Question 1: We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper.

Lack of details. Attestation is a good idea; however, it MUST be done by a vet, and therefore RCVS has some sanction. It also means Vets are at the centre of compliance, and in a corporate setting, the Vets then have some influence. This must also be implemented at a CLINIC level, not a headquarters level. It must mean that a named vet has responsibility at every clinic.

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.

It would be good to see an example here. How is it funded, and what information will be required? Will practices be able to put prices in for the group or individual premises? Obviously, for groups, there will be a significant cost benefit for scale.
A concern would be that this DISADVANTAGES smaller practices and becomes another force that encourages consolidation.

Appendix A is a long list of potential pricing information. Much of it will be difficult to understand because it depends… Also, there are some conditions that the vet reviewing the list has never heard of!

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.

This standard list seems long and complex. Unless they have multiple animals and are experienced pet owners, owners will struggle to identify what services are needed for their pets.

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.

The information to be provided is complex. Vaccinations vary by area, vet, and animal age, so complexity and knowledge are needed to understand the pricing. It will be easy to Distort costs here.
Dogs under 20 Kg represent animals from 3kg to 20 kg and a MASSIVE cost differential. From puppies to adults, they are far too broad and complex.
Why not choose a ‘standard’ animal to allow comparison IE, 20KG Dog and 5KG Cat?

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.

Diagnostic tests are too complex to compare—what if the test is negative or voided and needs to be repeated? There is too much nuance to have fixed prices here.
With chronic conditions, there may be ongoing laboratory testing for side effects that need acknowledgement, as well as prescription costs.

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.

I think you have to have a 'standard' animal for comparison. Starting from pricing or ranges, if done, you need to be clear about what is included. Different vets do the same procedure differently, sometimes using different materials. Are you suggesting that Veterinary training become standard and vets lose their clinical freedoms and ability to experiment? A concern here is that this is encouraging vets to stop innovating.

Question 7: Do you think that the standardised price list described in Appendix A: Proposal for information to be provided in standardised price list would be valuable to pet owners? Please explain your views.

Some information in it would be valuable to owners. Currently, too much information is being asked for, it will be confusing and make clients more likely to just want to go to the nearest practice or practice with best reputation.

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—confusing for many procedures. Referral, by its nature, is for more complex cases, and thus, there is variety in pricing. There is a risk here that we create a 'standard' price that is never delivered.

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

I worry that by standardising everything, we are creating a transactional relationship in which quality decreases because there is insufficient margin to invest in practice.

Question 10: Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of many practices which do not have a website?

Would any impacts vary across different types or sizes of FOP or referral providers? Please explain your views.

There is no doubt that this will be a considerable administrative burden for small practices compared to the LVG, another driver for consolidation. There is also concern that standardising everything will decrease clinical freedom, leading to a further deterioration of vet satisfaction with their role. Ultimately, this will lead to more vets leaving the industry and could lead to higher prices!

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

Client feedback; otherwise, this is very difficult as we do not have sufficient throughput to create statistically relevant data.
There is a genuine concern that if the only way clients can judge practices is by cost, you will create a race to the bottom, and quality will decrease, leading to effects on animal welfare.

Question 12: What information should be displayed on a price comparison site and how? We are particularly interested in views in relation to composite price measures and medicine prices.

The only immutable measures there should be consultation fees and dog boosters specified IR L4 or DHPPI+L4. There is so much wiggle room here that practices can game the system, show themselves as value-led, and then have many add-ons. There is a real risk of distortion here.

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

Unless you regulate the whole pet-buying process, this is tricky. Currently, animal ownership is a responsibility and privilege. This idea turns pet ownership into a right and a commodity, at this point, you can insist that the website is advertised at purchase.

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?

There are pros and cons of both. RCVS will at least be a neutral venue where practices will not be able to game the systems and get themselves promoted. An open data solution will be more innovative; however, it will be more open to gaming and distortion. The second option also plays in favour of LVG, who can employ staff to make sure they are top of the rankings. Any Google search for a vet practice now will always bring up a series of paid-for

advertisements for LVG, and there is no doubt they will have the skills and resources to do the same for any commercial ranking system.

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?

Your solution around API is good. As this becomes compulsory, PMS can do much of the work automatically.

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.

The variety here is endless—how can this be categorised? Even a specific breed of dog can have a 20% variance in weight. The veterinary industry only involves young and old dogs; the rest are seen once a year in most circumstances.

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.

Prices vary based on size, weight, and breed This is madness.

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.

The reality is that any funding will come from the Client. This creates extra costs for vet businesses, which will be passed on. The mechanism of funding is irrelevant, as the Client will pay whatever.

Question 19: What would be the impact on vet business of this remedy option? Would the impact change across different types or sizes of business? Please explain your views.

The impact is all about getting sound IT systems in place. This would affect small businesses more than LVGS. It would decrease the clarity of offering around Pet Health Plans, which have been a successful innovation within the practice that delivers peace of mind to owners who want it.

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

It will increase the risk of clients not taking the whole year up, and therefore, the price would need to be higher to compensate for this risk. So, it is likely to increase the cost of the plan,

which either increases the cost to the client OR decreases the margin to the business, leading to less investment.

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?

It creates complexity, whereas currently, there is simplicity. This will add to training requirements for new starters and lead to practices not offering plans due to complexity, which mitigates against what the CMA is trying to achieve.

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.

Feasibility low. Referral is often based on location and relationship. There may be competition for referral in dense urban areas; however, in most countries where animals are (rural, semi-rural), choice is limited by distance and relationship. If animals need a referral, then either it is an emergency- in which case location is key, or it is Planned, and in these circumstances, a client could research the best options. However, referral vets are expensive because they have put in the training and have to update their expertise consistently.

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

The pricing information can be gamed, and then in-centre additions mean that the quoted website number is nothing like the real cost, leading to poorly managed expectations.

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?

Admin costs and what to charge will become a business challenge. IT systems will reduce this challenge, but this creates a race to the bottom, and quality suffers.

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.

NA

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

Good communication between the referrer and the referral centre is needed here so that accurate quotes can be delivered. I do not see the idea of publishing a standard list as supporting that.

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.

I am concerned that this puts a massive onus on the vet to provide accurate information during stressful, time-constrained consults. This will INCREASE the cost of vet care. For any amount (say 1000), in reality, it is actually £800, so if they are wrong by 20%, they cannot be told off. Is this helping with Quality? OR will this increase risk aversion and make quoting more expensive, meaning fewer owners use referrals and animal welfare suffers?

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.

This is so hard to answer as it depends on the urgency of treatment and the attitude of the owners. There is little appreciation of how difficult these situations are sometimes and the amount of nuance. How would ‘thinking time’ be measured? How would vets know what is right? Why are you bringing in such a subjective measure rather than sorting out the problem you identify around potential conflicts of interest?

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

Obviously- however, how are you defining emergency???

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?

This burden is not great vets should be keeping notes, and they should be recorded on the PMS.

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?

This is a concern because it is subjective. How many different treatments do they need to discuss? What is feasible? This often depends on the owner and the context.
In my experience, there is a conversation about options and potential costs, and the vet and owner come to a joint decision about the best way forward. There could be a box on the consent form for what other options were discussed; however, expecting each to be fully costed would not add value.

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?

This option will increase the time it takes to deal with estimates, slow down consultations, and increase the cost of veterinary care. It may also terrify vets and increase risk aversion, thus mitigating against contextualised care because vets have increasing concerns about litigation.

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.

No just accuracy and subjectivity.

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?

Once new regulations are known, a training needs assessment can be undertaken.

Question 35: What criteria should be used to determine the number of different treatment, service or referral options which should be given to pet owners in advance and in writing? Please explain your views.

How long is a piece of string?

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.

I worry about the specification of this. Cleaver business leaders will identify the boundaries of this, leading to an ever greater reliance on legislation rather than ethos and ethics.

Vets are intelligent—any KPI created will be gamed to their advantage if they want to. Maybe ALL KPIS should be banned; however, that may have other unintended consequences. I worry that these recommendations do not empathise with ethical and moral considerations, just competitive and financial considerations.

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.

If the profession is to move to a rules-based system rather than an ethics-based system, it will need independent review that has teeth—this will obviously add to the cost….

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.

Yes, but again, we are into a problem of definition and boundaries. LVG has more competitive influence and, therefore, needs to be monitored. However, they could just as easily create a tick-box culture where the head office says one thing while the culture does another that delivers to other KPIs.

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 should be ethically based rather than rules-based.

Question 40: We would welcome views as to whether medicines administered by the vet should be excluded from mandatory prescriptions and, if so, how this should be framed.

There could be a differential between medicines given in the clinic and those taken away from the clinic. This would be clean. A clear in-clinic vs. out-of-clinic distinction allows clinical freedom to look after animals when in the hospital without a written prescription; however, clarity that anything ongoing must be written.

Question 41: Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?
There is currently no sufficient PMS system to make this easy. Over time, PMS systems need to be allowed to deliver the prescription with easy drop-down options.

There is no consideration here for the unintended consequences of these rules on other areas of vet practice. This CMA investigation is focused on the Pet Marketplace. However, these prescription rules will affect ALL vets, and the RVCS cannot differentiate between pet and farm vets. There is a real risk that this will create significant problems for farm practice.

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 mentioned above, this is all about process engineering, and vets did not go to university to be process-oriented, paperwork-driven people with low agency. This could potentially make a difficult job even less inspiring.

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

There needs to be at least a three-year transition so that vets can go on training and PMS systems can become up to date. Experience says PMS changes will take a minimum of a year to draft and a year to implement. Then, there will need to be a competitive offering for practices to view and understand before implementation. After that, there is vet training.

Question 44: What price information should be communicated on a prescription form? Please explain your views.

None. A prescription should be for a medicine for animal care. It is not a commercial contract.

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

A prescription could have some options for where and how the prescription could be used.

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

Current IT solutions do not exist, so this will be an expensive investment for practices to make. This will fundamentally shift the role of the vet from one that delivers the best medicine to one that delivers medicine at the best price. This leads to the capitalisation of vet medicine and forcing vets to be shopkeepers. Vets are a caring profession, and asking them to discuss prices at every consultation is unfair- they did not join the profession for this. A severe unintended consequence is that vets leave the profession, increasing prices.

Question 47: How could generic prescribing be delivered and what information would be needed on a prescription? Please explain your views.

This is so far from where we are currently that I struggle to process this idea.

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.

Changes to prescription rules would be required.

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

Oh yes—increasing expense to vet practice, increasing medicine knowledge base if vets have to name three brands. A lack of marketing funds going into the sector will change the CPD marketplace and the company support mechanisms. Worry about reporting adverse effects and who takes responsibility there.

The consequences for Farm Practice here are massive. Moving to this form of prescription will increase farmers' ability to have multiple vets and medicine providers on their farms. Farm practice will have to change—currently, 50-65% of income is from medicine, and the medicine margin subsidises service. These changes will necessitate an increase in fees of approximately 50%, leading to unaffordable care for farm animals, an increase in farmers delivering treatments, and poorer animal welfare.

Vet CPD—Currently, much of this is rolled into a medicine price in that pharmaceutical companies pay for vet CPD. With generic prescriptions, pharmaceutical companies will no longer benefit from this, and thus, they will stop it. Learning opportunities will decrease.

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.

Antibiotics, NSAIDS

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

If there are unique products?

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

Probably

Question 53: How should medicine manufacturers be required to make information available to easily identify functionally equivalent substitutes? If so, how could such a requirement be implemented?

Question 54: How could any e-prescription solution best facilitate either (i) generic prescribing or (ii) the referencing of multiple branded/named medicines. Please explain your views.

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.

No. Currently, prescription prices have been rather arbitrary. Going forward, practices will have to completely reset their business models. If a prescription fee is set, you are giving an advantage to practices that already have a high fee or new startups.

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

Profitability and viability of the current practices. A Porter 5 forces analysis of these measures leads to the only conclusion that the large corporate groups will be able to deal with this increase in legislation; thus, this is driving independent practices to sell up and decrease the variety of vet practices. The forces that have pushed up prices are now being given a free ride to monopolise the market, which seems a perverse outcome here.

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?

I have no comment.

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

The challenge here is that, up to now, vet practice has been funded by time and medicine margin. You're asking an impossible question as the financial fundamentals of practice are up for discussion. Vets deciding on medicine is currently within the medicine margin, which,

if taken away, means prescriptions should be valued much higher than the function of writing something down.

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 costs can be better worked out—the cost of the pharmacy, staff, communication with clients, stock storage, depending on stock turnover, the amount of Medication that goes out of date, etc. This is more tangible. I do not have a figure.

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.

Price control is not needed. If generic prescriptions go ahead, competition will occur, and prices will change. Without a new governance mechanism, any price control will be unenforceable.

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.

Question 62: What should be the scope of any price control? Is it appropriate to limit the price control to the top 100 prescription medicines? Please explain your views.

I do not see how you can control this in any respect.

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

No idea at all.

Question 64: We welcome any views on our preferred system design, or details of an alternative that might effectively meet our objectives. Please explain your views.

Question 65: What do you consider to be the best means of funding the design, creation and ongoing maintenance of an e-prescription portal and price comparison tool? Please explain your views.

I would be against the RCVS managing this—they are a regulatory body, not an IT company. If there were more than one portal, then there would be competition. However, with all these ideas, the smaller independent practices will lose out on discounting to the large vet groups.

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.

3 months would be appropriate. OOH providers will employ vets with 3-month notice periods, so it seems odd that termination is longer than three months. Most OOH providers use a significant amount of Locum work, so in reality, they have even shorter timescales to react to changing market conditions.

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

3-month cost for the same reasons as above.

Question 68: Do you agree that the additional transparency on the difference in fees between communal and individual cremations fees could helpfully be supplemented with revisions to the RCVS Code and its associated guidance? Please explain your views

Yes, I agree. My experience is that cremations are expensive, and often, owners go home to reflect on their needs. The option of communicating cremation (which I did not know existed!) and the price differential will mean the client has a real choice.

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?

Price control on companies with a relationship with the crematoriums IE vertical integration.

Question 70: What is the optimal form, level and scope of any price control to address the concerns we have identified? Please explain your views.

Markup would work well. The aim here is to create choice—once owners realise there is a choice for a much cheaper cremation, they can decide if they want individual cremation. Presumably, the cost of individual cremation will stabilise to an appropriate level that provides enough market scope for action.

Question 71: For how long should a price control on cremations be in place? Please explain your views.

3 years—long enough for the market volatility to calm down and for companies to understand the differential between group and individual cremations.

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.

Not the RCVS who are responsible for ethics, behaviour and professional standing. These commercial issues should be outside their remit.

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.

NO. The remedies will deliver for Clients; however, they do not address the root cause of the issues. High pricing has emerged alongside practice consolidation and an employment challenge.
None of the measures have been designed to address the root causes of price inflation; they have been designed to mitigate their effects. The intended or unintended consequence will be further consolidation within the vet marketplace, leading to more entrenchment of monopolistic tendencies.

NO. The unintended consequences on Equine and Farm practice mean again that the root cause has not been dealt with, and the part of the industry currently functioning well will arguably be affected to a greater extent.

NO. I believe that these remedies are putting animal welfare at risk, have been poorly thought out from the animal's perspective, especially farm animals.

Question 74: Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of? Please explain your views.

Question 75: Would an enhanced PSS or similar scheme of the kind we have described support consumers' decision-making and drive competition between vet businesses on the basis of quality? Please explain your views.

If core standards were made compulsory, additional awards would become valuable for clients or staff. There could even be awards for price competitiveness and contextualised care.

Question 76: How could any enhancements be designed so that the scheme reflects the quality of services offered by different types of vet businesses and does not unduly discriminate between them? Please explain your views.

Question 77: Are there any other options which we should consider?

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.

I am not sure. The RCVS's remit is to regulate professional standards. We need a separate organisation that regulates commercial activities. The thought processes and philosophies are different.

Question 79: If so, how should that duty be framed? Please explain your views
See above

Question 80: Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote competition? Please explain your views.

Reform of the RCVS Statutory instrument is needed.

Question 81: How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.

Based on PSS and 1 CPD, an app could be created that takes and understands complaints each year. It would be based on PREMISES, not company.

Question 82: What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.

The benefits are that client complaints are correctly recorded and reflected. Costs—I'm not sure. However, they would fall on the business side, not the individual vet, and end up as a cost of care for the clients.

Question 83: How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.

Any costs will be passed onto clients, whatever happens. So prices will increase.

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.

Yes- a regulator needs to be able to be active otherwise, businesses will not believe they are serious.

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.

The benefit is that RCVS will become more confident that it has a range of sanctions. Vets may become even more risk-averse, slowing the decision-making process and increasing client costs.

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

Yes the PSS.

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

The PSS Core standard is fine.

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

Yes, and as long as costs are managed, they do not fall disproportionately on small independent practices.

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?

Could it be supported/ run by VDS or alongside, with learning and reflection built into feedback?

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

Question 91: What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?

Promotion on the website and in reception.

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?
RCVS needs to be split in two- one professional regulation, one commercial, and compliance .

Question 93: What are the potential benefits and challenges of introducing a form of adjudication into the sector?

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

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

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

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

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

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

Question 100: What benefits could arise from more effective utilisation of vet nurses under Schedule 3 to the VSA, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?

Question 101: What benefits could arise from expansion of the vet nurse's role under reformed legislation, in particular for the veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?

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

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

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

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)?