

	nurses. Alongside BVNA, we maintain that protection of the title 'veterinary nurse' is long overdue and welcome the CMA's recognition of the benefits which this protection could bring. Extending the range of tasks that RVNs are permitted to undertake, with appropriate additional training and supervision, could offer positive benefits for veterinary professionals, animal owners, and animal welfare. We have previously expressed broad support for increasing the role of RVNs in the induction and maintenance of anaesthesia and consider that there are opportunities to develop the role for RVNs in a range of other disciplines including, but not limited to: ultrasonography, nutrition, and rehabilitation/mobility. Crucially, post-registration pathways must be open to all RVNs, regardless of their route to initial qualification which can be academically varied. Although the recent RCVS workforce modelling suggests that provision of RVNs is increasing and will ensure capacity in the small animal sector by 2035, there may be short to medium term impacts on availability of RVNs because of RVN regulation and enhanced roles. There will be a need for practices employing unqualified lay staff to, in some instances, replace these with RVNs. There will also be a need to 'double up' RVNs where they are carrying out tasks previously undertaken by veterinary surgeons, for example one RVN monitoring an anaesthetic whilst another carries out minor surgery. This could put additional pressures on RVN demand.
Proportionality	
Question 102: Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation? Please explain your views.	We agree with the CMA's assessment that an enhanced system of regulation would require additional resources for the regulator and additional funding. We feel strongly that those costs must not be borne by individual vets and RVNs, whether in clinical practice or other roles across the veterinary sector, who are currently the only regulated part of this industry. Vet businesses must be regulated and pay their fair share of costs, although we agree with the assessment that such costs would likely be passed on to consumers and therefore must be proportional to need. A reformed system of complaints and redress where costs were met by businesses who are the subject of unresolved complaints referred to the scheme is a possibility, but we would need more detail of this to comment and again the burden of cost and responsibility should not unduly fall on regulated professionals rather than businesses.

Question 103: How should we develop or amend that assessment?	A full impact assessment is required.
Question 104 How could we assess the costs and benefits of alternative reforms to the regulatory framework?	A full impact assessment is required. This would need to include the likely costs of practice regulation, and the income generated from that – we are not aware that a financial model for practice regulation currently exists.
Question 105: How should any reformed system of regulation be funded (and should there be separate forms of funding for, for example, different matters such as general regulatory functions, the PSS (or an enhanced scheme) and complaints-handling)?	As suggested, an enhanced system of regulation would require additional resources for the regulator and additional funding. We feel strongly that such funding should not be borne by regulated professionals, individual vets and RVNs, whether in clinical practice or other roles across the veterinary sector. Veterinary businesses should pay their fair share of costs, but as noted those costs may end up being passed on to consumers. The additional regulatory functions and costs must therefore be proportional to the consumer gain. The veterinary profession is relatively small and cannot replicate models used in larger sectors.

Annex A

Comments on Appendix 1A

Service	Information to be provided	Appropriate for a price list	Comments
1. Consultation and preventative care			
First, repeat and OOH vet consultation (including duration)	Required: • Prices for first, repeat and OOH consultations • Duration in minutes "£X for a 15 min initial consultation. £Y for a 15 min repeat consultation. £Z for a 15 min OOH consultation."	**Yes**	Not a problem to do this, already done by most practices.
Nurse consultation (including duration)	Required: • Price • Duration in minutes "£X for a 15 min nurse consultation."	**Yes**	Not a problem to do this, already done by most practices
Nursing care (including duration)	Required: • Price • Duration in minutes "£X for 15 min of nursing care."	**No**	'Nursing care' is no more a single fee than 'pet care' or 'vet care' might be. Nursing care is likely to be part of a hospitalisation fee and that will vary with the type (intensiveness) of care required. 'Nursing care' alone means nothing and is rarely charged on its own.
Nail clipping	• Price "£X for nail clipping."	**Yes**	Not a problem to do this, already done by most practices
Anal gland expression	Required: • Price "£X for anal gland expression"	**Yes**	Not a problem to do this, already done by most practices

Microchipping	Required: • Price "£X for microchipping."	**Yes**	Not a problem to do this, already done by most practices
Animal health certificate	Required: • Price "£X for animal health certificate."	**Yes**	Not a problem to do this, already done by most practices
Vaccinations primary course (bundle of vaccination and consultation) Vaccinations booster (bundle of vaccination and consultation)	Required: • Price per species category • Duration in minutes of consultation • Text information on vaccines included Optional: • Prices for exceptions (eg where geographic location • dictates different vaccinations) • Text information on exceptions "£X for basic primary/booster vaccination course for a dog (includes X, Y, Z vaccines and a 15-minute consultation). Depending on your pet's specific clinical situation, the vet may recommend further vaccinations at additional cost."	**Yes**	Not a problem to do this, already done by most practices
2. Prescription, dispensing and administration			
Prescription fees	Required: • Price "£X for a prescription."	**Yes**	Might need some detail for individual practice protocol, for example a price for the first item and subsequent items.

Dispensing fees	Required: • Price per formulation "£X for injectables, £Y for tablets, £Z for suspensions, £XX for spot-ons dispensing.	**Yes**	Agree in principle with transparency around a dispensing fee. The categories suggested may need review - a more usual fees structure would be based on pre-packaged items, tablets that needed to be counted into a container, items with special prescribing requirement (e.g. special handling).
Administration/ injection fees	Required: • Price per formulation "£X for injectables, £Y for tablets, £Z for suspensions, £XX for spot-ons administration."	**Yes**	Agree and the suggested price points seem appropriate.
Flea treatment Tick treatment Worming treatment	Required: • Price per species and weight category, and chemical and pharmaceutical formulation • Duration in weeks/months Optional: • Where more than one medicine may be appropriate for a condition depending on the clinical situation, information about when each medicine might be appropriate and that the vet may recommend an alternative treatment "£X for a 6-month course of standard flea/tick/worming treatment for a dog under 20kg. Depending on your pet's specific clinical situation, the vet may recommend alternative treatments."	**No**	Preventative medications are prescribed medications like any other drugs and as such should be specifically chosen in a contextualised way for an individual pet(s) and owner. To try and do a list like this would be almost impossible with the range of drugs and brands and impossible for owners to compare in a useful way. There is a danger poor quality, less effective, low cost treatments would be put on any comparison site. We believe these products should be treated in the same way as any other prescribed medicines

Chronic diabetes treatment (insulin) Chronic dermatitis treatment (corticosteroids, cyclosporine) Chronic arthritis treatment (NSAIDs) Chronic pain relief treatment	Required: • Price per species and weight category, and chemical and • pharmaceutical medicine formulation for bundle of • consultation, initial course of medicines and dispensing fee • (if applicable) • Duration in weeks/months of the initial course of medicines • Price per species and weight category, and chemical and • pharmaceutical medicine formulation for bundle of repeat • course of medicines and dispensing fee (if applicable) • Duration in weeks/months of the repeat course of • medicines • Text information on type of medicine included Optional • Where more than one medicine may be appropriate for a condition depending on the clinical situation, information about when each medicine might be appropriate and that the vet may recommend an alternative treatment "£X for initial consultation and a 6-month course of medicine Y to treat [condition], and £Z for a 6-month repeat course of medicine	**No**	Estimating costs for chronic medical conditions is very difficult and should be done on a case-by-case basis (contextualised care). These will always be estimates rather than quotes. The component parts will change in costs frequently as for example drug prices change. To keep this updated would be extremely challenging and resource intensive. As further explained in our response to the consultation question 3, trying to estimate in this way is either going to be too cheap (as based on the most straightforward case) or too expensive (as every possible complication is included) and the latter could become a barrier to treatment being undertaken. A possible solution might be to have example, priced, case reports on the practice website, with provisos that all cases are different. This page could be part of a pricing page and linked to Find-a-vet.

	XX for a dog under 20kg. Depending on your pet's specific clinical situation, the vet may recommend alternative treatments."		
4. Surgeries and treatments			
Routine dentistry (initial examination of mouth, scale and polish, anaesthetic)	Required: • Price per species and weight category for bundle of initial examination, scale and polish, including anaesthetic "£X for initial examination, scale and polish, including anaesthetic for a dog under 20 kg."	**Yes**	It is possible to estimate for dental care is this way, but some practices will have additional costs, for example dental x-rays included in their fees (which is best practice). A pricing website page with detail of what is included would be preferable.
Routine surgeries (lump removal, laceration repair)	Required: • Price range for each type of routine surgery per species and weight category • Text information on what is included and excluded "Lump removal from £X to £Y for a dog under 20kg. The procedure includes X, Y, Z. The price may vary based on severity of condition."	**No**	Lumps and wounds can vary massively in size and complexity to treat. Duration of anaesthesia and need for supplementary treatments such as drains, antibiotics and additional pain relief will all be possible additional costs. Attempts at comparisons will be meaningless for these procedures.
Castration Spay	Required: • Price per species and weight category • Text information on type of castration/spay procedure and what is included and excluded "£X for castration/spay of a dog under 20kg. The procedure includes X, Y, Z."	**Yes**	For spay procedures there would be a need to differentiate between laparoscopic and conventional surgery. Will need notes on some exceptions that may be more costly (e.g. in season, retained testicles)

Physiotherapy session	Required: • Price • Duration in minutes Optional: • Prices for exceptions (eg specialised equipment) • Text information on exceptions "£X for a 30 min physiotherapy session."	**Yes**	Time required will vary a lot. 'Physiotherapy' is a broad term that could mean several different techniques - some explanations will be required.
Laser therapy	Required: • Price • Duration in minutes "£X for a 15 min laser therapy session."	**Yes**	Time required will vary a lot. 'Laser therapy' is a broad term that could mean several different techniques - some explanations will be required.
5. Diagnostics & laboratory tests			
X-ray	Required: • Price per X-ray image or bundle of X-ray images • Price and duration of standard consultation if required for interpretation "£X for up to 2 X-ray images. £Y for up to 5 X-ray images. £Z for each additional X-ray image above 5. Price may vary based on part of the body scanned. Prices do not include interpretation of the images or sedation. If a standard 15 min interpretation by the vet is required, this will cost an additional £XX."	**Yes**	Should not be carried out conscious H&S reasons (local rules in the practice under Radiation Protection Advisor advice will state no manual restraint allowed) so sedation / GA should be included in the standard fee. Interpretation by a vet is ALWAYS required and is usually included as standard in imaging fees, including x-rays, in veterinary practice. It should be included in any comparison fee. All references to a separate fee should be removed.
Ultrasound	Required: • Price • Price and duration of standard consultation if required for interpretation	**Yes**	Can be carried out conscious so sedation / GA can reasonably be an additional cost where required. Interpretation by a vet is ALWAYS required and is usually included as standard in imaging fees, including ultrasound, in veterinary practice. It should

	"£X for ultrasound scan. Price may vary based on part of the body scanned. Prices do not include interpretation of the scan or sedation. If a standard 15 min interpretation by the vet is required, this will cost an additional £Y."		be included in any comparison fee. All references to a separate fee should be removed.
Cytology test	Required: • Price • Price and duration of standard consultation if required for interpretation "£X for cytology test. Price does not include interpretation. If a standard 15 min interpretation by the vet is required, this will cost an additional £Y."	**Yes**	Interpretation by a vet is ALWAYS required and should be include. There are two standard ways to price cytology and all lab fees. 1) If the lab test is performed in-house (in the practice by the practice team) then sample collection, analysis, interpretation and reporting to the owner are all usually included in the price charged to the owner. 2) If the lab test is collected by the vet and submitted for analysis to an external lab then a composite price is charged. The price to the client is usually made up of cost price of the sample analysis charged by the external lab *and* a sample handling and interpretation fees that is charged by the practice.
Basic urine screen	Required: • Price • Price and duration for standard consultation if required "£X for basic urine screen. Price does not include interpretation. If a standard 15 min interpretation by the vet is required, this will cost an additional £Y."	**Yes**	This needs to be clear what it includes as urine screening varies. We would suggest; "includes urine dipstick, measurement of specific gravity and urine microscopy". Interpretation by a vet is ALWAYS required and is generally included in the price (see above)

CT scan (including sedation) MRI scan (including sedation)	Required: • Price for CT/MRI scan including sedation per species and weight category • Price for standard consultation if required "£X for CT/MRI scan including sedation for a dog under 20kg. Price may vary based on part of the body scanned. If a standard 15 min interpretation by the vet is required, this will cost an additional £Y."	**Yes**	Interpretation by a vet is ALWAYS required and is usually included as standard in imaging fees, including a MRI and CT scan, in veterinary practice. It should be included in any comparison fee. All references to a separate fee should be removed.
6. End-of-life care			
Euthanasia	Required: • Price per species and weight category "£X for euthanasia for a dog under 20kg."	**Yes**	Not a problem to do this, already done by most practices
Cremation: communal	Required: • Price per species and weight category "£X for communal cremation for a dog under 20kg."	**Yes**	Not a problem to do this, already done by most practices. May need euthanasia and communal cremation fees to be separated for some practices, but not difficult to do that.
Cremation: individual	Required: • Price per species and weight category Optional: • Prices of add-on services "£X for individual cremation for a dog under 20kg."	**Yes**	Not a problem to do this, already done by most practices. Will require some sort of "handling fee" to be added to cover paperwork and storage etc. if the pet is collected from the practice by the crematorium at a later date. This should be part of the "required cost" Costs of containers for ashes do vary significantly so a "standard individual cremation" might have add-ons for special types of container, as requested by the owner.

7. Specialist treatments and procedures			
Suggested list divided as below: **Surgical procedures:** PDA occlusion, Hemilaminectomy including MRI (small dog), Prolapsed nictitans gland repair 'Cherry eye', TPLO, Patella luxation surgery, Hip Replacement, Lateral condylar fracture, Total ear canal ablation, BOAS surgery. **Medical procedures:** Heart murmur, Pacemaker placement, Root canal therapy, Vital pulp therapy, Intradermal skin testing, Video otoscopy, Nasal investigation,		**Yes** **No – estimates only**	This section really requires further discussion with specialist referral centres. As has already been suggested above, surgical procedures lend themselves well to a standardised price list. This might include those listed to the left. It should be appreciated however that costs may vary according to complexities in individual patients. As already explained above, medical work ups and treatments do not lend themselves to standardised estimates. The causes of the medical conditions listed and/or the reasons for these work ups being needed are hugely variable. In these cases, estimates of costs tailored to the individual animal are required to be meaningful.

Portosystemic shunt Investigation, Epilepsy/seizure Investigation, Laryngeal paralysis.			

General comments

- The attempts to standardise pricing methods for common procedures will allow for useful comparisons for clients.
- A mandated link to a specific 'pricing' page on the practice's website from Find-a-vet would be preferable, less costly, and quicker to implement, than the development of a comparison site. This would also support price and quality being discussed together. Consumers are only likely to compare a handful of practices in their local area and these can easily be found using the location function on Find-a vet.
- As indicated this method of comparison is not appropriate for all cases - in particular medical cases.
- Interpretation of diagnostic tests by a vet is ALWAYS required, a diagnosis is an act of veterinary surgery and cannot be carried out by anyone else.
- For external laboratory tests (those sent outside the practice) a 'laboratory handling and interpretation' fee in addition to the lab costs is a normal way of pricing these things (see 'cytology' in the table).
- Additional laboratory tests could be added to the list, these could be taken from a list of common tests provided by most external laboratories. Common internal tests might include; pre anaesthetic profile, biochemistry profile, haematology