

AMTRA response to CMA proposed remedies

AMTRA (Animal Medicines Training Regulatory Authority) welcomes the CMA investigation and review of the Veterinary Market place and the Vets Market Investigation Working Paper. AMTRA commends the thorough investigation carried out by the CMA.

AMTRA is the largest and longest standing holder of a register of SQPs (Suitably Qualified Persons) appointed by the secretary of state i.e. VMD (Veterinary Medicines Directorate)

An SQP is a qualified professional who is registered with a regulator such as AMTRA and licensed to prescribe and/or supply certain veterinary medicines, classified as POM-VPS and NFA-VPS. These medicines include wormers, flea treatments, and vaccines that do not require a veterinary diagnosis but still need expert oversight to ensure their safe and effective use.

SQPs work across various settings—from agricultural merchants and pharmacies to pet shops and veterinary practices. They are trained to consider the health of the animal, the suitability of the product, and the regulatory framework surrounding medicine use.

Broadly speaking the VMD inspects and regulates premises and the appointed regulatory bodies are responsible for regulating the individual SQPs held on their register.

While the investigation is aimed at Veterinarians and veterinary practices some of the remedies may impact the wider Veterinary sector including paraprofessionals and prescribers such as SQPs.

In addition to dialogue with the RCVS (Royal College of Veterinary Surgeons) AMTRA highly recommends the CMA to include conversation with the VMD (Veterinary Medicines Directorate) and possibly the GPhC (General Pharmaceutical Council) when making recommendations, to ensure the implementation of any remedies are consistent across the sector and all veterinarians AND veterinary para-professionals including SQPs and Pharmacists are considered and that no unintended silos appear with disparate standards.



It is important to be clear where the boundaries are for vets/vet practices and where these may intentionally or otherwise bleed into veterinary related activities involving para-professionals such as pet shops employing SQPs and any other paraprofessional or service.

As an example; The RCVS recently issued [Under Care Guidance](#) for Veterinarians which while well intentioned caused a degree of conflict as it could not include SQPs and thus resulted in different requirements being applied depending on where and how a pet owner obtained parasiticide medicine for their animals. From an animal welfare and a competitive point of view, consistency is important and the outcomes for the animal should not be impacted by the route through which advice, care or medicine is sought.

- AMTRA feels it will be important to have consistency across Veterinary Professions and para professionals. Within the 'context section' paragraph 12 (iii) (iv) and (vi) non vets who make important decisions includes all paraprofessionals including those regulated outside of the RCVS such as SQPs. Like the RCVS, AMTRA has powers only to take the extreme measure of removing SQPs from it's register and thus preventing them from legally practicing with no intermediate penalty or lesser measures. As currently structured it does not have an enforceable way to ensure minimum quality beyond controlling the registration and continuing professional development (CPD) of SQPs.
- Within the 'context section' paragraph 19 (ii) strengthen the stance to include structuring of practice management systems to not manipulate vets to practice in an otherwise unethical manner prioritising commercial gains over clinical choices.
- Within the 'context section' paragraph 23 measures around mandatory prescriptions and providing consumers with real-time information on medicine purchasing - may impact SQPs or result in inconsistency if this is imposed on vets and FOPs only. In the main SQPs prescribe verbally and very rarely issue written prescriptions. They do not generally charge for prescribing and dispensing or for advice, only for the medicine supplied.



- Within the 'context section' paragraph 24. Consider bringing the vet lead team together with any revision of respective legislation and ensure that it does not unintentionally exclude any paraprofessionals and create challenges for implementation with unintended inconsistency and disparate standards.

Effective and proportionate compliance monitoring and effective and proportionate enforcement of SQPs falls to AMTRA in partnership with the VMD, any changes imposed on the RCVS for enforcement of Veterinary practices, Veterinarians and Veterinary nurses needs to be consistent across regulated veterinary paraprofessionals.

LVGs and some independents have KPI targets. Please address ATV (average transaction values) also known as ATF (average transaction fees). It is common place in LVGs for vets to be pressured to improve and increase their ATV through any means possible. An anonymous whistle blowing facility for veterinary assistants to report such practice would be helpful.

AMTRA has piloted a standards scheme similar to the PSS which, like the PSS, can only be voluntary. Resource limitations mean that fulfilling the scheme to the same standard and extent as the RCVS will not be possible. AMTRA is considering ways to implement a standards scheme using a mentoring mechanism or similar instead. As noted previously, consistency across regulated professions is important to prevent silos and disparate standards but considering the limitations and size of the respective bodies and the available resource to carry out any remedies or regulations imposed needs to be considered.

- Paragraph 2.21 notes 'Pet care plans are sold on the basis of savings made in comparison to the cost if all of the included services were purchased separately. However, pet owners are often not able to easily understand how much these services would have cost outside the plan (especially for flea and worm treatments that could be purchased elsewhere with a written prescription).' Pet shops and



SQPs also offer pet plans for ecto-parasite and worm control. They supply medicines from the range of NFA-VPS and AVM-GSL medicines available. The RCVS under care guidance brought some conflict on this topic as “under care can only apply to Veterinarians. SQPs do not have the qualification or skill to perform a clinical examination and thus cannot take the same level responsibility as a veterinarian. They do however have the training and skill to assess parasite risk and supply appropriate medicine from a limited range with advice on correct use at the time of supply for this.

- Paragraph 2.24 relates to written prescriptions. SQPs for farm and equine prescribe verbally. They have the ability to provide written prescriptions but rarely do and charging for them is virtually unheard of. Any ruling on written prescriptions although intended for companion animal vets only, may impact this category of prescribers, please consider this when formulating remedies on prescribing and ensure consistent standards across prescribers are applied, and thus work to avoid silos and disparate regulatory standards.
- In discussing choice of treatments, including referrals in paragraph 3.7 AMTRA recognises that referrals are broadly made for complex and challenging cases often with significant time, financial and emotional pressures, however with respect to simple parasite (Tick, flea and worm) control programs not requiring POM-V medications and where no complicating disease process exists e.g. IBD or atopy, pet owners could be offered the option of speaking with an SQP at their local pet shop or indeed going on line and accessing NFA-VPS or AVM-GSL medicines. There will be caveats to this of course as noted previously. POM-V medicines are more extensive in terms of Active Pharmaceutical Ingredient (API) and licensed claims where only a limited range of the most common parasites can be managed by SQPs. Further SQPs cannot manage clinical disease states, make a diagnosis or have animals under their care and where any clinical signs become evident they must encourage the pet owner to refer back to the veterinary surgeon. SQPs do however fill a need and have the training and skill to supply appropriate medicines with relevant advice on safe and effective use.





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Feedback on specific remedies

Remedy 3 Require FOPs to publish information about pet care plans and minimise friction to cancel or switch

Q19 & 20 It will be important to include other prescribers such as SQPs in this recommendation to ensure consistency. This remedy may positively impact the pet retail sector employing SQPs who can offer an alternative route of access. It is important to be mindful of the animal welfare impact, in that SQPs cannot supply medicines for all parasites and can only access a limited range for those that do not require diagnosis such as ticks and fleas, however they do provide easy access to tick, flea and worm medicines to a significant number of pet owners. .

Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing

SQPs supply treatments and the interaction is verbal with a limited regulatory requirement on record keeping. When supplying a treatment SQPs supplying POM VPS medicines are required to record a written reason for prescribing. We trust that this would suffice to fulfill the requirements of this remedy and allow for consistency across prescribers. In order to remain consistent this remedy will need to apply to other prescribers such as SQPs as well, many of whom do not operate from FOP but from retail premises such as pet shops.

Q27 If a minimum threshold is required in the context of health plans consider whether this will be the cost for the whole year, which will likely be several hundred pounds vs the cost of each individual month. SQP and pet shop offered plans will be simpler (they don't offer vaccines which are POM V for example) than those from an FOP. A minimum threshold is likely to be helpful.

Q28 & Q29 In certain emergency situations thinking time may not be practical. And non urgent disease states may become urgent during the thinking time and negatively impact animal welfare. There needs to be caveats in place if this is introduced.

Q30 & Q31 Consent forms provide a trail of communication and consent and can include a synopsis of clinical notes or discussion extracted from the consultation notes.



Remedy 7: Changes to how consumers are informed about and offered prescriptions

Q41 Pharmacies have the ability to dispense and supply veterinary medicines but few do. If the decision is made to introduce written prescriptions as a requirement it may be helpful for pet owners to be able to access these from any pharmacy. Physical pharmacies for vet medicines are virtually non-existent and the time delay in ordering from an online pharmacy may make implementing this well-intended remedy untenable e.g. obtaining a course of oral antibiotics. Involve the GPhC to seek appetite for this remedy and whether high street pharmacies are able to participate and be part of the solution.

Q42 A simple universal prescribing template accessed via the RCVS will allow consistency and clarity on what must be included on a prescription and mitigate the inclusion of any unnecessary detail. Scope to add practice branding may be included.

Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter-brand competition for medicine sales

Q49 Many VPS medicines are generics and multiple brands with the same API exist and will be stocked by a retailer. The retailer may not however stock every brand for practical reasons, e.g. there are at least 6 brands of AVM GSL or NFA VPS products containing imidacloprid and over 20 containing Fipronil. Furthermore some APIs are both POM V and VPS or fall into different medicine categories depending on their brand and license e.g. Front Pro and Nexgard. Same API but different license and indications tailored to the skill of the professional likely to be prescribing and supplying. It would be important that the correct indication and relevant advice at the time of supply was provided to ensure correct use and therapeutic outcomes. E.g. If a written prescription stated 'Afoxolaner' an SQP may supply this for tick and flea control and supply Frontpro. A Vet may prescribe Nexgard to treat generalized demodicosis which would require prior diagnosis and possible follow up with possible concomitant ancillary medicines such as an antibacterial shampoo and NSAID.

Remedy 10: Prescription price controls



Q55 A prescription price control would incentivise owners to seek accessing medicines elsewhere. As rightly noted the price of a prescription currently may negate any potential saving.

Remedy 11: Interim medicines price controls

Q60 Pricing in the retail sector is generally considered competitive with an SPQR (small profit quick return) type margin added. It is probable that where any overlap of medicines exists with vet practices and the retail sector they will be able to compete, however, as noted several times previously, consistency across outlets would be important to achieve the intended outcome and prevent silos of supply from arising. A limit on percentage mark up from list price maybe the easiest and most consistent way of introducing such a price control.

AMTRA welcomes the introduction of a price comparison website and prescription via a QR code. Resourcing and facilitating this may be challenging and ensuring consistency across prescribers will be very important. This could have a positive impact on creating a competitive market place.

Section 6 A regulatory framework which protects consumers and promotes competition

The system is somewhat siloed with the Vet surgeons act and the VMR. Both the RCVS and VMD regulate very different specialist areas. A system that unifies all veterinary paraprofessionals and Vet nurses together with veterinarians could help unify the vet lead team with a more animal centered approach, improving one health outcomes, animal welfare and preventing regulatory silos, conflicts and possible loopholes for anti-competitive behaviour.

Remedy 17: A consumer and competition duty

Q78 A consumer and competition duty for all veterinary professionals and para professionals would be welcome and would help ensure competitive standards are met.



Regulating and enforcing this may however be challenging but could be done reactively through public/pet owner feedback through a portal.

Remedy 18: Effective and proportionate compliance monitoring. Self-audit is a good way of providing a base line and instilling reflective practice.

Q80 & Q81 Self-audit is a good way of providing a baseline standard and instilling reflective practice. It is cost effective and does not require additional resources. Managing this digitally in the same way as CPD is currently managed would provide an accessible route.

Further steps can be taken with the introduction of mentoring schemes to enhance the initial self-audit. i.e. an external similarly qualified professional carries out the audit.

Q83 The RCVS would be the obvious body to hold this for vets and Vet nurses and adapting the CPD recording platform to accommodate this additional function. The relevant SQP registration bodies could potentially do the same for their members with costs recovered from membership fees and any other revenue streams.

Remedy 19: Effective and proportionate enforcement

Q85 If introducing such powers, consistency with in the veterinary profession and across paraprofessionals outside the remit of the RCVS will become important to ensure the public enjoy consistent standards and animal welfare outcomes are not negatively impacted depending on the route taken. The resource needed to enforce adequately must be considered to ensure that it is robust, adequate and fair.

Remedy 23: Use of complaints insights and data to improve standards

Q92 Establishing a data base that identifies any trends in complaints would be an excellent resource that could help identify signals and offer insights to the driver for these. Collating complaints into categories will be beneficial to assist establishing trends or signals. A larger data set allows interrogation of data and useful solutions and actions to be suggested and implemented to improve outcomes. Parallels with pharmacovigilance exist in this area. AMTRA supports this idea.



Establishing a universal database and managing and regulating this will need to be considered and responsibility assigned to a relevant body such as the RCVS or VCMS.

Remedy 25: Establishment of a veterinary ombudsman

Q96 This would be beneficial in giving members of the public a neutral free service.

Q97 The scope of the service will need to be clearly defined outlining what aspects of Veterinary care and veterinary professional or para professional are covered by the service.

Q98 Resourcing such a service? Is this funded by the profession or the regulator or the tax payer?

Remedy 26: Protection of the vet nurses title and Remedy 27: Clarification of the existing framework

Q100 AMTRA supports this and believes it will validate a well-qualified and under utilised veterinary professional and will help drive competition.

Remedy 28: Reform to expand the vet nurse role

Q101 Nurse prescribers would be welcome but may duplicate the role covered by SQPs. In establishing the regulatory framework for this it will be vital to ensure consistency and ensure there is no disparity between the two professions. Currently there is a route for RVN SQPs.

