

VETERINARY SERVICES FOR HOUSEHOLD PETS

Provisional decision report: Part B

15 October 2025

© Crown copyright 2025

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence.

To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/ or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Website: www.gov.uk/cma

**Members of the Competition and Markets Authority
who conducted this inquiry**

Martin Coleman (*Chair of the Group*)

Susan Hankey

Robin Cohen

Humphrey Battcock

Keith Richards

Chief Executive of the Competition and Markets Authority

Sarah Cardell

The Competition and Markets Authority has excluded from this published version of the final report information which the inquiry group considers should be excluded having regard to the three considerations set out in section 244 of the Enterprise Act 2002 (specified information: considerations relevant to disclosure). The omissions are indicated by [✂]. Some numbers have been replaced by a range. These are shown in square brackets. Non-sensitive wording is also indicated in square brackets.

Contents

1.	Introduction to part B (remedies)	11
2.	Remedies: framework, form and implementation	15
	Framework for assessing our potential remedies	15
	Relevant legislation	15
	Our role	16
	Effectiveness and proportionality of our remedies	17
	Effectiveness	18
	Proportionality	19
	Practical design and implementation considerations	20
	Implementation, monitoring and enforcement of remedies	20
	Costs of our remedies package and how these could be met	25
	Costs to businesses of the proposed CMA Order	26
	Additional costs that may be incurred by the RCVS	28
	Scope of a CMA Order – we propose to include all veterinary businesses	30
	Timescales over which the remedies would take effect	32
	Review of our remedies package	33
	Trials	34
3.	Pet owner empowerment remedies	36
	Introduction	37
	Remedy 1: Require businesses providing veterinary services and online pharmacies to publish information on ownership	42
	Description of the remedy	42
	The aim of the remedy	42
	How the remedy addresses the provisional AEC and resulting consumer detriment	43
	Remedy design considerations	44
	Remedy implementation considerations	46
	Remedy 2a: Require FOPs and referral centres to publish basic service information	47
	Description of the remedy	48
	The aim of the remedy	48
	How the remedy addresses the provisional AEC and resulting consumer detriment	48
	Remedy design considerations	49
	Remedy implementation considerations	49
	Remedy 2b: Require all FOPs, referral centres and crematoria to publish a standard price list for a defined selection of services	50
	Description of the remedy	50
	The aim of the remedy	50
	How the remedy addresses the provisional AEC and resulting consumer detriment	50

Remedy design considerations	52
Remedy implementation considerations	56
Remedy 2c Require FOPs to publish prices for all preferred parasiticides.....	58
Description of the remedy	58
The aim of the remedy	59
How the remedy addresses the provisional AEC and resulting consumer detriment	59
Remedy design considerations	60
Remedy implementation considerations	61
Remedy 2d: Require FOPs to publish information about pet care plans	63
Description of the remedy	63
Aims of the remedy	63
How the remedy addresses the provisional AEC and resulting consumer detriment	64
Remedy design considerations	64
Remedy implementation considerations	66
Remedy 3: Require FOPs and referral centres to submit information to the RCVS for the RCVS to publish on an enhanced Find a Vet platform and share to selected third parties.....	67
Description of the remedy	67
The aim of the remedy	69
How the remedy addresses the provisional AEC and resulting consumer detriment	69
Remedy design considerations	70
Remedy implementation considerations	75
Remedy 4: Require the RCVS to commission and publish the results of a group-level pet owner survey	81
Description of the remedy	81
The aim of the remedy	82
How the remedy addresses the provisional AEC and resulting consumer detriment	82
Remedy design considerations	83
Remedy implementation considerations	85
Effectiveness	87
How the remedies would work with other remedies to address the AECs and resulting consumer detriment	87
Effective implementation, monitoring and enforcement.....	90
Timescale over which the remedies would take effect	91
Proportionality	93
Whether the remedies are effective in achieving their aims	93
Whether the remedies are no more onerous than necessary to achieve their aims, and the least onerous if there is a choice between several effective measures.....	93

	Whether the remedies produce adverse effects which are disproportionate to their aims	105
4.	Choice of treatments, referrals and diagnostics	106
	Remedy 5a: Written estimates for higher cost treatment options	106
	Description of the remedy	106
	The aim of the remedy	107
	How the remedy addresses the provisional AEC and resulting consumer detriment	108
	Remedy design considerations	109
	The RCVS Codes and Guidance	115
	Remedy implementation considerations	116
	Remedy 5b: Itemised billing	117
	Description of the remedy	118
	The aim of the remedy	118
	How the remedy addresses the provisional AEC and resulting consumer detriment	118
	Remedy design considerations	119
	Remedy implementation considerations	119
	Remedy 6: ensuring vets and vet nurses can offer a range of treatment options....	120
	Description of the remedy	121
	The aim of the remedy	121
	How the remedy addresses the provisional AEC and resulting consumer detriment	122
	Remedy design considerations	124
	Remedy implementation considerations	124
	Effectiveness and proportionality.....	125
	Effectiveness.....	125
	Proportionality	126
5.	Medicines market opening remedies	128
	Introduction.....	128
	How the medicines market opening remedies address the provisional AEC and resulting consumer detriment	129
	Remedy 7 – Information measures to increase awareness of online pharmacies and the amount that can be saved by using an online pharmacy rather than purchasing from the FOP.....	130
	Description of the remedy	131
	The aim of the remedy	132
	Remedy design considerations	133
	Implementation considerations.....	140
	Remedy 8 – Measures to reduce barriers to pet owners purchasing online.....	142
	Description of the remedy	142
	Aim of the remedy	143
	Design considerations.....	143

Implementation considerations.....	144
Remedy 9 – Own brand medication	144
Description of the remedy	145
Aim of the remedy	145
Design considerations.....	146
Implementation considerations.....	147
Remedy 10 – Choice of default for repeat prescriptions.....	147
Description of the remedy	148
Remedy design considerations	149
Implementation considerations.....	151
Effectiveness of our market opening remedies in medicines.....	153
How the remedies would work with the other remedies to address the AECs and resulting customer detriment	153
Effective implementation, monitoring and enforcement.....	154
Timescales for implementation and for it to take effect	154
Consistency with existing and anticipated future laws and regulations	155
Proportionality of our market opening measures in medicines	155
How the remedies are effective in achieving their aims	155
How the remedies are no more onerous than necessary to achieve their aims ..	155
How the remedies are the least onerous if there is a choice between several effective measures	157
Whether the remedies produce adverse effects which are disproportionate to their aims.....	158
6. Medicines: prescription price controls and medicines price controls	161
Remedy 11: Prescription price cap.....	161
Description of the remedy	162
The aim of the remedy	162
Remedy design considerations	163
Remedy implementation issues	172
Effectiveness.....	174
Proportionality	174
Medicines price cap.....	175
We considered a price cap on medicines because of the large consumer detriment from high medicines prices at FOPs.....	175
Our provisional judgement is that an interim price cap on medicines is not appropriate	175
7. Out-of-hours contracts.....	179
Remedy 12: Requirement not to use for new (or enforce for existing) out-of-hours contracts notice periods which are longer than 12 months, with no payments required unless a FOP stops using the services before the notice period expires	179
The aim of the remedy	180

How the remedy addresses the provisional AEC and resulting consumer detriment	180
Remedy design issues	180
Remedy implementation issues	183
Costs of implementation	185
Effectiveness	185
Proportionality	186
8. Cremations	187
Remedy 13: Transparency on the options and fees for cremations and ensuring that all pet owners have the option of a communal cremation	187
Description of the remedy	187
The aim of the remedy	189
How the remedy addresses the provisional AEC and resulting consumer detriment	190
Remedy design considerations	191
Remedy implementation considerations	193
Effectiveness	194
Proportionality	195
A price control on retail fees charged by FOPs for individual cremations	196
9. Complaints and redress	200
Introduction	201
Remedy 14: A requirement for all veterinary businesses operating FOPs to have an in-house complaints process for each of its FOPs which meets specified minimum criteria	205
Description of the remedy	206
The aim of the remedy	209
How the remedy addresses the provisional AEC and resulting consumer detriment	210
Remedy 15: A requirement for all veterinary businesses operating FOPs to engage in mediation in good faith in cases where the pet owner's complaint is not resolved in-house and the pet owner wishes to engage in mediation	217
Description of the remedy	217
Aim of the remedy	218
How the remedy addresses the provisional AEC and resulting consumer detriment	218
Remedy 16a: An undertaking from (or requirement on) the RCVS to develop and publicise a decision tree to help pet owners navigate the different routes to obtaining redress	229
Remedy 16b: An undertaking from (or requirement on) the RCVS to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets	233
Effectiveness of the complaints and redress remedies under consideration	237
Proportionality	239

10.	Recommendations for future regulatory reform	242
	Description of the remedy.....	242
	How the remedy addresses the provisional AEC and resulting consumer detriment	243
	Regulating veterinary businesses.....	246
	Scope 247	
	Regulatory model	251
	Quality measures	252
	Regulation of veterinary professionals	257
	Effective monitoring of compliance with regulation.....	258
	Monitoring of compliance with regulation by veterinary businesses	259
	Monitoring of compliance with regulation by vets and vet nurses.....	260
	Stakeholder views	260
	Effective enforcement of regulation	261
	Proposed sanctions available to the regulator	262
	Stakeholder views	263
	Complaints and redress.....	264
	Description of the remedy	264
	Aim of the remedy	265
	Remedy design considerations	268
	Consumer and competition duty for the regulator.....	271
	The consumer and competition duties in practice	272
	Balancing duties.....	274
	Governance and structure of the regulator	274
	Operational principles for the governance of a veterinary regulator	275
	Potential structures of the regulator	276
	Practical considerations	278
	Professional leadership	279
	How our operational principles could guide the structure of the regulator.....	279
	Remedy implementation issues.....	282
	Method and timing of implementation	282
	Monitoring and enforcement.....	283
	Cost of implementation	283
	Effectiveness and proportionality of the measure we are proposing to take forward	286
	Effectiveness of the measure we are proposing to take forward	286
	Timescale over which the remedy will take effect	286
	Consistency of the remedy with other laws and regulations.....	287
	Provisional conclusion on the effectiveness of the measure we are proposing to take forward.....	287
	Proportionality of the measure we are proposing to take forward	288
11.	Effectiveness and proportionality of our proposed remedies package as a whole ..	292
	Effectiveness of the proposed remedies package	292

How the remedies address the AEC and resulting consumer detriment	292
Implementation, monitoring and enforcement	296
Provisional conclusion on the effectiveness of the remedies package	298
Proportionality of the remedies package	299
The remedies are effective in achieving their aims	299
The remedies are no more onerous than necessary to achieve their aims	299
We consider that our proposed package is the least onerous that would be effective in addressing the AECs.....	309
The remedies do not produce adverse effects which are disproportionate to their aims	309
Provisional conclusion on the proportionality of the measures we are proposing to take forward.....	312
Relevant customer benefits	314

Tables

Table 1.1 Summary of remedies in our proposed package.....	12
Table 3.1 Defined services in price list.....	53
Table 6.1 : Prescription fees charged by FOPs, 2023 (£)	166

Figures

Figure 9.1 : Complaint and redress remedies overview	204
Figure 9.2 In-house complaint process minimum criteria.....	207
Figure 10.1 A high-level illustration of a single organisation housing both regulatory and professional leadership functions.....	280
Figure 10.2 A high-level illustration of two separate organisations for regulatory and professional leadership functions.....	281

1. Introduction to part B (remedies)

- 1.1 In the first part of this report (part A) we set out our provisional conclusion that there is an adverse effect on competition (**AEC**) in the veterinary services market for household pets in the UK. In this part, we set out our proposed package of remedies to address this.
- 1.2 This document (part B) is structured as follows:
- (a) In this section we summarise our remedies package, noting to whom each remedy would apply and the timing for compliance;
 - (b) In section 2 we explain the framework we use for making decisions on remedies, including how we assess effectiveness and proportionality. We set out our position on various elements of a CMA Order, including monitoring and enforcement, timing, the scope of the remedies and the possible role of the Royal College of Veterinary Surgeons (**RCVS**);
 - (c) In sections 3 to 10 we set out our remedies package in detail, including the design of each remedy, how it addresses the concerns we have identified and why we consider it would be effective and proportionate;
 - (d) In section 11 we present our assessment of the package of remedies as a whole, considering whether it is effective and proportionate.
- 1.3 Table 1.1 below summarises our proposed remedy package. It describes the remedy, which parties the remedies would directly affect and distinguishes where relevant between larger veterinary businesses which are those with 15 or more First Opinion Practices (**FOPs**) and smaller veterinary businesses which have up to 15 FOPs. The table also sets out how long the parties directly affected would have to comply with a CMA Order (which would be made within six months of the date of publication of the market investigation report).¹ In addition to those remedies set out in the table below, we also recommend that the RCVS reviews its codes of professional conduct and the supporting guidance to these codes,² in relation to some of the remedies.

¹ Or accept final undertakings.

² This includes both the RCVS Code of Professional Conduct for Veterinary Surgeons (the **Code**) and the supporting guidance to the Code (the **Guidance**), and the RCVS Code of Professional Conduct for Veterinary Nurses (the **Nurses Code**) and the supporting guidance to the Nurses Code (the **Guidance for Nurses**). The Code and the Nurses Code are referred to collectively as 'the **Codes**'.

Table 1.1 Summary of remedies in our proposed package

Area	Remedy	Which parties the remedy directly affects	Time to comply after CMA Order is made
Measures to increase consumer engagement and choice of most suitable FOP	1. Requirement to clearly display common ownership on websites, in premises and in communications	Veterinary businesses ³ and online pharmacies in a group of more than 1 practice	3 months for all
	2a. Requirement to publish basic service information including out-of-hours (OOH) provision, staff qualifications and accreditations on websites and in premises	FOPs and referral centres	3 months for larger veterinary businesses; 6 months for smaller ones
	2b. Requirement to publish a list of prices for standard services on websites and in premises	FOPs, referral centres and crematoria	3 months for larger veterinary businesses; 6 months for smaller ones
	2c. Requirement to publish prices for parasiticide (ie flea, tick and worming) medicine products on websites and in premises, along with a link to a list of approved online pharmacies	FOPs	3 months for larger veterinary businesses; 6 months for smaller ones
	2d. Requirement to publish information about what services are included in pet care plans, how frequently they are typically used, and price if paid separately – on websites and in premises	FOPs	3 months for larger veterinary businesses; 6 months for smaller ones
	3. Requirement to provide the information set out in remedies 2a-d above plus ownership and basic practice information directly to the RCVS; an undertaking from the RCVS to collect the information set out above, make it publicly available on its Find a Vet platform, enhance the platform's functionality and share data with approved third parties	FOPs, referral centres and RCVS	9 months for RCVS; 12 months for FOPs and referral centres
	4. Undertaking from the RCVS to commission and publish the results of a pet owner survey which compares each Large Veterinary Group (LVG) and independents (as a group), once every two years; and LVG FOPs to publish results on websites and in premises	RCVS, LVG FOPs	6 months to start fieldwork, 10 months to publish results
Measures to help consumers choose the most suitable treatments, referrals and diagnostics and to support vets to provide	5a. Requirement to provide pet owners with a written estimate of the total cost of any treatment which is likely to be £500 or more (including VAT) and give them an update if the estimated cost increases by 20% or £500 (whichever is lower), and recommendation for the RCVS to reflect this in Codes and Guidance	FOPs, RCVS	3 months
	5b. Requirement to provide pet owners with itemised bills for their pet's treatments and other services they receive and recommendation for the RCVS to reflect this in Codes and Guidance	FOPs, RCVS	3 months
	6. Requirement to have in place written policies and processes to ensure that vet professionals are able	FOPs,	3 months

³ Providers of FOP, out-of-hours, referral centre, animal hospital, diagnostic laboratory, pet cremation and online pharmacy services.

appropriate and timely advice.	to act in accordance with relevant provisions of the RCVS Codes and Guidance including giving pet owners independent and impartial advice and a range of treatment options where appropriate.		
Measures to open the medicines market to greater competition and help consumers get the best prices	7. Requirement to make pet owners aware they can get a prescription and buy medicines online more cheaply through standardised notices in waiting rooms and by including standardised messages in a range of communications. Vets would need to tell pet owners about written prescriptions in consultations. Undertaking from the RCVS to produce and distribute standardised notices and information about the written prescription process and for it to host a copy of literature on its website.	FOPs; RCVS	3 months for larger veterinary businesses; 6 months for smaller ones. 3 months for RCVS
	8. Requirement to give pet owners written prescriptions by end of consultation (hard copy) or end of day (digital)	FOPs	3 months for larger veterinary businesses; 6 months for smaller ones
	9. Requirement to be clear that there are alternatives to own-brand medicines and provide information on active ingredients so those alternatives can be found	FOPs which sell own brand medicines	3 months
	10. Requirement to contact customers at specified times to ask for their default preference for repeat prescriptions - whether to buy online or in-clinic	FOPs	3 months for larger veterinary businesses; 6 months for smaller ones
	11. Requirement to charge no more than £16 for providing a written prescription and put in place policies and procedures on the duration of prescriptions and charging a single prescription fee per consultation.	FOPs	3 months for larger veterinary businesses; 6 months for smaller ones
Measures to facilitate FOPs switching out-of-hours provider	12. Requirement not to use for new (or enforce for existing) out-of-hours contracts notice periods which are longer than 12 months, with no payments required unless a FOP stops using the services before the notice period expires	OOH providers which provide OOH services to clients of other FOPs	Immediately, with 3 months for OOH providers to write to FOPs with existing notice periods over 12 months
Measure to facilitate best pet end of life choices for pet owners	13. Requirement to offer communal cremations, make pet owners aware of all available end of life options, publish individual and communal prices and observe 'cooling off' periods	FOPs;	3 months for larger veterinary businesses; 6 months for smaller ones ⁴
Measures to improve pet owners' ability to complain and receive redress if they are unhappy with their pet's care	14. Requirement to publish and provide pet owners with an in-house complaint process which meets specified minimum criteria, and for a sample of veterinary businesses to share a log of complaints with the RCVS	FOPs; RCVS	6 months to establish complaints systems; 18 months to share log with the RCVS
	15. Requirement to engage in mediation in good faith where the pet owner's complaint is not resolved in-house and the pet owner wishes to take the complaint to mediation	FOPs	6 months

⁴ For the requirement to offer communal cremations aspect of the remedy there would be 6 months for any FOPs which need to negotiate a contract for communal cremations with a crematorium.

	16a. Undertaking from the RCVS (or requirement by CMA Order for it) to develop and publicise a decision tree to help pet owners navigate the different routes to redress	RCVS	Decision tree to be developed and published before the end of the implementation period for remedy 14.
	16b. Undertaking from the RCVS (or requirement by CMA Order for it) to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.	RCVS	24 months to publish first annual report
Measures to provide a replacement statutory regime for the effective regulation of veterinary services	17. A recommendation to government to establish a replacement statutory regime for the regulation of veterinary services for household pets, including: regulating veterinary businesses and the practices they own; regulating the professional conduct of vets and vet nurses; robust and effective monitoring and enforcement; an effective complaints and redress system; statutory duties to promote competition and further the interests of pet-owners; and an independent and effective veterinary regulator.	The UK government, in consultation with the Scottish Government, Welsh Government and Northern Ireland Executive. RCVS	The UK government has committed to issuing an official response to CMA recommendations within 90 days of publication of the CMA's final decision with a presumption that it will accept the recommendations unless there are compelling policy reasons not to do so.

Source: CMA

2. Remedies: framework, form and implementation

2.1 In this section we cover:

- (a) the framework we apply to assess potential remedies; and
- (b) issues which are relevant across the remedies package, including the form the remedies should take and to whom they should apply, the timing of their implementation, how they should be monitored and enforced, and how the costs could be met.

Framework for assessing our potential remedies

Relevant legislation

2.2 Where we find that there is an AEC, we are required to decide these questions:⁵

- (a) whether we should take action to remedy, mitigate or prevent the AEC or any detrimental effect(s) on customers so far as it has resulted from, or may be expected to result from, the AEC;⁶
- (b) whether we should recommend that others take action for those purposes; and
- (c) in either case, if action should be taken, what is to be done and what is to be remedied, mitigated or prevented.

2.3 In coming to a view on potential remedies, we must, ‘... in particular have regard to the need to achieve as comprehensive a solution as is reasonable and practicable to the adverse effect on competition and any detrimental effects on customers so far as resulting from the adverse effect on competition’.⁷ To satisfy that requirement, we consider how comprehensively potential remedies (or a package of them) address the AEC and/or its detrimental effects on customers, as well as whether the potential remedies are effective and proportionate.⁸

2.4 We usually classify remedies as either structural or behavioural:

⁵ [Enterprise Act 2002](#), section 134(4).

⁶ A detrimental effect on customers is one that results, or may be expected to result, from any AECs and takes the form of: (a) higher prices, lower quality, or less choice of goods or services in any market in the UK (whether or not the market(s) to which the feature or features concerned relate); or (b) less innovation in relation to such goods and services. [Enterprise Act 2002](#), section 134(5).

⁷ [Enterprise Act 2002](#), section 134(6).

⁸ Competition Commission, [Guidelines for market investigations: Their role, procedures, assessment and remedies](#) (CC3 (Revised)), paragraph 329.

- (a) Structural remedies in market investigations are generally one-off measures that seek to increase competition by altering the competitive structure of the market.
- (b) Behavioural remedies are generally ongoing measures that are designed to regulate or constrain the behaviour of parties in a market and/or empower customers to make effective choices.⁹

2.5 There are three ways remedies of either type may be implemented. We can impose CMA Orders on relevant parties or we can accept Undertakings from them, and we can make recommendations that others take action (for example, government or other organisations, including regulators such as the RCVS).

2.6 The CMA's clear preference is to adopt remedies – of whichever type and by whichever means – that deal comprehensively with the cause or causes of AECs wherever possible and, by doing so, significantly improve competitive conditions in a market in a reasonable period of time. However, while generally preferring to address the causes of the AEC, the CMA will consider introducing measures which mitigate the harm to customers created by competition problems, for example if other measures are not available, or as an interim solution while other measures take effect.¹⁰

Our role

2.7 Speaking broadly, our role, guided by the relevant statutory provisions described above, is to make a judgement about solutions for the competition problem(s) that we identify, and its effects, that work and do not intervene in the market any more than necessary and to make decisions about what remedial action should be taken and by whom. That involves:

- (a) an assessment of how any remedies could be expected to achieve their aims and of the costs and burdens they impose on businesses; and
- (b) practical considerations about how any remedies should be designed and implemented.¹¹

⁹ [CC3 \(Revised\)](#), paragraph 371.

¹⁰ [CC3 \(Revised\)](#), paragraphs 330 to 333.

¹¹ In our Remedies Working Paper we welcomed comments on the remedies (if any) we should put in place and how we should implement them. Key points made to us were that any remedies put in place should be proportionate, not be overly complex, minimise costs and burdens on veterinary businesses (particularly smaller independent ones) and vets, be compatible with the protection of public and animal health and welfare, be practically workable for the veterinary sector, reflect the differences between corporate veterinary businesses, and build on the existing Practice Standards Scheme (**PSS**) or Find a Vet platform. Some said that an updated legislative framework was needed. (See, for example, RCVS response to the Remedies Working Paper, pp4-5. CVS' response to the Remedies Working Paper, pp4-5. Medivet's response to the Remedies Working Paper, pp8-11. XL Vet's response to the Remedies Working Paper, p3. Which? response to the Remedies Working Paper, p2. Respondent 12's response to the Remedies Working Paper, p2. Thrums Vet's response to the Remedies Working Paper, pp1-2.) This section sets out some considerations that would apply across our package of remedies, taking account of points that were made to us.

2.8 We consider both elements in the rest of this section. We describe the former first, because that helps provide an analytical framework for the development of our remedies, but both elements are related and there is often no bright line between them. For example, it is obviously important, practically, to work out what a remedy requires parties to do, to whom it should apply and when, and how any associated costs would be met. The ability clearly to specify what any remedy requires, and of whom, is also key to its effectiveness, and the costs – alongside the benefits – are relevant to assessing the necessity and proportionality of the remedy.

Effectiveness and proportionality of our remedies

2.9 Our assessment of potential remedies' effectiveness and proportionality helps us to judge whether they are likely to address any AECs that we have found in a way that does not impose more costs and burdens than are necessary to achieve that effect. It also helps us assess whether the benefits would outweigh the costs.

2.10 In reaching a judgement about whether to proceed with a particular remedy, we consider its potential effects – both positive and negative – on those parties most likely to be affected by it. We have particular regard to the impact of potential remedies on customers, as well as on those businesses that would be subject to them.¹²

2.11 Beneficial effects might include consumers being able to make better choices, lower prices, higher quality products and services and/or greater innovation. The potential negative effects of a remedy may arise in various forms, for example:

- (a) unintended distortions to market outcomes, which may reduce economic efficiency (including dynamic incentives to invest and innovate) and adversely affect the economic interests of customers over the longer term;
- (b) implementation costs, ongoing compliance costs, and monitoring costs (for example, the costs to the CMA or other agencies in monitoring compliance); and
- (c) if remedies extinguish Relevant Consumer Benefits (**RCBs**), the amount of RCBs foregone may be considered to be a relevant cost of the remedy.¹³

¹² CC3 (Revised), paragraph 348.

¹³ The CMA may have regard to the effect of any remedial action on any RCBs of the feature(s) of the market(s) concerned (section 134(7)) EA02. For these purposes, a benefit is an RCB if: (a) it is a benefit to customers or future customers in the form of lower prices, higher quality or greater choice of goods or services in any market in the UK, or greater innovation in relation to such goods or services; and (b) the CMA believes that the benefit has accrued, or may be expected to accrue within a reasonable period, as a result of the feature(s) concerned and the benefit was or is unlikely to accrue without the feature(s) concerned (section 134(8)) EA02. CC3 (Revised), paragraph 352.

2.12 In the following paragraphs we outline our approach in principle to the assessment of remedies' effectiveness and proportionality. In part B, sections 3 to 10¹⁴ of this report, where we consider the design and implementation of each proposed remedy, we set out our provisional assessment of their effectiveness and proportionality. In part B, section 11, we draw those assessments together and consider the effectiveness and proportionality of the overall package of proposed remedies (considering them in combination).¹⁵

Effectiveness

2.13 To assess the effectiveness of proposed remedies, we consider four elements. We describe these below and explain how we take them into account.

How the remedy would work with other remedies to address the AECs and resulting customer detriment

2.14 We consider the risks associated with different potential remedies and tend to favour remedies that have a higher likelihood of achieving their intended effect.¹⁶ We generally look for remedies that prevent an AEC by extinguishing its causes, or that can otherwise be sustained for as long as the AEC is expected to endure. We also tend to favour remedies that are expected to show results within a relatively short time.¹⁷

2.15 Where more than one measure is being introduced as part of a package of remedies, we consider the way in which the measures would be expected to interact with each other.¹⁸

The extent to which the remedy is capable of effective implementation, monitoring and enforcement

2.16 A remedy should be capable of effective implementation, monitoring and enforcement. To facilitate this, the operation and implications of the remedy need to be clear to the parties to whom it is directed and also to other interested persons, such as customers, other businesses that may be affected by the

¹⁴ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

¹⁵ Part B, section 11: Effectiveness and proportionality of our proposed remedies package as a whole.

¹⁶ [Market Studies and Market Investigations: Supplemental guidance on the CMA's approach](#), January 2014 (revised July 2017) (CMA3), paragraph 4.16.

¹⁷ CMA3, paragraph 4.18.

¹⁸ CMA3, paragraph 4.24. We can review remedies later on (as set out below), but we strongly value setting the remedy package appropriately at the outset.

remedy, sectoral regulators, and/or any other body which has responsibility for monitoring compliance.¹⁹

The timescale over which the remedy will take effect

- 2.17 In assessing the timescale over which a remedy would be likely to take effect, we consider:
- (a) the time that it is likely to take to implement the remedy following publication of our final report; and
 - (b) the time that it is likely to take for the measure, once implemented, to remedy the AECs and resulting customer detriment.

The consistency of the remedy with existing and anticipated future laws and regulations

- 2.18 Remedies need to take account of existing laws or regulations either currently applicable or that the CMA expects to come into force in the near future.²⁰ Such laws and regulations could cover any aspect of, for example, competition law, health and safety, or data protection law.²¹

Proportionality

- 2.19 To assess the proportionality of our proposed remedies, we consider for each remedy and the package as a whole, whether it:
- (a) is effective in achieving its aims;
 - (b) is no more onerous than necessary to achieve its aims;
 - (c) is the least onerous if there is a choice between several effective measures; and
 - (d) produces disadvantages²² which are disproportionate to its aims.²³
- 2.20 This exercise involves a clear identification of what the remedy is intended to achieve, and an assessment of the likelihood and extent of that achievement and of the costs involved. It also involves a comparison of any different means by which the aims of the remedy could be achieved and the selection of that judged

¹⁹ CMA3, paragraph 4.17.

²⁰ Such an expectation could arise where a Bill is passing through Parliament at the time, or where it has been passed but its provisions are yet to take effect. It may also arise because of the CMA's engagement with government or regulators, or because of proposals they have made.

²¹ CMA3, paragraph 4.23.

²² Such as costs or adverse effects.

²³ CC3 (Revised), paragraph 342 to 344.

to be the least costly and onerous, as well as careful consideration of any adverse effects or unintended consequences that might outweigh the benefits expected to result from the remedy.

Practical design and implementation considerations

- 2.21 We have set out the remedies which we have provisionally decided to adopt in part B, section 1.²⁴ In this subsection, we consider:
- (a) the implementation of our remedies (mainly by CMA Order), how any Order might be monitored and enforced, and whether the RCVS should play a role in this;
 - (b) the costs on businesses of the proposed Order;
 - (c) costs that might be incurred by the RCVS and who would bear them;
 - (d) whether certain types of veterinary businesses should be excluded from the Order;
 - (e) timing and when businesses would need to comply with an Order;
 - (f) when and why we would review an Order; and
 - (g) under what circumstances we would conduct trials of any of our proposed remedies.

Implementation, monitoring and enforcement of remedies

Implementation

- 2.22 We propose that, where possible, our remedies should be imposed in a legally binding way. That is either, where we have the power to do so, by the CMA making an Order, or by relevant parties giving the CMA an Undertaking. Recommendations would play an important role in areas where we do not have power to act (as set out below). In forming that provisional view, we take into account the following six points.
- 2.23 First, our duty, where we find there is an AEC, is to have regard to the need to achieve as comprehensive a solution as is reasonable and practicable to the AEC and any resulting detrimental effects on customers. That points to a need for a binding set of provisions that would change behaviour and outcomes.

²⁴ Part B, section 1: Introduction to part B (remedies).

- 2.24 Second, CMA Orders and Undertakings are binding. If they are not complied with, they can be enforced by the CMA and the subject of action for damages by other interested parties, including pet owners. The CMA could also impose financial penalties. The CMA's preference is not to have to take such action, but the possibility of it should operate as an incentive for compliance.
- 2.25 Third, following its market investigation in 2003, the Competition Commission (**CC**) sought to impose remedies in relation to veterinary medicines. In some cases, the government agreed these would be implemented by the RCVS. The changes the RCVS made are now reflected in its Guidance. We provisionally find an AEC which derives in part from the same or similar features, and in the same or similar respects, as the CC. Those features include, a lack of pet owner awareness of their ability to obtain written prescriptions and to buy medicines from third parties. The persistence of the (provisional) AEC in that regard suggests a need for an alternative, and binding, approach.
- 2.26 Fourth, where we think that the relationship between pet owners and veterinary businesses needs changing, that can be achieved by imposing requirements on veterinary businesses.²⁵ Veterinary businesses can control a number of the aspects of the relationship with which we are concerned (such as the information given to pet owners that empowers their decision-making) and, through contractual employment relationships, they set policies and direct the behaviour of the vets and nurses who work for them.
- 2.27 Imposing requirements on veterinary businesses would require, and enable, them to set policies, processes and practices across their FOPs, out of hours services, referral centres, animal hospitals, diagnostic laboratories, crematoria and online pharmacies (as the case may be). That, generally, is the approach we propose to take in respect of the remedies described in part B, sections 3 to 10 of this report.²⁶ It would provide a mechanism for changing behaviour and outcomes that incentivises, and holds to account, the relevant business organisation, rather than micro-managing by the CMA (or an external regulator) of each FOP or other service within an organisation.
- 2.28 Fifth, by contrast with CMA Orders (or Undertakings), any recommendations we make would not be binding. While the government has undertaken to respond to

²⁵ By which we mean the person or entity carrying on a relevant vet business whatever the legal structure or size, be they, for example, a multi-practice corporate entity, a joint venture, a partnership, or a sole trader.

²⁶ In each of part B, sections 3 to 10 we identify the parts of a vet business's operations and services (eg its FOPs) in respect of which we propose to impose requirements. Where we propose to impose requirements on a business in respect of its FOPs those would also generally apply (i) to its retail provision of out of hours services in those FOPs and (ii) to those centres, premises or locations in which the business provides retail OOH services (including where it does so having entered into a contract under which a FOP business outsources its OOH provision), unless we specify otherwise (or the context requires otherwise). Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

any recommendations within 90 days, those to whom they are addressed may not always follow them. Recommendations are, accordingly, more likely to be an appropriate remedy where the CMA does not have power to make Orders, and Orders are likely to be preferred where the relevant powers exist. Here, where we are concerned with changing the way relevant commercial businesses operate, those powers are available and should, in our provisional view, be used.²⁷

- 2.29 Sixth, we have taken into account that our Orders can apply to all veterinary businesses or all businesses of a certain type, whereas Undertakings bind only the parties who give them. Given that our provisional finding is that there is an AEC which derives from some features that are inherent to the market and some that, while not inherent, apply across the market (eg a lack of information transparency), we are minded to impose any remedies that would apply to veterinary businesses by way of a CMA Order. That Order would apply across the market, whereas the obtaining of market-wide Undertakings from several thousand veterinary businesses would likely be impractical.
- 2.30 The position as far as the RCVS is concerned may be slightly different. We could make a CMA Order covering many of the activities we would like it to carry out. There may, however, be more scope for the RCVS, as a single party, to give us relevant Undertakings. We return to that point below, in relation to the monitoring by the RCVS of veterinary businesses' compliance with any CMA Order we impose on those businesses.
- 2.31 The foregoing does not mean that we see no role for recommendations in our package of proposed remedies. In part A, section 14 we describe our provisional views that the relevant market is one in which effective regulation is required and is currently lacking.²⁸ Remedying the AEC we identify would require changes to the regulatory framework that would need to be achieved through changes to legislation, and by steps taken by the regulator, that fall outside the scope of our powers.
- 2.32 Our package of proposed remedies therefore includes a series of important recommendations, mainly to government, as set out in part B, section 1 and described in detail in part B, section 10.²⁹ We would urge those to whom they would be addressed to act on them.

Monitoring

- 2.33 We have considered carefully how compliance with any CMA Orders we impose on veterinary businesses should be monitored. We have taken into account our

²⁷ CC3 (Revised), Annex B, section 3: Recommendations.

²⁸ Part A, section 14: Regulatory framework for veterinary services.

²⁹ Part B, section 1: Introduction to part B (remedies) and part B, section 10: Recommendations for future regulatory reform.

provisional view that the relevant market is one that, to function well, requires effective regulation (as set out in part A, section 14).³⁰ We have also taken into account that there is in the RCVS already a regulator with sectoral expertise (and which plays a standard-setting and inspection role in the voluntary PSS that applies to 70% of the market). We anticipate that, as one of the current sectoral regulators, and one which may form part of the regulatory framework in future, the RCVS would be well placed to take on the monitoring function.

- 2.34 With those points in mind, we envisage a role for the regulator in helping to monitor compliance with any remedies we impose. We anticipate that this is a role the RCVS should welcome as it seeks a future role as a statutory regulator of veterinary businesses.
- 2.35 In considering the design of our proposed remedies, we have thought about what that monitoring role should be. The remedies would be mainly designed such that:
- (a) the onus would be on veterinary businesses to ensure their operations comply across their FOPs and other veterinary services they provide;
 - (b) those businesses would be able to put in place relevant policies and processes (building where appropriate on existing ones) that apply across those FOPs and other veterinary services; and
 - (c) the monitoring of compliance can be as light-touch as possible.
- 2.36 On the last point, we envisage that veterinary businesses with more than one FOP³¹ would attest to the monitoring body (for example, the RCVS) that they have complied with their obligations. The remedies to which that attestation requirement would apply are outlined in part B, section 11.³² The monitoring body would assess those attestations, conduct spot-checks³³ and be able to report cases of possible non-compliance to the CMA. It would also be open to the monitoring body to undertake more in-depth monitoring in certain areas.³⁴ This approach would, in our provisional view, provide for effective and proportionate monitoring that would add to the incentives on veterinary businesses to comply (or face the ready identification of their non-compliance).
- 2.37 We could impose the relevant monitoring obligations on the RCVS by Order. If necessary, we would do so. An alternative would be to identify another body in

³⁰ Part A, section 14: Regulatory framework for veterinary services.

³¹ Minimising the administrative burden on the smallest veterinary businesses (which would nonetheless have to comply with the substantive requirements of any remedies we impose).

³² Part B, section 11: Effectiveness and proportionality of our proposed remedies package as a whole, subsection The remedies are no more onerous than necessary to achieve their aims.

³³ For example, of the existence and contents of processes that veterinary businesses attested they had in place.

³⁴ For example, if it had concerns that a certain business or group of businesses were not complying or if there was evidence of wide-spread non-compliance with one or more remedy. The frequency with which it did so would be a matter for it, based on an assessment of risk, rather than something we propose to recommend or require.

relation to whom that CMA Order would be made. Another alternative would be for the RCVS to give us an Undertaking to perform that role. We would welcome its doing so and hope to work with it, and its Council, to develop that possibility.

Enforcement

- 2.38 The design of our proposed remedies is intended not only to facilitate their implementation and monitoring but also to ensure that, if they are not complied with, they could be readily enforced. Enforcement³⁵ would be a matter for the CMA.³⁶
- 2.39 The CMA takes the nature of any non-compliance, and the reasons for it, into account in deciding whether to take action. It has a range of steps it could take, and powers it can use (and would use in appropriate cases). It can:
- (a) issue warning letters and directions (to take any necessary action) to parties;
 - (b) enforce compliance with CMA Orders and Undertakings in the courts;³⁷ ³⁸ and
 - (c) impose financial penalties³⁹ on parties which breach CMA Orders or Undertakings without reasonable excuse.⁴⁰
- 2.40 In the longer term, our proposed recommendation to government is that the obligations we impose on veterinary businesses should form part of a reformed statutory regulatory framework. Within that framework, the regulator would have an effective set of powers to monitor and enforce compliance and would, in our provisional view, be best placed to perform that role.

Implementation, monitoring, enforcement and effectiveness

- 2.41 As well as being important practical matters, considerations relating to the implementation, monitoring and enforcement of remedies are an important part of the assessment of their effectiveness. To work, remedies we impose need to be capable of effective implementation, monitoring and enforcement.
- 2.42 The three points are linked. The remedies need to be clear about what relevant parties must do to comply. That also needs to be clear to pet owners and the

³⁵ Including of any obligations imposed on or undertaken by the RCVS.

³⁶ As set out in the [Enterprise Act 2002](#), section 162, and amendments made to the [Enterprise Act 2002](#) by the [Digital Markets, Competition and Consumers Act 2024](#), section 138 and Schedule 8.

³⁷ If a person fails to comply with any Undertakings that it has given or any Order imposed by the CMA, compliance may be enforced by means of civil proceedings brought by the CMA (under the [Enterprise Act 2002](#), section 167).

³⁸ In addition to enforcement by the CMA, any person affected by the contravention of Undertakings or a CMA Order who has sustained resulting loss or damage may also bring an action against the relevant party.

³⁹ Of up to 5% of their turnover.

⁴⁰ As set out in [Enterprise Act 2002](#), sections 167A-167C and [Administrative Penalties: Statement of Policy on the CMA's Approach](#) (CMA4).

sectoral regulator, so that those parties can play a part in monitoring compliance (and reporting non-compliance) and that, if necessary, the CMA can readily enforce them. Each of these things encourages businesses to comply and enhances the prospect of competition working better and improving outcomes for pet owners and their pets.

- 2.43 Our provisional assessment, described more specifically in respect of each remedy in part B, sections 3 to 10 and, in respect of the package of remedies, in section 11,⁴¹ is that the proposed remedies would be capable of effective implementation, monitoring and enforcement:
- (a) because they are designed to impose clear requirements on veterinary businesses, which could put in place relevant policies and processes (building where appropriate on existing ones)⁴² that apply across their FOPs,⁴³ they are capable of effective implementation by those businesses;
 - (b) because a number of the requirements are open to ready observation,⁴⁴ they can effectively be monitored by way of attestations made to, and checks made by, the RCVS, as well as by pet owners making reports and complaints; and
 - (c) the clarity of the obligations and the observability of their performance would lend itself to effective CMA enforcement if necessary.

Costs of our remedies package and how these could be met

- 2.44 Any remedies we impose would result in some costs and burdens for businesses. The following paragraphs describe our approach to identifying and assessing those costs and burdens (consideration of which shapes the design and implementation of our proposed remedies and our assessment of their likely effectiveness and proportionality).

⁴¹ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress, section 10: Recommendations for future regulatory reform and section 11: Effectiveness and proportionality of our proposed remedies package as a whole.

⁴² For example, requiring the publication of information on websites and in practice literature that often already exists and, in cases such as the proposed remedy relating to the Find a Vet website, building on existing RCVS functions.

⁴³ And any other relevant veterinary services they provide.

⁴⁴ For example, the setting of a straightforward cap on prescription fees, the placing of standardised signage in visible locations in the FOP and the publication of information online.

Costs to businesses of the proposed CMA Order

Direct costs of compliance

- 2.45 The remedies package summarised in part B, section 1 includes various actions that veterinary businesses would need to take to comply with a CMA Order, such as providing certain information on their websites and in premises or issuing a written prescription within a certain timeframe.⁴⁵
- 2.46 We have identified some costs that would be likely to arise from complying with our remedies and have grouped these into four categories.
- (a) **Capital expenditure.** This is the cost of acquiring, upgrading, and maintaining durable assets. Within this category, we have considered separately the cost of digital assets such as websites, and physical assets such as FOP signage.
 - (b) **Materials cost.** This includes the cost of materials such as the printer ink and paper used to create new posters and leaflets. Materials costs are different from capital expenditure as materials costs are the costs of inputs that are used up in the process of providing services.
 - (c) **Labour cost.** This captures the cost of any additional time taken by staff to comply with our remedies, such as undergoing training or collating information. Within this category, we have considered separately the cost of vet and support staff time.
 - (d) **Indirect costs.** These include any opportunity costs arising from the implementation of our remedies, for example where they may divert resources, such as labour, from other areas. There is also the potential for impacts on the business from pet owners changing their behaviour as a result of our remedies. Veterinary businesses could incur costs – that might be labour costs, for example – in adapting, or seeking to adapt, their business models and processes in response to the competitive circumstances that we would expect to flow from those remedies.
- 2.47 In part B, sections 3 to 10, where we consider the remedies in detail, we discuss the specific costs that might arise from complying with each remedy using the categories set out here.⁴⁶ In some cases, we have been able to estimate these but, in most cases, this has not been possible because of the likely large variability between FOPs both in starting points and how they might choose to comply,

⁴⁵ Part B, section 1: Introduction to part B (remedies).

⁴⁶ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

based on the current way the business is run. In the latter case, we have nonetheless sought to make a qualitative assessment of the anticipated magnitude of the costs. We pull together the estimates of likely costs – including additional costs that could be incurred by the RCVS – in part B, section 11.⁴⁷

- 2.48 Where we can, we have sought to design our proposed remedies in ways that could build on existing systems and processes that many veterinary businesses likely already operate, rather than require the development of new ones. For example, we found that 98% of FOPs have a website to communicate information to pet owners and most use practice management systems to maintain pet owner records. In thinking about the design of remedies to address shortfalls in information to empower good decision-making (by publishing price lists), or to open up medicines to more effective competition (by having defaults for written repeat prescriptions) we have considered how these could be used in ways that generate synergies and limit the incremental costs for businesses.
- 2.49 We generally take into account that, for some businesses, complying with our remedies would require less work than for others. Those which already communicate information effectively to pet owners and have a good system for managing complaints, for example, would need to make fewer changes. Other measures, such as the requirement to give a written estimate of likely costs of more expensive treatments would apply only in a minority of instances: a maximum of around 20% of consultations (and likely fewer).⁴⁸ Accordingly, the expected burden would be limited. Our proposed price cap on prescription charges would be at a level which is higher than the fees charged by most independent practices.
- 2.50 Our assessments of the likely costs of our proposed remedies feed into our assessment of the effectiveness and proportionality of those remedies. We welcome submissions (with supporting evidence) that further help us understand the specific costs of our overall remedies package on different types of vet business (for example, the likely time that might be needed to make specific system changes, whether it would be vets or administrators carrying out different tasks, and the hourly costs of each).

Other impacts on business

- 2.51 Some of the submissions we received in responses to our Remedies Working Paper suggested that the ability of more informed pet owners to exercise choice would have a negative impact on veterinary businesses. Those submissions

⁴⁷ Part B, section 11: Effectiveness and proportionality of our proposed remedies package as a whole, subsection Proportionality of the remedies package.

⁴⁸ Based on our analysis of a dataset of insurance claims.

included that, for example, were pet owners to make choices like purchasing medicines more cheaply online, there would be financial consequences for FOPs.

- 2.52 Our view is that it is right, in a well-functioning market, that customers are made aware of their options and how they could individually save money. If better informed pet owners make choices which have an impact on veterinary businesses, and those businesses need to adjust their approach in response, this is the market working well.⁴⁹
- 2.53 That said, we are minded to draw a degree of distinction between (a) the effects of a remedy on the competitive process; and (b) the costs to some veterinary businesses of steps they take in seeking to adapt to those effects. Some smaller businesses may have fewer administrative (and potentially financial) resources to devote to making necessary changes and may need to adjust their ways of working. That is a relevant cost to which, in seeking to give them the opportunity to compete in a well-functioning market, we would have regard in deciding how long they should have to implement certain of our remedies (as set out below).

Additional costs that may be incurred by the RCVS

Costs of monitoring the CMA remedies

- 2.54 The monitoring role we propose for the RCVS would require it to perform activities it does not currently perform and to incur costs it does not currently incur. The legal power we would use if we made an Order for the RCVS to perform the role would require us to ‘...make provision as to the terms of [an appointee’s] appointment’. Such terms would include those covering relevant costs, and we have considered how those costs would be met.
- 2.55 The monitoring activities would relate to obligations that are to be performed by veterinary businesses in order that competition operates more effectively. That being so, our provisional view is that the additional costs should be met by those businesses (rather than, for example, from individual veterinary professionals’ subscription fees). This would align the subject of the substantive obligations and the responsibility to pay for their administration.
- 2.56 Our proposal is that our Order (or Orders) on veterinary businesses would include a requirement that they pay a levy to fund the RCVS’s monitoring activities (or

⁴⁹ This view is consistent with [CC3 \(Revised\)](#), paragraph 353, which says: ‘To avoid imposing unnecessary burdens on business, the CMA will seek (as stated in paragraph 344) to ensure that its remedies are no more onerous than is necessary to remedy the AEC it has identified. In selecting and designing remedies, the CMA will also have regard to the potential for more competitive markets to create profitable opportunities for new and innovative competitors as well as the cost of remedial measures on established businesses. However, where businesses have been found to be earning profits persistently in excess of their cost of capital as a direct result of a feature of the market (as set out in paragraphs 114 to 126), and are likely to continue to do so in the absence of intervention, the CMA will not usually give any significant weight to the anticipated reduction of such profits as a negative effect of a remedy.’

those of whichever body takes on that monitoring role). That levy would be in proportion to each business's size, and, as explained in part B, section 11, we have provisionally decided that it would be best to apportion the fees on a per (small animal) FOP basis.⁵⁰

- 2.57 We note that it is common for regulators to be funded by those they regulate, including by businesses which are the regulated parties. For example, Ofcom is partly funded by a levy on the telecoms businesses that it regulates, and the Care Quality Commission (**CQC**) is mainly funded through annual fees charged to registered providers. The RCVS itself operates a similar model in relation to the PSS, which it describes as 'self-funding' on the basis that it is funded by the participating veterinary businesses.⁵¹
- 2.58 The mechanism we are minded to adopt for setting the levy would be one designed on a cost-recovery basis. The RCVS (or other monitoring body) would be required to estimate those costs on a periodic, likely three-yearly, basis, and consult on that estimate. The first such estimate would include relevant set-up costs and would need to be in place by the time the monitoring activity commenced. Once set, the levy fund would be reserved to cover the RCVS's activities in monitoring the CMA's remedies and the RCVS would need to account for how the funds were spent and repay or carry over any underspend.

Other costs that might be incurred by the RCVS

- 2.59 Our provisional remedies package comprises other activities we could require the RCVS to carry out too (either by CMA Order or by obtaining an Undertaking from it). These include: improving the functionality of the Find a Vet website, gathering information from veterinary businesses to present on that site and operating it on an ongoing basis, commissioning and publishing the results of a customer satisfaction survey, gathering and sharing data on complaints, and developing and sharing materials to allow pet owners to engage with processes on complaints and redress.
- 2.60 As with monitoring, and for the same reasons, we propose that the costs incurred by the RCVS in carrying out these activities would generally be paid by veterinary businesses in proportion to their size. There is one exception to that. We would be minded to require that the LVGs, but not other veterinary businesses, pay the costs of the customer satisfaction survey. We discuss the rationale for this in part B, section 3 where we set out this remedy in more detail.⁵² If other veterinary businesses were to grow sufficiently large that robust survey results could be

⁵⁰ Part B, section 11: Effectiveness and proportionality of our proposed remedies package as a whole, subsection Proportionality of the remedies package.

⁵¹ And separately from activities funded by individual professionals' registration fees.

⁵² Part B, section 3: Pet owner empowerment remedies.

produced for them too, then we propose to include them in the obligation to pay for the survey to be conducted.

- 2.61 There are some activities which we have provisionally decided to recommend that the RCVS carries out, such as considering amendments to the Code and Guidance. We anticipate that these activities relate to veterinary professionals' core activities and closely align with the RCVS's central functions, and should therefore be covered by the RCVS's existing funding mechanisms and budget.
- 2.62 We provide some estimates of the potential costs that the RCVS might incur in part B, section 11.⁵³

Scope of a CMA Order – we propose to include all veterinary businesses

- 2.63 In assessing the effectiveness and proportionality of our remedies, both individually and as a package, we have considered the implications of the requirements for the affected parties. Those include the costs and burden the remedies would impose on veterinary businesses relative to their size and the way in which they operate.
- 2.64 In response to our Remedies Working Paper, we heard from smaller veterinary businesses that some of the remedies discussed in that paper would impose proportionately greater burdens on them. They noted that they have fewer resources to dedicate to administrative tasks and compliance than larger groups.
- 2.65 We have provisionally decided that our Order, and the package of remedies for which it would provide, should apply to all veterinary businesses, rather than exclude the smallest ones.⁵⁴ The competition concerns we have provisionally identified derive from some features that are inherent to the market and from some, such as the lack of information available to pet owners, that apply across the market. That points to a need for market-wide remedies.
- 2.66 Those remedies which are aimed at giving pet owners the information they need to make more informed choices of FOP, treatments, cremation options and where to buy medicines, for example, are about empowering pet owners to make comparisons that drive competition across the market. They need to apply to all providers. Pet owners cannot usefully compare prices across FOPs, and competition on that footing would be less effectively spurred, if only those 60% of FOPs which belong to the LVGs are required to display pricing information.

⁵³ Part B, section 11: Effectiveness and proportionality of our proposed remedies package as a whole, subsection Proportionality of the remedies package.

⁵⁴ With the exception of remedy 1 on ownership transparency which only applies to veterinary businesses with more than one FOP (80% of all veterinary businesses).

- 2.67 All the proposed remedies would achieve important improvements for pet owners whatever FOP they choose. Those improvements include other ways of opening up medicines prices at all FOPs⁵⁵ to competition (for example, by having a default for written repeat prescriptions), businesses having a good complaint process and ensuring that their vets follow the Code. That points, in our provisional view, to a need for the remedies to apply to all veterinary businesses, even the smaller ones.
- 2.68 To the extent that there is a risk that a remedy, or combination of remedies, would impose an undue burden on certain businesses, that could be managed in other ways. It would be possible, for example, to give certain businesses, who would otherwise be unduly affected, longer to implement certain remedies. We heard in a significant number of the responses to our Remedies Working Paper that many independent veterinary businesses would need longer to comply with any requirements in a CMA Order. For example:
- (a) the BVA BSAVA, BVNA, SPVS and VMG said they were 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....';⁵⁶ and
 - (b) an individual respondent noted that, 'In most independent practices there is currently not sufficient staff nor the appropriately trained staff to take this on' while 'Large corporate practices with entire administrative departments are likely to be able to perform such tasks more easily'.⁵⁷
- 2.69 In considering whether a longer implementation period would be appropriate, we have asked ourselves the following questions in respect of the proposed remedies:⁵⁸
- (a) would the remedy enable pet owners to compare services and prices and, if so, would it be materially less effective if initially it covered only some of the market;
 - (b) what are the benefits to pet owners that are likely to arise from the remedy, and what is their likely scale;
 - (c) what are the likely costs of implementing the remedy, and to what extent would its requirements cause affected parties to incur substantial costs relative to their size; and

⁵⁵ Which are often significantly higher than those at online pharmacies.

⁵⁶ BVA, BSAVA, BVNA, SPVS and VMG's response to the Remedies Working Paper, p2.

⁵⁷ Respondent 17's response to CMA Remedies Working Paper, p1.

⁵⁸ As part of our assessment of their effectiveness and proportionality.

(d) to what extent would the requirements of the remedy materially interfere with the business model of the affected parties and require substantial changes to their operations in order to adapt to more competitive pressure?

2.70 Important considerations include whether implementing the remedy would involve substantial fixed costs that bear more heavily on some veterinary businesses than others because they do not have the scale over which to spread those costs. They also include whether implementation, or any other changes they need to make to their operations to adapt to a more competitive market, would justifiably take longer for smaller businesses that are likely to have fewer centralised administrative functions and personnel to devote to those matters. We describe in the relevant sections of this document relating to specific remedies where and how we think these considerations are particularly relevant.

2.71 Speaking generally, and taking account of the questions and considerations identified, we have provisionally decided that smaller veterinary businesses (those with fewer than 15 FOPs) should have longer to implement the majority of the proposed remedies. The period they would have to implement each of them would be at least six months (in addition to up to six months between the date of our final report and the making of a CMA Order), compared to a three-month implementation period for larger businesses, as set out in the following paragraphs.

Timescales over which the remedies would take effect

2.72 Where the CMA would be taking action through an Order, the implementation of remedies following the publication of a market investigation final report typically involves two stages.

2.73 In the first stage following publication of the market investigation final report, the CMA⁵⁹ makes the relevant Order. This usually involves a period of informal consultation with relevant parties, followed by a formal public consultation.⁶⁰ The CMA must make a final Order with six months of the date of the publication of the final report.⁶¹ In the second stage, the parties subject to any Order take the action required within the period specified in that Order.

⁵⁹ Acting via the Group.

⁶⁰ As specified in the [Enterprise Act 2002](#), section 164 and Schedule 10.

⁶¹ The Group may extend this six-month period by up to a further four months if it considers that there are special reasons why a final CMA Order cannot be made within the statutory deadline ([Enterprise Act 2002](#), section 138A. These time limits do not apply to any further implementation required after Undertakings have been accepted or a CMA Order made).

2.74 Taking account of these statutory timescales, and the matters described in paragraphs above,⁶² we have provisionally decided⁶³ that, in the second stage (once any CMA Order has been made):

- For all remedies applying to FOPs – except those listed below – larger businesses (those with 15 FOPs or more)⁶⁴ would have **three months** to take the necessary steps and smaller businesses would have **six months**.
- For the requirement to offer a communal cremation, we anticipate that this is already happening in the majority of FOPs and the requirement would apply immediately. Those businesses that need to negotiate a new agreement with their cremations provider would have **six months** to do so.
- For the requirements to ensure that each FOP has an in-house complaint procedure which meets specified criteria and to engage in mediation where a pet owner wishes to do so in respect of an unresolved complaint, all veterinary businesses should have **six months** to comply.
- For the requirement to supply information to the RCVS for its Find a Vet website, all veterinary businesses should have **12 months** to comply.⁶⁵
- For the requirement for veterinary businesses to ensure that the veterinary professionals they employ have the ability to exercise full clinical autonomy and receive appropriate education, training and guidance on providing information to pet owners, all businesses should have **12 months** to comply.
- For the requirement to share information on complaints with the RCVS, all veterinary businesses should have **18 months** to comply.

Review of our remedies package

2.75 The CMA has a statutory duty to keep Undertakings and CMA Orders under review. There are two aspects to this duty:

- (a) It must consider whether, by reason of any change of circumstances:

⁶² As set out in subsection Scope of a CMA Order – we propose to include all veterinary businesses.

⁶³ As explained more fully in part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

⁶⁴ This includes the six LVGs, plus one other medium-sized group. The smaller businesses, which have longer to comply, account for 40% of practices and over 99% of veterinary businesses.

⁶⁵ As discussed in part b, section 3: Pet owner empowerment remedies, the RCVS would have nine months to implement the system, and veterinary businesses would have a further three months for businesses to comply with the requirement to submit the information. If the RCVS implementation is delayed, then businesses would have three months from when the RCVS has completed implementation.

- (i) any Undertakings are no longer appropriate and need to be varied, superseded or released; or
 - (ii) any Order is no longer appropriate and needs to be varied or revoked.⁶⁶
- (b) It must also, for 10 years after issuing a market investigation report, keep the effectiveness of any Undertakings or Orders under review and, if they are ineffective, vary or revoke them.⁶⁷

2.76 These provisions are designed to ensure the ongoing effectiveness of remedies, in consumers' and businesses' interests, and that unnecessary or inappropriate regulation does not remain in place. The CMA has consulted on guidance about the way it is likely to exercise the relevant powers.⁶⁸

Trials

2.77 In our Remedies Working Paper, we described the powers to trial the implementation of information remedies⁶⁹ that were given to the CMA by the Digital Markets, Competition and Consumers Act 2024 (**DMCCA**). Any such trials would occur in the period between the publication of our final report and the formal end of the investigation (when we make a final CMA Order or accept final Undertakings).

2.78 We said in the paper that we may have been more likely to use trials in respect of the content, format and/or channel for information remedies relating to:

- (a) pet owners being told about and offered written prescriptions; and
- (b) the transparency of medicine prices.

2.79 There was some support for such trials in the responses to the paper. The BVA, BSAVA, BVNA, SPVS and VMG, among the main parties, for example, said that information (and other) remedies should be trialled and their impact on practices of all types and sizes assessed before we make any final remedy decisions.⁷⁰

2.80 The other main parties, however, expressed significant opposition. LVGs which commented on trials said they would cause uncertainty, delay and additional burden. The six-month period between our final report and the deadline for final CMA Orders and Undertakings was said to be adequate to test remedies without

⁶⁶ [Enterprise Act 2002](#), section 162.

⁶⁷ [Enterprise Act 2002](#), section 162A – though the requirement to vary or revoke the remedy does not apply if it has been in place for less than two years or was amended in the preceding two years.

⁶⁸ CMA, [Draft new guidance for the markets regime in the Enterprise Act 2002](#) (accessed 7 October 2025).

⁶⁹ Defined in [Enterprise Act 2002](#), section 161B(3)(a) 'as remedial action in respect of a matter concerning the provision or publication of information to consumers'.

⁷⁰ For example, BVA, BSAVA, BVNA, SPVS and VMG's response to the Remedies Working Paper, p2. XL Vets response to the Remedies Working Paper, p3. Vets4u response to the Remedies Working Paper, p2. The George Vet Group response to the Remedies Working Paper, p2.

the need for formal trials. The RCVS expressed similar concerns and suggested that the cost of trials may have a disproportionate impact on smaller practices in particular.⁷¹

- 2.81 We have considered the responses carefully. The powers to trial remedies are important and likely to be valuable in many market investigations. Balancing that point with a consideration of the remedies we now propose for what pet owners are told about the availability of written prescriptions and about medicines prices, we do not propose to conduct trials of those remedies using the statutory powers.
- 2.82 We note that in some respects we have simplified the proposed remedies. On the transparency of medicines prices, for example, we propose that pet owners should be informed in general terms that medicines may be cheaper when bought from third parties. It is not sufficiently clear to us that, in this case, a trial would demonstrate that one form of implementing those remedies is more effective than another to such an extent as to justify the resources required to design, implement and assess that trial.
- 2.83 We are proposing one form of remedy that was not in the Remedies Working Paper: having defaults for written repeat prescriptions. Were this remedy to be taken forward following consultation, further research with pet owners could help to shape the details in the CMA Order to ensure its design is effective. For example, future research could involve user testing followed by a behavioural experiment to assess the clearest and most effective information for pet owners when being asked about setting a default. The research method and set of questions would build on findings from consumer research commissioned during this investigation.
- 2.84 We could undertake the research⁷² described in good time, and following a fair process, before we make any final CMA Order. We are minded to do so, but we will evaluate the options and costs before making a decision, including in light of responses to this provisional report.

⁷¹ For example, RCVS response to the Remedies Working Paper, p5. Linnaeus response to the Remedies Working Paper, p7. Medivet's response to the Remedies Working Paper, p42. IVC response to the Remedies Working Paper, p7. VetPartners response to the Remedies Working Paper, p4.

⁷² Which would not be undertaken using the statutory trials process, but would not necessarily preclude the use of the trials powers, if appropriate, at a later stage.

3. Pet owner empowerment remedies

We have provisionally decided to introduce a number of remedies aimed at improving transparency and empowering pet owners to make better-informed choices of providers and services. The remedies would focus on ensuring that relevant information about ownership, service availability and pricing is consistently published by relevant veterinary businesses and online pharmacies and made accessible both in premises and online. Specifically:

Remedy 1: Veterinary businesses that operate more than one FOP or a combination of FOPs and other veterinary or online pharmacy services under common ownership or control⁷³ would be required to clearly and prominently disclose that common ownership or control. This would apply across all business models and services, including FOPs, referral centres, OOH practices and related services and products.

Remedy 2a: Businesses operating FOPs or referral centres must publish clear, accessible information about their services to support informed decision making: information regarding their out-of-hours care, qualifications held by practice staff and any RCVS accreditations or awards.

Remedy 2b: Businesses operating FOPs or referral centres, and crematoria, would be required to publish clear, standardised price lists for a defined set of services they offer. Prices would need to be easily accessible online and in premises, up to date, and presented in a consistent, transparent and understandable format.

Remedy 2c: Businesses operating FOPs would be required to publish the prices of their preferred flea, tick, and worming medicine products on their websites, along with a prominent link to the RCVS list of VMD authorised online pharmacies.

Remedy 2d: Businesses operating FOPs offering pet care plans would be required to publish clear, comprehensive information about those plans both online and in premises. This includes listing all included services, the relevant frequency of provision and standalone price of each, and details about parasiticides. They must explain how any claimed savings are calculated, enabling pet owners to assess whether a plan offers them value for money.

Remedy 3: Businesses operating FOPs or referral centres would be required to submit key practice information to the RCVS, for it to publish on its Find a Vet platform and for it to share the data with approved third parties. This includes information such as ownership, services offered, type of animals treated, pricing and pet care plan details.

Remedy 4: The RCVS would be required to commission and publish the results of a national survey of pet owners. This would include group-level comparison to help pet

⁷³ Eg in a group, joint venture or partnership.

owners understand how different ownership models are perceived. For each of their FOPs, the LVGs would be required to publish the survey results on their websites and in premises and publish the link to the RCVS page where results are published, such that they are readily accessible by pet owners.

Introduction

- 3.1 We have provisionally found that some pet owners are not consistently being given, or do not have, as much information in relation to the characteristics and offerings of veterinary services and online pharmacies as we would expect in a well-functioning market and which they can use to:
- (a) choose a FOP that offers good value and aligns with their preferences on price and quality of services, and ownership;
 - (b) help them to understand the likely costs for different veterinary services;
 - (c) choose between preventative treatments, medicines and services; and
 - (d) compare the offerings of different providers.
- 3.2 Veterinary services in this context means FOP services, out-of-hours services, referral centre services, animal hospital services, diagnostic laboratory services, pet cremation services and pet care plans.
- 3.3 It is important that pet owners have access to relevant information on matters such as the ownership of the practice and the services and treatments available to help them make choices that align with their preferences. This in turn can lead to increased pressure on veterinary businesses to reduce prices and improve quality of services as FOPs have an incentive to compete through the price and quality of their offering.
- 3.4 Greater price transparency can lead to changes in pet owner behaviour by making it easier for pet owners to make comparisons between providers when (a) choosing a supplier and (b) considering whether to switch suppliers. Greater price transparency can also lead to changes in suppliers' behaviour; for example, suppliers may improve their price offerings so that their products appear more attractive in pet owner comparisons in order to retain customers and to win new customers from their rivals. It is similarly important that pet owners are able to understand and compare quality to the extent possible. Where pet owners face barriers to making informed choices, such as a lack of price and quality information, suppliers may be able to exercise greater market power and raise prices more than they would otherwise.

- 3.5 We have provisionally found that pet owners often lack access to the kind of information needed to make informed choices about veterinary services and online pharmacies. This includes information which would enable them to understand who owns a practice, compare service offerings, assess treatment costs, and evaluate the value of pet care plans. These gaps limit the effectiveness of pet owner engagement with these choices and weaken competition on price and quality.
- 3.6 There is, in our provisional judgement, a need for impactful remedies that empower pet owners by ensuring they are able to access, assess and act on information and make better-informed choices.⁷⁴ Our remedy proposal is centred around the provision of information that any business in a well-functioning market would expect its customers to have, such as who owns it, what services it offers and what it charges for those services. In addition, we are proposing to make it easier to compare these features and to provide additional survey information to supplement what pet owners may hear from friends and neighbours about the prices and quality of local vets. These remedies would address the adverse effect and materially reduce the substantial detriment we have identified in this case as it relates to a lack of information. We expect the burden on veterinary businesses would be limited, considering that this information should be readily available to them. Any additional costs to facilitate comparisons are limited and reasonable considering the scale of customer detriment.
- 3.7 To address our concerns, we have provisionally decided that:
- (a) Each person⁷⁵ (any entity) carrying on a veterinary business with more than one FOP or any combination of FOPs, out-of-hours services provision, referral centre services, animal hospital services, diagnostic laboratory services, pet cremation services and online pharmacies, under their common ownership or control, must ensure that they prominently publish that common ownership or control in a way that makes clear to pet owners whose ownership or control it is.
 - (b) Each entity carrying on a business including FOPs, referral centres or crematoria must for each such FOP, referral centre or crematorium (for the services they offer):
 - (i) publish basic information about the services offered;
 - (ii) publish total prices for a defined list of services (if offered), with free text providing further information about what each service includes;

⁷⁴ [Helping people get a better deal](#): learning lessons about pet owner facing remedies, FCA and CMA, Oct 2018, p8.

⁷⁵ Whether they are a legal person like a company, in a joint venture or partnership, or an individual.

- (iii) publish prices for all preferred parasiticide medicine products (if offered);
- (iv) publish a clear comparison between services included in their pet care plan(s) (if offered) with the prices of those services if purchased on a pay-as-you-go basis; and
- (v) submit price and ownership information to the RCVS and ensure it is kept up to date.

(c) the RCVS must:

- (i) process and publish the information shared with it on its Find a Vet platform and share this information with approved third parties; and
- (ii) commission and publish the results of a group-level pet owner survey.

3.8 All information must be published and accessible to pet owners in business premises, and where businesses have websites, on their websites.

3.9 We summarise the requirements in the tables below:⁷⁶

	1 Ownership	2a Basic information	2b Price list
Parties required to comply	Veterinary businesses with more than one FOP or operating a combination of FOPs and premises providing other veterinary services (eg referral service centres) or online pharmacies.	All veterinary businesses operating FOPs or referral centres.	All veterinary businesses operating FOPs or referral centres, and crematoria.
Information required	<ul style="list-style-type: none"> • Clearly indicate that each veterinary business is under common ownership or control, and whose ownership or control that is. 	<ul style="list-style-type: none"> • OOH provider, contact details and address • Qualifications and RCVS professional accreditations held by practice staff • PSS awards and accreditations. 	<ul style="list-style-type: none"> • Consultation and preventative care (12) • Prescription, dispensing and administrative fees (5) • Surgeries and treatments (7) • Diagnostics and lab tests (11) • End of life care (4) • Specialist treatments and procedures (9) • Separate prices for four pet categories • Prices final and accurate for all mandatory components

⁷⁶ These remedies are required in addition to the transparency remedies detailed in part B, sections 5 and 8.

			<ul style="list-style-type: none"> Free text to specify inclusions/exclusions
Positioning of information required	Prominently on, for example, webpages, signage and marketing materials.	<ul style="list-style-type: none"> Prominently on website Prominently in premises 	<ul style="list-style-type: none"> Prominently on website Prominently in premises
Timeline to meet requirements	Within three months of the CMA Order.	<ul style="list-style-type: none"> <i>All businesses with 15 or more FOPs:</i> within three months of the CMA Order <i>All businesses with fewer than 15 FOPs:</i> within six months of the CMA Order. 	<ul style="list-style-type: none"> <i>All businesses with 15 or more FOPs:</i> within three months of the CMA Order <i>All businesses with fewer than 15 FOPs:</i> within six months of the CMA Order.

2c Parasiticide prices

2d Pet care plan comparison

Parties required to comply	All veterinary businesses operating FOPs that sell parasiticides directly to pet owners	All veterinary businesses operating FOPs offering pet care plans
Information required	<ul style="list-style-type: none"> Publish the current prices for all preferred parasiticide (ie flea, tick and worming) medicine products on their website Prominently publish a link to a RCVS list of VMD authorised online pharmacies 	<p>For each pet care plan offered:</p> <ul style="list-style-type: none"> The services included Total price of the plan Standalone price of each service included A link to the RCVS Find a Vet pet care plan value calculator <p>Where parasiticides are included in plans:</p> <ul style="list-style-type: none"> Indicative standalone 'from' price for a year of parasiticides Identify which parasiticides are included in the plans A link to the parasiticide product price list (remedy 2c) <p>Where FOPs indicate that savings can be made on a pet care plan in comparison to services being purchased separately, they must support users to understand how claimed savings were calculated and use reasonable estimates for discounts.</p>
Positioning of information required	<ul style="list-style-type: none"> On website (through accessible spreadsheet, table, or database) In premises 	<ul style="list-style-type: none"> Prominently on website Prominently in premises.
Timeline to meet requirements	<ul style="list-style-type: none"> <i>All businesses with 15 or more FOPs:</i> within three months of the CMA Order <i>All businesses with fewer than 15 FOPs:</i> within six months of the CMA Order. 	<ul style="list-style-type: none"> <i>All businesses with 15 or more FOPs:</i> within three months of the CMA Order <i>All businesses with fewer than 15 FOPs:</i> within six months of the CMA Order.

3 Enhanced Find a Vet				
	Data submission	Data collection	Data processing and publication	Data sharing
Parties required to comply	All veterinary businesses operating FOPs or referral centres	RCVS		
Activities required	<ul style="list-style-type: none"> Submit all relevant information required by remedies 1 and 2a-d, and practice name; address; opening hours; contact details; types of animals treated Confirmation the information submitted is true and complete 	<ul style="list-style-type: none"> Create web form for data collection Contact practices to request data Provide guidance/support Monitor submissions Follow up with non-compliant practices Work towards PMS integration 	<ul style="list-style-type: none"> Process, clean and store data Provide front-end functionality to access, navigate, filter, search all information Create a pet care plan value calculator, including ability to input third-party parasiticide prices Conduct activities to maximise pet owner uptake 	<ul style="list-style-type: none"> Develop an approval process for third parties and agree with the CMA Develop a technical solution to share data with third parties Make decisions on applicants to the approval process
Positioning of information required	RCVS web form	Internal capabilities or third-party contractors		
Timeline to meet requirements	Submission within three months of RCVS implementation Information updated as soon as reasonably possible after changes	Set up and launch within nine months of CMA Order		

4 Group-level survey

Parties required to comply	RCVS; LVGs in respect of their FOPs
Requirement	<ul style="list-style-type: none"> (RCVS) Commission a research agency to design and conduct a survey with a representative population of pet owners. (RCVS) Publish the results and dataset on its website, including group-level comparisons between each LVG and independents as a group. (LVG FOPs) Publish the group-level comparisons on website and in premises

Timeline to meet requirement	Within six months of the CMA Order, then every two years.
-------------------------------------	---

Remedy 1: Require businesses providing veterinary services and online pharmacies to publish information on ownership

To improve pet owner awareness and strengthen competition, veterinary businesses that operate more than one FOP or a combination of FOPs and other veterinary or online pharmacy services under their common ownership or control would be required clearly and prominently to disclose that common ownership or control. This would apply across all business models⁷⁷ and services, including FOPs, referral centres, OOH practices and related services and products. The remedy would aim to help pet owners make informed choices by understanding whether services are independently owned or part of a larger group, supporting comparison and choice based on quality, value and brand.

Description of the remedy

- 3.10 Any person (any entity – whether a legal person like a company, in a joint venture or partnership, or an individual) carrying on a veterinary business with more than one FOP or any combination of providers of FOP, out-of-hours, referral centre, animal hospital, diagnostic laboratory, pet cremation and online pharmacy services, under their common ownership or control, must ensure that they prominently publish that common ownership or control in a way that makes clear to pet owners whose ownership or control it is. They would be required to publish that information in the required way in respect of each such FOP and other services on relevant signage, websites and marketing materials.
- 3.11 This requirement would apply across all business models, including corporate bodies (companies), partnerships, franchises, joint ventures, concessions and shop-in-shop models.

The aim of the remedy

- 3.12 This remedy would aim:
- (a) To ensure that pet owners are aware whether they are choosing between FOPs which are competitors (including whether they are part of an LVG or smaller group or are independent).

⁷⁷ Eg in a group, joint venture or partnership.

- (b) To ensure that pet owners are aware whether related veterinary services, such as cremations, online medicines, out-of-hour or referral treatments are under common ownership or control with their FOP.
- (c) To facilitate pet owner choices between service providers.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 3.13 As discussed in part A, section 8, we have provisionally found there to be ineffective competition between FOPs on price and quality due to pet owners' inability to place significant demand-side constraints on veterinary businesses. A contributing factor is the finding that some veterinary businesses do not make it sufficiently clear that their veterinary services are under common ownership or control, leading to low awareness of whether businesses are under common ownership or control.⁷⁸
- 3.14 Without clear ownership information pet owners may unknowingly compare practices owned by the same group, undermining the value of shopping around. Pet owner preferences based on business model or perceived quality cannot be effectively exercised, and brand-level competition is stifled.
- 3.15 Our analysis found the following:
- (a) Some pet owners consider business ownership in their choice of FOP.⁷⁹ This may be due to a number of factors including the pet owner's perceptions of the benefits that different business models and sizes provide. For example, our survey showed that pet owner perceptions of quality and cost vary significantly depending on ownership. Pet owners at independent FOPs were more satisfied with both cost and quality than those at LVGs on average across all measures.⁸⁰ This result held true when comparing the net satisfaction scores of pet owners who were at an independent practice with those who were unaware that the practice they had attended was part of an LVG (effectively a 'blind' comparison): pet owners at independents were still more satisfied, suggesting the result cannot be explained by pet owner preconceptions about LVGs. The survey also found differences in perceived quality and cost between LVGs. These differences between LVGs were not statistically significant, but the survey was not designed to have a large enough sample for comparison.⁸¹

⁷⁸ For further details see part A, section 8: Ownership information.

⁷⁹ 21% of pet owners in our pet owners survey considered the ownership model of their FOP before registering. Pet owners survey, Q13.

⁸⁰ Pet owner survey, Q55B.

⁸¹ For further details see part A, section 7: Evidence relevant to post-acquisition price increases at certain LVGs.

- (b) Only two LVGs market their brand in FOPs on a national or regional basis,⁸² and as a result, pet owner awareness of FOP ownership is low, reducing demand-side pressure on the market. For example, 53% of those pet owners that attended an LVG practice did not know that their vet practice was part of a group.⁸³ Further detail on the analysis summarised here is set out in part A, section 8.
- (c) We have observed a lack of accessible information on the ownership of referral centres. The RCVS supporting Guidance requires that FOPs disclose ownership of referrals within the same group. We note that, despite this requirement, many pet owners are not aware of the ownership of their referral centre, and that the guidance does not address referrals that are not within-group.⁸⁴
- (d) The lack of accessible information on ownership also has implications in services such as cremations, diagnostic laboratories, out-of-hours services, and online pharmacies, where pet owners might be unaware that these services have been recommended due to ownership ties.⁸⁵

3.16 The proposed remedy would increase transparency of ownership across the veterinary sector, enabling pet owners to make more informed choices and strengthening competitive pressure based on ownership, perceived quality and value.

Remedy design considerations

3.17 What, in our provisional view, is important is that when pet owners are choosing a FOP or other service, they know who owns the relevant veterinary business and whether they are comparing and choosing between competitors. That does not mean we should specify the names or brands that veterinary businesses must use to market themselves, nor manage how they do so in detail. It does, however, translate into certain principles and remedy design considerations that should be reflected in what would be required of those carrying on relevant businesses.

⁸² Medivet and Pets at Home use national or regional marketing.

⁸³ Pet owners survey, Q34.

⁸⁴ 42% of pet owners who were referred to a practice other than their main practice did not know who owned the practice to which they were referred. Pet owners survey, Q74.

[RCVS supporting Guidance](#), chapter 1, paragraph 1.7.

For further detail, see part A, section 10: Pet owners are not routinely given appropriate and timely information about referral providers.

⁸⁵ We have seen some evidence of self-preferencing in the use of diagnostic laboratories. Further details in part A, section 10: Choice of treatments and referrals.

Of the 3,704 eligible FOPs that responded to the information request, 1,134 FOPs stated that they outsource OOH to an external provider. For further detail, see part A, section 12: Outsourced out-of-hours (OOH) provision to FOPs.

Three online pharmacies in the UK are owned and operated by LVGs and several others are not part of groups that own FOPs. For further details see part A, section 11: There are many online pharmacies that pet owners can choose from when looking to purchase prescribed veterinary medicines.

- 3.18 In particular, pet owners need to know relevant and meaningful information at the point they are making relevant choices. That affects what is communicated to them, when and how.
- 3.19 What they need to know is the identity of the business in whose common ownership or control the FOP or other service sits. They need to know that in a way that is recognisable and familiar.
- 3.20 There may, for example, be several levels of corporate ownership that pass through holding companies to ultimate owners whose identities mean little to pet owners. What would be important is that a relevant form of identity, linked to the ownership or control and that is commonly understood and associated with the business at retail level, is communicated to them.
- 3.21 It would be important that the communication of that information is in a consistent form. The presentation of information about the ownership or control of each FOP or other service should be uniform in its design and styling (ie the same name and branding, however the business has chosen to design or style its marketing). Otherwise, the common ownership or control risks being obscured rather than clear.
- 3.22 As to the position and timing of the provision of the information, the choices pet owners make would be facilitated where the common ownership or control is indicated in places such as the signage of each FOP or other relevant services premises, in advertising and marketing material, when referring pet owners between services under common ownership, and on the webpages relating to the FOP or other service.
- 3.23 It would, of course, be necessary in any CMA Order to define the above requirements more specifically, but the aims, principles and outline form of the proposed remedy are clear. We can also illustrate them with the following examples.
- 3.24 Some LVGs – Pets at Home and Medivet – already have common branding. Where a business already uses a group-level name and such branding (with shared logos and colour schemes), this would likely be sufficient.
- 3.25 Where a business does not currently use a group-level name or branding, it would need to make changes. It would likely need, for example, to place group-level text and/or a logo, such as ‘part of the [name] group’, in a prominent and clear place on the FOP’s or other service’s website homepage (in the top banner), in the website metadata (ie page titles and descriptions), in premises (including on the storefront signage), and on pet owner communications.

- 3.26 As to the communication of the identity of the common owner or controller in a meaningful way using a name and branding familiar to pet owners,⁸⁶ this can be illustrated by reference to current LVGs. We envisage that the following formulations⁸⁷ would meet the requirement of the remedy:
- (a) For IVC – '[A] Veterinary Practice, part of the IVC group of companies;'
 - (b) For CVS – '[B] Veterinary Practice, part of the Vet Collection operated by the CVS group of companies;'
 - (c) For VetPartners – '[C] Veterinary Practice, part of the VetPartners group;'
 - (d) For Linnaeus – '[D] Veterinary Practice, part of the Linnaeus group.'

Remedy implementation considerations

Mechanism

- 3.27 We have provisionally decided to implement this remedy via a CMA Order on all veterinary businesses operating more than one FOP or operating a combination of FOPs and premises providing other veterinary services (eg referral service centres) or online pharmacies. In line with our general position set out in part B, section 2, we would recommend the measures which relate to veterinary businesses are later included in binding rules set through or following legislation and implemented by the RCVS or relevant regulatory body.

Cost of implementation

- 3.28 We anticipate that businesses which are not currently transparent about ownership would incur implementation costs including:
- (a) Capital expenditure: We expect there would be low one-off capital costs and negligible ongoing costs for updating websites with the appropriate ownership or control branding or information. We anticipate some one-off capital costs for updating signage, marketing collateral, in-practice posters and own-brand medicine, depending on the premises and existing materials.
 - (b) Labour costs: We expect there would be negligible labour costs from veterinary professionals, as clinical staff are unlikely to be involved in implementation of this remedy. We anticipate some one-off and negligible recurring labour costs for updating branding and materials.

⁸⁶ Rather than that of an ultimate parent company or owner that is less likely to be known to pet owners.

⁸⁷ Perhaps amongst others.

- 3.29 The level of investment required would likely relate to the existing degree of transparency, and the size of the business. For businesses with a single site, there would be no cost. For businesses in groups or joint ventures with consistent ownership disclosure across sites, services and products, we expect the implementation costs to be minimal, if anything. For businesses that are not currently transparent about their ownership, the costs would be higher. Likewise, the cost to a small group of FOPs is likely to be lower in total than the cost to a large group that owns a large number and range of veterinary sites and products.
- 3.30 Even for those businesses which would need to make changes, we envisage these (and the corresponding costs) would be limited. They would relate to the way the businesses present themselves to pet owners, rather than a more fundamental reorganisation of their operations. Many of the relevant resources and materials, such as websites, signage, leaflets, brochures and product packaging, will already exist and these are routinely amended or updated by businesses. The requirements we are considering could be expected to alter the timing of when these updates are made but to add only incremental costs to those that would be incurred in the normal course of business.

Timing of implementation

- 3.31 We do not anticipate that this remedy would be unduly burdensome for most of the businesses in scope. Some businesses are already transparent with their customers about the shared ownership of their related businesses. The other businesses required to ensure consistent, transparent ownership or control disclosure are likely to have sufficient administrative capacity and resources, given their scale, to implement the changes promptly. We have therefore provisionally decided that FOPs must comply with these requirements within three months of the CMA Order.

Monitoring of compliance

- 3.32 In part B, section 2, we set out that we would look to work with the RCVS to undertake the remedies monitoring function for a number of remedies, including this one, or we could order it to do so. In this case, the role would require the RCVS, or other monitoring body, to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

Remedy 2a: Require FOPs and referral centres to publish basic service information

Businesses operating FOPs and referral centres providers must publish clear, accessible information about their services to support informed decision making: information regarding their out-of-hours care, qualifications held by practice staff and any RCVS

accreditations or awards. The remedy would aim to help pet owners assess whether a provider meets their needs by improving transparency and consistency of non-price service information across the sector.

Description of the remedy

- 3.33 Any person⁸⁸ carrying on a veterinary business operating FOPs⁸⁹ or referral centres would be required to publish, for each such FOP or referral centre, basic service information to support pet owner choice. This information would include:
- (a) out-of-hours provider, contact details and address;
 - (b) qualifications held by practice staff including any RCVS professional accreditations; and
 - (c) any current PSS awards and accreditations.

The aim of the remedy

- 3.34 The aim of this remedy would be to empower pet owners to make informed choices when selecting a FOP or a referral centre,⁹⁰ so they can effectively assess whether the treatments and services offered meet their and their pets' needs.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 3.35 From our analysis, we find that some types of basic non-price information, such as practice capabilities and clinical staff qualifications, are not provided to pet owners in a timely or consistent way across veterinary services.
- 3.36 This type of information plays an important role in helping pet owners differentiate between providers, especially when multiple practices are available and clinically appropriate for a pet's needs.⁹¹ That differentiation could drive greater competition between providers, where it is currently lacking owing to the lack of the information.⁹²

⁸⁸ Again, any entity – whether a legal person like a company, in a joint venture or partnership, or an individual.

⁸⁹ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

⁹⁰ Including by supporting vets in FOPs to provide information and advice about referrals and cremations.

⁹¹ For further details see part A, section 10: Choice of treatments and referrals.

⁹² We note that the current RCVS Supporting Guidance covers FOPs providing information about their OOH provider – see part B, section 10. However, that is not part of a coherent set of information requirements with which veterinary businesses must comply.

Remedy design considerations

- 3.37 To help pet owners make choices, businesses would need to publish the information described above on their websites prominently, clearly and in a format that is easily accessible. Businesses would also need to provide this information prominently and visibly in premises (eg through noticeboards, posters, leaflets, or similar materials). The information would need to be accurate and updated as soon as reasonably possible after any details change.

Remedy implementation considerations

Mechanism

- 3.38 Implementation of this proposed remedy would be via a CMA Order on veterinary businesses operating FOPs or referral centres.

Cost of implementation

- 3.39 We expect that many businesses would incur negligible costs, as they already publish this information or would be conducting similar activities in the course of business-as-usual that can be adapted. Some businesses may incur low one-off and negligible recurring capital, material and administrative labour costs to compile and verify staff qualifications, out-of-hours details, and PSS status, then to update websites and produce physical materials for premises.
- 3.40 The level of cost is likely to relate to the existing degree of transparency, and the size of the business. We expect that the majority of businesses already publish some of this information, and the remaining information would be straightforward to assemble.

Timing of implementation

- 3.41 We do not consider that this remedy would be unduly burdensome for most veterinary businesses. Many already maintain websites for their FOPs or referral centres, with basic information about their services. Therefore, we have provisionally decided that, once the CMA Order has been made, larger businesses (those with 15 FOPs or more) would have three months to comply with these requirements and smaller businesses would have six months.

Monitoring of compliance

- 3.42 In part B, section 2, we set out that we would look to work with the RCVS to undertake the remedies monitoring function for a number of remedies, including this one (or we could order it to do so). In this case, the role would require the

RCVS, or other monitoring body, to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

Remedy 2b: Require all FOPs, referral centres and crematoria to publish a standard price list for a defined selection of services

Businesses operating FOPs, referral centres and crematoria would be required to publish clear, standardised price lists for a defined set of services they offer. This remedy would aim to improve price transparency across the sector, helping pet owners make informed choices and encouraging more effective competition on price and value. Prices would need to be easily accessible online and in premises, up to date, and presented in a consistent, transparent and understandable format.

Description of the remedy

- 3.43 We have provisionally decided that any person⁹³ carrying on a veterinary business operating FOPs,⁹⁴ referral centres, or crematoria would be required to publish, for each such FOP, referral centre or crematorium, a standard price list for a defined selection of services (for any of those services that they offer).
- 3.44 The businesses would be required to make this information available to all pet owners on the websites for each such FOP, referral centre or crematorium, and in their physical premises, in an easily accessible and comprehensible format.

The aim of the remedy

- 3.45 The remedy would be intended to improve the availability of price information for pet owners. Our provisional findings show that while some pet owners consider prices when choosing FOPs and other services, many do not, often because such information is not readily accessible. By increasing price transparency, this remedy seeks to enable more pet owners to consider price and to support more effective price competition.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 3.46 In part A, section 8, we provisionally found there to be ineffective competition between FOPs on price and quality due to a weak pet owner response (including that only some pet owners take price into account when making choices about veterinary services). This is linked to poor information provision, including of

⁹³ Again, any entity – whether a legal person like a company, in a joint venture or partnership, or an individual.

⁹⁴ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

prices, which undermines the ability of pet owners to shop around between FOPs.⁹⁵

- 3.47 In our website review, we found that 41% of websites reviewed had no published service and treatment prices, including 32% of LVGs and 51% of independent practices. Of those websites with treatment prices, the range of treatments covered on price lists varied widely and often did not cover treatments or services that are commonly taken up by pet owners. In our sample, prices were presented in a variety of formats. For example, prices were presented as fixed prices or ranges, and some cases varied by species and animal weights. In addition, we observed presentational inconsistencies including instances of prices being presented on the homepage on some websites, while on others prices were hidden under unrelated headings like 'FAQs' or 'Visiting Us'.⁹⁶
- 3.48 We found that FOPs do not always provide price information when a referral visit is recommended.⁹⁷ In addition, our website analysis indicated that pricing information is not always available on referral provider websites, and is often not comprehensive.⁹⁸ A desktop review of 30 independent crematoria businesses in the UK indicated that many, but not all, already publish prices on crematorium websites.⁹⁹ To the extent that referral centres and crematoria provide some of the same services as FOPs, the publication of these prices would support informed pet owner decision making.
- 3.49 Our proposed remedy would mean that pet owners would be able to use price alongside other information to inform their choice of FOP, such that more of them choose FOPs services that better fit their preferences, including those that are cheaper, higher quality or are independent or part of an LVG. For example:
- (a) pet owners would be better able to respond to differences in price and quality, strengthening the incentive on FOPs to reduce prices and increase quality to attract new customers;
 - (b) pet owners would be able to use this information to sense check the value of services provided by their FOP;
 - (c) FOPs would be able to be more responsive to changes in rivals' prices through increased transparency;

⁹⁵ For further detail see part A, section 8: Price information.

⁹⁶ CMA analysis. For further details see part A, section 9: CMA research of online pricing information.

⁹⁷ Pet owners survey, Q63r2 and Q63r3.

⁹⁸ CMA analysis of referral-only provider websites. For further detail see part B section 10: There are generally referral provider options available to pet owners, though some local areas have limited potential options'.

⁹⁹ CMA desktop review of publicly available prices at 30 independent crematoria businesses, representing around a third of such businesses in the UK. Price lists were found on 21 of these websites.

- (d) third parties and pet owner groups would be able to make use of the information to help pet owners understand which FOP or referral centre better meets the needs of their pets;
- (e) evidence suggests there is an appetite among pet owners for greater engagement with pricing information: 40% of respondents to our pet owner survey reported finding out pricing information before registering with their FOP;¹⁰⁰ and 73% of respondents who considered pricing before choosing their FOP compared prices across various FOPs, while 19% did not.¹⁰¹

3.50 Pet owners would also be able to use such information provided by practices to make choices about treatment.

- (a) Where pet owners understand the price of treatments on the standardised price list, they would be better able to use this information to make an informed choice about treatments. They would be better equipped to evaluate how a FOP's prices compare to other providers and to ask their vet more informed questions about treatment options.
- (b) Post-consultation, pet owners would be able to use this information retrospectively to assess the value of the treatment relative to other providers. As a result, more pet owners would be capable of highlighting differences in price through word-of-mouth recommendations, which is currently one of the most important factors in pet owners' choice of FOP.

Remedy design considerations

Relevant businesses

3.51 We have provisionally decided that the remedy would apply to veterinary businesses operating FOPs, referral centres, or crematoria. They are the persons or entities who can control and are responsible for the information published in respect of each of those FOPs, referral centres, and crematoria.

Defined services

3.52 In developing the proposed price list, we have engaged extensively with stakeholders through consultation on our Remedies Working Paper and discussions with our Vet Advisory Panel. This feedback has played a central role in shaping the design of the standardised price list. We have carefully considered

¹⁰⁰ Pet owner survey, combination of Q15 and Q17. Base size - 1,757 pet owners who had been with their FOP for less than 10 years.

¹⁰¹ Pet owner survey, Q19. Base size – 421 pet owners who gave more than one reason for choosing their FOP.

the feasibility of different elements of the remedy and made a number of refinements to reflect the constructive input received.

3.53 Details of the way we have refined this proposed remedy, including the key themes that have been raised with us and how we have responded to them, is set out in the subsection on proportionality at the end of this section. They include:

- (a) focusing the scope on commonly offered and reasonably standardisable services;
- (b) refining the inclusion of diagnostic tests with greater specificity on test types;
- (c) a revised, shorter list of specialist treatments and surgeries; and
- (d) adding new commonly used service categories.

3.54 Table 1 sets out the defined services that would be required in a price list and reflects these developments.

Table 3.1 Defined services in price list

Category	Service, product, treatment or procedure (48 total)
1. Consultation and preventative care (12)	First consultation
	Repeat consultation
	Out-of-hours consultation
	Nurse consultation
	Nail clipping
	Anal gland expression
	Microchipping
	Animal health certificate
	Vaccinations primary course (including consultation)
	Vaccinations booster (including consultation)
	Vaccination for kennel cough (including consultation)
	Pet care plan(s) (monthly cost)
2. Prescription, dispensing and administration (5)	Prescription (first)
	Prescription (repeat)
	Dispensing fees
	Administration fees/Injection fees
	Insurance administration fees
3. Surgeries and treatments (7)	Anaesthesia and sedation
	Routine dentistry (initial examination of mouth, scale and polish, anaesthetic)
	Castration
	Spay (traditional)
	Spay (laparoscopic)
	Physiotherapy session
	Laser therapy session
4. Diagnostics and laboratory tests (11) (All include interpretation)	X-ray (including sedation and images)
	Ultrasound (full abdominal)
	Ultrasound (echocardiogram/ECG)
	Ultrasound (POCUS)
	Cytology test (ear swab)
	Cytology (fine needle aspiration)
	Basic urine screen (including urine dipstick, measurement of specific gravity and urine microscopy)
	CT scan per body part (including sedation and images)
	MRI scan per body part (including sedation and images)
	Pre-surgical blood test
	Routine blood profiles
5. End-of-life care (4)	Euthanasia
	Cremation: communal
	Cremation: individual
	Cremation: each discretionary add-on

6. Specialist treatments and procedures (9)	Tibial Plateau Levelling Osteotomy (TPLO)
	Lateral suture
	Cataract surgery
	Patella Luxation
	Hip replacement
	Lateral Condylar Fracture surgery
	Total ear canal ablation
	Brachycephalic Obstructive Airway Syndrome (BOAS) surgery
Prolapsed nictitans gland repair ('Cherry eye')	

- 3.55 Businesses would only be required to publish prices for the services that they offer directly to pet owners. For example, crematoria may only offer services from category 5 and some FOPs may not offer all services in categories 4 and 6.
- 3.56 We include OOH consultation fees and cremation fees in the defined list even where practices refer pet owners externally for these services because they are commonly required and, in the case of OOH services, must be made available by all FOPs, making the fees essential and useful information for pet owners.¹⁰² Businesses would be free to clarify when these services and prices are provided by third parties.
- 3.57 Other services not in the defined list could be included on a practice price list in addition to the defined services, provided the relevant charge is clear to the pet owner.

How prices should be published

- 3.58 Prices would need to be up to date and reflect the full price a pet owner would pay for the relevant treatment or service (including VAT). Prices would need to represent the total charge including any products or services that are provided to all pet owners as an essential element of the treatment, such as post-surgery pain relief or a cone. Any elements of the treatment or service that are not typically provided to all pet owners who purchase the treatment or service, and which are provided at an additional charge, could be listed separately or highlighted in free text alongside or in additional rows.
- 3.59 Where businesses have multiple optional offerings or variations within a service that do not depend on animal species or weight, such as dispensing fees, pet care plans or whether diagnostic laboratory tests are performed in-house or externally, they could add these variations as additional services in the price list they publish.
- 3.60 Prices would need to be provided in relation to four standardised pet characteristic categories: cat, small dog (0-20kg), medium dog (20-40kg) and large dog (>40kg). Where prices do not vary with pet characteristics, these could

¹⁰² In addition, where any of the prices included in the list vary if the relevant service is provided OOH, the OOH price must also be included.

be combined or presented as equal. Where a practice treats other species of household pets, they could also publish these prices but would not be required to.

- 3.61 Prices of services in category 3 would need to reflect the total cost of all clinically necessary components, based on a standard case with minimal complexity or complications. The prices provided would need to be realistic, informative and easily understood for the typical pet owner, reflecting what they can reasonably expect to pay for the service. Where relevant, pet owners would need to be informed clearly via the price list that the price for any of these surgeries or treatments may be adjusted upwards in more complex or complicated circumstances.
- 3.62 Where services involve a time duration (such as a consultation), details of this would need to be included alongside the price.
- 3.63 Free text could be presented alongside each price to provide further information about what is included in the service. For example, text could highlight different components included within the service, details about the equipment used or optional additional items sold separately. It must not be used to partition elements of a service or treatment which will in any event be included.
- 3.64 Price lists would need to be updated as soon as reasonably possible after prices change, in line with consumer protection law. All prices provided must be compliant with the price transparency provisions of the Digital Markets, Competition and Consumer Act 2024.¹⁰³

Where the price list should be published

- 3.65 The price list would need to be made available to all existing and prospective customers:
 - (a) on the practice¹⁰⁴ website, a maximum of one click from the homepage without scrolling, and easily identifiable by using 'price', 'pricing' or 'fees' in page navigation and page metadata;¹⁰⁵

¹⁰³ The DMCCA 2024 has strengthened the rules on price transparency. In particular, prices must not be misleading and should include any fees, taxes, charges or other payments that the pet owner will necessarily incur if the pet owner purchases the product. See [Draft guidance for businesses on price transparency](#).

¹⁰⁴ FOP, referral centre or crematoria, as the case may be.

¹⁰⁵ During our review of online pricing information on vet practice websites, we found that 6% of all websites that displayed prices provided pricing information on a page that would not be obvious for a pet owner to locate, for example by using headings such as 'Frequently Asked Questions' or 'Visiting us'. For further details of our website pricing review, see part A, section 8: CMA research of online pricing information.

- (b) on in-practice materials, such as posters or leaflets, which should be visible in the reception or waiting area, and available to prospective customers visiting the practice without an appointment; and
- (c) when booking an appointment, any digital communication confirming the booking should contain price information for the consultation fee and any pre-booked standard treatments, plus a direct link to the price list on the website for further information.

Remedy implementation considerations

Mechanism

- 3.66 This remedy would be implemented via a CMA Order on veterinary businesses operating FOPs, referral centres or crematoria. In line with our general position set out in part B, section 2, we would recommend the measures which relate to veterinary businesses are later included in binding rules set through or following legislation and implemented by the RCVS or relevant regulatory body.

Cost of implementation

- 3.67 We received a range of feedback from responses to the Remedies Working Paper about the potential costs and burdens of publishing price information. We have carefully considered these responses. Many respondents highlighted that increased price transparency might require additional administrative work, and that this could be particularly challenging for businesses with limited administrative support. However, we received few responses that provided specific estimates of cost or labour in relation to publishing the price information. We also heard through responses and stakeholder engagement, and observed in our review of websites, that many businesses already publish prices. We discuss responses in relation to the specific services included in the price list and on potential adverse effects of this remedy in the subsection on Proportionality below.
- 3.68 We expect businesses would incur costs relating to:
- (a) Capital expenditure: We anticipate low one-off capital costs to update websites. Many businesses already have websites for their FOPs, referral centres and crematoria that include price lists. For those that do not include price lists, the addition of a page to a website is likely to be a simple and quickly implemented change. Recurring capital costs would be negligible.
 - (b) Material costs: Given the limited work involved, we foresee low one-off material costs to create or reprint a physical price list for premises.

- (c) Labour costs: We anticipate some one-off administrative labour costs to align pricing to services and pet characteristic categories as defined in the requirements and to collate price information from practice management systems or from practice staff. We would expect low one-off administrative labour costs to design and implement the price list on the practice website, on the basis it would be relatively straightforward data inputting exercise (with the option to adopt a CMA or RCVS-provided template to reduce design costs). We foresee low recurring administrative labour costs in the data inputting required to update price lists on an ongoing basis (as soon as reasonably possible after prices change).
- 3.69 We expect that the costs to implement the price list would be higher for businesses whose FOPs, referral centres or crematoria:
- (a) use local pricing, compared to groups of practices with uniform pricing; or
 - (b) do not have dedicated resource for marketing and website maintenance or have not automated website updates from practice management systems, compared to those that do; and
 - (c) have limited dedicated administrative support beyond clinical staff, compared to those that have more.
- 3.70 A small proportion of practices (2%) do not currently have a website or equivalent social media page.¹⁰⁶ These businesses would be required to publish a list of prices in their premises, such as on leaflets or posters, and for practice staff to have access to the price list for their practice in the event customers contact the practice to request price information for any of the treatments and services listed. We would not require practices to create a website where they do not currently have one.
- 3.71 As far as independent crematoria are concerned, our desktop review of 30 independent crematoria businesses found 21 of these websites published price lists. The fact that a high proportion already publish their prices suggests that this would not be an onerous requirement for the remainder.
- 3.72 We are contemplating that the CMA and/or the RCVS could publish guidance and tools, such as a standard template for the price list, to support vet practices to understand and implement these requirements. We invite submissions on this and the effect it would have on businesses' ability to comply with the proposed remedy and their costs of doing so.

¹⁰⁶ For further details, see part A, section 8: CMA research of online pricing information.

Timing of implementation

- 3.73 Given the administrative resources they would likely be able to devote to the task, we expect that it would take longer for certain businesses to collate and publish price information than others. We have therefore provisionally decided to require compliance by large businesses (those with 15 FOPs or more) within three months of the CMA Order being made, and within six months by small veterinary businesses.

Monitoring of compliance

- 3.74 In part B, section 2, we set out that we would look to work with the RCVS to undertake the remedies monitoring function for a number of remedies, again including this one, or we could order it to do so. In this case, the role would require the RCVS, or other monitoring body, to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

Remedy 2c Require FOPs to publish prices for all preferred parasiticides

Businesses operating FOPs would be required to publish the prices of their preferred flea, tick, and worming medicine products on their websites, along with a prominent link to the RCVS list of VMD authorised online pharmacies. This remedy would aim to improve transparency and help pet owners compare costs across providers, including online retailers. It would also support better evaluation of pet care plans, enabling owners to assess whether bundled services offer good value for money. By making this information accessible, the remedy would encourage greater competition and empower pet owners to make informed decisions about routine preventative treatments.

Description of the remedy

- 3.75 We have provisionally decided that all veterinary businesses¹⁰⁷ operating FOPs¹⁰⁸ that sell parasiticides directly to pet owners must:
- (a) publish the current prices for all preferred parasiticide medicine products (ie flea, tick and worming treatment) on their website relating to that FOP; and

¹⁰⁷ That is, again, any entity whether they are a legal person like a company, in a joint venture or partnership, or an individual.

¹⁰⁸ Not including in this case parts of a business which offers retail out-of-hours services in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would not apply in those places in respect of those out-of-hours services.

- (b) prominently publish a link to the RCVS list of VMD-authorized online pharmacies that service household pets, as required in our Medicines market opening remedies outlined in part B, section 5.¹⁰⁹

The aim of the remedy

- 3.76 The remedy would aim to increase the transparency of FOPs' parasiticide medicine prices, to support pet owners to compare between FOPs and assess the value of pet care plans, and to facilitate third-party benchmarking.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 3.77 Many pet owners purchase parasiticides for their animals to treat fleas, ticks and worms.¹¹⁰ We have provisionally found that only some pet owners are able to take advantage of the potential savings available to them by purchasing parasiticides from third-party retailers. This is linked to a weak consumer response driven by limited transparency around the relative cost of parasiticides across retailers.
- 3.78 In part A, section 8, we set out our review of website pricing information, where we found that most FOPs did not publish prices for parasiticides.¹¹¹
- 3.79 We understand that the specific recommended parasiticides for a given pet varies by the clinical context and by the preferred products of the vet or FOP. Therefore, a pet owner is unlikely to know in advance of a consultation with their vet which parasiticides might be recommended, and therefore how expensive these might be or how prices may compare with prices online.
- 3.80 In our review of LVG pet care plan marketing we found that information about pet care plans was often presented in ways that made it difficult for pet owners to assess the value of included treatments. While most LVG pet care plans offer good value when all services are used, the savings are reduced when compared to the cost of purchasing parasiticides from online retailers, which are often significantly cheaper.¹¹²
- 3.81 Requiring FOPs to publish the prices of all preferred parasiticides would help address this by improving transparency and enabling more effective pet owner engagement with the market, as:

¹⁰⁹ See part B, section 5: Literature on the ability to request a written prescription.

¹¹⁰ Parasiticides represent [30-40%] [X] of POM-V products for household pets purchased by FOPs and third-party retailers in 2024. For further information please see part A, section 11: Retail of veterinary medicines to pet owners.

¹¹¹ 2% of FOPs that displayed prices on their website included prices for flea, worm or tick treatment. CMA analysis. For further detail see part A, section 8: Table 8.3: Type of treatment prices available on FOP websites.

¹¹² For further detail, see part A, section 9: Choice of pet care plans.

- (a) pet owners who know which parasiticides their pet needs would be better able to compare costs across retailers;
- (b) pet owners would be better able to assess the value of pet care plans relative to standalone purchases, which would support more informed decision making at the point of purchase;
- (c) intermediaries could provide guidance or benchmarking to support pet owners on both what constitutes a 'good' price for parasiticides, and on whether pet care plans provide value for money according to their predicted usage; and
- (d) businesses operating FOPs would face stronger incentives to price parasiticides competitively.

3.82 The information would also support and be necessary for:

- (a) remedies 2d and 3 which respectively require FOPs to publish information about their pet care plans, and to share price information with the RCVS to publish on Find a Vet; and
- (b) other market opening remedies relating to medicines, as set out in part B, section 5, including:
 - (i) information measures to increase awareness of online pharmacies and the amount that can be saved by using one rather than purchasing medicines from a FOP (remedy 7);¹¹³
 - (ii) choice of default for repeat prescriptions (remedy 10).¹¹⁴

Remedy design considerations

3.83 Businesses operating FOPs would need to publish, for each FOP, prices (including VAT) for all preferred parasiticide products that they recommend or dispense to customers. Where a FOP is a member of a Preferred Product scheme offered by a buying group or owned and operated by an LVG that selects Preferred Products as part of the procurement process, the preferred parasiticide product refers to the parasiticide(s) designated under that arrangement.¹¹⁵ For all other FOPs, the term refers to the parasiticide product(s) most commonly prescribed by the FOP for each of the animal profiles defined in the requirements

¹¹³ Remedy 7 is outlined in detail in part B, section 5.

¹¹⁴ Remedy 10 is outlined in detail in part B, section 5.

¹¹⁵ As described in part A, section 11: Veterinary medicines. Where Preferred Products are used by FOPs, they are typically prescribed by the vet and are the products available to purchase at a given FOP. The selection of Preferred Products as part of the procurement process does not prevent alternatives being prescribed by vets within a FOP based on their clinical judgement.

for remedy 2b (requirement to publish a standard price list for a defined selection of services).¹¹⁶

- 3.84 Prices of individual medicine products would need to be provided to pet owners (ie with separate prices for different formulations and sizes).
- 3.85 Where a FOP orders in a medicine product for a specific pet for a clinical reason, this would not need to be published.
- 3.86 Our provisional view is that the publication of this information should be accessible and clearly labelled on the website for the relevant FOP. For example, the data could be provided in a downloadable file, a static table on the website or a searchable database. The CMA or the RCVS would provide guidance. The data would also need to be available via a physical list in the practice.
- 3.87 Businesses would need to include all information required for a pet owner to be able to identify the product, including the product name, brand name, whether it is an own-brand medicine, active ingredient(s), amount (volume or number of tablets), strength and dosage size. Information about instructions and ingredients would not be required. Where its FOPs sell parasiticides only in premises and not online, the business would need to make this clear to pet owners. The business would need to include a caveat that pet owners should consult their vet about which parasiticide is best for their pet, and that the list of preferred products should not be used as a menu of options. It would also be required to provide prominent signposting to the RCVS list of VMD authorised online pharmacies.

Remedy implementation considerations

Mechanism

- 3.88 This remedy would be implemented via a CMA Order on veterinary businesses operating FOPs that sell parasiticides directly to pet owners. In line with our general position set out in part B, section 2, we would recommend the measures which relate to veterinary businesses are later included in binding rules set through or following legislation and implemented by the RCVS or relevant regulatory body

Cost of implementation

- 3.89 We anticipate costs for the above activities would relate to:
 - (a) Capital expenditure: We expect that businesses would incur some one-off costs relating to the integration of practice management systems with the

¹¹⁶ For detail on the defined animal profiles, see 'How prices should be published' under remedy 2b above.

practice website to pull through relevant prices, if a business chooses to implement in this way. This cost would be negligible where the business chooses to use a manual process.

- (b) Material costs: Low recurring costs are estimated to arise from the in premises publication of information.
- (c) Labour costs: We estimate there would be low recurring administrative labour costs relating to the collation of relevant parasiticide product information and prices,¹¹⁷ and low recurring administrative labour costs relating to the publication and updating of this information on the practice website or on physical sources. At most these costs would relate to a limited amount of data entry, and the costs would be lower where automated IT systems are used.

Timing of implementation

- 3.90 We do not anticipate that this remedy would be unduly burdensome for most of the businesses in scope. The remedy would relate to preferred parasiticide products that businesses frequently sell to pet owners, and for which they should be able to access the prices. Therefore, we have provisionally decided that, once the CMA Order has been made, larger businesses (those with 15 or more FOPs) would have three months to comply with these requirements and smaller businesses, which may have fewer administrative resources to implement the proposed package of remedies, would have six months.
- 3.91 In making the provisional decision in the preceding paragraph, we have taken into account our understanding that, in some businesses, FOPs currently calculate prices manually at the point the relevant medication is dispensed (for example, by charging a markup on the list price). In these cases, the business could collate the relevant price information as it prescribes the medication during the period we would allow for implementation of the remedy, or they could conduct a one-off exercise to collate the prices. We would expect relatively few FOPs to do this, on the basis that these are preferred and commonly dispensed medicines, and they would in any event have an incentive to create a process for reducing the time required for vets to manually calculate prices (which would benefit pet owners).

Monitoring of compliance

- 3.92 In part B, section 2, we set out that we would look to work with the RCVS to undertake the remedies monitoring function for a number of remedies, including

¹¹⁷ We understand that many FOPs already have the relevant information collated in a central database so that it should be relatively straightforward to publish.

this one, or we could order it to do so. In this case, the role would require the RCVS, or other monitoring body, to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

Remedy 2d: Require FOPs to publish information about pet care plans

Businesses operating FOPs offering pet care plans would be required to publish clear, comprehensive information about those plans both online and in-practice. This would involve listing all included services, the relevant frequency of provision and standalone price of each, and details about parasiticides. They would need to explain how any claimed savings are calculated, enabling pet owners to assess whether a plan offers value for money.

The remedy would aim to support better evaluation of bundled services versus standalone purchases and encourage fairer marketing of plans by requiring savings claims to be clearly explained. It would improve transparency and comparability across providers, helping pet owners make informed decisions based on their pet's needs and expected usage.

Description of the remedy

- 3.93 To improve transparency and enable meaningful assessments of pet care plans, we have provisionally decided that any veterinary business¹¹⁸ operating FOPs¹¹⁹ that offer a pet care plan would be required to publish clear and comprehensive information about its plans on the website for that FOP and in the practice. This includes presenting the standalone prices alongside the services comprised in the plan, providing information about the parasiticides included, and information that allows pet owners to evaluate claims about savings offered by the plan.

Aims of the remedy

- 3.94 The aim of this remedy would be to empower pet owners with clearer, more comprehensive pricing information about pet care plans and the prices of standalone items typically contained in pet care plans such as parasiticides. By making it easier for pet owners to assess value for money of pet care plans and compare pet care plan offerings across different FOPs, pet owners would be better equipped to choose a pet care plan that best suits their needs.

¹¹⁸ Again, any entity whether they are a legal person like a company, in a joint venture or partnership, or an individual.

¹¹⁹ Not including in this case parts of a business which offers retail out-of-hours services in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would not apply in those places in respect of those out-of-hours services.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 3.95 Our analysis has provisionally found that pet care plan information is frequently presented in a way that hinders effective comparison across FOPs and obscures an assessment by pet owners of the true value of such plans.¹²⁰ Marketing materials often emphasise potential annual savings without providing a breakdown of individual treatment or product costs. As a result, pet owners are unable to estimate the value to them of a plan based on their expected usage, making it difficult to compare offerings between providers. This lack of transparency undermines informed decision making, which is essential for effective competition.
- 3.96 The proposed remedy would enable pet owners ascertain whether pet care plans are value for money by comparing the standalone cost of each item with their estimated usage. It would support meaningful comparison of pet care plans across different providers. This would support more confident and informed decision making that in turn drives competition between providers on the range, quality and price of their offering.

Remedy design considerations

- 3.97 For each pet care plan offered, businesses whose FOPs offer such plans would need to publish on the pet care plan webpage relating to each FOP:
- (a) a list of all services included in the plan, including free text with further information of what each service entails where needed;
 - (b) the frequency with which each service can be accessed;
 - (c) the time frame during which each service is available (eg per month, per year);
 - (d) the total price of the plan stated both as a monthly and annual rate, where available;
 - (e) the standalone price for each service included;
 - (f) a link (online) or signpost (offline) to the RCVS Find a Vet pet plan value calculator discussed in remedy 3; and
 - (g) information on cancellation terms.
- 3.98 Where a FOP includes flea, tick and worming treatments (parasiticides) in its pet care plan offering, the business would need to:

¹²⁰ For further details see part A, section 9: Choice of pet care plans.

- (a) provide an indicative standalone price for a year of parasiticides, using a specific example that reflects typical pets covered by each plan. This example should be realistic, attainable and broadly representative to ensure relevance to a large proportion of pet owners;
 - (b) provide a link (online) or signpost (offline) to the FOP's parasiticide product price list as published in relation to remedy 2c (requirement of FOPs to publish prices for all preferred parasiticides);
 - (c) identify which parasiticides are included in the pet care plan, or confirm that any parasiticides on the price list are included (subject to the vet's recommendation); and
 - (d) include a caveat that pet owners should speak to their vet to understand which parasiticides, dosages and frequency are likely to be appropriate for their pet.
- 3.99 Where the business indicates that a pet owner can save money on a pet care plan in comparison to purchasing services separately, it would need to:
- (a) allow users to understand how the savings were calculated, including in relation to parasiticides;
 - (b) not include potential savings from discounts on optional products and services, such as pet food or neutering (although these could be highlighted separately); and
 - (c) where services are offered on an 'unlimited' basis (eg consultations), calculate savings using a reasonable declared estimate of the mean usage of those services in the past 12 months. For consultations, this should be no more than two per year of the specified consultation.
- 3.100 This information would need to be made available both online on the relevant FOP's website, and in premises. All published information must be easily accessible and clearly presented. On websites, the information would need to be accessible directly through a link where pet care plans are presented on the price list page set out in remedy 2b. In practices, the information would need to be made accessible to pet owners visiting the practice.
- 3.101 Pet care plan pricing and standalone service pricing information would need to be updated as soon as reasonably possible following any change in practice pricing.
- 3.102 Where relevant businesses currently use marketing materials relating to pet care plans that include price comparisons or savings estimates, they would need to update these to include the relevant information above within the required timeframe.

Remedy implementation considerations

Mechanism

- 3.103 Implementation of this proposed remedy would be via a CMA Order on businesses operating FOPs which offer pet care plans.

Cost of implementation

- 3.104 We anticipate that implementation costs would be low and proportionate to the level of existing transparency. Specifically:
- (a) Capital expenditure: For businesses with existing websites, we estimate a low one-off cost to create a new webpage or section detailing pet care plan information – to the extent one does not exist already. The recurring cost of maintaining this content is expected to be negligible, as updates are infrequent data entry tasks and can be integrated into routine website maintenance.
 - (b) Material costs: We estimate a low one-off cost for printing new in-practice materials, such as posters or informational leaflets. Businesses could decide how they would like to present the information, as long as the materials are accessible to pet owners. This could be, for example, a single poster or document that pet owners can see or access in the reception area or leaflets that pet owners could take away with them.
 - (c) Labour costs: We estimate a low one-off and recurring administrative labour costs to compile, format, and publish pet care plan information. For online publication, we anticipate that the costs for most businesses would be absorbed into existing digital infrastructure and marketing workflows. We therefore expect only minor administrative effort would be needed to consolidate and publish information that is already available within those businesses.

Timing of implementation

- 3.105 We do not anticipate that this remedy would be unduly burdensome for most FOPs that offer pet care plans. Many FOPs already maintain websites with service pricing and plan details. On that basis, we have provisionally decided that, once the CMA Order has been made, larger businesses (those with 15 or more FOPs) should have three months to comply with these requirements and smaller businesses, which likely have fewer administrative resources for implementing our package of proposed remedies, would have six months.

Monitoring of compliance

- 3.106 In part B, section 2, we set out that we would look to work with the RCVS to undertake a monitoring function for a number of our proposed remedies, including this one, or we may order it to do so. The role would require the RCVS, or other monitoring body, to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

Remedy 3: Require FOPs and referral centres to submit information to the RCVS for the RCVS to publish on an enhanced Find a Vet platform and share to selected third parties

Businesses operating FOPs and referral centres would be required to submit key practice information to the RCVS, for it to publish on its Find a Vet platform and for it share the data with approved third parties. This would include information such as ownership, services offered, type of animals treated, pricing and pet care plan details. The remedy would aim to centralise and standardise information to make it easier for pet owners to compare practices, treatments and services and make better, more confident choices that help drive competition.

By consolidating data from multiple remedies into one trusted platform, Find a Vet would help pet owners assess value, quality, and suitability across practices. This remedy would also support third-party innovation by allowing approved organisations to access and use the data to develop comparison tools and guidance. Over time, this remedy would be expected to strengthen competition in the veterinary sector by improving transparency and facilitating comparison between service providers.

Description of the remedy

- 3.107 We have provisionally decided that veterinary businesses¹²¹ operating FOPs¹²² and referral centres must directly provide practice information to the RCVS (as well as providing it to pet owners as specified in each proposed remedy) and the RCVS must make this information publicly available on its Find a Vet platform.
- 3.108 The practice information to be shared by the businesses (for each FOP and referral centre they operate) and published by the RCVS (for each such FOP and

¹²¹ Any entity – whether a legal person like a company, a joint venture, a partnership or an individual.

¹²² Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

referral centre) would include all the relevant information set out above in remedies 1 and 2a-d¹²³ in addition to the following details¹²⁴:

- (a) practice name;
- (b) address;
- (c) opening hours;
- (d) contact details;
- (e) types of animals treated (eg cats, dogs, exotics); and
- (f) URL links to the price lists required as part of remedies 2b and c.

3.109 This remedy would enhance the effectiveness of the other remedies which we describe in this section of this report, by making it easier for pet owners and other stakeholders to access, assess and compare the information that would be published by businesses operating FOPs and referral centres on a centralised platform.

3.110 To implement the enhanced Find a Vet and support its effectiveness, we have provisionally decided on the following set of requirements (explored in greater detail below):

- (a) **Data collection:** businesses operating FOPs and referral centres would be required to share the information indicated above by filing a RCVS web form, or through alternative methods subject to RCVS implementation and approval.
- (b) **Data processing and publication:** The RCVS would be required to process this information, make it available publicly on Find a Vet and provide users with the functionalities to navigate this information effectively (including the ability to filter, sort and compare FOPs and referral centres, and a pet care plan value calculator).
- (c) **Data sharing:** The RCVS would be required to make the processed data accessible to selected third party organisations, subject to appropriate safeguards.

¹²³ This would be limited to information required by these remedies that would support comparison on Find a Vet. For instance, businesses would not need to reshare information where requirements are duplicated between remedies, or share supplementary service information such as cancellation terms or savings estimates for pet care plans. With respect to ownership transparency, this would likely involve specifying the company with common ownership or control as identified with respect to remedy 1.

¹²⁴ We note that the current RCVS Supporting Guidance covers FOPs providing some of this basic information – see part B, section 10. However, that is not part of a coherent set of information requirements with which veterinary businesses must comply.

The aim of the remedy

3.111 The remedy would aim to enable pet owners to compare the services of FOPs and referral centres. It would support informed decision making by providing centralised, consistent, and trusted information, with further benefits likely to emerge over time through third party innovation. Our provisional findings indicate that competition between FOPs and between referral centres on price and quality is limited, due to weak pet owner engagement. By consolidating and facilitating access to practice information, the remedy seeks to improve pet owners' ability to distinguish and choose between providers and stimulate competition on price and quality. By ensuring there is a baseline platform to access information, through the RCVS Find a Vet, and that third parties can access the data to create innovative pet owner-facing platforms, the remedy would seek to ensure pet owners are able to engage fully with the published information.

How the remedy addresses the provisional AEC and resulting consumer detriment

3.112 As discussed in part A, section 8, our provisional finding is that pet owners face barriers to comparing the price and quality of FOPs and referral centres. Some want to and do so, but many do not consider multiple practices or seek out relevant information when choosing a FOP. Only 22% of those who registered with a FOP in the past ten years both considered multiple practices and accessed pricing information. Among all respondents, 51% considered only one practice and just 15% considered three or more.¹²⁵

3.113 While 24% of those who considered only one practice felt they had no choice, the majority (66%) reported having a choice but not comparing FOPs. Reasons included assumptions that practices were broadly similar (18%) or had similar pricing (14%), or simply not thinking to compare (15%).¹²⁶

3.114 The barriers to comparing price and quality of veterinary practices limit pet owners' awareness of differences between providers. Improving pet owners' ability to compare FOPs, pet care plans and referral centres would help them choose the option that best meets their needs and consider switching provider if they could find a more suitable option. Over time, pet owners would be able to compare their own FOP with other practices on price and quality and determine whether their chosen practice remains their preferred one. This process would in turn support more effective competition on price and quality in the market, as providers compete to win and retain the business of informed and engaged pet owners.

¹²⁵ Pet owner survey, Q12b, Q13 and Q15.

¹²⁶ Pet owner survey, Q12B, Q12C and Q12D.

Remedy design considerations

- 3.115 Below we set out the data collection, processing, publication and sharing activities that would be required of the RCVS, and of the businesses operating FOPs and referral centres, and considerations of how the remedy could most effectively be implemented.

Data collection

Information requirements

- 3.116 The information that would be shared would be that in the description of the remedy subsection above. Relevant businesses would already be required to have created the information and published it on their own websites and the public URLs for these pages would be included in the data submitted to the RCVS.

Data transfer mechanism

- 3.117 We have provisionally decided that the businesses would be required to submit the information set out in the Description of the remedy subsection above, through a secure online web form to the RCVS. They would be required to update the RCVS as soon as reasonably possible after prices change, in line with consumer protection law.
- 3.118 The RCVS has submitted to us that it currently operates a secure online portal which enables FOPs and referral centres to submit information for use in Find a Vet. The RCVS told us that this existing data collection method could be used for a wider range of data fields, and that this would integrate directly with its Customer Relationship Management system (**CRM**).¹²⁷ ¹²⁸ This approach would mean the RCVS can control the exact format of data submitted through the form, ensuring compatibility and data completeness.
- 3.119 The businesses operating FOPs and referral centres that are currently engaged with Find a Vet will already be involved with a data submission process and will be familiar with its requirements and operation. While this approach means businesses would have to manually submit additional information through this process, the information would already have been created to comply with the remedies set out above. The RCVS could find opportunities to limit duplicated submissions or processes. For example, where information or prices have not changed since their last submission, businesses could simply confirm this is the case by declaration. Similarly, where a business charges the same price for all

¹²⁷ RCVS meeting [redacted].

¹²⁸ CRM is software that helps organisations manage their relationships and interactions with clients and stakeholders.

animal categories, it could enter the price only once and confirm this is the case. Businesses would have an incentive to streamline and automate the data collation and entry processes.

- 3.120 The RCVS would need to monitor submissions, provide user support and update the form as required to support complex data inputs.
- 3.121 While the use of the web form would be mandatory as a minimum baseline for all businesses engaging with the Find a Vet platform, other methods of data capture such as those highlighted in the Data collection mechanism subsection of the Proportionality discussion below (web scraping¹²⁹, API integration,¹³⁰ and CSV uploads¹³¹) may become acceptable over time at the RCVS's discretion. Third-party organisations such as practice management system providers and independent contractors might begin to offer services to support businesses operating FOPs and referral centres in meeting the new compliance requirements. We would want to encourage innovation in this space, and therefore relevant parties would be able to propose and seek approval from the RCVS to use alternative data capture methods.
- 3.122 In particular, we would recommend that the RCVS engages with providers of practice management system services to businesses operating FOPs and referral centres to support standardisation of data types and formats, and to develop a mechanism for a practice management system to submit data directly to the RCVS on behalf of those businesses. The RCVS has indicated to the CMA that it would be willing to explore alternative data transfer methods over time.¹³²
- 3.123 Automated transfer of data from practice management systems to the RCVS would reduce the manual updates required of businesses operating FOPs and referral centres in the delivery of the remedy. It would enable instantaneous updates to the RCVS when they make changes in their own practice management systems to fulfil the requirements of this remedy. Receipt of data directly from the practice management systems would also reduce burden on the RCVS to perform data quality checks, as these would be handled by the practice management systems at point of entry.
- 3.124 However, integration with practice management systems is unlikely to be feasible for all businesses, at least in the short term. A submission from [redacted].¹³³ An option for FOPs to use the web form data collection mechanism would therefore likely need to be maintained to ensure complete coverage.

¹²⁹ Web scraping refers to the automatic extraction of data from websites.

¹³⁰ API integration refers to an interface that two computer systems use to exchange information securely over the internet.

¹³¹ The comma-separated values (CSV) file format is widely used for sharing and receiving data.

¹³² RCVS response to [redacted].

¹³³ [redacted].

- 3.125 The bulk of the work to develop the capability would need to be undertaken by practice management system providers, enabling those providers to maintain the data collection and transfer mechanisms in the future.

Required frequency

- 3.126 Businesses operating FOPs and referral centres would be required to ensure that all published information remains accurate and up to date. They would be required to:
- (a) notify the RCVS as soon as reasonably possible following any changes to prices or services; and
 - (b) review and confirm, through a formal attestation every twelve months, that all submitted information is correct, even if no changes have occurred.
- 3.127 Further detail on the expected cost and implementation is set out below.

Data processing and publication

- 3.128 The RCVS would be required to process the information collected, make it available publicly on Find a Vet and provide users (eg pet owners) with the functionalities to effectively navigate this information.
- 3.129 If the data collection process is implemented as described above, we would not anticipate that further data processing requirements would be necessary once the data systems were put in place. The RCVS already processes a range of data.
- 3.130 We have provisionally decided that Find a Vet would offer the following front-end functionalities to users:
- (a) directly providing all information set out above in relation to each FOP and referral centre, including public URLs to the pages on which businesses operating FOPs and referral centres have published the same information;
 - (b) the ability to filter and sort search results by key data fields, including location, animal characteristics, practice characteristics and service provision; and
 - (c) a pet care plan value calculator, which calculates the difference between the price of a pet care plan and the prices of services included.
- 3.131 Find a Vet already allows users to search for vet practices, and provides basic information including contact details, location, opening hours, types of pets treated, whether the practice is accredited under the PSS or participates in

development programmes, and the names, qualifications and RCVS professional accreditations of vets in the practice. This remedy would increase the range of information (including ownership and price information), provide additional comparison functionalities, and mandate more complete information.

- 3.132 At a minimum, we expect that the platform would be designed in a user-friendly way and so that it avoids information overload (for example, presenting commonly used services more prominently than those less commonly used; and allowing users to click hyperlinks or dropdown menus to find further information about specific services).
- 3.133 Additional comparison functionalities could take longer to design and implement (such as side-by-side FOP comparison, distance or travel time radius filter). These could be implemented over a longer time period. However, we expect that implementing these additional functionalities would be relatively low cost, as they reflect common website features and involve manipulation of existing data. These functionalities may also emerge on other platforms, as commercial providers develop new comparison tools offering advanced and alternative features.
- 3.134 The pet care plan value calculator on Find a Vet would have the following capabilities:
- (a) The pet care plan value calculator would be developed and hosted within Find a Vet, using the data from businesses operating FOPs of the total monthly cost for a pet care plan, and the individual pay-as-you-go prices of services included in the plan.
 - (b) Pet owners would be able to input their expected usage of services over a 12-month period, for example by referring to their actual usage from the previous year. The calculator would then generate a personalised estimate of the total cost had the pet owner paid for the services individually. This cost could then be compared against the cost of the plan, providing a clear indication of whether the plan would offer value or not.
 - (c) For parasiticides (eg flea, tick and worm treatments), the calculator would offer an additional comparison option where users could choose to calculate expected costs using manually inputted online pharmacy prices.
 - (d) The pet plan value calculator would provide a link to the RCVS list of VMD authorised online pharmacies along with a reminder that parasiticides are often cheaper when purchased via online pharmacies.

Uptake and further pet owner research

- 3.135 We would recommend that the RCVS conduct activities that increase pet owners' awareness of the Find a Vet platform. For example, the RCVS should conduct

marketing and awareness activities with its stakeholders, ensuring that any online content is optimised for discovery by web crawlers.¹³⁴

Data sharing with approved third parties

- 3.136 Making the data accessible to third parties would be a key component of this remedy that would help to amplify the effectiveness of the increased transparency we aim to achieve. Third-party entities are already offering their own comparison services, such as VetHelpDirect, which offers alternative functionalities, information, and search tools at no cost to pet owners, though currently with limited coverage. We anticipate that the implementation of the proposed remedies would create further opportunities for new entrants and stimulate further innovation in this space.
- 3.137 Other third parties, such as existing comparison or review platforms, may also take an interest and develop their own offerings if they are given access to high quality and standardised data.
- 3.138 Market-led solutions could contribute to the sector in several ways, for example by improving customer engagement with veterinary services or by facilitating solutions that reduce the administrative burden on veterinary businesses to comply with the requirements of the remedy.
- 3.139 This remedy would enable a broader ecosystem of comparison tools and services, while maintaining appropriate standards and oversight. We would expect that Find a Vet as a baseline comparison platform, underpinned by core standards and operated by the RCVS, alongside a range of competitive third-party offerings, subject to certain criteria, would best support a well-functioning market.
- 3.140 To enable this, we propose that the RCVS would develop a process and functionality for making the data collected under this remedy accessible to selected third parties. We expect that this activity would include:
- (a) The development of an approval process, the criteria for which would be developed jointly by the RCVS and CMA, ensuring that any third-party recipients of the data meet agreed standards of security, reliability, transparency, and fair competition. The process would be administered by the RCVS, with the possibility to appeal an RCVS rejection to the CMA. Criteria for the approval process would include the exclusion of business models that distort the presentation or ranking of listed practices, such as those that prioritise paid placements over objective practice characteristics.

¹³⁴ A web crawler is a software tool that automatically browses and collects data from websites.

- (b) A technical solution developed by the RCVS, or by a third party commissioned by the RCVS, and overseen by the CMA, to enable data sharing with external parties. We envisage that this solution would include one or more of the following:
- (i) *Providing a secure API that allows pre-approved third parties to request data directly.* This option would support real-time access, granular control over what data is shared, and centralised monitoring of usage. Once implemented it would require minimal ongoing effort and may be the most scalable and least burdensome option for the RCVS to manage.
 - (ii) *Generating regular data extracts (eg CSV or JSON files¹³⁵) and sharing them via secure channels like SFTP¹³⁶ or cloud storage.* This approach would be straightforward and easy for third parties to consume, but would involve manual scheduling, version control, and potential delays in data freshness. This option would be moderately burdensome for the RCVS due to the operational overhead.
 - (iii) *Sharing live datasets with third parties through governed access controls on data platforms.* This method would offer high security and eliminates data duplication, but it would require compatible infrastructure and a more complex setup.
 - (iv) *Provision of data through any existing channels or infrastructure that the RCVS already manages and maintains,* therefore minimising the amount of new development required.

Remedy implementation considerations

Mechanism

- 3.141 This remedy would be implemented via a CMA Order on veterinary businesses operating FOPs, referral centres, and crematoria. In line with our general position set out in part B, section 2, we would recommend the measures which relate to veterinary businesses are later included in binding rules set through or following legislation and implemented by the RCVS or relevant regulatory body.
- 3.142 Specifically for this remedy, we would recommend that government explores putting the Order on a statutory footing by establishing a smart data scheme under secondary legislation using the recently enacted Data (Use and Access)

¹³⁵ JSON is an open standard file format and data interchange format that uses human-readable text to store and transmit data.

¹³⁶ SFTP (Secure File Transfer Protocol) is a secure, encrypted protocol for transferring and managing files over a network.

Act 2025 (DUAA). This remedy would share many features of the smart data schemes envisaged by the Act, and the CMA recently published a discussion paper about where it might be appropriate to implement price transparency schemes under it.¹³⁷ This approach could provide greater flexibility for how the remedy is implemented and enforced.

Cost of implementation

RCVS

- 3.143 The RCVS would need to carry out several activities to deliver this remedy effectively. We expect that some of these activities would be feasible with minimal additional costs to its existing responsibilities, including:
- (a) *Creating guidance for completing the web form.* On the basis that vet practices would understand from our other proposed remedies what information they are required to publish on their own website, we expect this to be straightforward.
 - (b) *Purchasing additional data storage and processing capabilities.* This remedy would require the RCVS to host and process more data, which could incur additional financial costs. However, we would not expect these costs to be significant, as it involves a contained volume of data.¹³⁸
 - (c) *Monitoring compliance.* We would expect this to be a low cost, potentially automated, activity checking whether each veterinary business has submitted the required information. It is likely that the RCVS would be able to create a back-end reporting function for this purpose.
 - (d) *Contacting businesses operating FOPs and referral centres for data requests and initial non-compliance.* The RCVS already writes to practice managers and head offices of veterinary businesses to confirm statutory information required for Registered Veterinary Practice Premises under the Veterinary Medicines Regulations or required from members of the PSS.¹³⁹ The RCVS asks practices to update their information using an online portal. Once the RCVS has set up a process for escalating communications with businesses that are not in compliance, this activity could be low cost and potentially automated.
 - (e) *Maintaining and troubleshooting systems and processes.* The data processes, storage and transfer systems would likely require expert oversight to check they are working as expected, and to fix any problems that arise,

¹³⁷ [Smart data and price transparency schemes: Discussion paper. CMA. 18 August 2025.](#)

¹³⁸ For example, we expect less than one million price data fields per year (excluding preferred parasiticides).

¹³⁹ RCVS meeting [redacted].

either by internal staff or a third-party contractor. We would expect this to be minimal, and the RCVS already has to conduct some of these activities in relation to Find a Vet.

- 3.144 There are some areas for which the RCVS would be likely to incur greater additional time costs for existing staff, or financial costs from hiring additional people, purchasing additional data capacity or software, or outsourcing to third-party contractors. These areas include:
- (a) *Setting up a new web form to capture the data fields set out above.* The RCVS is already introducing a web form to capture a range of other information from vet practices and individual professionals and has told us that expanding this form to capture more data fields would be feasible.
 - (b) *Creating a data processing pipeline.* This would likely be a one-off cost requiring expert technical input, either by internal staff or a third-party contractor. This may include compliance with data handling and retention policies and any processes required to support monitoring and reporting, for example storing historical data submissions.
 - (c) *Developing and implementing new front-end functionalities.* The RCVS's planned Find a Vet upgrades do not include the ability to compare or filter vet practices by specific data fields. Designing and implementing these functionalities would likely involve additional costs (eg for third-party software providers to integrate existing plug-ins into the existing platform, or to custom build).
 - (d) *Additional user testing.* We are proposing that the platform should host and display a more extensive range of information to users than the RCVS's planned upgrades. This would likely require additional user testing to ensure the information is understood and navigable by users.
 - (e) *Approving third parties to access the data.* The RCVS would likely need staff to spend time considering and approving applications for third parties to gain access to the data.
 - (f) *Developing a technical solution for third parties to be able to access the data.* For example, the RCVS would need to develop an API for third parties to be able to securely access and transfer the data, which would likely incur additional internal staff time or costs in procuring a third-party contractor.
 - (g) *Individually contacting practices that remain non-compliant.* Where businesses remain non-compliant following initial communications, the RCVS staff may need to follow up directly.

- 3.145 The RCVS, [redacted], has provided the CMA with a cost estimate [redacted] to set up the required processes and systems to collect, host, and organise the data (excluding RCVS staffing and other internal costs). The RCVS indicated that these costs could be reduced should it competitively tender [redacted].¹⁴⁰
- 3.146 We will continue to explore the potential costs and how the RCVS might approach developing the process and capabilities set out above in a way that minimises costs.

FOPs and referral providers

- 3.147 We expect there to be some additional time cost to businesses operating FOPs and referral centres in completing the web forms to supply the RCVS with the required information. They are not currently required to export any information from their practice management systems, so where those businesses have not done so already, they would likely face a one-off capital and labour cost of updating their IT systems by creating a process to gather the required information from their systems and adjust the information into the format of the RCVS web form. This may already be feasible within their respective practice management systems, or they may have to create a manual process where information is copied from a practice management system into another location such as a spreadsheet.
- 3.148 We expect this process would be relatively straightforward for most businesses operating FOPs and referral centres, on the basis that they would already be required to publish the same information on their websites, and the information required is either one-off basic information about the practice, or price information that the business already accesses and uses when charging customers.
- 3.149 We note that many businesses may already have systems or processes that would limit the amount of time required. For example, a submission from [redacted].¹⁴¹ However, we note that there were several responses from stakeholders to our Remedies Working Paper that information may be held across a variety of practice management systems and other systems.¹⁴² Some of these systems may make it challenging to collate or export data efficiently, and we acknowledge that a number of businesses operating FOPs and referral centres may need to solve some technical challenges to assemble this information.
- 3.150 Some businesses may choose to outsource these processes to their practice management system providers or other contractors. An unintended consequence of practice management system integration may be an added incentivisation for

¹⁴⁰ RCVS response to [redacted].

¹⁴¹ [redacted].

¹⁴² CMA summary of Remedies Working Paper responses, for example see Linnaeus response to Remedies Working Paper, page 20.

businesses operating FOPs and referral centres to choose a practice management system which includes this process.

- 3.151 Setting up this process would take some additional administrative time per practice. Unless businesses operating FOPs and referral centres choose to outsource these processes, we expect the additional financial cost they would incur would be concentrated on the labour costs and not require new IT systems, physical assets, or material costs.
- 3.152 We have provisionally decided that the RCVS should provide FOPs and referral centres with a data input template, related guidance and support in advance of the requirement coming into force such that FOPs and referral centres can adequately prepare.
- 3.153 Once this process has been set up, businesses operating FOPs and referral centres would need to collate the required information and enter it into the web form, to update the information as soon as reasonably possible following a change and confirm by attestation every twelve months that the submitted information is correct, even if there have been no changes. We anticipate that administrative time for manually updating all data fields would be relatively low, but depend on the frequency of price changes. Many data fields may not need to be updated every twelve months, and most businesses operating FOPs and referral centres would likely be able to create more automated processes for submitting the information. We similarly expect the recurring additional financial cost for FOPs and referral centres would be labour costs and be relatively low, unless they choose to outsource the process.
- 3.154 We would not expect the administrative labour costs to be substantially higher for independent or smaller practices. The processes require limited technical expertise (entering relatively simple information into a standardised form). However, we note some FOPs have more limited administrative resource available, or have complicated existing PMSs, which may increase the time required.

Timing of implementation

- 3.155 We have provisionally decided that the RCVS must set up the data collection, processing and publication processes described above before practices are required to submit information.
- 3.156 The RCVS [✂] has provided an estimated timeline of up to seven to nine months for the setting up the required processes and systems to collect, host, and

organise the data from commencement of the project after the specification has been finalised.¹⁴³

- 3.157 Therefore, we have provisionally decided that implementation by the RCVS would be required within nine months of the CMA accepting an undertaking from the RCVS or a CMA Order being made. More complicated front-end functionalities and data sharing processes would be set up and integrated over a longer timeframe.
- 3.158 We consider that it would be proportionate to require businesses operating FOPs and referral centres to submit the relevant information to the RCVS within a further three months from the date specified for the RCVS implementation, and then to update this information as soon as reasonably possible following changes in the information, alongside a attestation every twelve months to confirm that all submitted information is correct, even if this information has not changed.
- 3.159 We have provisionally decided to implement the same requirements and timeframes across all types of practices. We expect the administrative burden beyond the collating of the information for our other transparency remedies to be relatively limited, and not to be substantially different between independents and LVGs. This requirement would come into force six months after smaller businesses are required to publish the same information on their own websites and in their premises. We note businesses would likely have a competitive incentive to submit their prices to Find a Vet to avoid competitors being able to benefit from a first-mover advantage.

Monitoring of compliance

- 3.160 In part B, section 2, we set out that we would look to work with the RCVS to undertake the remedies monitoring function for a number of remedies, including this one, or make a relevant order. In this case, the role would require the RCVS, or other monitoring bodies, to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.
- 3.161 Monitoring whether businesses operating FOPs and referral centres have submitted the required data fields to the web form would be straightforward and require minimal additional resource or cost, as the RCVS could simply check whether they had done so by the required deadline. As for the remedies set out above, the RCVS would likely need to conduct a spot check of a sample of websites on an ongoing basis to ensure that the details submitted were accurate. Relevant businesses could assign a compliance officer, such as the senior appointed vet or the practice administrator, to be responsible for ensuring the accuracy of the data. Ensuring a complete set of data is submitted can be

¹⁴³ RCVS response to [X].

enforced at point of data entry either directly or from PMS, and the RCVS would be able to automate reporting on submissions to identify non-compliance.

- 3.162 The RCVS would be able to follow up directly with businesses which have not submitted the required information, in a similar way to what it already does with individual vets and vet nurses, by sending text and email reminders. Where a given business remains non-compliant following the reminders, the RCVS would further escalate with individual communications and ultimately refer the case to the CMA for enforcement.
- 3.163 If a given business operating FOP(s) or referral centre(s) had not submitted its information within the required timeframe, the RCVS could use this opportunity to check whether the business had published the information on its own website.

Remedy 4: Require the RCVS to commission and publish the results of a group-level pet owner survey

To support informed decision making and stimulate competition, the RCVS would be required to commission and publish the results of a national survey of pet owners. The survey would measure perception of quality and cost across LVGs and independent practices (as a cohort), with results and the anonymised dataset made publicly available on the RCVS website. This would include group-level comparison to help pet owners understand how different ownership models are perceived. The LVGs would also be required to publish the group-level comparisons on the website and in the premises of each of their FOPs, and publish the link to the RCVS page where results are published, such that they are readily accessible and comparable by pet owners.

The remedy aims to provide pet owners with trusted, independent insights into customer experience, covering aspects like service quality, satisfaction, and perceived value. These insights would complement other transparency measures by focusing on observable elements of quality and helping pet owners factor brand reputation and ownership into their choices. Over time, this could encourage competition between the LVGs, and between them and the independent sector based on consumer perceptions.

Description of the remedy

- 3.164 We have provisionally decided to seek an undertaking from the RCVS (or we may make an order) to:
- (a) commission a research agency to design and conduct a survey with a representative population of pet owners; and
 - (b) publish the results and anonymised dataset on its website, including group-level comparisons between each LVG and with independents as a cohort.

- 3.165 We have provisionally decided that the LVGs would be required to publish the group-level comparisons on the website and in the premises of each of their FOPs,¹⁴⁴ and publish the link to the RCVS page where results are published, such that they are readily accessible by pet owners.

The aim of the remedy

- 3.166 The remedy would aim to provide pet owners with a measure of perceived quality and cost by pet owners at the group level. This would incentivise greater competition between LVGs, and between LVGs and independents as a cohort.
- 3.167 The remedy would focus on elements of quality that are observable to pet owners, such as customer service or satisfaction with outcomes. This would support our wider package of remedies that focus on less observable elements of quality, such as clinical decision making, including through recommendations for changes to the regulatory regime.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 3.168 In a well-functioning market, pet owners would be able to make informed choices based on information about the price of services and signals of their relative quality. That would drive the veterinary businesses offering those services to compete over these aspects of service. We have provisionally concluded that a lack of price information and difficulties in measuring and communicating the quality of services inhibit those choices and the development of that competition.
- 3.169 One dimension of that competition would relate to the identity of those providing the services, and the ability to link that identity to the price and quality of the services they offer. Where the market works well, pet owners would be able to make choices informed by their preferences for the types of business they deal with, the price they wish to pay and the quality they seek. As discussed above in relation to remedy 1 (the requirement to publish information on ownership), pet owner perceptions of service quality and cost vary between the LVGs, and between each LVG and the independents as a whole.
- 3.170 However, pet owners do not currently have access to any robust information on how other pet owners' perceptions of quality and cost vary across LVGs and ownership types that they can factor into their preferences and choices. Pet owners currently have to rely on their personal experiences or recommendations from others in relation to specific practices.

¹⁴⁴ Not including in this case parts of a business which offers retail out-of-hours services in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would not apply in those places in respect of those out-of-hours services.

- 3.171 Pet owner perceptions of quality and cost can be valuable indicators of performance (including price and quality) that could drive beneficial competition between providers. While their perceptions of cost may not be based on fully comprehensive price evaluations (partly given the limited price information currently available), our provisional view is that a robust measure of pet owner perceptions of cost would likely provide a valuable signal of value for money across FOPs. With respect to quality, there are several important elements of quality that are observable to pet owners, such as customer service, information provision, perceived quality of care and outcomes. We focus in other parts of our remedies package on elements of quality that are less observable to pet owners, such as clinical process.
- 3.172 Information about the average pet owner’s satisfaction across each of the individual LVGs and independent FOPs in aggregate would support pet owners to form more informed preferences between FOPs and related businesses under different types of ownership. This publicly available information could better inform word of mouth and personal recommendations, which evidence suggests is a determining factor in shaping pet owners’ choice of FOP.¹⁴⁵

Remedy design considerations

Scope

- 3.173 We have considered whether it would be practicable and proportionate to design a survey that could be undertaken in respect of all veterinary businesses operating FOPs (LVGs and others) at the FOP level. If it were, that could provide the most comprehensive indicator of price and quality that informs pet owner choice and drives competition between all different types of business and the FOPs they operate.
- 3.174 Our provisional assessment, however, is that such a survey would not be practicable and proportionate. That is because a FOP-level survey would require a sufficiently large sample of completed survey questionnaires from customers of each individual FOP to enable robust comparisons. This would amount to a very large and expensive survey and a high burden on all veterinary businesses in respect of each of their individual FOPs either in sending out survey invitations to their customers or sending customer lists and contact details to a market research agency.
- 3.175 Our provisional assessment is that, rather than conduct no survey at all, one could be undertaken at the group level, where comparisons can be made between each LVG, and with independents as a group. We propose that if other

¹⁴⁵ CMA Working Paper, [How people purchase veterinary services, Feb 2025, pp 39.](#)

veterinary businesses were to grow sufficiently large that survey results could be separated out for them, then they would at that time be included in this remedy. Such a group-level survey would be practicable and proportionate because it can be undertaken without any involvement of veterinary businesses or practices in the conduct of the survey, it is manageable in scale and would be undertaken only every other year. It would help to drive one aspect of competition, where currently it is lacking, as part of a package of remedies aimed at improving the overall functioning of the market.

Commissioning

- 3.176 We have provisionally decided that the RCVS should commission a research agency to conduct the survey.

Survey design

- 3.177 The RCVS would be responsible for developing the survey approach. It would be expected to submit its proposed methodology, including the wording of the questionnaire, to the CMA for approval according to specific criteria we would set. We have provisionally decided the survey should have a similar design to the pet owner survey conducted as part of this investigation, but with a reduced set of questions. We set out some indications of the likely specification criteria for the survey's design below, building on our experience conducting the previous pet owner survey:
- (a) *Sample selection:* The sample would need to be representative of customers of FOPs operated by each of the individual LVGs and independent FOPs in aggregate across the UK. This should include appropriate mixes of urban and rural and of socio-economic areas. The sample size should be sufficiently large to ensure that robust comparisons of results can be made between the different groups.
 - (b) *Questions:* The questions would need to cover key elements of quality and cost that are perceivable by pet owners. The survey introduction and question wording should be specific and clear about the time period and the types of services and experiences about which the pet owner should answer. We would likely require that the relevant research agency conduct a small pilot or user testing to ensure the questions are understood and answered in the way expected before the survey is launched. We published the details of how this was achieved in this investigation's pet owner survey in its methodology document.¹⁴⁶

¹⁴⁶ See the [CMA Accent Vet Users Survey Final Report](#).

- (c) *Frequency*: We have provisionally decided the survey should be conducted every two years, and survey participants would need to have visited a FOP within the previous two years to be eligible. Questions would be asked in relation to their experiences as a FOP customer within the previous two years.

Results publication

- 3.178 The RCVS would be required to publish the results and the anonymised dataset on its website. Specifically, it would need to publish a comparative table with the average results for each quality and cost measure across each LVG and the independents cohort, and the anonymised dataset used to generate the results. The RCVS could accompany the results with commentary and further analysis if it wished.
- 3.179 Reflecting that there may be more variation between independents based on their ownership and how they are run than within each LVG, we have provisionally decided that the averaged results for independents would need to be accompanied by a clear explanation of the methodology and how the result should be interpreted.
- 3.180 LVGs would also be required to publish the group-level comparisons generated by the survey on the website and in the premises of each of their FOPs, and a link to the RCVS page where the results are published, such that these are readily accessible by pet owners. Independent FOPs could publicise the survey results if they wished to, as could consumer groups and the media.

Remedy implementation considerations

Cost of implementation

- 3.181 The survey would impose no direct financial or time costs on veterinary businesses or their FOPs, as participants would be sampled directly from the pet owner population rather than through customer lists.
- 3.182 The main financial costs would be to pay for the research agency to:
- (a) *Refine the details and practical implementation of the survey*. This would be a one-off cost, and we would expect this to be relatively low, given the CMA will set the overall design parameters and that the relevant research agency could draw on the survey design from this investigation. The agency may wish to conduct a pilot to test whether the questions are sufficiently understood by pet owners and the results are meaningful.

- (b) *Run the survey fieldwork.* This cost would depend on how participants are recruited. If participants are recruited specifically for this survey using the push-to-web approach used for our pet owner survey, the main costs relate to postal costs of sending survey invitations and reminders and incentive payments, for which £10 per participant is likely to be needed to achieve a reasonable response rate. On the basis that our pet owner survey had 10,000 participants, this would give a cost in the region of £250,000 per run of the survey.
- (c) *Analyse and disseminate results.* The methodology for analysing results could be developed in the first year and then implemented at lower cost in following years.
- 3.183 The methodology and final cost would depend on the RCVS' approach and, if commissioning a market research agency, the winning agency bid. We estimate that this would be in the region of £400,000 for the first year, and lower for following iterations.
- 3.184 There would be some time cost to the RCVS to commission and manage the agency and publish the results. As set out in part B, section 2, we propose that the LVGs should fund this survey. We propose that if other veterinary businesses were to grow sufficiently large that survey results could be separated out for them so that they were included in the survey, then they would also participate in the funding of this remedy. We set out our provisional view of the appropriateness and proportionality of that proposal in the Proportionality section below.
- 3.185 If the delivery of the survey was to cost £400,000, this would be around £150 in the first year for each FOP owned by the LVGs, though we would anticipate that the costs would be incurred at the group level.
- 3.186 LVG FOPs would incur low recurring capital and labour costs in publishing the survey results on their websites and in premises.

Timing of implementation

- 3.187 We have provisionally decided that the commissioned research agency should commence survey fieldwork within six months after the CMA Order and results should be published within the following four months.

Effectiveness

How the remedies would work with other remedies to address the AECs and resulting consumer detriment

- 3.188 Our provisional view is that the transparency remedies set out above would address the AEC we have provisionally found relating to weak pet owner engagement that results from unavailable or inconsistent information. They would provide pet owners with essential information in simple and accessible formats at crucial points in the lifetime of their pets.
- 3.189 The increased provision of ownership, basic practice and price information (price list, pet care plans and parasiticides) by relevant veterinary businesses to customers in a transparent and consistent format would support pet owners in choosing veterinary providers and services that meet their needs, preferences and budgets. Together, these remedies form a coherent package that empowers pet owners to make more informed choices and strengthens competition on price and service quality.
- 3.190 Not all pet owners may be willing or able to engage with all the information described, but the proposed remedies would support many more of them to make better informed choices about veterinary services, particularly where price and service quality are important considerations. They may still include in their decision-making factors such as location or personal recommendations, but we have designed the remedies to complement, rather than replace, these and other important factors. The effectiveness of these remedies would rely on a degree of engagement by pet owners, so we have developed them to support the provision of clear, accessible and usable information likely to facilitate that engagement.
- 3.191 The remedies may have more limited impact on competition in areas with low practice density. However, they would still promote informed pet owner choices and create the potential for competitive pressure through increased transparency and reputational incentives, particularly where practices are part of large groups or offer differentiated services.
- 3.192 We have collated feedback in response to the Remedies Working Paper and used it to adapt the remedy design, refining the scope of the required information, simplifying implementation processes, and ensuring proportionality in relation to the burden placed on veterinary businesses.
- 3.193 Below we set out considerations in relation to each remedy that support our provisional conclusion that they are likely to be effective:
- (a) Remedy 1 (ownership) would directly address the lack of ownership information, supporting pet owners to act on pet owner preferences between

ownership types and avoid inadvertently choosing between practices owned by the same group. This in turn would promote stronger competition between groups of businesses providing veterinary services and online pharmacies on the basis of reputation, perceived quality and value.

- (b) Remedy 2a (basic information) would directly address the lack of consistent, accessible non-price information about service providers. By requiring relevant veterinary businesses to publish a standardised set of basic service details, pet owners would be better equipped to assess whether a provider meets their needs, particularly when multiple providers are available and clinically appropriate.
- (c) Remedy 2b (service price list) would directly address the lack of accessible price information, which weakens pet owner engagement and competition in the veterinary sector. By requiring businesses to publish a standardised price list for commonly offered services, pet owners would be better equipped to compare costs, assess value and make informed choices. We have included a selection of less variable non-routine treatments to present a more comprehensive picture of pricing across a range of services and providers and to mitigate the risk of practices reducing prices that are displayed and raising prices for other services, which could arise from a price list focused solely on routine services. This remedy would strengthen demand-side pressure by enabling pet owners to factor price into their selection of providers and treatments and supports broader market transparency.
- (d) Remedy 2c (preferred parasiticide price list) would directly address the lack of transparency in parasiticide pricing, which currently limits pet owners' ability to compare costs across providers and assess the value of pet care plans. Parasiticides are widely used and often bundled into pet care plans, yet pet owners typically do not know which products will be recommended or how prices vary between FOPs and online pharmacies. By requiring FOPs to publish the prices of all preferred parasiticides on their websites and to link prominently to a list of approved online pharmacies, this remedy would enable pet owners to make comparisons once a product has been recommended. It also facilitates third-party benchmarking, allowing intermediaries to guide pet owners on what constitutes a reasonable price and to identify outliers. This remedy would be essential to the effectiveness of remedy 2d (pet care plan information) and remedy 3 (Find a Vet), ensuring that parasiticide prices are visible and comparable across platforms. The product-level focus would avoid the complexity of treatment-level variation and would support consistent implementation across FOPs.
- (e) Remedy 2d (pet care plan information) would build on the increased price transparency of services and parasiticides from remedies 2b and 2c to directly address the lack of transparency in pet care plan pricing and

composition, which currently undermines pet owners' ability to assess value and compare offerings across providers. By requiring businesses operating FOPs that offer pet care plans to publish comprehensive information about the services included in their plans, alongside the standalone pay-as-you-go prices for each item and reasonable estimates for savings, pet owners would be better equipped to evaluate whether a plan meets their needs and offers genuine savings. Most pet care plans include services (eg vaccinations, health checks, nail clipping) that are part of the defined price list in remedy 2b (service price list), and many include parasiticides that are required as part of remedy 2c (parasiticide price list). By linking pet care plan disclosures to published parasiticide prices and requiring indicative 'from' pricing based on pet type and weight, the remedy would enable pet owners to make realistic and informative price comparisons.

- (f) Remedy 3 (Find a Vet) would support pet owners to make use of the greater availability of information created by remedies 1 and 2a-d, by collating this information into a single, comprehensive dataset and enabling pet owners to access and navigate it on Find a Vet and on other third-party platforms. An enhanced Find a Vet platform would enable direct comparison of accurate and consistent information across practices in one place, avoiding the need to search multiple websites where information may be incomplete, without context, or even misleading. We expect that the role of the RCVS, as the recognised regulator, would improve the effectiveness of the remedy by strengthening trust from pet owners and facilitating compliance from practices. A pet care plan calculator on Find a Vet would help pet owners assess and compare plans by estimating their likely usage of included services, comparing costs with plan pricing, and supporting decisions on retention or switching. Giving third parties access to the collated dataset would enable innovation and further stimulate pet owner engagement with information, which can lead to features such as advanced search and filter tools, personalised formats, and integration with complementary services.
- (g) Remedy 4 (group-level survey) would support our broader package by addressing the lack of transparency on ownership, perceived quality and cost in the veterinary sector. It would complement other remedies focused on less observable aspects of quality, such as clinical decision making and regulatory reform. The remedy would provide pet owners with group-level comparisons of perceived quality and cost across LVGs and independents. In combination with greater transparency around common ownership generated by remedies 1 and 3, this would address the AEC by enabling pet owners to make more informed choices based on brand-level performance, rather than relying solely on personal experience or word-of-mouth. In reaching that provisional view, we have had regard to each of the following points:

- (i) Our proposed approach would leverage existing institutional CMA and RCVS capacity, giving the survey and its results independence and credibility.
- (ii) The remedy would be likely to be particularly effective in increasing the competitive pressure on LVGs. Their ownership and control of the individual FOPs that could be sampled in future surveys would give them the incentive and ability to lower prices, improve quality or offer greater value to pet owners, so as to improve their results and benefit from the competitive advantage that would create.
- (iii) Individual FOP-level data, across the LVGs and all independent veterinary businesses, would offer greater granularity. However, it would be disproportionate and unfeasible to implement a survey generating that data. That is, such a survey would, in our provisional view, be unlikely to be effective.
- (iv) Estimates of average customer satisfaction across sampled FOPs within LVGs and across independents as a cohort would give pet owners useful representative signals about satisfaction at specific LVGs FOPs they were considering and of the average level of quality they might expect of an independent FOP.
- (v) Requiring LVGs to make the results of the survey readily accessible to pet owners would increase the effectiveness of the proposed remedy.

3.194 We have commissioned a series of focus groups that aim to understand pet owners' reactions and views on preliminary versions of the proposed information remedies set out above. We plan to use that research to capture ideas and suggestions for ways in which the information could be made most useful for pet owners and effective in addressing our concerns.

Effective implementation, monitoring and enforcement

3.195 We set out how each remedy would be implemented, monitored and enforced in the above sections, and we consider that this proposed approach would be effective.

3.196 We have developed the provisional remedy requirements set out above taking into account extensive stakeholder feedback, aiming to ensure they are sufficiently clear to understand and reflect commonly used terminology where possible. Where further clarifications about what information should be published or how it should be presented may be warranted, we would aim to work with stakeholders to provide these through guidance and explanatory notes.

- 3.197 The consistency between the information required to be published as part of remedies 1 and 2a-d and the information required to be shared with the RCVS as part of remedy 3 (Find a Vet) would reduce barriers to veterinary businesses complying, as the same information can be used for both sets of requirements. It would mean the RCVS could more effectively monitor compliance, such as by conducting spot checks on the websites and premises of businesses which have not shared the required information directly.
- 3.198 As set out above, we expect that the RCVS would need to use random spot-checking to monitor compliance with remedies 1 and 2a-d across the sector. We consider that this monitoring would be effective with sufficient resourcing and the carefully designed spot-checking of a sample of businesses.
- 3.199 The public-facing nature of the requirements means pet owners, veterinary professionals, businesses providing veterinary services and other third parties would be able to identify non-compliance. It would be important to minimise barriers to reporting any concerns about non-compliance to the CMA and the RCVS.
- 3.200 Strong public and media engagement during the market investigation means that many businesses providing veterinary services are likely aware of, and in the process of preparing to comply with, potential transparency remedies, at least to some extent. We note that during the course of our investigation the proportion of vet practices displaying price lists has risen from 14% to 59%, though there is room for improvement as many display prices for only a few routine services and these are not always easy to find.
- 3.201 We expect enforcement to be effective, with the CMA able to take action in respect of businesses that are non-compliant.

Timescale over which the remedies would take effect

The time taken to implement the remedy

- 3.202 Remedy 1 would require all veterinary businesses operating more than one FOP or a combination of FOPs and other services to provide prominent, clear, and meaningful disclosure of their common ownership or control. We expect parties that would be subject to the order to comply with this remedy within three months of the order being made. This expectation reflects the principle that the burden of compliance should be proportionate to both the size of the veterinary group and its existing level of transparency.
- 3.203 Remedies 2a–2d would apply to the veterinary businesses as specified above. We expect that FOPs which are part of groups with 15 practices or more would be required to comply within three months of the order being made, while smaller

practices would be required to comply within six months. This phased approach would reflect the understanding that current practices relating to these proposed remedies do not differ significantly between larger and smaller firms. However, larger businesses are likely to have greater operational capacity and digital infrastructure to meet transparency requirements within a shorter timeframe. In contrast, smaller and independent veterinary businesses may require additional time to implement the necessary changes and satisfy the requirements in full.

- 3.204 Remedy 3 would require all relevant veterinary businesses to share specified information with the RCVS, and for the RCVS to establish the necessary systems and processes to collect, manage and publish that information. We anticipate that this process would take up to 12 months, comprising:
- (a) a nine-month period following the CMA Order during which the RCVS would develop the infrastructure required for data collection, processing, and publication; and
 - (b) a subsequent three-month period during which all relevant veterinary businesses would be expected to submit the required information to the RCVS. This phased timeline would be designed to ensure that both the RCVS and veterinary businesses have sufficient time to prepare and comply effectively with the remedy requirements.
- 3.205 Remedy 4 would require the RCVS to commission and publish the results of a group-level pet owner survey. We anticipate that the results of the first iteration of the survey would be published within ten months after the CMA Order. This would allow sufficient time for the RCVS to design the survey, appoint a suitable research agency and prepare the results for publication in a way that ensures rigour, relevance and accessibility.

The time taken for the remedies to take effect

- 3.206 We expect transparency remedies would begin to take effect immediately upon compliance, with the benefits to pet owners emerging as soon as the relevant information is made publicly available. In our provisional view, it is reasonable to anticipate that some more engaged pet owners would immediately start to incorporate this information into their decision making, and others would do so over time, using it to compare providers, assess value and make more informed choices about their pets' veterinary care.
- 3.207 Pet owner engagement with the remedies is expected to drive meaningful outcomes over time. As awareness of the newly disclosed information grows, pet owners are likely to make more informed choices, leading to increased competitive pressure across the sector. Our provisional assessment is that veterinary businesses of all kinds, faced with more informed and engaged pet

owners, will respond to the resulting incentives to improve service quality or lower prices, reinforcing the remedies' intended effects on pet owner choice and competition.

Proportionality

3.208 We provisionally conclude that our proposed remedies would be proportionate (as part of a package of measures) to address the AECs and resulting customer detriment that we have provisionally found.

Whether the remedies are effective in achieving their aims

3.209 As explained above, our provisional assessment is that the proposed remedies would be effective in helping to address the AECs and resulting customer detriment that we have (provisionally) found.

Whether the remedies are no more onerous than necessary to achieve their aims, and the least onerous if there is a choice between several effective measures

3.210 In our consideration of the range of potential remedies we identified or had suggested to us (eg in our Remedies Working Paper), we have not identified alternatives that would be less onerous but equally effective in addressing the aspect of the AEC relating to the weak consumer response, and the resulting customer detriment, that we have provisionally found.

3.211 Below we set out our considerations in relation to the proportionality of each remedy, including where there were alternative options that we have provisionally decided against proposing and where we received relevant responses to the Remedies Working Paper.

Remedy 1: Ownership information

3.212 Evidence shows that pet owners are interested in the identity of the veterinary businesses with which they deal, and most stakeholders were supportive of this remedy in their responses to the Remedies Working Paper.¹⁴⁷ It would build on existing RCVS guidance and would require limited operational change for most practices. It would be no more onerous than it needs to be. It would require relevant veterinary businesses which are not already doing so to provide important information about their ownership or control to pet owners in contexts where those pet owners are choosing providers and in order to ensure that pet

¹⁴⁷ CMA summary of Remedies Working Paper responses. For example, Medivet response to Remedies working paper, page 12.

owners can choose between them without an illusion that competition exists. It would not impose undue burdens in that regard.

- 3.213 In particular, businesses which already provide the relevant information would not have to take further steps. Those which do have to act would not be required to undertake a full rebranding. They would retain flexibility in how they brand themselves and present information about their ownership and control, provided that such information is prominent, clear and meaningful to pet owners. The remedy would apply only to those businesses operating more than one FOP or a combination of FOP and other veterinary or online pharmacy services. Where they need to act, the scale and cost of the steps small and large businesses would need to take would be proportionate to their size and their existing level of ownership transparency.

Remedy 2a: Basic information

- 3.214 The information veterinary businesses would be required to publish pursuant to this remedy is already held by them. It could be published using existing channels, such as websites or directories. This targeted approach would ensure that the remedy is no more onerous than necessary to achieve its aim of supporting informed pet owner choice and enhancing competition.

Remedy 2b: Price list

- 3.215 Some pet owners consider prices when choosing FOPs and other services but many do not, often because such information is not readily accessible. Greater price transparency would enable more of them to take price into account and support more effective price competition between veterinary businesses. The proposed standardised price list has been designed to reflect a careful balance between this benefit for the competitive process and to pet owners on the one hand, and the burden its compilation and publication would impose on businesses on the other.
- 3.216 It would in principle be reasonable to require businesses to publish information about the prices pet owners can expect to pay for the most commonly used services and treatments. To charge those prices, businesses have to hold the information and tell pet owners about them at some point in any event. Many businesses already use practice management systems that hold the relevant information, and our review of a sample of websites shows that a significant number of businesses already publish some or all of it voluntarily. These factors suggest that the remedy would build on existing practices, making it a targeted and feasible intervention that avoids unnecessary cost or disruption.
- 3.217 We received extensive stakeholder feedback about what should be included in the standardised price list both via responses to our Remedies Working Paper

and in discussions with our expert advisory panel of vets. We have reviewed and considered this feedback in detail.

3.218 Many of the responses were supportive of greater price transparency to help pet owners make more informed decisions.¹⁴⁸ Some raised concerns about the proportionality and effectiveness of the proposed remedy, including the administrative burden that a requirement to publish an extensive price list might impose on veterinary businesses, particularly independent ones. The following paragraphs set out how we have taken key themes in the responses into account in developing the proposed price list.

- (a) We have excluded treatments with high clinical variability and included only those services that are commonly offered and reasonably standardisable. Specifically, we have removed:
- (i) *Chronic condition treatments.* Responses to our working paper highlighted the high variation in potential costs associated with treatments for diabetes, arthritis and dermatitis.¹⁴⁹ Similarly, flea, tick and worming treatments have been excluded from the standardised price list as we understand there is considerable variation in the recommended approaches to these treatments for different pets and by different businesses. Instead, we have provisionally decided that preferred flea, tick and worming medicine products would be required to be published separately as set out in remedy 2c.
 - (ii) *Routine surgeries.* We received feedback to our working paper that pricing routine surgeries is particularly complex, because prices can vary significantly by the severity of the condition and the complications that may arise during such surgery.¹⁵⁰
 - (iii) *Medical procedures and treatments.* Medical procedures and treatments were considered in working paper responses to be challenging to effectively include on a price list, due to the necessary tailoring of treatment, and the range in severity and complexity of the originating clinical conditions.¹⁵¹

¹⁴⁸ CMA summary of Remedies Working Paper responses, for example IVC response to Remedies Working Paper, page 12.

¹⁴⁹ Potential variations in price were linked to medication dosage, response by the animal to medication, pre-existing conditions which may complicate treatment, interaction with other medication taken by the animal, and the importance of ongoing diagnostics and monitoring in some cases.

CVS response to Remedies Working Paper, page 10; BVA BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, page 50; IVC response to Remedies Working Paper, para 2.21; Linnaeus response to Remedies Working Paper, page 9; Medivet response to Remedies Working Paper, page 14.

¹⁵⁰ BVA BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, page 51; CVS response to Remedies Working Paper, page 11; Linnaeus response to Remedies Working Paper, page 10; IVC response to Remedies Working Paper, page 70.

¹⁵¹ BVA BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, page 55; Pets at Home response to Remedies Working Paper, page 45.

- (b) Responses to our Remedies Working Paper mostly supported the inclusion of diagnostic tests, but we have refined the detail of which specific tests and components we propose should be included in the price list.
- (i) Responses suggested that ultrasound scans were feasible to include in the standardised price list,¹⁵² but respondents proposed greater specificity with respect to the types of scans, as prices may vary between these.¹⁵³ Three ultrasound scans are now listed on the proposed price list to cover common contexts for this diagnostic test: ECG, POCUS, and full abdominal scan.
 - (ii) The inclusion of cytology as a blanket term was disputed by some respondents due to the wide variety of methods that can be used. We have been told that ear swabbing is one of the most commonly used methods of cytology in FOPs,¹⁵⁴ and our expert Vet Advisory Panel suggested that fine needle aspirates are commonly used in diagnosing more complex conditions.¹⁵⁵ We have specified these two methods under cytology in the proposed price list to support pet owner choice.
 - (iii) The inclusion of CT and MRI scans in the price list was considered to be appropriate only with further specificity as to the relevant body part being scanned and details of the price.¹⁵⁶ We have maintained the proposed inclusion of these tests, with the clarification of what should be included in the price and that the price refers to a scan of one body part.
- (c) We received constructive feedback on the feasibility of inclusion of certain specialist treatments and procedures in the price list.¹⁵⁷ We have considered these responses and our provisional view is that it would be proportionate to require publication of a revised, shorter price list of specialist surgeries and treatments commonly offered by both referral centres and FOPs.
- (i) In a review of referral centre website information, we found that 52% of referral centres provide pricing information, often including fixed prices, suggesting a degree of feasibility in doing so.¹⁵⁸

¹⁵² BVA BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, page 52; CVS response to Remedies Working Paper, page 12; Pets at Home response to Remedies Working Paper, page 44.

¹⁵³ CVS response to Remedies Working Paper, page 12; IVC response to Remedies Working Paper, page 75; Linnaeus response to Remedies Working Paper, page 11

¹⁵⁴ CVS response to Remedies Working Paper, page 12.

¹⁵⁵ Discussion with the CMA's Veterinary Advisory Panel.

¹⁵⁶ IVC response to Remedies Working Paper, page 76; CVS response to Remedies Working Paper, page 11; Linnaeus response to Remedies Working Paper, page 12.

¹⁵⁷ For example, BVA BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, page 55; Medivet response to Remedies Working Paper, page 13; Pets at Home response to Remedies Working Paper, page 13

¹⁵⁸ See part A, section 10:Choice of treatments and referrals.

- (ii) There is the potential for FOPs and referral centres to compete on the price of many of these surgeries. Where that is the case, it would be important to publish prices that support pet owners in making choices.
 - (iii) Some specialist treatments and surgeries do not commonly vary in price for different pets or cases, and veterinary businesses are likely to be able to provide an accurate price for them.
 - (iv) Prices for surgeries and treatments that may reasonably vary in price can be published with clear caveats that complications may affect the final price.
- (d) We have made some additions to the proposed price list, based on responses to our working paper that suggested there are further services that could feasibly be included on it that would be valuable to pet owners. We have included:
- (i) Vaccination for kennel cough, as a commonly required vaccination for dog owners;¹⁵⁹
 - (ii) Insurance administration fees, to provide price transparency for pet owners with insurance where FOPs charge administration fees to manage treatment costs with insurers.¹⁶⁰
 - (iii) Pre-surgical blood tests and routine blood profiles.¹⁶¹
 - (iv) Anaesthesia and sedation, as this is considered a 'building block' to many treatments and could enable pet owners to build an understanding of potential costs where sedation or anaesthesia are involved in a treatment.¹⁶²

Remedy 2c: Preferred parasiticide price list

3.219 The proposed requirement would apply only to parasiticides that veterinary businesses principally stock and recommend in their FOPs. The information they would be required to publish is readily available through existing practice management systems. Publishing these prices online would be a low-cost intervention that builds on current practice, with many FOPs already disclosing some parasiticide pricing to pet owners during consultations.

¹⁵⁹ IVC response to Remedies Working Paper, page 67.

¹⁶⁰ BVA BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, page 7; VetPartners response to Remedies Working Paper, page 8.

¹⁶¹ Respondent 27 response to Remedies Working Paper, page 3; King Street Vets response to Remedies Working Paper, page 1; Respondent 28 response to Remedies Working paper, page 2.

¹⁶² IVC response to Remedies Working Paper, paragraph 2.22.

- 3.220 We have refined the scope of the proposed remedy so that it would focus on pricing at the product level rather than at the treatment level (which would have required clinical judgement and introduced excessive complexity).
- (a) We heard from respondents to our Remedies Working Paper that the variation in the appropriate parasiticides and treatments for a given pet's chronic conditions was too great to allow for prices at the treatment level to be published.
 - (b) Our proposed approach instead focuses on the product level. That would be more feasible, as it does not depend on the clinical judgement of which medicine is most appropriate, or variation in dosage.
- 3.221 The proposed approach would mean the prices presented would require pet owners to know which specific medicines they are looking for, and the dosage required for their animal. Pet owners can obtain this information from their vet during a consultation.
- 3.222 We have considered, but provisionally decided not to pursue, more extensive remedies that would require publication of more medicines prices or which would require businesses to manually compare their medicines prices with online pharmacies. Our assessment is that effective competition in medicines prices can be driven by other, less onerous, means.
- 3.223 Other remedy options that we considered but provisionally decided not to pursue include:
- (a) *Full medicines price list and benchmarking.* The likely effectiveness of this remedy is unclear but the burden it would impose on veterinary businesses is much greater. Most medicines would be relevant for only a small proportion of pet owners (in contrast to parasiticides that are relevant for most or all pets). Pet owners receiving a one-off prescription would therefore often not know what drug prices to check in advance, to help them make choices, and pet owners with a repeat prescription would have already received and paid for medicine once and would therefore know the price (and so derive little or no assistance from the remedy). Comparisons would also require matching between FOPs which could use different medicines or different dosages to treat the same condition.
 - (b) *FOPs providing pet owners with the price of recommended parasiticides from an online pharmacy.* This would require vets in FOPs manually to look up prices across the market, which would appear to be an onerous requirement when pet owners can search for online prices themselves.

Remedy 2d: Pet care plan information

- 3.224 The proposed remedy has been carefully designed to require only the publication of information that veterinary businesses operating FOPs already hold and, in many cases, already make available online or in practice materials. The remedy would not require providers to generate new data or track individual usage patterns.
- 3.225 In response to feedback to our Remedies Working Paper, and in light of our provisional AEC analysis, we have removed several elements that respondents told us would be disproportionate. These include requirements to send annual usage statements to pet owners, to publish uptake rates for individual services, and to reduce friction in cancelling or switching plans. Many respondents, particularly independent veterinary businesses, highlighted the administrative burden these measures would impose, and we have found no evidence of an AEC resulting from difficulties in pet owners trying to cancel their pet care plans.¹⁶³
- 3.226 By focusing on clear, accessible publication of existing plan details and prices, the remedy would strike a balance between transparency and feasibility. It would ensure pet owners can assess pet care plans with confidence, without imposing unnecessary complexity or cost on vet practices.

Remedy 3: Find a Vet

Pet owner benefits in addition to remedies 1 and 2a-d

- 3.227 Our provisional assessment is that proposed remedies 1 and 2a-d alone would increase the availability of information and provide significant benefits for pet owners, but proposed remedy 3 would provide substantial additional benefit to them.
- 3.228 Online research by pet owners using search engines and AI systems can have significant limitations. Such research is unlikely to be sufficient by itself to facilitate effective comparisons between businesses by pet owners. Search engines may not support direct comparisons between FOPs and referral centres. Their use would require pet owners to navigate multiple websites presenting information differently. AI tools may produce inconsistent and unreliable results, as outputs may vary from identical prompts and as practice websites may block AI crawlers. Our proposed remedy 3 would overcome these limitations.

¹⁶³ CMA summary of Remedies Working Paper responses. For example, Temple End Veterinary Surgery response to Remedies Working Paper, page 8.

Costs

- 3.229 As we indicated in our working paper [How people purchase veterinary services](#), the market for veterinary services in the UK is significant, estimated to be around £6.3 billion in 2023.¹⁶⁴
- 3.230 The costs to the RCVS and businesses of proposed remedy 3 would be low relative to the potential benefits for pet owners, above and beyond those liable to be generated by our other proposed transparency remedies.
- (a) The RCVS has submitted to us that the financial costs working with third-party contractors would be relatively low.
 - (b) Veterinary businesses would be required to share with the RCVS only information that they would already be required to publish as part of the other remedies (apart from six pieces of basic information).

Data collection by the RCVS

- 3.231 Using the RCVS as the single party collecting data from veterinary businesses operating FOPs or referral centres:
- (a) Would be efficient. If left to the market, third-party comparison service providers would need to conduct their own data collection activities and may do so in ways that do not facilitate comparison across the sector.
 - (b) Would reflect that the RCVS is in a stronger position than third parties to collect data from veterinary businesses. As the industry regulator it already interacts with those businesses and carries out data collection and monitoring activities.
 - (c) Would offer greater security. The data collected from veterinary businesses would be securely held in a central and trusted organisation.

Publication on Find a Vet

- 3.232 The publication of the data by the RCVS on Find a Vet would take advantage of:
- (a) The RCVS being a trusted body within the industry (as acknowledged by many stakeholder responses to our Remedies Working Paper).¹⁶⁵ It would be well placed to ensure that the data on Find a Vet is presented in a balanced way, in context with other relevant information and not distorted by

¹⁶⁴ Office for National Statistics, [Other recreational goods Veterinary and other services for pets CP NSA £m](#) .

¹⁶⁵ CMA summary of Remedies Working Paper responses, for example Linnaeus response to Remedies Working Paper, page 18.

commercial incentives. The regulator's standing would likely support compliance with the remedy by veterinary businesses.

- (b) Find a Vet's existing system and infrastructure. The RCVS is in the process of delivering several upgrades to the Find a Vet platform, including improvements to the presentation of veterinary practice information. This existing infrastructure substantially reduces the implementation costs compared to building new infrastructure.
- (c) The ability to present the data alongside other relevant information such as clinical qualifications, and FOPs' PSS awards and accreditations, helping pet owners interpret information with appropriate context.

Data sharing with third parties

3.233 The additional costs of requiring the RCVS to share the collated data with approved third parties would be low, compared to the potential benefits of driving new entrants to compete and innovate on how information is presented to pet owners (ultimately enhancing the user experience and increasing the effectiveness of the remedy).

3.234 Third parties would be allowed to access the data of Find a Vet if they met a series of minimum criteria determined by the CMA. This is because, as reflected in stakeholders' responses to the Remedies Working Paper, publicly accessible data can lead to comparison offerings which present several challenges:¹⁶⁶

- (a) The risk that information is presented unfairly or misleadingly (such as through sponsored rankings).
- (b) Giving an advantage to large veterinary groups to promote themselves irrespective of whether they have higher clinical or service quality.
- (c) Having limited coverage or presenting a biased selection, for example not covering the practices that resist sharing their data with commercial platforms (eg by blocking web scraping).

Data collection mechanism

3.235 Using a web form for the relevant data collection would ensure that all veterinary businesses currently using Find a Vet continue to be able to submit information for inclusion on it. The use of such a form would provide the RCVS with control over data integrity, would represent a low barrier to veterinary businesses to providing information to the RCVS and would build on existing processes and

¹⁶⁶ CMA summary of Remedies Working Paper responses, for example IVC response to Remedies Working Paper, page 22-23.

infrastructure. The RCVS would be subject to the majority of the administrative burden of the remedy, but it would also retain full control of the structure and type of data submitted.

3.236 The use of the web form would be mandatory for all FOPs and referral centres. However, as third-party innovation develops, the RCVS may consider other data transfer methods provided that they are suitable, feasible, and capable of maintaining data integrity. Alternatives would include:

- (a) *Web scraping.* Veterinary businesses would allow the RCVS to use a web crawler to extract data published by them pursuant to remedies 1 and 2a-d at regular intervals and upload it to the Find a Vet platform. This approach would depend on consistent formatting across websites and unrestricted crawler access, which some hosting services may block.
- (b) *API Integration.* Veterinary businesses may integrate with a documented API to push updates to the RCVS programmatically. This would require some technical capability and development resource for both the businesses and the RCVS.
- (c) *CSV/Excel Uploads.* Veterinary businesses would download a spreadsheet template, fill it in offline, and upload it to the RCVS via a secure portal.

3.237 Alternative data collection methods may offer several advantages. Web scraping would allow for passive data collection, reducing effort for veterinary businesses as they need to maintain only their own websites. API integration would provide real-time updates in a standardised format, lowering administrative burden for both the RCVS and veterinary businesses. CSV or Excel uploads would offer a simple, low-cost option that would not require technical expertise, making them accessible to all providers.

3.238 However, we note that these three data collection options may not be currently technically feasible for all relevant businesses and would carry more risk in terms of data integrity issues. These could arise if data is not structured consistently, it is incomplete or missing or has not been submitted in accordance with any agreed data update schedules. This could lead to the RCVS Find a Vet platform providing pet owners with inaccurate information. Similarly, these alternatives could place additional administrative and technical burdens on the RCVS, which would face additional development and operational costs.

Pet care plan calculator

3.239 Centralising this functionality within Find a Vet would allow the cost of development to be borne once by the RCVS, ensuring that veterinary businesses of all sizes could benefit from a single investment.

3.240 The alternative of requiring each veterinary business to develop its own calculator would duplicate effort across the sector and accordingly, in our provisional assessment, impose disproportionate burdens on businesses. That assessment takes account of concerns stakeholders raised in responses to our Remedies Working Paper about the administrative burdens that would be associated with publishing personalised annual usage statements for each pet care plan customer or average customer usage statements.

Composite price measure

3.241 We have provisionally decided not to require a composite price on Find a Vet. In line with some of the responses we received to the Remedies Working Paper, our assessment is that there are important challenges to developing a composite price measure that balances comprehensiveness (which would drive usefulness for pet owners by covering a wide range of services and reduce the risk of incentivising price rises for services not included in the calculation) with the feasibility of developing a weighting for different services that reflects variation between businesses and different pet owner needs. Our provisional judgement is that these challenges would outweigh the benefits of requiring the RCVS to implement such a measure on the Find a Vet platform.

3.242 That said, composite prices can effectively help pet owners compare costs, especially when combining multiple services or for pet owners unfamiliar with specific treatment needs. While we are not requiring publication of such a composite price, the RCVS may choose to develop and include one on Find a Vet. Commercial providers which decide to innovate in this space may also include this feature in their offering.

Implementation, monitoring, and enforcement

3.243 We have described above how the mechanisms we propose for implementing this remedy would build on the RCVS's existing Find a Vet functionality and technical infrastructure, and on its work developing the platform's capabilities. This alignment with the RCVS's existing programme of work would promote efficiency, avoid duplication and support continuity.

3.244 Requiring veterinary businesses to notify the RCVS of changes to the published information as soon as reasonably possible, and to confirm its accuracy every twelve months, would balance the benefits of transparency and pet owner protection with the administrative demands placed on the businesses. Most businesses would need to update pricing information only a few times per year, with minimal impact on their day-to-day operations.

3.245 The RCVS's monitoring of whether veterinary businesses have submitted the required data fields to the web form would be straightforward. We anticipate that

it would require minimal additional resource or cost, as the RCVS could simply check the data it receives from businesses against its practice registry, to determine whether a given business had complied by the required deadline.

Remedy 4: Group-level survey

- 3.246 This remedy would provide valuable information to pet owners without imposing any direct administrative burden on veterinary businesses. It would be targeted and avoid unnecessary complexity. It would not require the collection of individual practice-level data, which would be costly and difficult. Instead, it focuses on group-level averages which, in our provisional assessment, would be likely to be effective to inform customer choice and stimulate greater competition between LVGs, and between LVGs and the independent sector of the market.
- 3.247 We have not identified a less onerous alternative that would achieve similar benefits. The proposed approach would offer a pragmatic balance between insight, feasibility and cost.
- 3.248 Our provisional view is that it would be proportionate for LVGs (and other veterinary businesses should they grow sufficiently large), and not independents, to pay for the survey, and to be required to publish the results in their FOPs. One reason for that view is that a key purpose of the survey would be to better inform pet owners' choices between LVGs and drive competition between them, giving a competitive advantage to those that achieve higher customer satisfaction.
- 3.249 While there may be some variation in customer satisfaction between FOPs within LVGs, their common ownership and control means satisfaction is likely to be correlated in line with shared business practices. We would expect that the average customer satisfaction for an LVG, based on a sample of its FOPs, would give pet owners a helpful indication of satisfaction levels at any of the LVGs' FOPs. The LVG's ownership and control of those FOPs would give it the incentive and ability to enact changes across all their FOPs that could feasibly improve their results in order to benefit from the competitive advantage that would create. The same is not the case for the independent cohort, for which the survey results would give an indication of average satisfaction over which each independent business has little or no control. No independent would have a large enough representation in the survey sample to influence the results for the independent cohort.
- 3.250 Alternative possibilities, that we are not minded to adopt given the points in the preceding two paragraphs, include that the LVGs¹⁶⁷ and businesses in the independent sector share the costs of the survey. They could do so, for example,

¹⁶⁷ And other veterinary businesses should they grow sufficiently large.

in proportion to the market shares of the LVGs and independent businesses or in some other ratio.

Whether the remedies produce adverse effects which are disproportionate to their aims

3.251 We have carefully considered the risks of adverse effects that may be caused by the proposed remedies described in this section:

- (a) *Impact on pet owners through price adjustments.* Veterinary businesses may respond to new regulatory or compliance costs by passing the costs to pet owners. However, we expect that any costs to businesses would be concentrated at the initial setup stage and decline over time. The remedy package would aim to impose greater competitive pressure on businesses and their prices, and we would anticipate that the increased transparency introduced by these remedies would constrain price increases. Costs would be spread across multiple services, further limiting the likely impact on pet owners.
- (b) *Risk of pet owner focus on price over quality.* If price information is made available without corresponding indicators of clinical quality, pet owners may prioritise lower cost options which could in turn disincentivise practices from innovating or investing in higher quality services. However, the professional qualifications required of individual veterinary professionals, and the professional obligations to which they are subject, appear to us to set high minimum levels of competence and clinical quality. We have not seen evidence to suggest otherwise. We anticipate that these would provide a safeguard against a 'race to the bottom'. Some veterinary businesses may position themselves as lower cost providers, by offering less complex treatment options which some pet owners may prefer. Others would be able to explain the quality of their services together with their pricing, if they sought to compete with a proposition offering higher priced services. An RCVS-commissioned survey would allow pet owners to focus on elements of quality based on the perceptions of other pet owners.
- (c) *Risk of information overload.* Providing too much detail may make it harder for pet owners to interpret and act on information. In developing the proposed remedies, we have considered the potential value of each category of information, prioritising these according to their potential positive impact on competition. Standardisation and centralisation (for example on Find a Vet) would aim to support effective engagement and comparison by pet owners, and sharing the Find a Vet data would support third-party innovation to help tailor information to different user needs.

4. Choice of treatments, referrals and diagnostics

Remedy 5a: Written estimates for higher cost treatment options

We have provisionally decided:

- that businesses operating a FOP must provide pet owners with a written estimate of the total cost of any treatment which is likely to be £500 or more (including VAT) and give them an update if the estimated cost increases by 20% or £500 (whichever is lower); and
- to recommend to the RCVS that it amends the Codes and Guidance¹⁶⁸ to reflect this requirement.

Description of the remedy

- 4.1 We have provisionally decided that veterinary businesses operating one or more FOPs¹⁶⁹ must ensure that pet owners are provided with a written estimate of the total cost of any treatment option which they recommend when it is reasonably foreseeable that it would be £500 or more including VAT.¹⁷⁰ The threshold would be indexed to inflation and revised on an annual basis.
- 4.2 A ‘treatment option’¹⁷¹ (**Treatment Option**) would mean any treatment which a vet or vet nurse would provide at the FOP or for which they make a referral. It would include ancillary or associated matters, such as medicines and anaesthetics, diagnostic tests, pre- or post-operative care, follow up or routine visits, and contingent elements that depend on the results of diagnostic tests.¹⁷²
- 4.3 Where the recommended Treatment Option would be provided in the FOP (an internal referral), the estimate would need to include a specific estimated figure. Where the Treatment Option would be provided at an external referral provider or other location (an external referral), and the veterinary business¹⁷³ can reasonably foresee that the cost would be £500 or more, the estimate would need to say so and provide a reasonable indication of what the Treatment Option would typically be expected to cost.

¹⁶⁸ Codes and Guidance means the RCVS Code of Conduct for Veterinary Surgeons and the RCVS Code of Conduct for Veterinary Nurses, as the case may be, and the supporting Guidance.

¹⁶⁹ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

¹⁷⁰ Each of the amounts stated for the threshold and amount of any increase in an estimate (in % or £ terms) are inclusive of VAT.

¹⁷¹ For the purposes of this remedy and the others proposed in this section of the report.

¹⁷² It would also include in cases where the treatment option is euthanasia and cremation, the cost of the latter.

¹⁷³ Via the vet professional advising the treatment or referral on its behalf.

- 4.4 For internal referrals, the written estimate would need to be updated if the estimated total cost increased by 20% or £500 (whichever is lower) from the last written estimate provided to the pet owner.¹⁷⁴
- 4.5 The requirement to provide a written estimate would not apply if any delay in providing the Treatment Option would seriously adversely affect the animal's health and welfare, or if the pet owner says they do not want to receive one.
- 4.6 We have provisionally decided in addition to recommend that the RCVS should:
- (a) amend the relevant provisions which are already contained in the Codes and Guidance so that they fully mirror the requirement we would impose on veterinary businesses as described above; and
 - (b) publish on its website the level of the monetary threshold for a written estimate and a revised written update and update them on an annual basis in accordance with the Consumer Price Index.

The aim of the remedy

- 4.7 Some visits pet owners make to the vets are routine, for example for their pets to have check-ups or vaccinations. Other visits occur when an owner thinks their pet is unwell or injured. In those latter cases, they want advice, diagnosis and, if necessary, appropriate treatment. The diagnostic processes will be uncertain; there may be a range of possible outcomes. The appropriate treatment will depend on the diagnosis and can cover a large range of clinical actions and prices. Non-routine treatments often cost hundreds or thousands of pounds.
- 4.8 Our provisional view is that, at a minimum, pet owners should receive a realistic indication of the scale of their reasonably foreseeable expenditure on high-cost Treatment Options (including any diagnostic tests) which a veterinary business operating a FOP offers or advises to them. That, it seems to us, is a perfectly reasonable expectation in any market where a consumer is considering spending a large sum of money. They should be told how much it could cost. The aim of this remedy would be to support pet owners to assess and act upon such indicative price information when choosing treatments, and to plan for the expense.
- 4.9 As noted in part A¹⁷⁵:

¹⁷⁴ Where there is an external referral, the veterinary business which provides the original written estimate is unlikely to be able to provide a written update and we do not propose to require one (though the vets and vet nurses to whom such cases are referred would need to update their estimates in accordance with the RCVS Codes and Guidance).

¹⁷⁵ Part A, section 10: Choice of treatments and referrals: Some pet owners are not given timely price information.

- (a) being able to refer to written quoted prices is important for pet owners so they can plan and budget for the likely scale of the cost and use this as part of their decision about whether to proceed with a Treatment Option;
- (b) less than half of pet owners were given price information by the vet at their FOP before they were referred elsewhere for treatment; and
- (c) we have seen evidence which suggests that both LVGs and independent practices are not doing enough to ensure that their vets are routinely making pet owners aware of prices before they decide on treatment for their pet. In particular, responses to our pet owners survey indicate that a significant proportion of pet owners may not be given sufficient, appropriate and timely information about prices of non-routine treatments. This can, in some cases, lead to pet owners selecting treatments they would not have chosen had they been better informed and paying more than they would have done had they known the price of other Treatment Options.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 4.10 Sophisticated and expensive diagnostic tests and Treatment Options are increasingly available, and veterinary businesses have an important role to play in providing pet owners with information when they are making choices about the care their pet receives. In a well-functioning market, they would routinely provide sufficient, appropriate and timely information about treatments and costs,¹⁷⁶ so that pet owners could make better informed decisions about whether to go ahead with a treatment and, where options are available, which to choose, and be able to budget appropriately.
- 4.11 The Code states that vets must provide appropriate information to pet owners, including the costs of services and medicines.¹⁷⁷ The Guidance states that vets should provide price estimates and information about fees for a range of options as part of obtaining informed consent for all treatments.¹⁷⁸ The Guidance provides advice to vets on where estimates should 'preferably' be in writing,¹⁷⁹ but we are not aware of anything in the Codes or Guidance which sets out the specific circumstances in which a written estimate is *required*.
- 4.12 We have provisionally found that price estimates, when provided to pet owners, are often given only orally rather than in writing. That, in our view, makes them more difficult for pet owners to remember and refer to once away from the consulting room. The higher the cost of the treatment to the pet owner, and the

¹⁷⁶ Including any follow-on costs to which a treatment would likely directly lead, such as those for ongoing medicines or aftercare.

¹⁷⁷ RCVS Code, 2.3

¹⁷⁸ RCVS Guidance (Estimates) 9.9 to 9.12; RCVS Guidance (Fees) 9.5 to 9.8; RCVS Guidance (Informed Consent) 11.2.

¹⁷⁹ RCVS Guidance (Estimates) 9.10.5 and 9.11.

greater its likely level of sophistication, the more important the opportunity for informed reflection would be in helping the pet owner make a choice.

- 4.13 Our provisional assessment, as set out in part A of this report,¹⁸⁰ is that there are significant shortcomings in the regulatory framework that contribute to an AEC. The Codes and Guidance (for both vets and vet nurses) are not effectively monitored and enforced owing to a lack of statutory powers and sanctions, and they do not apply to the businesses which supply veterinary services.
- 4.14 The proposed remedy would help address these shortcomings, the AEC to which they contribute and the resulting consumer detriment.

Remedy design considerations

Who must give the written estimate

- 4.15 Our proposed remedy would require veterinary businesses operating FOPs to ensure that pet owners are provided with a written estimate of the total cost of the recommended Treatment Option (including any diagnostic tests) where the relevant monetary threshold is met. In practice, it is likely that the vets or vet nurses (or even reception staff) working for those businesses would provide the estimates, but the responsibility for ensuring that happens, and the liability for any failure, would lie with the relevant business.

When the requirement to provide a written estimate would apply

- 4.16 The veterinary business would need to ensure that its vet or vet nurse (or another member of its staff) provides a written estimate:
- (a) if a particular Treatment Option (including any diagnostic tests) either at the FOP or outside the FOP is being recommended and considered; and
 - (b) it is reasonably foreseeable that the total costs of the treatment including any diagnostics, medicines and aftercare would be £500 or more (which threshold we describe in more detail below).
- 4.17 The requirement would apply where, for example, a vet is able during a consultation to diagnose what is wrong with a pet and recommends a Treatment Option that they can reasonably foresee would cost £500 or some greater amount. It would also apply where, to give another example:
- (a) the pet's condition is uncertain; and

¹⁸⁰ Part A, section 10: Choice of treatments and referrals, The current regulatory framework is not effective at ensuring that vets routinely provide pet owners with appropriate and timely information about treatment options and prices.

- (b) the vet recommends that a diagnostic test is required that, by itself, may or may not cost £500 or more; and
- (c) the recommended Treatment Options contingent on the outcome of that test include one that would reasonably foreseeably make the total cost £500 or more.

4.18 The latter example would be an important one in a case where the reasonably foreseeable outcomes of the recommended diagnostic tests include that the pet is seriously ill and would require treatment such as an operation costing thousands of pounds or euthanasia at much lower cost. The pet owner may be unable to afford the operation and should be able to assess the costs they could face so they can make an informed choice even to go ahead with the diagnostic tests.

When the requirement to provide a written estimate would not apply

4.19 There would be no requirement to provide a written estimate if:

- (a) the treatment is urgent, and any delay would, in the vet's clinical judgement, seriously adversely affect the animal's health and welfare; or
- (b) the pet owner has explicitly stated that they do not wish to receive one.

4.20 Pet owners would not need to be provided with written estimates for multiple possible Treatment Options simultaneously, but only for the Treatment Option which is being recommended and considered (including where that recommended option is a diagnostic test that may lead to treatment costing £500 or more in total, as described above).

When the written estimate would need to be given

4.21 Our provisional view is that the veterinary business should be required to provide a written estimate:

- (a) as soon as possible after the pet has been examined and a treatment is being recommended and considered; and
- (b) so that the pet owner has sufficient time to consider whether they wish to proceed with the treatment and can seek an alternative written estimate from another source if they wish to do so, and before they have committed to the treatment.

- 4.22 We understand that detailed price estimates are often provided to the pet owner on consent forms.¹⁸¹ However, this may often be too late as the pet owner will, at that stage, be committed to the treatment in question and will not have sufficient time to reflect (and choose a different option or decide not to proceed).
- 4.23 In responses to our Remedies Working Paper, there was broad agreement that pet owners should be given time to process the information and make a decision about the Treatment Options for their pet.

What information would be included in the written estimate

At the FOP

- 4.24 Where the recommended Treatment Option would be provided at the FOP (an internal referral),¹⁸² the written estimate would need to include a specific sum for the cost of each of the main components of the services that would be provided. We would expect the relevant information to be readily accessible to the veterinary business and within its vets' and vet nurses' clinical knowledge.

Outside the FOP

- 4.25 We recognise that it may be more difficult and time consuming to obtain and provide the same level of detail when the recommended treatment involves a referral outside the FOP – either to another FOP or referral location under the same ownership or control as the FOP or one owned and controlled by a third party (an external referral). Nonetheless, a pet owner visiting a FOP for (and paying for) diagnostic and treatment advice still needs information to help them choose treatments for their pet. That should, in our provisional view, include a reasonable indication of the scale of their likely expenditure flowing from that advice.
- 4.26 Accordingly, in those circumstances, if it is reasonably foreseeable that the total price of the treatment would be £500 or more, based on the relevant vet's or vet nurse's understanding of the animal's condition, of the treatment and of the market for such services (each of which should be within vets' and vet nurses' clinical understanding and experience), the written estimate would need to include a reasonable indication of what the treatment would typically be expected to cost.¹⁸³ That indication would need to include:

¹⁸¹ Some LVGs have provided examples of consent forms containing itemised pricing information (for example, [X]). Other examples contained overall price estimates without an itemised breakdown (for example, [X] and [X]).

¹⁸² This includes where the treatment would be provided by a visiting or peripatetic vet.

¹⁸³ In the sort of example described in the preceding paragraph, that would mean the vet providing an estimate of the typical price of the recommended diagnostic test and the typical price of the contingent outcomes.

- (a) a specific sum for the cost of each of those main components of the services that would be provided, where the vet or vet nurse is able to provide this level of detail based on their knowledge of the animal's condition, the treatment and the market; and
- (b) an indication of any services or components for which the referring vet or veterinary nurse is unable to provide an estimate based on that knowledge.

General information and managing uncertainties

4.27 Our provisional view is that the veterinary business should always ensure that a vet (or, as applicable, a vet nurse):

- (a) Clearly explains to the pet owner any factors which could materially affect their ability to provide a written estimate of the cost and any conditions to which the estimate is subject.¹⁸⁴
- (b) Advises the pet owner that they should seek confirmation of the cost from the party who would be providing the treatment involved in any external referral, before embarking on the treatment.

The information described in (a) and (b) would also need to be included in the written estimate.

The monetary threshold

4.28 In response to our Remedies Working Paper, the RCVS told us that:

- (a) 'We do not feel that a financial threshold for provision of information would be appropriate or workable'.
- (b) 'We consider that the level of information provided should be proportionate to the nature (including complexity) and cost of the treatment and its impact on the individual animal. We consider that ultimately this is a question of professional judgement for the veterinary surgeon providing the treatment'.¹⁸⁵

4.29 We have considered the RCVS' submissions. Our provisional view is that an appropriate monetary threshold should be put in place for the following reasons:

- (a) The kinds of Treatment Options (including diagnostic tests) we are contemplating are likely to involve substantial amounts of money. It would be reasonable to allow pet owners the opportunity to assess and reflect on those properly before they commit to spending them.

¹⁸⁴ For example, because of a lack of information about the pet's condition prior to surgery.

¹⁸⁵ RCVS response to the Remedies Working Paper.

- (b) We have found evidence of a lack of consistency in the provision of appropriate and timely information about Treatment Options and prices.¹⁸⁶ This would be mitigated by veterinary businesses ensuring that their vets and vet nurses apply the same financial threshold for a written estimate to be provided to pet owners.
- (c) A monetary threshold would be easier for vets to apply than alternatives, such as a subjective test based on the nature of the treatment and/or its impact on the animal. In our Remedies Working Paper we said that our current thinking was that the remedy would not apply to ‘lower value treatments: where all of the Treatment Options are one-off in nature and below a threshold price (for example, £250)’.

4.30 That said, we recognise that the provision of written estimates puts an administrative burden on businesses. That burden should not be an unreasonable one. It should be one that would cover the highest cost treatments which most obviously engage greater need for pet owners to reflect on the likely costs and consider their options for treatments which involve a considerable financial spend, but which would not require vets and veterinary businesses to produce written estimates in respect of an unreasonable number of consultations.

4.31 Our provisional judgement is that the £500 threshold we propose would strike the appropriate balance. In making that judgement, we have assessed the datasets of claim values from two insurers. These datasets show the claim values processed by the insurers.¹⁸⁷ Combining them, we have been able to assess that, over a twelve-month period ending in 2023, claims of £500 or more represented around 20% of all claims the insurers processed.¹⁸⁸

4.32 The threshold would therefore correspond broadly with somewhere in the region of the 20% of treatments for which pet owners incur the highest costs (and for which there would, accordingly, be a greater justification than for some lower threshold). The number of consultations in respect of which a written estimate would be required would likely be lower than 20%. That is because:

- (a) many consultations are for routine treatments which may not be covered by insurance providers;
- (b) insured pet owners do not bear the full cost of treatment and may therefore be more likely to choose complex or higher-cost procedures, which may be overrepresented in the insurer data; and

¹⁸⁶ Part A, section 10: Choice of treatments and referrals, There is evidence of a lack of consistency in the provision of appropriate and timely information about treatment options and prices.

¹⁸⁷ ie the full amount associated with each submitted claim.

¹⁸⁸ CMA analysis of annual treatment costs for particular conditions based on data provided by [X].

- (c) more than one consultation can be involved in a single treatment but a written estimate would only be required for that in which a Treatment Option is first recommended (or when the estimate needs to be updated).

- 4.33 As noted above the Code states that vets must provide appropriate information to pet owners, including the costs of services and medicines, and the Guidance states that vets should provide price estimates and information about fees for a range of options as part of obtaining informed consent for all treatments. As such, appropriate and timely information should be presented to pet owners for all treatments, even when the expected cost is below £500, albeit the requirement to provide a written estimate would not apply.
- 4.34 There may be circumstances where a vet or vet nurse decides that a written estimate should be given even where the likely total cost of a treatment is below the monetary threshold. They would be free to do so (and we would encourage them to) but, having considered the responses to our Remedies Working Paper and the evidence from the insurers, we do not consider that it would be proportionate to make this a requirement.

When a written estimate must be updated

- 4.35 Our provisional view is that, in principle, if the circumstances or underlying assumptions on which a written estimate is based change, resulting in a material increase to the originally estimated cost, pet owners should be provided with a further, updated written estimate of the total cost of the relevant treatment.
- 4.36 Veterinary businesses would be better able to act in accordance with that principle where they make an internal referral. They would be unlikely to be able to do so in the case of external referrals.¹⁸⁹
- 4.37 We therefore propose that if a written estimate in an internal referral case increases by more than a certain amount, the relevant veterinary business would be required to give the pet owner a written update as soon as possible. The threshold for triggering such a requirement could be set in one of three ways: (i) a £X increase; (ii) a Y% increase; or (iii) a combination (i) and (ii).
- 4.38 In considering what threshold to adopt, we have taken into account that estimates are, by their nature, imprecise and an obligation to offer a further written estimate would involve additional work for veterinary businesses. The relevant level of the increase should not, on that account, be set too low. It should, however, be set at a level that would enable pet owners to make choices about significant additional expenditure.

¹⁸⁹ Though the vets and vet nurses to whom such cases are referred would need to update their estimates in accordance with the RCVS Codes and Guidance.

- 4.39 A £ or % threshold would have the advantage of greater simplicity. However, both of those thresholds work less effectively in different circumstances. For example, a £100 increase to a £500 estimate would likely be material given the pet owner's anticipated expenditure, but much less so where the estimate was £5000. Similarly, a 10% increase to a £5000 estimate seems more likely to affect a pet owner's choice and ability to pay than the same increase to a £500 estimate.
- 4.40 Taking those points into account, we propose to adopt a hybrid approach and require a written estimate in an internal referral case to be updated where it increases by whichever is the lower of 20% or £500.¹⁹⁰ Using the same examples as in the preceding paragraph, a £500 estimate would need updating if it increased by 20% (£100) and a £5000 estimate if it went up by £500 (10%). Both such increases appear to us to be material in the context of the sums the pet owner had contemplated spending on the basis of the original estimate.¹⁹¹

What information must be retained

- 4.41 We have provisionally decided that the veterinary business would be required to retain for at least one year:
- (a) a copy of the written estimate provided to the pet owner; and
 - (b) a brief note of any significant factors clinical staff are aware of which could materially affect its accuracy.¹⁹²
- 4.42 The retention of this information would have two purposes:
- (a) supporting compliance with the remedy by having a secondary process which requires written information to be prepared and recorded, which increases the likelihood of the principal process – the provision of the written estimate to the pet owner – being completed; and
 - (b) helping veterinary businesses demonstrate that they have complied with the requirements of the remedy.

The RCVS Codes and Guidance

- 4.43 We have provisionally decided to recommend to the RCVS that it amends the Codes and Guidance so that they are aligned with the requirements proposed above.

¹⁹⁰ The latter to be updated annually in accordance with the Consumer Prices Index.

¹⁹¹ Our proposal would build on the existing provision in the RCVS Guidance which states that if an initial estimate is likely to be exceeded, the pet owner should be informed as soon as possible (RCVS Guidance (Estimates) 9.11). That Guidance would continue to apply in all cases.

¹⁹² Which veterinary businesses would need to ensure their vets and vet nurses have communicated to pet owners (see the subsection above, General information and managing uncertainties).

Remedy implementation considerations

Costs of implementation

- 4.44 A requirement to provide a written estimate when treatment would reasonably foreseeably cost £500 or more would be an additional step to what is currently advised in the RCVS Guidance. It would, to the extent they do not follow the RCVS's advice at present, involve some additional time for vets (or vet nurses), and veterinary businesses, since they would have to, in cases involving internal referrals at least:
- (a) estimate the total cost of a Treatment Option, including any diagnostics, medicines, referrals, and aftercare, as well as any relevant contingencies;¹⁹³
 - (b) estimate the reasonably foreseeable period that the Treatment Option will be relevant for the particular pet, having regard to its age and condition;
 - (c) break down the total cost into its main component parts (for example, showing the treatment, diagnostics, and medicines separately) over the reasonably foreseeable period; and
 - (d) consider factors which could materially affect their ability to make the estimates.
- 4.45 Similar, but more limited, information, and therefore time, would be required to comply in cases involving external referrals.
- 4.46 In addition, veterinary businesses would incur some, albeit limited, costs meeting the requirements to provide the information to the pet owner in writing and to retain records for one year.
- 4.47 However, our provisional assessment is that the overall costs would be limited because:
- (a) The obligation to provide a written estimate would only apply in those cases where the monetary threshold is met, which, in our estimate, would cover significantly less than 1 in 4 consultations.
 - (b) The Guidance already advises vets that the provision of written estimates is 'preferable.' Some vets and businesses will already be providing them at least to some extent.¹⁹⁴

¹⁹³ As described in the subsection above, When the requirement to provide a written estimate would apply.

¹⁹⁴ The costs incurred by those who do not currently provide written estimates could be seen as a levelling up between providers.

- (c) Veterinary businesses already record and retain patient and pet owner documentation on their PMS.

Method and timing of implementation

- 4.48 Implementation of this proposed remedy would be via a CMA Order on veterinary businesses operating FOPs. Those businesses would have a legally binding obligation to ensure that their vets and vet nurses (and other staff, if relevant) do what the remedy requires. The businesses could be held to account if they fail to do so.
- 4.49 The requirements of the remedy would represent a small addition to the provisions in the Codes and Guidance. On that basis, we have provisionally decided that, once the CMA Order has been made, all relevant veterinary businesses would have three months to comply with it.
- 4.50 Our recommendation to the RCVS that it amends the Codes and Guidance so that they are aligned with the proposed requirement to provide written estimates would be made immediately on the issue of our final decision report. We would urge the RCVS to act promptly.

Monitoring of compliance

- 4.51 In part B, section 2 of this report, we set out that we would look to work with the RCVS to undertake a monitoring function for a number of our proposed remedies, including this one, or we may order it to do so. In this case, the role would require the RCVS, or another monitoring body if necessary, to monitor attestations and use spot checks to verify compliance with the remedy.

Enforcement

- 4.52 For the purposes of a CMA Order, enforcement would be the responsibility of the CMA.

Remedy 5b: Itemised billing

We have provisionally decided:

- that veterinary businesses operating a FOP must give pet owners itemised bills for their pet's treatments and other services they receive; and
- to recommend to the RCVS that it amends the Codes and Guidance to reflect this requirement.

Description of the remedy

- 4.53 We have provisionally decided that all veterinary businesses operating one or more FOPs¹⁹⁵ must provide pet owners with itemised bills for treatments and services.
- 4.54 'Itemised bill' means a statement which breaks down the total cost of the treatments, by reference to each service, diagnostic test, and medication and other associated costs covered in the bill.
- 4.55 We have provisionally decided to recommend that the RCVS should amend the Codes and Guidance so that they fully reflect this requirement.

The aim of the remedy

- 4.56 The aim of this remedy would be to support pet owners to:
- (a) make a comparison between what they have been charged against the prices they have been quoted or estimates they have been given, identify potential errors, and have constructive conversations with vets (and, as applicable, vet nurses) about any unexpected differences;
 - (b) have more clarity about what they have been charged and the relative cost of different components within the Treatment Option;
 - (c) make comparisons between the prices they have paid and the prices that others have paid for the same or similar services (for example, family or friends) or with the price lists on FOP websites;
 - (d) track their purchases of specific services over time and make more informed choices over future purchases; and
 - (e) plan and budget for the cost of similar services in the future.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 4.57 In a well-functioning market, veterinary businesses would consistently provide pet owners with sufficient information about matters on which they should be able to make informed choices. This includes information about prices which enable pet owners to make decisions between providers, treatments, or medicines, with

¹⁹⁵ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

appropriate and timely knowledge of, amongst other things,¹⁹⁶ the cost implications.

- 4.58 We have provisionally found that pet owners are not consistently given the information and support they need to choose the treatment pathways and supplier (whether FOP, referral provider, crematorium or medicines supplier) which best meets their circumstances and the needs of their pet. Itemised bills would help pet owners to understand what they have been charged for and how the price of each item compares to the price estimates received prior to treatment, and help them make choices about the FOPs and other services they engage in future.

Remedy design considerations

How the itemised billing should be presented to the pet owner

- 4.59 Some veterinary businesses may not have PMSs or other systems which are capable of producing single itemised bills. What is important, in our provisional view, is the provision of the relevant information in some appropriate form that would be consistent with the aims of the remedy. Accordingly, the itemised information could be provided on a single bill or separately (eg a separate bill for each medicine purchased).

When the requirement to provide an itemised bill would apply

- 4.60 The itemised bill would need to be presented to the pet owner at the same time as payment is sought.

What level of detail should be itemised

- 4.61 Our provisional view is that the level of itemisation should contain sufficient detail to enable the pet owner to understand the cost of the components of the bill by reference to each service and treatment provided and the associated costs. It should specify, for example, ancillary or associated charges, such as those for medicines/anaesthetics, diagnostic tests, pre- or post-operative care, follow up or routine visits.

Remedy implementation considerations

Costs of implementation

- 4.62 Our provisional view is that the cost of implementing this remedy would be low.

¹⁹⁶ Such as the potential outcomes and risks of different treatment pathways.

- 4.63 The existing RCVS Guidance advises that all invoices should be itemised to display the costs of individual medicines and services, including any additional administrative charges.¹⁹⁷ We expect that many vets already provide these to some extent. Vets and veterinary businesses must in any event already take into account the cost of individual treatments and services in order to calculate the total amount payable by the pet owner.
- 4.64 On that basis, the many veterinary businesses which currently provide itemised bills would incur little or no additional cost. Any businesses which do not currently provide itemised bills as set out above, would have to make only small additional changes and incur correspondingly limited costs. Such changes could in many cases be implemented using automation tools such as a PMS.

Method and timing of implementation

- 4.65 Implementation of this proposed remedy would be via a CMA Order on veterinary businesses operating FOPs, which businesses would be liable for making sure they and their staff comply with the requirements described above.
- 4.66 As the requirements of the remedy would represent a small addition to the provisions in the RCVS Codes and Guidance we have provisionally decided that, once the CMA Order has been made, all businesses would have three months to comply with the requirement to issue itemised bills.

Monitoring of compliance

- 4.67 This is another of the proposed remedies for which we would look to the RCVS to undertake a monitoring function (or we could order it to do so). The role would require it, or another monitoring body if necessary, to monitor attestations of compliance with the remedy and to use spot checks to verify compliance with it.

Enforcement

- 4.68 For the purposes of a CMA Order, enforcement would be the responsibility of the CMA.

Remedy 6: ensuring vets and vet nurses can offer a range of treatment options

We have provisionally decided that all veterinary businesses operating a FOP must have in place written policies and processes to ensure their vet professionals are able to act in accordance with relevant provisions of the RCVS Codes and Guidance including giving pet

¹⁹⁷ RCVS Guidance, paragraph 10.16. [10. Consumer rights and freedom of choice - Professionals](#)

owners independent and impartial advice and a range of treatment options where appropriate.

Description of the remedy

- 4.69 We have provisionally decided that all veterinary businesses operating one or more FOPs¹⁹⁸ must have in place written policies and processes, including appropriate training, to ensure that their vets and vet nurses are able to act in accordance with the principles and provisions contained in the RCVS Codes and Guidance relating to providing pet owners with: (i) independent and impartial advice; and (ii) appropriate and timely information regarding a range of treatment and referral options and their costs.
- 4.70 The relevant policies and processes would need to apply the relevant principles and provisions to the veterinary business's operations.

The aim of the remedy

- 4.71 The aim of this remedy would be to ensure that vets and vet nurses are always able to offer pet owners appropriate and timely information about the Treatment Options which best meet their and their pets' needs.
- 4.72 We have not heard widespread concerns about vets' or vet nurses' clinical expertise, nor are we concerned that pet owners are offered clinically inappropriate Treatment Options. In general, vets and vet nurses prioritise animal welfare and have strong professional integrity and this is underpinned by the regulatory framework.
- 4.73 Nor do we consider that all of the practices, incentives, policies and procedures that veterinary businesses operate are necessarily problematic. Those can exist in different forms, including key performance indicators, targets, clinical protocols and guidance, and the way IT systems are configured. They can help the businesses run efficiently¹⁹⁹ and contribute to good outcomes for pet owners.
- 4.74 However, we have provisionally found that the lack of regulation of veterinary businesses means there is the potential for their commercial incentives, and their policies and practices, to conflict with vets' and vet nurses' regulatory obligations to provide appropriate and timely information about treatment and referral options

¹⁹⁸ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

¹⁹⁹ And we note, for example, that, in response to our Remedies Working Paper, several vets commented that it should be possible for veterinary businesses to reward employees based on their performance. CMA summary of Remedies Working Paper responses.

and to recommend the option which best meets the circumstances of the pet and its owner.

- 4.75 This conflict can lead to results including;
- (a) Vets or vet nurses not putting customers at ease about making difficult choices. Vets have an important role in making pet owners comfortable with their decision especially when choosing cheaper Treatment Options which are clinically appropriate.
 - (b) Vets or vet nurses not routinely providing pet owners with appropriate and timely information about treatment and referral options, including not informing them where there are alternative referral providers they could choose which are clinically appropriate.
 - (c) The possibility that veterinary businesses could directly or indirectly put undue pressure on vets or vet nurses to carry out particular diagnostic tests, for example via key performance indicators, targets, clinical protocols and guidance, and IT systems.²⁰⁰
 - (d) Vets or vet nurses not informing pet owners who are considering OOH treatments that they may be able to wait until normal business hours to receive treatment from their regular FOP, where this is clinically appropriate.
- 4.76 The proposed remedy would be intended to address the potential for that conflict to arise and to prevent it being realised.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 4.77 The relevant principles in the Codes and the advice in the Guidance indicates, in our provisional view, that, in a well-functioning market, vet professionals would routinely provide pet owners with appropriate and timely information about treatments and referrals. That would help pet owners to decide what choices to make and to budget for their cost.
- 4.78 The provisional findings we set out in part A of this report,²⁰¹ however, include that that there are significant shortcomings in the regulatory framework contributing to an AEC. One important reason is that the Codes and Guidance do not apply to businesses supplying veterinary services.
- 4.79 We have identified the following evidence in that part of the report:

²⁰⁰ RCVS Knowledge has conducted some research into contextualised care, including the barriers that vets face when providing it. We look forward to reading their report and understand more about what vets perceive these barriers to be.

²⁰¹ Part A, section 10: Choice of treatments and referrals, The current regulatory framework is not effective at ensuring that vets routinely provide pet owners with appropriate and timely information about treatment options and prices.

- (a) Some business practices, including key performance indicators, targets, clinical protocols and guidance, and IT systems, may put undue pressure on vets to recommend certain diagnostic tests or Treatment Options. Some vets have reported to us that their IT systems prompted them to comply with particular diagnostic guidance or protocols,²⁰² and a few vets reported that system shortcuts encouraged in-group referrals.²⁰³
- (b) Some vets have told us that KPIs and targets create a sense of pressure; that targets might affect other vets' decision-making; and that failing to meet targets might affect salary or promotion prospects.²⁰⁴
- (c) Some vets have told us that they may run comprehensive diagnostic tests rather than recommend treatments based on more limited information. Undertaking multiple diagnostic tests could lead to higher costs for pet owners.
- (d) We heard from vet schools that training increasingly focuses on 'day one' competencies which includes communication with pet owners and contextualised care. Nonetheless, vets have told us that veterinary education historically focused on the 'gold standard' of treatment and did not always prepare vets adequately for the day-to-day experience of discussing treatments with pet owners and understanding their circumstances.

4.80 In connection with the latter of those points, preliminary results of the RCVS Knowledge's (**RCVS-K's**) research about contextualised care have found that [redacted].²⁰⁵

4.81 This remedy would help address the shortcomings we have identified, the AEC that results and the consumer detriment that flows from it, helping pet owners to decide whether to go ahead with treatment and referrals, which to choose and how to pay for them. It would drive the outcomes we would expect to see in a well-functioning market for vet services by putting in place a binding obligation on veterinary businesses that mirrors the relevant principles in the Codes and the relevant provisions in the Guidance. By that means, the remedy would mitigate the potential for conflict between:

- (a) the ability of vet professionals to follow the Codes and apply the Guidance; and

²⁰² Qualitative research with Vet Professionals, pp 38-39.

²⁰³ Qualitative research with Vet Professionals, p 52.

²⁰⁴ The evidence for this is set out in appendix H: Choice of treatments and referrals.

²⁰⁵ RCVS-Knowledge, 'Contextualised Care in Veterinary Practice—confidential pre-publication summary of findings', July 2025, [redacted].

- (b) any instructions, incentives, undue influence or (actual or perceived) pressure from a veterinary business on their vet professionals to recommend certain diagnostics, Treatment Options or referrals.

Remedy design considerations

4.82 The relevant principles in the Codes require that vet professionals must:

- (a) be open and honest with pet owners and respect their needs and requirements;
- (b) give independent and impartial advice and tell pet owners of any conflict of interest;
- (c) give pet owners appropriate information about the costs of services; and
- (d) communicate effectively and obtain informed consent before treatments or procedures are carried out.

4.83 The relevant provisions in the Guidance amplify the requirements of the Codes by saying that vet professionals should give pet owners a range of reasonable Treatment Options to consider, provide estimates and information about fees, and tell them about conflicts of interest in respect of referrals.

4.84 Our provisional view is that, where the aim of the remedy is to mitigate the risk of conflict between vet professionals' regulatory obligations and veterinary businesses' commercial incentives, so that vets and vet nurses are always able to offer a range of options to pet owners which best meet their circumstances and their pets' needs, the remedy needs to be designed so as to align aspects of veterinary businesses' operations with the relevant regulatory requirements. That is, so that they would apply to veterinary businesses in the same way as they apply to the professionals who work for them, and that the way the business operates is a platform for the professionals to meet their obligations. We have sought to design the remedy accordingly.

Remedy implementation considerations

Costs of implementation

4.85 Veterinary businesses would likely incur some costs in implementing this remedy. We note, however, that they are likely already to have (or should have) in place some measures to support their staff in complying with their professional obligations. We have also heard from the LVGs' submissions to us that they do not operate policies and processes that seek to incentivise inappropriate practices. If this is the case, then the additional work would be to ensure that existing policies

do not inadvertently have this effect and could not create a perception among veterinary professionals that they might.

- 4.86 On those footings, we anticipate that any costs would involve reviewing, amending and supplementing existing policies and processes to ensure they align with or transpose existing regulatory provisions. It would not involve creating entirely new ones nor involve major changes to a business's operations.

Method and timing of implementation

- 4.87 Implementation of this proposed remedy would be via a CMA Order on all veterinary businesses. Given that the remedy would involve the transposition of existing regulatory provisions, we propose that all veterinary businesses would have three months from the date of any CMA Order to comply with its requirements.

Monitoring of compliance

- 4.88 This is another proposed remedy we would look to the RCVS, or another body if necessary, to monitor. Such monitoring would again involve assessing attestations of compliance with the remedy and using spot checks to verify compliance with it.

Enforcement

- 4.89 Enforcement of the CMA Order would be a matter for the CMA.

Effectiveness and proportionality

Effectiveness

- 4.90 Our provisional judgement is that the proposed remedies would be effective.
- 4.91 We have identified shortcomings in the current regulatory framework that mean pet owners are often not in a position to make informed choices and to budget for the costs of veterinary services. Subjecting veterinary businesses to requirements to provide written estimates and itemised bills, and to reflect in their own operations essential regulatory requirements that apply to individual vet professionals, would address those shortcomings. The remedies help to ensure that veterinary businesses, which control the way their FOPs and other services operate, play their part in helping pet owners choose treatment options that are best for them and their pet.
- 4.92 The remedies would, in our provisional view, be capable of effective implementation, monitoring and enforcement. They would build on existing regulatory provisions in the ways we have described, and on practices that we

would accordingly expect a number of veterinary businesses already to be adopting to some extent. They would impose process requirements the meeting of which by veterinary businesses could be readily monitored by the RCVS or another body, and non-compliance with which would be readily enforceable by the CMA if necessary.

- 4.93 The remedies would be behavioural measures that, at least until there is reform of the regulatory framework, would address aspects of the current regulatory framework that are ineffective or inadequate. Given that they would require changes to (often existing) processes that could be implemented rapidly, we would expect these remedies to begin to change veterinary businesses' behaviour (where they are not already so acting), and pet owners' abilities to make decisions, and to budget for the services they buy, quickly (and on an enduring basis). That timescale would, in our assessment, likely be significantly faster than the process by which the regulatory framework is reformed by legislation in the longer term (which we propose to recommend).

Proportionality

- 4.94 Our provisional assessment is that, for the reasons described above, these remedies would be effective in achieving their aims and no more onerous than is necessary to do so. We have identified gaps in the regulatory framework that mean pet owners do not always have the information they need to make the relevant choices and to control their budgets. Filling those gaps requires changes in behaviour and in the information pet owners are given. The proposed remedies would do that.
- 4.95 We have taken into account that the Codes and Guidance already contain relevant provisions that apply to individual vet professionals working in veterinary businesses. Those businesses will, or should, in many cases have in place processes that would help them to comply with the proposed remedies, limiting the burden they would place on those businesses.
- 4.96 We have not identified other remedies that we think are likely to be effective in addressing the AEC, still less any that would do so in a less onerous way. We have assessed other possible remedies but our provisional view is that they would be more onerous (and not likely effective).
- 4.97 In particular, we have considered whether vets and vet nurses should always be required to provide information to pet owners on a range of potential treatment options (for example, a specific number of options or all those that could be pursued in any case). We did so on the basis that this would mean that pet owners:

- (a) have access to more treatment options than they might otherwise have been given; and
- (b) are able to assess each option, and make comparisons between them, supporting them to make good choices which take into account their unique circumstances.

4.98 The majority of responses to our Remedies Working Paper expressed the view that it is not always desirable to give pet owners information about a wide range of different treatment options. Several highlighted that it is often difficult to predict what treatment options will be suitable. In addition, we were told that some pet owners can feel overwhelmed by being given a range of options and often seek professional recommendations.

4.99 We have taken those responses into account. We have also had regard to the existing provisions of the Codes and Guidance which refer, for example, to the discussions vets should have with pet owners covering a range of reasonable treatment options and prognoses.²⁰⁶

4.100 Our proposed remedy 6 would place requirements on veterinary businesses that reinforce the provisions to which individual vet professionals are subject. That would support vets and vet nurses to provide pet owners with a range of reasonable treatment options, taking into account the pet and pet owner's circumstances,²⁰⁷ and to make recommendations in appropriate cases. It does not appear to us that it would be either necessary or appropriate to impose prescriptive rules about, for example, the number of treatment options veterinary businesses must ensure their vets offer pet owners.

4.101 We have also carefully considered whether the proposed remedies risk unintended consequences. Where we have identified such a risk – for example, that it may be difficult and time consuming to require veterinary businesses to provide written estimates of the costs of external referrals – we have modified our proposals.

4.102 Taking each of the above points into account, our provisional conclusion is that our proposed remedies would be part of a proportionate package of measures to address the AEC, and the resulting customer detriment, we have (provisionally) found.

²⁰⁶ RCVS Guidance [11. Communication and consent - Professionals](#)

²⁰⁷ Such as the pet's age and general health and the ability of the owner to afford certain types of treatment, administer care at home, or bring the pet into the practice.

5. Medicines market opening remedies

Introduction

- 5.1 As set out in part A, section 11, we have identified that competition is not working effectively between FOPs and third-party retailers of medicines, principally online pharmacies. Pet owners who would gain significant financial benefits from buying their medicines online (such as those whose pet requires flea, tick and worming treatment or other long-term medication) are not doing so. Competitive pressure from online pharmacies is impeded, and FOPs are able to charge higher prices for their medicines than they could in a well-functioning market. There is substantial consumer detriment arising from pet owners paying significantly more for medicines than is necessary.
- 5.2 To promote effective competition between FOPs and third-party medicine retailers, we have developed a set of informational and behavioural remedies that, in our provisional judgement, would effectively address the following principal barriers which (as set out in part A, section 11) prevent or limit pet owners' engagement with online pharmacies and dampen price competition between FOPs and those pharmacies:
- (a) Many pet owners are unaware that they can request a written prescription from their vet to be fulfilled elsewhere (remedies 7 and 10);
 - (b) Many pet owners are not aware of the prices offered by third-party retailers when purchasing medicines (remedies 7 and 10);
 - (c) Pet owners may not be able to correctly assess the quality of the medicines sold by third-party retailers, particularly online pharmacies (remedy 7);
 - (d) Vets have a dual role as a prescriber and dispenser (seller) of medication, which is likely to lead to significant consumer inertia (remedy 10);
 - (e) Pet owners can face practical barriers that deter them from buying online, including inconvenience and barriers to finding the alternatives to own brand medicines. (remedy 8 and 9).
- 5.3 Our proposed set of market opening remedies would seek to address situations for which online pharmacies represent an effective substitute to purchasing medicines in-FOP; these are principally non-urgent and repeat medication sales.
- 5.4 Online pharmacies are not suitable suppliers for urgent medication and therefore will not exert strong direct competitive pressure on these sales, even in a well-functioning market. This is an intrinsic limitation in the degree of competitive constraint that current third-party retailers could exert on FOPs and we do not,

therefore, seek directly to address this with specifically targeted market opening remedies.

- 5.5 In order to benefit from increased direct competition on urgent FOP medicine sales, pet owners would need a viable alternative supplier to their current FOP, one which could dispense the drugs within a similarly short period of time. This would likely need to be a bricks and mortar operator. We have received no evidence to suggest that standalone bricks and mortar veterinary pharmacies will enter the market, that pharmacies for human medicines are likely to expand into the veterinary sector, nor that FOPs will expand to offer pharmacy services to non-registered customers. Consequently, as with other services offered by FOPs such as diagnostic testing, the constraint on the prices of urgent medication can come only from competition between FOPs for customers (as opposed to inter-FOP competition over dispensing of medicines).²⁰⁸
- 5.6 Our set of proposed remedies to increase competition principally for non-urgent veterinary medicines involves a set of measures:
- (a) to provide pet owners with greater information on the availability and potential advantages of written prescriptions;
 - (b) to introduce a default option for pet owners to receive a written prescription for repeat medication (including prescribed Flea, Tick and Wormer medication (**FTW**)); and
 - (c) to remove barriers to pet owners switching to online pharmacies to purchase medicines, including by reducing the associated inconvenience and improving information about the alternatives to own brand medicines.

How the medicines market opening remedies address the provisional AEC and resulting consumer detriment

- 5.7 We have designed our set of proposed medicine remedies to support pet owners in making choices that will best suit them and their pets. Our aim is to improve awareness of their ability to request a written prescription and for them to know about the savings they could make from using third-party retailers. The remedies would remove barriers that deter pet owners from purchasing medicines online even when they are aware they can request written prescriptions. We expect that these remedies would lead to more pet owners choosing to use an online

²⁰⁸ We propose a introducing a number of remedies aimed at improving transparency and empowering pet owners to make better-informed decisions, which will improve competition between FOPs. The remedies focus on ensuring that relevant information about ownership, service availability and pricing is consistently published by veterinary businesses and made accessible both in-practice and online.

pharmacy, saving them money and putting pressure on FOPs to reduce their prices.

- 5.8 We consider that the principal reasons why some pet owners might not be using online pharmacies when they could save money by doing so, are:
- (a) Limited awareness by pet owners of written prescriptions (and the process of obtaining one) and the savings that are available, including:
 - (i) limited awareness of the ability to request a written prescription;
 - (ii) a lack of trust in online pharmacies, the quality of the medicines available from them (ie pet owners do not know that medicines sold by authorised online pharmacies are identical to those available at FOPs), and understanding of the ordering process;
 - (iii) a concern that medicines ordered from online pharmacies would not arrive sufficiently quickly; and
 - (iv) limited awareness that it is generally cheaper to buy from an online pharmacy than a FOP.
 - (b) Friction in obtaining a written prescription and transmitting it to an online pharmacy; and
 - (c) The dual nature of the vet's role as prescriber and dispenser and the high levels of trust that pet owners have in their vets. This means that some pet owners default to using their vet also as a dispenser of medicines without considering online options.
- 5.9 Remedies targeted at addressing these factors would increase the competitive pressure imposed on FOPs from online pharmacies for all sales where they are a potential alternative. In remedy 7, we set out our proposed information measures which would apply for all medicine use cases. Remedy 10 sets out further measures targeted specifically at chronic medications.

Remedy 7 – Information measures to increase awareness of online pharmacies and the amount that can be saved by using an online pharmacy rather than purchasing from the FOP

We have provisionally decided that:

- All veterinary businesses operating FOPs must publicise to pet owners their ability to request a written prescription to buy medicines elsewhere, including through the provision of standardised literature at specified times and on any emails and text messages and invoices / receipts, as well as notices in waiting rooms. These

communications would inform pet owners that substantial savings are often available from online pharmacies.

- All veterinary businesses operating FOPs must ensure that vets working in those FOPs orally inform pet owners of their ability to request a written prescription during each consultation in which medicine is prescribed, other than where, for clinical reasons, the medicine is required for immediate administration, or the pet owner requires a repeat medication and they have set their default as a written prescription.

Description of the remedy

5.10 We have provisionally decided that veterinary businesses must ensure that information is provided in all their FOPs²⁰⁹ and by their vets, before, during and after each consultation, to inform pet owners they can obtain a written prescription and buy medicines elsewhere, where they may be cheaper. This includes:

- (a) Before a consultation:
 - (i) standardised literature must be given to new client pet owners and those signing up to pet care plans;
 - (ii) specified information must be made available on websites of the practices and the RCVS;
 - (iii) any email and / or text communications with the pet owner confirming an appointment should include information informing the pet owner of their ability to request a written prescription; and
 - (iv) standardised notices must be placed within waiting rooms in a sufficiently prominent place.
- (b) During a consultation: the vet must inform the pet owner of the ability to request a written prescription, other than where, for clinical reasons, the medicine is required for immediate administration, or the pet owner requires a repeat medication and they have set their default as a written prescription.
- (c) After a consultation: invoices/receipts must include text advising that written prescriptions are available.

²⁰⁹ Which in this case includes (i) where the business offers retail out-of-hours services in one or more of those FOPs but not (ii) those parts of a business that operate a dedicated out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would apply in (i) in respect of those out-of-hours services but not in (ii) in respect of those services.

The aim of the remedy

- 5.11 In order for pet owners to buy from an online pharmacy, they must know that they can request a written prescription (a prerequisite for buying a POM-V medication from an online pharmacy). If pet owners do not already know this, they will be able to buy online only if the vet proactively offers them a written prescription, which is not required under current guidelines. It is unlikely to be in veterinary businesses' commercial interest to make such a proactive offer, as it means that they would lose potentially profitable medicine sales.
- 5.12 The supporting guidance to the RCVS Code of Conduct for Veterinary Surgeons (the **Code**) says vets should inform pet owners, '... by means of a large and prominently displayed sign, or signs, (in the waiting room or other appropriate area),' that they can obtain a written prescription. However, our pet owners survey has shown that, overall, 38% of pet owners are currently unaware that they can request a written prescription from their vet to be fulfilled elsewhere. This means that either the current requirements are not being followed in all FOPs, or the communications resulting from the requirements are insufficiently clear and effective. This could be because, for example:
- (a) there is no signage, it is located in a place that is hard to see, or it is one of a number of pieces of written information which are co-located such that their individual impact is limited;
 - (b) there is visible signage, but it is not designed in a way that enables pet owners to easily grasp the message it is seeking to communicate;
 - (c) there is visible signage, but it is located in the waiting area which is a step removed from the point at which a pet owner is told that their pet requires medicine and has to make a purchase decision;
 - (d) the vet does not orally inform pet owners about the ability to request a written prescription (because they do not have to); or
 - (e) the pet owner receives information about the ability to request a written prescription only during a consultation or when they are being prescribed a medication, which is a time that they may not always be in a position to assess the alternatives.
- 5.13 In order for this messaging to be effective, the pet owner needs not only to know about the availability of written prescriptions and be able to access the information to allow them to compare prices, but needs also to have a motivation to take the time to compare prices. Such motivation depends primarily on the pet owner's knowledge of the potential savings of buying medicines online, compared to buying them in the FOP. Absent this knowledge, pet owners are unlikely to be motivated to incur a written prescription fee and the effort of making an online

purchase. Accordingly, the messaging should inform pet owners about both the ability to request a written prescription and that medicines are often cheaper online.

- 5.14 This remedy would therefore aim to:
- (a) increase pet owner awareness that they can request a written prescription from their vet to be fulfilled elsewhere;
 - (b) increase pet owner awareness of the prices offered by third-party retailers when purchasing medicines; and
 - (c) provide pet owners with more information, so that they can assess the quality of third-party retailers, particularly online pharmacies, and be confident in the quality of the medicines sold there.

Remedy design considerations

- 5.15 The key remedy design considerations are:
- (a) At which points information on the ability to request a written prescription should be provided to pet owners,
 - (b) The content of that information, including:
 - (i) what the message on potential savings should be;
 - (ii) whether this should include a message about the scale of potential savings; and
 - (iii) what information pet owners should be given about online pharmacies.
- 5.16 We have commissioned a series of focus groups that aim to understand pet owners' reactions and views on preliminary versions of the proposed information remedies set out below. We plan to use that research to capture ideas and suggestions for ways in which the information could be made most useful for pet owners and effective in addressing our concerns.

Literature on the ability to request a written prescription

- 5.17 Our provisional view is that it is necessary to have standardised literature across all a veterinary business's FOPs, so that messaging around the ability to request a written prescription is consistent. This would ensure that awareness among pet owners, and thus the competitive pressure that third party retailers exert on veterinary businesses operating FOPs, is not dependent on how diligent a particular FOP is in advising its customers of their ability to request a written prescription.

- 5.18 This standardised literature would be produced by the RCVS,²¹⁰ working closely with the CMA, informing pet owners about their right to request a written prescription, the costs of doing so, and where and how written prescriptions can be fulfilled. This literature would then be located in a number of places:
- (a) Pet owners would be provided with a digital version, or physical copy if the pet owner prefers, of the written prescription literature. The RCVS would distribute a digital version of the leaflet to all practices, which would be responsible for printing any physical copies that they need. New customers would be given this when they first register with a FOP, while existing customers would be provided this when they next attend for annual vaccinations.
 - (b) Veterinary businesses would be required to host a digital version of the standardised literature on each of their FOP's websites (if they have one).²¹¹ The webpage containing the literature on written prescriptions should be accessible within two clicks from the homepage of the website.²¹² The RCVS would provide each practice with a web-friendly digital version of the standardised literature that can either be uploaded directly by the FOP or formatted to better fit the design of their website.
 - (c) The RCVS would also host a webpage with information about the written prescription process.

Information to be included in standardised written prescription literature

- 5.19 We have provisionally decided that the RCVS would be required (whether by an order or an undertaking) to produce and distribute standardised literature, including directly on its website, setting out:
- (a) information about pet owners' ability to request a written prescription;
 - (b) a clear message stating the potential savings from buying online (a discussion of the content of this message is set out below);
 - (c) an overview of the written prescription process to explain it to pet owners, including a simple walk through of the process of requesting, receiving and submitting a written prescription to an online pharmacy; and
 - (d) in order to increase trust in online pharmacies, a clear explanation of what an authorised online pharmacy is and the checks and assurances that the VMD

²¹⁰ We would seek an undertaking from the RCVS to produce such standardise literature or could make an Order on the RCVS to do so.

²¹¹ Or on their website for the veterinary business as a whole if they have one of those instead.

²¹² For instance, where a website has a main menu, it should be located as an independent webpage within that menu structure.

undertakes to provide authorisation, as well as a link to the list of authorised pharmacies.

- 5.20 In addition to the standardised literature, the RCVS webpage would host a list of VMD authorised online pharmacies that serve household pets. The RCVS would collate this by contacting all such VMD authorised online pharmacies annually and asking them to confirm whether they wish to be included in the list. The RCVS would also prepare a table for each of the online pharmacies to complete (if they wish this information to be included) that outlines their delivery terms. In the event that businesses update their terms more frequently, they would be able to inform RCVS of changes so that the information can be updated as needed. This would include, at least, the following information:

	Cost	Delivery time	Order cut off
Standard Delivery			
Express Delivery			
Next day delivery			
Saturday (next day) delivery			

Text message and email communications

- 5.21 Some FOPs communicate with pet owners via text messages and emails. This can be for a number of reasons, such as reminding a pet owner of an upcoming appointment, notifying them of the need for annual vaccinations, or providing updates about the practice.
- 5.22 We have provisionally decided that, where such communications occur, veterinary businesses must ensure that their FOPs include standardised text at the end of each message to inform consumers that they can request a written prescription to enable them to buy medicine elsewhere, and that further information is available on the RCVS website. We have not yet decided on the precise wording, but we propose that it would be similar to this:²¹³

‘To buy prescription medicine online, where it may be significantly cheaper, you can request a written prescription for £16’

Notices in practice waiting rooms and consultation rooms

- 5.23 The supporting guidance to the RCVS Code says that vets should include a sign, or signs, in their waiting room telling pet owners about their ability to request a written prescription.²¹⁴

²¹³ See further below, where we discuss our proposals for what veterinary businesses may be required to tell pet owners about the saving they could make buying medicines from third party retailers.

²¹⁴ RCVS, [Supporting Guidance to the Code of Professional Conduct for Veterinary Surgeons](#), paragraph 10.3.

- 5.24 The current Guidance does not specify the content, size or location of any signage in the waiting area of a practice. Our provisional view is that, since the current guidance is not proving to be effective at informing pet owners of their ability to request a written prescription, it is necessary for us²¹⁵ to impose a binding obligation on veterinary businesses (which direct FOPs' operations), in place of RCVS Guidance. This binding obligation would;
- (a) specify the exact form of the notice, including wording and minimum size;
 - (b) specify the location of the primary notice; and
 - (c) specify the number and the location of any secondary notices.
- 5.25 The precise form of words on the notice could have a significant impact on how successful it is. In particular, the message that is used around the scale of savings that can be achieved online may have a variable effect at driving online usage. We would develop the final design and wording for the notice, and may conduct research with pet owners to facilitate this.
- 5.26 The key features of the notice would likely include:
- (a) a clear, bold heading highlighting the potential savings from going online;
 - (b) a clear, bold subheading referring to written prescriptions;
 - (c) succinct text explaining the process and how quickly a prescription will be issued;
 - (d) the written prescription fee and how long it will take for the pet owner to be issued with a written prescription; and
 - (e) where to find to more information on the written prescription process and a list of authorised online pharmacies.
- 5.27 The primary notice would be designed to be eye-catching and we are considering whether it should be A3, or A2, in size.

Requirement that vets inform pet owners orally of their ability to request a written prescription in all cases

- 5.28 Providing more literature and messages to pet owners ahead of their arriving at a vet practice would be an important first step in raising their awareness. The presence of notices within the practice waiting room would further help increase that awareness. However, such literature and messaging would rely on pet owners seeing and engaging with the content and remembering that that option exists

²¹⁵ In addition to increasing the number of ways in which and points at which pet owners are given this information.

when they are required to decide whether to purchase a particular medicine from the FOP or request a written prescription. Therefore, it is also important, in our provisional view, that pet owners are made aware of their options at the point of considering a medicine purchase.

5.29 The supporting Guidance to the RCVS Code does not include a direction to vets to inform pet owners orally about the ability to request a written prescription.²¹⁶ Our view is that the oral offer of a written prescription would be an important addition to the literature set out above, to ensure that pet owners are fully aware of their ability to request a written prescription, and to access the savings that may be available from buying online. We are, accordingly, proposing to require veterinary businesses to ensure that their vets offer pet owners a written prescription in all but the following cases:

- (a) where the medicine needs to be administered by the vet or started immediately; or
- (b) where it is a repeat medication and the pet owner has opted to receive a written prescription by default (this is set out below).

5.30 We would not require vets to inform pet owners orally in the consulting room of the potential savings from shopping online. However, pet owners would only be advised to buy in the FOP if there is a clinical need. We would hope to see this enshrined in updated supporting Guidance to the RCVS Code.

Messages on invoices / receipts

5.31 We have provisionally decided that all pet owners must be provided with a digital or paper copy of their invoice/receipt for any medicine they buy from a FOP (unless they refuse a receipt). This is an additional touchpoint, where pet owners can be informed of their ability to request a written prescription.

5.32 We are minded to require that, where a medicine has been sold by the FOP to a pet owner, the footer of the invoice/receipt should include text, no smaller than 12pt., stating that written prescriptions are available on request and the cost of getting such a prescription.

5.33 We are also minded to require that the invoice / receipt include a line outlining the scale of the potential savings that a consumer could make by shopping online.

²¹⁶ The Competition Commission recommended that vets be required to offer clients '...either orally or in writing, prescriptions for POMs the veterinary surgeon recommends, except for those used in emergency treatment, for treatments during surgical procedures or as anaesthetics; and for prescriptions requested in consequence to be provided by the veterinary surgeon' (2003 CC report, paragraph 2.190(V)).

Information on the scale of potential savings

- 5.34 We have highlighted in the sections above instances where, in our provisional view, pet owners should be given information about the potential to make savings from purchasing medicines online. The aim of providing this information would be to raise awareness of the potential to make savings from purchasing online, in order to motivate pet owners to engage with the online channel. Since the signage and other forms of information described above are general,²¹⁷ the message about the potential savings from purchasing online would need to:
- (a) raise awareness that online pharmacies are often cheaper than buying from a FOP; and
 - (b) encourage pet owners to conduct their own research (for example, an online search, using AI or by visiting the website of an authorised online pharmacy) to check the savings they could make for their specific product. Tools such as search engines and AI already allow pet owners to do this effectively.²¹⁸
- 5.35 Our provisional view is that pet owners can make substantial savings when purchasing a prescribed medication from an online pharmacy rather than directly from their FOP.
- (a) Our analysis of data obtained from LVGs that own and operate online pharmacies (CVS, IVC, and VetPartners) shows that the price of veterinary medicines at these online pharmacies can be between 50% and 60% less than the price of the same veterinary medicine at their FOPs.²¹⁹
 - (b) Many pet owners could make substantial financial savings of [£200-300] [~~£~~] on average annually when purchasing commonly prescribed veterinary medicines from an online pharmacy rather than a FOP.²²⁰
- 5.36 We have considered a number of different options for raising awareness of the scale of potential savings, which we have set out below. We have provisionally decided that a simple but strong message is most likely to be appropriate given how and where it is going to be used and the relative costs of the different options.

²¹⁷ This is different from the option we consulted on in the Remedies Working Paper, where we considered requiring more individually tailored messaging.

²¹⁸ For example, both Google and ChatGPT return results for six online pharmacies in response to a search for 'price of Metacam 32ml for dogs in the UK'

²¹⁹ We would expect a broadly similar percentage difference in price between other FOPs and online pharmacies based on our understanding of the prices of veterinary medicines at other FOPs and other online pharmacies. This is set out in part A, section 11: Veterinary medicines.

²²⁰ The overall financial savings will depend on the specific choice of medicine, the dosage (and frequency of doses), and the length of treatment recommended by the vet (all resulting from the vet's clinical assessment) as well as the level of fees charged by FOPs for dispensing medication or for the provision of a written prescription. This is set out in part A, Section 11: Veterinary medicines.

Simple message around potential savings

- 5.37 The message would be intended to raise pet owners' awareness of the potential savings available at online pharmacies in order to motivate them to consider buying medicines online. Since we have found that the level of savings varies depending on both the medicine in question, as well as the price that a pet owner's FOP charges (relative to online pharmacies), our assessment is that the simplest message to include in communications is a statement that highlights that medicines are often significantly cheaper online and that pet owners should undertake their own research.
- 5.38 Although this message would not convey the absolute value of potential savings to pet owners, it would indicate the potential magnitude, which should be sufficient to encourage pet owners to conduct their own research.
- 5.39 As this message would not include a percentage saving, it would not need to be updated on a regular basis. Updating any figure around potential savings would, at a minimum, require veterinary businesses submitting data to a central body, which would impose an ongoing burden on them.
- 5.40 We would require each veterinary business operating FOPs to ensure that this message is included where specified in the information remedies set out above. We would conduct consumer research, to determine the precise wording of the message, but we anticipate that it would be similar to this:

'Medicines are often available significantly cheaper online. Check to see how much you could save'.

Other options we considered

- 5.41 We have considered whether pet owners should be given more information about how much they could save online. This could be achieved through:
- (a) the average saving being presented in relevant literature; or
 - (b) the specific saving for the medicine they require being given to the pet owner before they decide whether to purchase in-FOP or from an online pharmacy.
- 5.42 We considered various ways of calculating an average saving, but all of these rely on collecting information on an annual basis from veterinary businesses which would impose an additional burden on those businesses, particularly smaller ones.²²¹ Since different FOPs can use different drugs to treat the same condition it

²²¹ In order to calculate the scale of the saving on an ongoing basis, we would need to collect data from veterinary business operating FOPs and online pharmacies on an ongoing basis. Online pharmacy prices are by definition freely available and could either be scraped from websites or submitted directly by online pharmacies. However, FOPs hold

is likely to be time consuming to calculate the saving.²²² If the saving was updated annually, any literature that included it would also need to be updated.

- 5.43 In view of the potential costs and complexity of estimating the scale of savings, we have considered whether there are likely to be significant benefits in doing so over and above providing a general message to pet owners about the scale of those savings. Although providing an estimate of the saving may provide greater motivation to pet owners than a general statement, any figure estimating savings will be the average across a large number of different medications and use cases, which may bear little relation to the savings an individual pet owner can make. Therefore, any specifically calculated figure is likely to be imprecise and as such may be no better than a more generally worded statement about the prospect of savings.
- 5.44 We considered whether specific price information could be given to pet owners, to let them know the online price of the medicine they are being prescribed, before they choose whether to get a written prescription, or have it dispensed in clinic. Due to vets' dual role as a prescriber and dispenser, for any non-repeat medication, within a single consult pet owners both find out what medication their animal requires and receive either the medicine dispensed by their vet or a written prescription. This means that there are relatively few ways in which pricing information could be introduced. The methods we have been able to identify to provide this information²²³ would involve significant investment in IT infrastructure and could risk introducing unnecessary conflict into the pet owner and vet relationship. Therefore, we have provisionally discounted the option of providing specific pricing information at the point of purchase
- 5.45 Our provisional assessment is that neither of these options would be a proportionate part of this set of remedies. We have drawn on that assessment in reaching our provisional conclusion that a general message is the best option.

Implementation considerations

- 5.46 We have provisionally decided that this remedy should be implemented:
- (a) Insofar as it relates to the provision of information in FOPs and by vets, via a CMA Order on all veterinary businesses operating FOPs.
 - (b) In part B, section 2, we set out that we would look to work with the RCVS to undertake the remedies monitoring function for a number of remedies,

pricing data for medicines locally and do not list their medicine prices on their websites. They would need to either submit all their medicines prices or prices for a basket of medicines.

²²² For instance, one FOP may favour a given medicine, while another may use a different one, these may not be directly comparable so judgement may need to be used to determine which prices should be compared.

²²³ These include establishing IT systems to run real time price comparison, investing in IT infrastructure to present the consumer with a choice point, or introducing a break point which may elongate consultations.

including this one (or we may order it to do so). In this case, the role would require the RCVS, or another monitoring body, to monitor attestations and explore any complaints they receive about non-compliance.

- 5.47 These requirements would need to be complied with by all veterinary businesses operating FOPs. As set out in part B, section 2, we have provisionally decided that smaller veterinary businesses (those with fewer than 15 FOPs) should have longer to implement these proposed remedies. The period they would have to implement them would be six months, compared to a three-month implementation period for larger businesses.
- 5.48 The RCVS would need to produce some standardised literature, to be distributed to veterinary businesses, as well as updating its website to include both this information and details of authorised online pharmacies. We have provisionally decided that implementation by the RCVS would be required within three months of the CMA accepting an undertaking from the RCVS or a CMA Order being made.
- 5.49 Enforcement of non-compliance with the obligations of this remedy would be undertaken by the CMA.

Cost of implementation

Veterinary businesses operating FOPs

- 5.50 For veterinary businesses operating FOPs, implementation of the provision of information about written prescriptions, in particular through the dissemination of standardised literature and display of notices, as well as emails, text messages, and notices would require some administrative and material costs. We recognise that the cost per practice may be more substantial for smaller businesses than larger ones who can have common systems covering multiple practices, so spreading fixed costs.
- 5.51 That said, the costs would primarily relate to the printing of materials, and the updating of websites, messaging systems and boilerplate text on invoices/receipts. We note that many of the relevant resources and materials already exist and are routinely updated by businesses. These costs should, therefore, be incremental and limited.
- 5.52 We recognise that the requirement for vets to inform pet owners orally during the consultation of their ability to request a written prescription would take a small amount of time. However, we do not think this would be a material amount, and we do not see how this requirement could realistically have a material effect on the length of consultations, their price or availability.

5.53 We discuss the effectiveness and proportionality of this remedy in more detail in below.

The RCVS

5.54 We have provisionally decided to require the RCVS to produce the standardised literature setting out the written prescription process and for monitoring compliance with the obligations to inform pet owners about their ability to request a written prescription. The RCVS would need to have sufficient resources and capabilities to prepare and keep up to date content and materials which detail the written prescription process and distribute these materials (digitally) to FOPs.

5.55 For the RCVS, there would be some limited costs for producing standardised literature and updating its website. We anticipate that the monitoring costs would be very limited, with businesses providing attestations of compliance to the RCVS and the RCVS monitoring complaints of non-compliance and passing these on to the CMA.

5.56 We discuss the effectiveness and proportionality of all of the market opening measures below.

Remedy 8 – Measures to reduce barriers to pet owners purchasing online

We have provisionally decided that all veterinary businesses operating FOPs must provide pet owners who request a written prescription with either a hard-copy by the end of the consultation, or a digital copy by the end of the same day.

Description of the remedy

5.57 We have provisionally decided that all veterinary businesses operating FOPs²²⁴ should either:

- (a) produce a paper copy of a written prescription, for pet owners who request such a prescription, by the end of the consultation. For this purpose, we define the end of the consultation to occur when the pet owner makes payment (or other arrangements) at reception following their consultation; or

²²⁴ Which in this case includes (i) where the business offers retail out-of-hours services in one or more of those FOPs but not (ii) those parts of a business that operate a dedicated out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would apply in (i) in respect of those out-of-hours services but not in (ii) in respect of those services.

- (b) send the pet owner a digital copy of the written prescription by the end of the same day.

Aim of the remedy

- 5.58 We have identified that the delayed supply of a written prescription may act as a barrier to some pet owners purchasing medicines online. In particular, we understand that FOPs do not uniformly provide written prescriptions by the end of the consultation, such that some pet owners have to return either later the same day or the next day to collect a written prescription. Where this occurs, this imposes a cost to pet owners, and acts as a barrier to them choosing a written prescription.
- 5.59 This remedy, therefore, would aim to remove or reduce barriers to switching in order to enable pet owners to more easily purchase medicines online and benefit from lower medicine prices.

Design considerations

- 5.60 We understand that the failure to provide a written prescription at the end of a consultation may relate to the ability to make efficiency savings by batching prescriptions and producing them all at a certain time (such as at the end of the day). This may mean that it is quicker for a vet to produce a written prescription in a batch rather than individually.
- 5.61 However, where vets are providing hard copies of written prescriptions, requiring pet owners to return to the FOP to collect the written prescriptions is likely to carry a significant cost to those pet owners. There are also fewer steps in producing a written prescription than dispensing medication as there is no need to make checks on the medication, a task which (if a medicine is in stock) is achieved by FOPs by the 'end'²²⁵ of the consultation. On that basis, our provisional view is that it should be feasible for a FOP, operating efficiently, to issue a written prescription by the end of a consultation and before a pet owner leaves the FOP.
- 5.62 Where vets/veterinary businesses would prefer to batch written prescriptions and produce them together, they would continue to be able to do so, but must provide the pet owner with a digital copy of the written prescription, so that the pet owner does not need to return to the FOP to collect a paper version. The digital copy must be provided by the end of the day in which the consultation occurred.
- 5.63 All notices, located in FOPs, advising pet owners of the ability to request a written prescription (this is set out above) would reference these time periods.

²²⁵ By the end we mean within a short period of time from the consultation concluding recognising that customers may either be provided with medication in the consult room or asked to wait at the front desk.

Implementation considerations

- 5.64 We have provisionally decided that this remedy should be implemented via a CMA Order on all veterinary businesses operating FOPs.
- 5.65 As set out in in part B, section 2, we have provisionally decided that smaller veterinary businesses (those with fewer than 15 FOPs) should have longer to implement these proposed remedies. The period they would have to implement them would be six months, compared to a three-month implementation period for larger businesses.
- 5.66 In part B, section 2, we set out that we would look to work with the RCVS to undertake the remedies monitoring function for a number of remedies, including this one (or we may order it to take on that function). In this case, the role would require the RCVS, or another monitoring body, to monitor attestations and explore any complaints they receive about non-compliance.
- 5.67 Enforcement of non-compliance would be undertaken by the CMA.

Cost of implementation

- 5.68 Requiring a written prescription to be produced by the end of a consultation may have a higher cost to a veterinary business than the status quo, as they would no longer be able to access any efficiency savings associated with batch producing written prescriptions. However, the details on each written prescription are unique and a patient's records have to be accessed in order to prescribe. On that basis, our provisional view is that the scale of any savings from batching production of written prescriptions is likely to be small, and the incremental cost of requiring a written prescription to be produced by the end of a consultation is likely to be minimal. Moreover, even if savings from batch production are larger than we expect, or vets prefer to process written prescriptions at the end of the day once consultations are complete, FOPs could still do this by emailing a digital copy of the written prescription to the pet owner rather than requiring that they return to collect it.
- 5.69 We discuss the effectiveness and proportionality of all of the market opening measures below.

Remedy 9 – Own brand medication

We have provisionally decided that all veterinary businesses operating FOPs that sell own brand medication must include labelling on the medicine clearly specifying the active ingredients and that branded equivalents are available. This information would need to be included on the packaging and on the invoice. Veterinary businesses operating FOPs

would also need to ensure that vets inform the pet owner that there are branded equivalent(s) available for sale by third parties.

Description of the remedy

- 5.70 This remedy would be intended to provide pet owners with sufficient information that they are able to compare prices of own brand medications to an equivalent medicine sold by online pharmacies, for future purchases.
- 5.71 We have provisionally decided that all veterinary businesses operating FOPs²²⁶ which offer own brand medication must:
- (a) specify clearly on the labelling, packaging and on the invoice the active ingredients contained within the own brand medication and a statement that branded equivalents are available;
 - (b) provide the pet owner the name of the branded equivalent, which must be provided alongside the medication when it is dispensed; and
 - (c) ensure that vets prescribing own brand medication inform pet owners orally that there are branded equivalents available, which can be purchased from third parties.

Aim of the remedy

- 5.72 We have identified that some veterinary businesses operating FOPs supply own brand versions of prescription medication. An own brand medicine is a clinically equivalent version of another POM-V medicine, that is branded by the drug manufacturer for the veterinary business, with a name supplied by the veterinary business. The own brand medicines are not available from other suppliers, although they are very likely to sell the clinically equivalent branded version. Where pet owners are sold these medications, they may not be aware that branded equivalents are available elsewhere with a written prescription, and may not have sufficient information to be able to compare prices between the own brand and branded versions.
- 5.73 This remedy would aim to provide pet owners with sufficient information that they (i) know that they are being dispensed an own brand medication, (ii) can easily ascertain what are the active ingredients, and (iii) know the branded equivalent so they can compare prices online.

²²⁶ Which in this case includes (i) where the business offers retail out-of-hours services in one or more of those FOPs but not (ii) those parts of a business that operate a dedicated out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would apply in (i) in respect of those out-of-hours services but not in (ii) in respect of those services.

Design considerations

- 5.74 We understand that, currently, there are only two LVGs retailing own brand medication, although other veterinary businesses may choose to do so in the future. In the Remedies Working Paper, we set out both a proposal for full generic prescribing and a more limited proposal for a version of generic prescribing for own brand medication.
- 5.75 We have provisionally chosen not to pursue a remedy requiring full generic prescribing due to the technical issues raised in responses to the Remedies Working Paper.
- 5.76 We received responses from CVS and IVC, who currently retail own brand medication which were supportive of an information remedy for own brand medication.
- (a) IVC told us that a requirement that vets prescribing an Own Brand medicine stipulate the branded equivalent on the prescription would be an appropriate remedy (ie as per the CMA's alternative option). This could be supplemented with a transparency remedy requiring that the labelling, packaging, and invoicing of the Own Brand medicine must also state the active ingredient clearly. In IVC's view, this package of remedies would comprehensively and robustly address the CMA's concerns around Own Brand medicines²²⁷
 - (b) CVS told us that it recognises the CMA's concern around consumer awareness and is supportive, in principle, of a requirement to include the active ingredient on prescriptions for MiPet products (together with other required information such as the formulation etc.). This would enable the dispensing vet to select appropriate alternatives. This is acceptable from a liability standpoint, because CVS has certainty over the clinical equivalency of products as compared to its own MiPet range.²²⁸
- 5.77 Our provisional view is that, to ensure that pet owners are aware that they are receiving an own brand version of a medicine, information needs to be provided to them at multiple points, not only on the medicine label, and reinforced by an oral message from the vet. In particular:
- (a) When the vet decides to dispense an own brand medication, they must inform the pet owner that branded equivalents are available from third parties and provide the name of the equivalent brand with the medication;

²²⁷ IVC response to Remedies Working Paper paragraph 3.37

²²⁸ CVS response to Remedies Working Paper page 27

- (b) The labelling and packaging for the own brand medication must clearly display the active ingredients used in the medication;
- (c) The invoice should include the active ingredients used in the medication and a clear statement that there are branded equivalents available elsewhere.

Implementation considerations

5.78 We have provisionally decided that this remedy should be implemented:

- (a) Insofar as it relates to the obligation to provide pet owners with certain information, via a CMA Order on all veterinary businesses operating FOPs and which supply own brand versions of prescription medication.
- (b) In part B, section 2, we set out that we would look to work with the RCVS to undertake the remedies monitoring function for a number of remedies, including this one, or we may make an order to that effect. In this case, the role would require the RCVS, or another monitoring body, to monitor attestations and explore any complaints they receive about non-compliance.

5.79 These requirements would need to be complied with by all veterinary businesses operating FOPs within a period of three months; currently we understand that this would only apply to two LVGs.

5.80 Enforcement of non-compliance will be undertaken by the CMA.

Cost of implementation

5.81 For veterinary businesses operating FOPs, implementation of this remedy would involve updating labelling and packaging for the own brand medication and changing the standard text on invoices that include own brand medication. This would impose some small costs on business, but these were not identified as material in the responses to the Remedies Working Paper (referred to above).

5.82 Requiring the vet to inform pet owners that they are receiving an own brand medication would represent a small time cost to vets. However, this would be an essential part of the remedy and our provisional assessment is that the cost would not be significant.

5.83 We discuss the effectiveness and proportionality of all of the market opening measures below.

Remedy 10 – Choice of default for repeat prescriptions

We have provisionally decided that pet owners should be given a chance to choose whether their default for repeat prescriptions is a written prescription or medication

dispensed in-clinic. If the pet owner does not make a choice they would default to written prescriptions. To facilitate this choice, all veterinary businesses operating FOPs must contact their registered customers at specified times and ask them to choose their default option for repeat prescriptions.

Description of the remedy

- 5.84 We have provisionally decided that pet owners should be given the choice of whether their default for repeat prescriptions is a written prescription, or dispensing in-clinic. If the pet owner does not choose, their default would be a written prescription.
- 5.85 In offering this choice, veterinary businesses operating FOPs²²⁹ would need to inform pet owners that it is often significantly more expensive to buy repeat medication from a FOP. This remedy would have the benefit of reducing pet owner inertia, while allowing those who place a high value on buying medication directly from the FOP (without the need to pay for a written prescription) to continue to do so.
- 5.86 Where a pet owner chooses to receive a written prescription by default for any repeat medication, they would do so except in a narrow set of circumstances.
- 5.87 If a pet owner chooses that their default option for repeat prescriptions should be purchasing in clinic, the obligations of remedy 7 would still apply, so the vet would still need to offer them a written prescription.

Aim of the remedy

- 5.88 Remedy 7 would increase pet owners' awareness of their ability to request a written prescription, irrespective of whether they require chronic or acute medication. However, we have identified that the savings from shopping online are largest for chronic and preventative medications (including FTW), and particularly for repeat prescriptions, where a pet owner may need to purchase a medication for a prolonged period of time.²³⁰ Therefore, we have considered whether additional remedy measures that target repeat prescriptions may be desirable.
- 5.89 We are concerned that the dual role of the vet as the prescriber and dispenser of medication may reduce the likelihood of pet owners switching from buying medicines in-FOP to using online pharmacies, or at least significantly limit the practical possibility of them doing so. Currently, the default option when a vet

²²⁹ Which in this case includes (i) where the business offers retail out-of-hours services in one or more of those FOPs but not (ii) those parts of a business that operate a dedicated out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would apply in (i) in respect of those out-of-hours services but not in (ii) in respect of those services.

²³⁰ Appendix I: Supporting evidence for Section 11: Veterinary medicines

decides a medication is needed is that they dispense the medication, with a written prescription provided only on request.

Remedy design considerations

- 5.90 Responses to the Remedies Working Paper raised significant concerns around mandatory prescriptions for all medication and submissions that third party retailers are not viable suppliers for urgent medications. Accordingly, we are not minded to change the current position for all medication, whereby a pet owner needs to request a written prescription, if they desire one.
- 5.91 In the Remedies Working Paper, we explored the possibility of mandatory prescriptions for repeat medications only. We received some responses that were supportive of this option. Respondents noted that mandating written prescriptions for repeat medication only, would not inhibit acute patients' ability to start treatment immediately and would allow vets sufficient sales volume to maintain their own stocks of medicine, while targeting those pet owners most likely to benefit from written prescriptions.
- 5.92 We have considered an appropriate way to design a remedy that has the same or similar effect to requiring the writing of prescriptions for all repeat medication, but that allows those consumers who place a high value on receiving their medication from a FOP to continue to do so. We have taken into account that the situation in which pet owners make decisions about even repeat medication may be emotional, and in which their vet has the unusual role as prescriber and dispenser (seller) that may limit or inhibit pet owners' ability to make comparisons and choices.
- 5.93 We would require that veterinary businesses operating FOPs contact pet owners registered at their FOPs at specified times in order to inform them of their default option and offer them the opportunity to choose. We propose that the process would be as follows:
- (a) FOPs²³¹ would be required to contact all registered customers and send them standardised literature explaining what a repeat prescription is, how the default option works and the potential savings from buying online, the contents of which would be specified by the CMA. FOPs would present the same information to new customers when they first register at the FOP. Pet owners would then be sent an email and text message asking whether they would like to set their default option for repeat medication to be written prescriptions or receiving medication in-FOP.

²³¹ In legal terms, the veterinary businesses operating them.

- (b) The messaging above would make clear that if the pet owner does not respond their default for repeat medication will be a written prescription.
- (c) On an annual basis, the pet owner would be reminded of their default for repeat medication and informed that they can change their choice either by contacting their FOP, or at their next consultation. We envisage that FOPs would do this alongside existing annual communications. The contents of the message would be specified by the CMA and digital versions of the information set out in (a) would be provided.

- 5.94 In order to ensure a standardised approach, the contents of the messages sent to customers would be specified by the CMA. The pet owner's choice of default would be recorded on the PMS and displayed to the vet when the pet owner attended for a consultation.
- 5.95 Our provisional view is that it is important that pet owners make the decision about their default for repeat prescriptions outside of the consultation room. This would enable them to have time to read any accompanying literature and make a considered decision, while also avoiding an additional burden on vets' time during consultations.
- 5.96 Where the default is that a pet owner is to receive a written prescription for repeats, a vet must generally provide one at any consultation where such medication is prescribed. There would be an exception where the vet believes that there is a clinical reason which requires them to issue a medication in clinic. They would be required to explain this to the pet owner and record the justification on the PMS system. We envisage that these exceptions would be limited, principally to:
- (a) Any 'emergency' dispensing of a medication – where a pet is on a chronic medication, a pet owner can run out such that they need it urgently. In these circumstances, it is appropriate for the vet to dispense a single course of medication, rather than issue a written prescription.
 - (b) Where there are product shortages, such that the normal medication is not available from an online pharmacy, but the vet has stock of the relevant medication or is able to provide a short-term substitute.
 - (c) Where it would be cheaper for the pet owner to be dispensed medication by the FOP directly than to pay the associated prescription charge and buy from an online pharmacy.
- 5.97 We would recommend that the RCVS review its guidance and amend it as necessary to give effect to these exemptions.

- 5.98 Where the pet owner decides that they want to buy a course of medication from the FOP, despite their default being to receive a written prescription, they would be able to request this.
- 5.99 Veterinary businesses operating FOPs would be required to report annually to the RCVS, for each FOP, the total number of written prescriptions issued, the proportion of customers selecting defaults, and the proportion of repeat medicines where they recommended purchasing in-house, including the reasons why. This would be used to monitor compliance with the remedy. Since this information would already be recorded in the PMS, FOPs should be able to extract it quickly and easily.

Definition of a repeat medication

- 5.100 We understand that typically when a pet requires a long-term medication, a vet will issue a short course to check that it is well tolerated. If the vet is happy with the medication, they will issue it again.
- 5.101 It is this second issuance, and any subsequent issuance, of the same medication that we propose to define as a repeat prescription, as from this point on medication can be issued for a period of time (commonly 6 months) and can be supplied multiple times without the requirement for the pet to be seen by the vet.

Implementation considerations

- 5.102 In order to implement the remedy, veterinary businesses would need to make some changes to their existing systems. These would include:
- (a) Updating their PMS so that it can record a pet owner's default option and display this on screen during a vet consultation. For example, this could be a note on the pet owner's record (providing it is sufficiently prominent to ensure that the vet notes it) or a pop-up notification that the vet has to accept to close.
 - (b) Updating the PMS to capture the reason why any pet owner whose default is set to be a written prescription default is issued with medication by the vet (that is, in contrast to the default). This could involve a tick box menu of the main exemptions and a write in for another option.
 - (c) Annually, on a date defined by the CMA Order, the veterinary business would generate a report based on the collated data recorded in (b) and send this to the RCVS.
 - (d) Setting up a messaging system to prompt pet owners to respond with their choice of default and integrating this so it is recorded on the PMS. We note in

this regard that other details in a pet owner's registration require periodic updates.

- 5.103 There would be some one-off administrative costs incurred by veterinary businesses to implement these changes, and it may take longer for smaller businesses, with fewer resources, to make them.
- 5.104 There would be small ongoing costs in reporting the number of written prescriptions, defaults and exemptions to the RCVS. We envisage that the PMS would be able to return a report with the relevant information when given a query, so costs of reporting would be minimal (ie the time cost of a member of the veterinary business's administrative staff querying the PMS and submitting the data to the RCVS).
- 5.105 There would be a small ongoing time cost to vets in acknowledging the default option, and in any case where an exemption is used, recording this on the system. However, overall, we assess that this measure would be likely to have a net positive effect on vets' time, as for any pet owner on a default option the vet would not need to discuss written prescriptions.
- 5.106 As set out in part B, section 2, we have provisionally decided that smaller veterinary businesses (those operating fewer than 15 FOPs) should have longer to implement these proposed remedies. The period they would have to implement them would be six months, compared to a three-month implementation period for larger veterinary businesses.
- 5.107 In part B, section 2, we set out that we would look to work with the RCVS to undertake the monitoring function for a number of remedies or we may order it to do so. Either way, we propose that the monitoring would include this remedy. In this case, the role would require the RCVS, or another monitoring body, to monitor attestations and conduct basic analysis of annual returns to identify any veterinary businesses that are significant outliers. These would then be subject to some increased scrutiny to determine if the deviation is valid, or due to failure to comply with CMA Orders.
- 5.108 We envisage that this remedy would apply to all issuances of repeat prescriptions. However, where a customer has chosen to subscribe to a Pet Care Plan which includes Flea, Tick and Worming treatment at no additional cost, it would not be logical for them to receive a written prescription for these products. Therefore, we propose to exclude any medicine provided free of charge at point of dispensation from this remedy.
- 5.109 We discuss the effectiveness and proportionality of all of the market opening measures below.

Effectiveness of our market opening remedies in medicines

How the remedies would work with the other remedies to address the AECs and resulting customer detriment

- 5.110 These market opening remedies would address the AEC, and the resulting consumer detriment (in this case, high medicine prices), by helping pet owners' make informed choices when purchasing veterinary medicines. This would enable more pet owners to benefit directly from lower medicine prices online, as well as increase competitive pressure on veterinary businesses operating FOPs, which may lead them to reduce medicine prices in order to compete effectively.
- 5.111 These remedies would ensure that more pet owners have the capacity, the opportunity and the motivation to purchase medicines online at lower prices, both for one-off and repeat prescriptions.
- (a) The information measures in remedy 7 would ensure pet owners are aware of the savings they can access online. We would require that the key information pet owners need (that is, their ability to request a written prescription and the potential savings available from buying medicines online) is provided to them clearly and repeatedly, in a variety of formats and at a variety of times. This would remedy the current situation where information is not provided in an effective manner;
 - (b) Remedy 8 would ensure that pet owners receive written prescriptions promptly and do not have to return to the FOP to collect them, which may represent a significant barrier to pet owners using online pharmacies. These measures would effectively remedy this issue, while still allowing FOPs to produce written prescriptions at the end of the day as long as they are provided in a digital format;
 - (c) Remedy 9 would provide pet owners prescribed own brand medicines with additional information that would allow them to know which branded medicine is equivalent, and as such which online price is a comparator. This measure would effectively remedy a lack of information about the comparator products for own brand medication;
 - (d) Remedy 10 would reduce pet owner inertia when deciding where to purchase repeat medication. A chosen default would effectively remedy this issue while still enabling those pet owners who place a significant value on buying medicines directly from a FOP to do so.
- 5.112 We have considered risks of costs and adverse effects that may arise from the remedies, as described below. We have not identified any such risks that, in our provisional view, mean the remedies would not be effective.

Effective implementation, monitoring and enforcement

- 5.113 We have described above how these remedies would be implemented, monitored and enforced.
- 5.114 Our provisional assessment is that the proposed remedies would be capable of effective implementation, monitoring and enforcement. We have described what relevant parties' obligations would be. The remedies would, in our assessment, be clear as to what parties must do to comply. In many cases, the relevant obligations build on existing processes and resources (such as websites, production of practice literature and the RCVS functions) as we have described, and they would be capable of effective implementation.
- 5.115 A number of the requirements of the remedies are open to ready observation, for instance placing standardised signage in visible locations in a FOP. The remedies can be monitored by way of attestations made to, and observations made by, the appointed monitoring body. The clarity of the obligations and their observability would lend itself to reports/complaints made by pet owners in cases of non-compliance and effective CMA enforcement if necessary. This amenability to monitoring and enforcement would create strong incentives for veterinary businesses operating FOPs to comply.

Timescales for implementation and for it to take effect

- 5.116 We have described above our consideration of the time in which the remedies should be implemented, including staggering the implementation deadlines for certain veterinary businesses operating FOPs. Our proposals are that:
- (a) Remedy 7 could be implemented by larger veterinary businesses (those operating at least 15 FOPs) within three months and smaller veterinary businesses (those operating fewer than 15 FOPs) within six months;
 - (b) Remedy 8 could be implemented by larger veterinary businesses operating FOPs within three months and smaller veterinary businesses (those operating fewer than 15 FOPs) within six months;
 - (c) Remedy 9 could be implemented by all veterinary businesses operating FOPs within three months;
 - (d) Remedy 10 could be implemented by larger veterinary businesses (those operating at least 15 FOPs) within three months and smaller veterinary businesses (those operating fewer than 15 FOPs) within six months.
- 5.117 We anticipate that these market opening remedies once in place would have a positive effect on competition promptly. They would be clear, simple and equip pet owners with what they need to make better informed choices when buying

medicines. We foresee that many pet owners would soon start to act on the stimulus to compare online medicines prices, to buy more medicines from that source and to generate greater competitive pressure. That would be a rational response.

Consistency with existing and anticipated future laws and regulations

5.118 We have not identified any respects in which the proposed remedies would conflict with existing or anticipated future laws and regulations.

Proportionality of our market opening measures in medicines

How the remedies are effective in achieving their aims

5.119 For the reasons set out above, we provisionally consider that each of the proposed remedies would be effective in achieving the aims of enabling pet owners to make better choices when purchasing veterinary medicines and increasing the competitive pressure from online pharmacies on FOP medicine prices.

How the remedies are no more onerous than necessary to achieve their aims

5.120 Our provisional assessment is that, individually and collectively, the proposed remedies are no more onerous than necessary to achieve their aims. In order to address the AEC, it is necessary that more pet owners can make informed choices as to whether they purchase medicines in clinic or from online pharmacies. Requiring businesses to provide information about written prescriptions is essential in fulfilling this aim. Likewise, ensuring that such prescriptions are provided with minimal delay is important in order to prevent unnecessary inconvenience deterring customers from using online pharmacies.

5.121 We have designed these remedies such that the associated costs would be minimised for veterinary businesses operating FOPs and no more than necessary in order to achieve these aims.

5.122 For remedy 7, we have sought to minimise costs where possible by proposing that the required information would be standardised and provided to veterinary businesses for them to display in FOPs. This would have the dual benefit of ensuring consistent messaging across practices and reducing the burden of complying with the remedies as the businesses would not be responsible for design. The remedy still has some small costs to business, but these are necessary to achieve the remedies' aims:

- (a) The provision of literature and information, whether in hard copy or online, would impose limited administration costs and largely be one-off, particularly

where, for example, the provision of information in emails and text messages can be automated;

- (b) While we understand concerns that have been expressed by some vets that there are challenges and costs associated with spending time offering a written prescription during a consultation (and the likelihood of more time consequently spent preparing written prescriptions), we consider that an oral offer of a written prescription by a trusted vet at the time of prescribing is a critical and irreplaceable source of information to consumers, and therefore a necessary and proportionate element of this information remedy that would take only a very small amount of time to implement.

- 5.123 For remedy 8, we have carefully considered different approaches to reducing the delays in accessing a written prescription that may deter pet owners from purchasing medicines online, including how to mitigate cost increases for veterinary businesses operating FOPs. Although we understand that some FOPs may find it an administrative challenge to issue written prescriptions by the end of the consultation, this remedy would, in our provisional view, be the least onerous method of achieving this aim because FOPs would retain the discretion as to whether to prepare written prescriptions (in digital form) later in the day rather than during the consultation if they wish. We understand that many FOPs already provide digital versions of prescriptions to their customers or directly to online pharmacies.
- 5.124 For remedy 9, our provisional assessment is that the costs of implementation would be minimal., Labels and packaging can be centrally updated to detail the active ingredient. The time cost to the vet of stating that there are branded equivalents when they dispense an own brand medication would be minimal. We note that responses to the Remedies Working Paper (as set out above) were broadly supportive of a remedy on own brand medicine that would involve relabelling packaging. They did not raise concerns about the costs of implementation.
- 5.125 For remedy 10, our provisional view is that the costs of the default remedy for veterinary businesses operating FOPs would be limited and no more than necessary in order to achieve the aim of the remedy. The costs to updating the PMS and other systems to record and display the default option would largely be one off. They would relate to additions to, or adaptations of, existing systems of record keeping, not the creation of new ones, and we anticipate that those additions or adaptations could be managed as part of the regular workflows involved in the routine management of those systems.
- 5.126 As set out in the individual discussions of each remedy's implementation above, the RCVS would be responsible for the production of some literature and for

monitoring and enforcing some remedies. The RCVS would incur some costs in doing so; these would be recovered through a levy on businesses.

How the remedies are the least onerous if there is a choice between several effective measures

- 5.127 The proposed remedies are, in our provisional view, the least onerous means of achieving the relevant aims.
- 5.128 The concerns we have identified relate, among other things to pet owners' limited awareness of their ability to obtain written prescriptions and of the savings they could make where they buy medicines from third-party retailers. They also relate to challenges or barriers pet owners face in comparing prices and making choices about where they buy medicines owing to factors such as the sometimes emotional circumstances in which they make those decisions and the dual role their vet plays during a consultation as a prescriber and dispenser (seller) of medicines.
- 5.129 In principle, those concerns could be addressed by a range of measures, and we have considered whether they should be. Vets could be required to issue written prescriptions in all cases. They could be required to include on such written prescriptions specific savings that pet owners could make buying the relevant medicine from a third-party. They could alternatively be required to provide that specific information in real time by some other means, and a break point could be inserted into consultations so as to enable pet owners to leave the consulting room and compare online prices.
- 5.130 We contemplated some of those alternatives in our Remedies Working Paper, and in particular whether we require the introduction of mandatory prescriptions which would be issued in all circumstances. Under this remedy design, the written prescription would be used as vehicle to deliver information to pet owners on the prices that the medicine is available for elsewhere. This would (i) overcome low awareness among pet owners of the ability to get a written prescription, and (ii) inform FOP customers of online medicine prices,
- 5.131 In our provisional view, there are significant challenges around the proportionality of such a requirement. This is because written prescriptions would be issued even when customers could not reasonably buy medicines from a third party – for instance when a medicine was required urgently – and implementation costs for an IT solution would likely be high.
- 5.132 Our assessment is that although such remedies would be effective at addressing the AEC we provisionally find, they would be difficult and materially more expensive to implement than those we are proposing to adopt, with limited additional benefit.

Whether the remedies produce adverse effects which are disproportionate to their aims

- 5.133 Our provisional judgement is that, while there may be some limited adverse effects arising as a result of our proposed remedies, they are proportionate to the likely benefits. The benefit to pet owners of access to significantly lower medicine prices would strongly outweigh any resulting detriment.
- 5.134 We received responses to the Remedies Working Paper highlighting the risks of waterbed effects, of reduced medicine stocks and of fraud arising from increased usage of written prescriptions and pet owners switching to online pharmacies.

Waterbed effects

- 5.135 Waterbed effects refer to businesses increasing the price of service B to make up for a reduction in the revenue received from service A, caused by regulatory intervention. Waterbed effects are more likely to occur where profitability is low, as this means that firms are less likely to be able to absorb a loss of revenue without increasing other prices.
- 5.136 Numerous parties have raised concerns that interventions that increase the number of written prescriptions issued (this is set out in our summary of responses to the Remedies Working Paper), and thus move prescription volume online or cause veterinary businesses operating FOPs to reduce medicines prices, would result in those businesses needing to increase the price for other goods or services to make up for lost revenue. We have been told that some veterinary businesses are using higher markups on medicines in order to be able to offer lower prices for products and services that are valuable to pet owners, such as consultations and vaccinations.
- 5.137 Our medicines market opening remedies aim to make pet owners more aware of medicine prices, so that they are able to choose whether to access the savings available elsewhere. Competition would increase in an area where, in our provisional assessment, it is currently weak, and the prices pet owners are paying are too high. We recognise the potential for some effect on other prices, however we also note:
- (a) Veterinary businesses that represent a substantial part of the market are, in our provisional assessment, making profits that are in excess of the cost of capital. Therefore, they should not need to increase other prices;
 - (b) For the rest of the market, we are proposing to give the smallest businesses (which constitute around 40% of all veterinary businesses) additional time to implement, and to adjust to the effects of, the remedies where we consider it is required;

- (c) These remedies would form part of a wider package of remedies, including others that increase transparency (for example, as to the prices of services) and empower pet owners to make good choices. They will play an important role in helping all kinds of FOPs and veterinary businesses compete over the relative advantages they offer pet owners²³² and keep prices for other services at competitive levels.²³³

5.138 Ultimately, however, and as described more fully in part A, section 5, a business model which is based on pet owners not being aware that they are paying significantly more than they need to for products such as medicines, and in which those prices are insulated from competitive pressure, is incompatible with a well-functioning market.

Medicine stock

5.139 FOPs currently stock a range of medicines for both chronic and urgent use cases. Since online pharmacies are not a substitute for urgent use cases, our market opening remedies would not result in written prescriptions being issued for these cases. Therefore, FOPs would maintain a significant volume of medicine sales under the remedies. In future, there may be some drugs used solely, or mainly, to treat chronic conditions that are most frequently sold online. If any of these have high rates of wastage, then it is possible that it may no longer be economic for FOPs to stock them. However, FOPs could choose to order in some of these medicines when needed, directly from their wholesaler, or compete to sell them by lowering their prices.

Fraud

5.140 It has been suggested to us that a risk of fraud may arise because written prescriptions do not currently contain any unique identifiers, such that repeat usages of a single written prescription have to be manually identified. This means that fraud detection currently relies on manual communication between FOPs and online pharmacies, which is unlikely to be fully effective when there are large volumes of prescriptions. Given that current absolute numbers of written prescription are significant,²³⁴ and many responses to the Remedies Working Paper raised current concerns of fraud (this is set out in summary of responses to

²³² For example, if their prices are generally lower, which may help them attract and retain customers.

²³³ We take into account in this regard paragraph 353 of our CC3 guidance, which says: 'In selecting and designing remedies, the CC will also have regard to the potential for more competitive markets to create profitable opportunities for new and innovative competitors as well as the cost of remedial measures on established businesses. However, where businesses have been found to be earning profits persistently in excess of their cost of capital as a direct result of a feature of the market (this is set out in paragraphs 114 to 126), and are likely to continue to do so in the absence of intervention, the CC will not usually give any significant weight to the anticipated reduction of such profits as a negative effect of a remedy.'

²³⁴ Although small as a percentage of medicines prescribed.

the Remedies Working Paper), there are clearly challenges with the current system in addressing fraud.

- 5.141 The AEC we have provisionally found in the medicines market relates to a lack of awareness among pet owners of the ability to request written prescriptions and of the price savings available by doing so. We expect that our proposed remedies would increase the number of written prescriptions issued, and so would lead to increased competition from online pharmacies on FOPs. We have not identified any reason why the remedies would be likely to increase the likelihood of fraud.
- 5.142 We have considered the introduction of a national e-prescription service but provisionally decided not to propose this since it would be disproportionately costly. However, an increase in written prescription volumes may increase the incentive for the market to develop a solution and we are aware of at least one technical solution currently in development in the UK.
- 5.143 Our provisional decision is, therefore, that the proposed remedies would be proportionate.

6. Medicines: prescription price controls and medicines price controls

- 6.1 As outlined in the Remedies Working Paper, we considered whether price controls should be put in place in the medicines market on written prescriptions and medicines.
- 6.2 Assessing the need for a broad set of remedies, possibly including price controls or other interventionist measures, is important given the substantial customer detriment we provisionally find in the market. A significant element of that detriment is attributable to the high prices of medicines bought in FOPs (as set out in part A, sections 11 and 16).²³⁵ Our provisional judgement is that, to ensure the AEC or its detrimental effects are remedied, impactful remedies that materially reduce those prices are required.
- 6.3 Price controls may be appropriate where effective remedies aimed at introducing competition are unavailable. One example is where there are inherent features of the market that would exist even if it were well-functioning, and there is a need to address their consequences. They may also be suitable if other remedies would take effect over time and there is a need to address harm to pet owners in the meantime.
- 6.4 We address first the prescription price cap, where we have provisionally decided to set a maximum price of £16 that a veterinary business operating a FOP can charge for providing a written prescription, and then the possibility of a medicines price cap, where we have provisionally decided not to introduce a cap on medicine prices.

Remedy 11: Prescription price cap

We have provisionally decided to set a maximum price of £16 that a veterinary business operating a FOP can charge for providing a written prescription. This price cap would apply to all veterinary businesses operating FOPs.

To prevent circumvention of the cap, veterinary businesses operating FOPs would also be required to put in place policies and procedures on the duration of prescriptions and to ensure that only a single prescription fee would be charged per consultation.

²³⁵ Part A, section 11: Veterinary Medicines, subsection Prices for veterinary medicines at FOPs and online pharmacies and subsection Profitability of veterinary medicine sales to FOPs, and part A, section 16: Provisional conclusions (AECs): Consumer detriment subsection The supply of veterinary services by FOPs.

Description of the remedy

- 6.5 This remedy would impose a maximum price that a veterinary business operating a FOP²³⁶ can charge for providing a written prescription. This maximum price would be set initially at £16, with annual adjustments for inflation. This remedy would support the market opening remedies in the medicines market (set out in part B, section 5)²³⁷ and would ensure that prescription fees are set at a reasonable level and do not deter pet owners from accessing savings on medicines available online.
- 6.6 We have provisionally decided that this remedy would apply to all veterinary businesses operating FOPs but that the implementation period for larger veterinary businesses (those operating at least 15 FOPs) should be six months, while smaller veterinary businesses (those that have fewer than 15 FOPs) should be longer, ie six months.

The aim of the remedy

- 6.7 Prescription fees, and the level at which they are set, can make a significant difference to whether shopping online for some medicines is worthwhile for pet owners. There are substantial savings available online for some medicines but, for lower cost medicines or those where the savings are less substantial, a moderate difference in the savings from going online could be significantly offset by higher prescription fees. If veterinary businesses operating FOPs were to increase prescription fees materially, these higher fees could significantly reduce the incentive for pet owners to shop online for medicines.
- 6.8 We observe, as described more fully below and in part A, section 11,²³⁸ that current prescription fees range widely, with a quarter of prescriptions priced below £15 and a quarter above £25. We also see that some of the higher fees are charged by LVGs which we might expect would have more efficient processes for the administrative steps involved in producing written prescriptions. That range indicates that these particularly high fees are not sufficiently constrained by competition.
- 6.9 The aims of this prescription price control would, therefore, be twofold:
- (a) First, to prevent veterinary businesses operating FOPs being able to respond to greater competition from online pharmacies by increasing prescription fees

²³⁶ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

²³⁷ Part B, section 5: Medicines market opening remedies.

²³⁸ Part A, section 11: Veterinary Medicines, subsection Prescription fees may deter at least some pet owners from requesting a written prescription from their vet.

and thereby reducing or removing the financial incentive for pet owners to request a written prescription and purchase from online pharmacies. Higher prescription fees could deter pet owners from moving to competitors (online pharmacies).²³⁹ The price cap would therefore seek to avoid veterinary businesses operating FOPs undermining the effectiveness of the market opening remedies.

- (b) Second, to reduce existing prescription fees to reasonable levels where they do not currently appear to be constrained by competition. In those cases, higher fees have the potential to deter pet owners from obtaining written prescriptions and buying medicines online, particularly for lower priced medicines (as set out in part A, section 11).²⁴⁰

How the remedy addresses the provisional AEC and resulting consumer detriment

6.10 Our provisional assessment is that a prescription fee price control would effectively address our concerns by:

- (a) helping to address the AEC, and prevent future consumer detriment, by ensuring the medicine market opening remedies are effective and cannot be undermined by veterinary businesses operating FOPs raising prescription fees; and
- (b) removing existing consumer detriment resulting from the AEC by reducing current high levels of prescription fees.

6.11 Vets have a gateway role relating to medicines, in which they have the dual function of prescriber and (potentially at least) dispenser (and seller). Pet owners' relationships with them at the relevant moment in the consulting room is a closed one in that they are not able to compare providers' prescription fees and obtain a written prescription elsewhere. On those bases, it is not clear that prescription fees themselves could be exposed to competition to an extent that constrained the price or mitigated the risk of circumvention. A price cap would, in our provisional assessment, do that.

Remedy design considerations

6.12 The key remedy design considerations are:

²³⁹ While there would be greater transparency of prescription fees (as set out at part B, section 3: Pet owner empowerment remedies) we do not consider that any impact of increased transparency on these fees would be sufficient to offset the incentive of veterinary businesses operating FOPs to raise prescription fees.

²⁴⁰ Part A, section 11: Veterinary Medicines, subsection Prescription fees may deter at least some pet owners from requesting a written prescription from their vet.

- (a) the level at which the price cap should be set;
- (b) whether the price cap should apply to all veterinary businesses operating FOPs;
- (c) when the price cap should come into force;
- (d) whether the price cap should be adjusted over time; and
- (e) whether the price cap should be varied to account for regional differences.

Setting the level of the price cap

- 6.13 We have provisionally set the level of the cap at £16 across the market. We considered a wide range of evidence in our analysis of whether a cap was appropriate and the level at which to set it.
- 6.14 There are risks in setting a prescription price cap, arising primarily arising from setting the cap at the wrong level. This could involve setting it either too low or too high.
- (a) If the limit on prescription fees is set too low, it may prevent veterinary businesses operating FOPs covering reasonable prescribing costs.
 - (b) If the cap is set too high, its effectiveness in limiting or lowering fees for pet owners may be partly or fully undermined, in turn limiting the effectiveness of the wider market opening remedies in lowering the costs to pet owners of buying medicines. Moreover, it could have a negative impact and cause additional detriment to customers if the level were set too high and a substantial proportion of veterinary businesses operating FOPs increased their current charges to that level (if the cap level became a focal point, or the businesses perceived the cap to represent a ‘reasonable’ level to charge).

Evidence of costs related to written prescriptions

- 6.15 In considering the level at which to set a cap on prescription fees, we explored a range of evidence related to the costs to veterinary businesses operating FOPs of providing a written prescription, including seeking cost information from such businesses. We were, however, unable to obtain robust estimates for these costs because incremental costs associated with the sale of veterinary medicines are not monitored during the ordinary course of business by LVGs.²⁴¹ In response to the Remedies Working Paper we received further information on costs from some

²⁴¹ As set out in part A, section 11: Veterinary medicines, subsection FOPs charge a range of fees in relation to veterinary medicines. We focused our requests for this information on LVGs instead of independent FOPs because we expected the larger firms were more likely to hold this information, and they represent a significant share of the market.

respondents, but these likewise did not suggest that we would be able to obtain robust estimates. Therefore, we consider that setting the level of a prescription price control based on any bottom-up cost analysis would not be reliable or robust.

- 6.16 Prescription fees may cover more than the direct cost of providing a written prescription to pet owners (either on paper or electronically) and transmission to an online pharmacy. Based on the views of vets and veterinary businesses, we understand that prescription fees may also cover the cost of anticipated follow-on activities (including answering queries from pet owners or third-party retailers), responding to side-effects experienced by a pet, and on-going liability for the use of medication to treat the pet under care.²⁴² Respondents to the Remedies Working Paper told us that the costs of measures to minimise errors or fraud are also included in the prescription fee.²⁴³
- 6.17 The costs included in the prescription fee may vary across FOPs. We understand that some activities covered by prescription fees by some vets and veterinary businesses may be included as part of the consultation by others.²⁴⁴ For example, explaining how to administer the prescribed medication to the pet owner and the potential side effects of the medication could be part of the dispensing and prescription fees or the consultation fee.

Evidence on current prescription fees in the market

- 6.18 As an alternative to setting a cap on prescription fees using a bottom-up cost analysis, we have considered the level of fees that veterinary businesses operating FOPs charge for written prescriptions in the market (with our latest data being primarily from 2023),²⁴⁵ as outlined in part A, section 11,²⁴⁶ and detailed below. This shows that there was a wide diversity of prescription fees, with a notable difference between sites run by independent businesses operating FOPs and some LVGs.²⁴⁷

²⁴² As set out in part A, section 11: Veterinary medicines, subsection FOPs charge a range of fees in relation to veterinary medicines.

²⁴³ CMA summary of Remedies Working Paper responses. For example, Respondent 7, Respondent 8, Respondent 23, The George Vet Group.

²⁴⁴ As set out in part A, section 11: Veterinary medicines, subsection FOPs charge a range of fees in relation to veterinary medicines.

²⁴⁵ Data on independent sites covers the 2023 calendar year. Four of the six LVGs also provided data on the price and quantities of prescriptions from 2023. (One LVG [redacted] provided a snapshot of price information from 2023, but provided data on the quantity of prescriptions sold for the financial year from 31 March 2023 to 28 March 2024. One LVG [redacted] provided a full dataset from 2024, but provided a snapshot of prescription prices from 2023 which allowed us to adjust to match the prices to the rest of the dataset (we note that this LVG set a single price for nearly all prescriptions, with a very small number priced lower or higher, for which we used the 2024 prices)). LVG [redacted] RFI8 response, question 1 [redacted], and RFI 2, question 19 [redacted]. LVG [redacted] RFI8 response, question 1. [redacted]. LVG [redacted] RFI8 response, question 1. [redacted]. LVG [redacted] RFI8 response, question 1. [redacted]. LVG [redacted] RFI8 response, question 1. [redacted]. LVG [redacted] RFI8 response, question 1. [redacted].

²⁴⁶ Part A, section 11 Veterinary medicines: FOPs charge a range of fees in relation to veterinary medicines.

²⁴⁷ This analysis includes data from both regular FOP sites and a small number of sites providing both FOP and referral services, though we use 'FOP' in the main text for brevity. We analysed a sample of 2,187 LVG sites and 151 independent sites. At many sites, a small number of prescriptions were issued at discounted prices on a charitable basis, creating multiple price observations at each site. To improve comparability across sites, we calculated a single average prescription fee for each site, weighted by the quantity of prescriptions sold at each price at a given site. From this, we

Table 6.1: Prescription fees charged by FOPs, 2023 (£)

	Min	Lower quartile	Median	Upper quartile	90 th percentile	Max
CVS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
IVC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Linnaeus	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Medivet	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Pets at Home	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Vet Partners	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
All LVG	0.00	19.19	22.00	27.00	30.00	48.00
All independent	0.00	12.46	15.33	19.14	24.16	60.34
Estimate across market	0.00	14.93	20.08	25.22	29.77	60.34

Source: CMA analysis of data provided by LVGs (in response to RF18, Q1) and [REDACTED]. LVG [REDACTED] RF18 response, question 1. [REDACTED] and RF1 2, question 19 [REDACTED]. LVG [REDACTED] RF18 response, question 1. [REDACTED]. LVG [REDACTED] RF18 response, question 1. [REDACTED]. LVG [REDACTED] RF18 response, question 1. [REDACTED]. LVG [REDACTED] RF18 response, question 1. [REDACTED]. LVG [REDACTED] RF18 response, question 1. [REDACTED]. LVG [REDACTED] RF18 response, question 1. [REDACTED]. [REDACTED] RF11 response. [REDACTED].

6.19 Table 6.1 shows that across the market, the median prescription fee was around £20. A quarter of FOPs set their prices below approximately £15 (the lower quartile) and a quarter of FOPs set their prices above approximately £25 (the upper quartile). However, some LVGs were pricing significantly above the market average for nearly all of their prescriptions, for example the lower quartile price at three LVGs [REDACTED], [REDACTED] and [REDACTED] was above the upper quartile price at independent FOPs.

6.20 Most independent FOPs priced lower than the market average, with the median being around £15, the lower quartile around £12, and the upper quartile around £19. Two of the LVGs also priced lower than the market average, with one pricing lower than the independent FOP average [REDACTED], and one [REDACTED] pricing just below the market average, but still well below some of the other LVGs.

6.21 In addition, there was a small proportion of outliers across both LVGs and independent FOPs where prices were extremely high – with the top 10%²⁴⁸ of independent FOPs pricing above £24 and top 10% of LVG FOPs pricing above £30; the highest prescription fees we saw in our dataset were fees at or close to £48 at a small number of LVG FOPs and £60 at one independent FOP.

6.22 We also noted that many FOPs offer a small number of prescriptions at low or zero price to charities or on a charitable basis. We consider that FOPs that have

calculated interquartile ranges and overall averages. These averages were weighted by the number of prescriptions sold at each site, for LVGs and independents, displayed in Table 6.1. The dataset includes a very small number of sites with a positive prescription price but zero quantity sold. This has been treated as a £0 average fee in the analysis given no fee was charged to customers. To limit the potential bias caused by the dataset having disproportionately few independent sites relative to LVG sites, when estimating figures for the entire market, we extrapolated the existing independent site observations such that the final sample contained 59% LVG sites and 41% independent sites. This is approximately equal to the proportions we observe in the market. This approach assumes that the 151 independent sites are representative of all independents. Further details are available in our WP on [Business models, provision of veterinary advice and consumer choice](#) para 6.8 (page 117).

²⁴⁸ The 90th percentile, as set out in Table 6.1.

chosen to do this in the past will continue to do so in the future to support vulnerable pet owners and for animal welfare.

The appropriate level of the prescription price cap

- 6.23 In the absence of reliable data on the relevant costs, we infer that existing prescription fees being charged in the market must be making a reasonable contribution to cover both direct and related costs of prescriptions. We note that the substantial portion of the market with prescription fees at a lower level (that is, the independent FOPs and the LVGs that price lower) have chosen to set prices at this level.
- 6.24 We have not seen any evidence that would justify the much higher prescription fees that are present in some of the market, particularly at some LVGs. On the contrary, the evidence we have seen indicates that costs are generally *lower* at LVGs, which have greater ability to invest in infrastructure to make processes more efficient, therefore we do not anticipate that any LVG should have a substantially higher cost base to necessitate setting higher fees (as set out at part A, section 7).²⁴⁹
- 6.25 On that basis, our assessment is that a lack of competitive pressure is allowing some veterinary businesses operating FOPs to charge higher prescription fees. Absent any appropriate intervention, they could continue to do so, undermining the effectiveness of our proposed remedies for opening up the market for medicines to more effective competition.
- 6.26 Our provisional judgement is, therefore, that:
- (a) it would be appropriate to set a prescription price control at a significantly lower level than the highest fees currently being charged in the market; and
 - (b) £16 would be the appropriate level. This takes the lower quartile (£15) of our full dataset in 2023 and adjusts it for inflation to set an appropriate price for 2026 (when the cap would be introduced).²⁵⁰ This price level also reflects the median at the independent FOPs and one LVG.
- 6.27 A cap significantly above this level would be fixing the price at a level for which we do not see justification, and which would potentially lead to customer detriment (as explained above).

²⁴⁹ Part A, section 7: Market outcomes in the supply of veterinary services by FOPs.

²⁵⁰ As noted above, the data on prescription prices is primarily from 2023. We have adjusted for inflation up to the latest data available and rounded up to £16 to allow a measure of additional inflation before the introduction of the cap.

Impact of a £16 prescription cap on FOPs and pet owners

- 6.28 In determining the appropriate level of the price cap, we have analysed the revenue impacts on different types of veterinary businesses operating FOPs of the reduction in prescription fees, as well as potential increases if some businesses operating FOPs that are currently pricing lower increase their prices towards the cap.²⁵¹
- (a) The LVGs that price much higher would have substantial reductions in their prescription fee revenue, as would the small percentage of independent FOPs that have substantially higher prices.
 - (b) The impact would be closer to neutral for independent FOPs overall and the LVGs that price lower.
- 6.29 Setting the price cap at £16 would mean that prescription fees would reduce for nearly all pet owners at most of the LVGs, and at some independent FOPs. However, half of independent FOPs and a proportion of some FOPs run by LVGs already price below the cap. We anticipate that some of these FOPs would continue to price below the cap, either to support their customers, on animal welfare grounds, or because the additional transparency in the market (with FOPs being required to publish prescription fees (as set out in part B, section 3))²⁵² would mean that some could compete by having lower prescription prices.
- 6.30 We have considered that the existence of the cap may incentivise some veterinary businesses operating FOPs to increase their prices to match or be closer to the cap. This could increase costs for a small proportion of pet owners. However, our calculation is that, even in a worst-case scenario (which, for the reasons in the previous paragraph, we do not anticipate), the increases for some of them would be relatively small. In aggregate these would be vastly outweighed by the benefits from price falls in the majority of FOPs.
- 6.31 However, reductions in fees would not necessarily equate to a corresponding reduction in customer detriment. Many veterinary businesses operating FOPs have raised concerns that interventions that increase the number of written prescriptions issued and reduce their fees, and thus move prescription volume online, will result in those businesses needing to increase the price for other goods or services to make up for lost revenue (as set out in part B, section 5).²⁵³ Our analysis indicates that businesses operating FOPs covering the majority of the market are making profits in excess of the cost of capital, but not all, and we

²⁵¹ CMA analysis of prescription prices data provided by LVGs (in response to RF18, Q1) and [REDACTED]. This analysis compared the current (2023) prices in the dataset to the proposed prescription fee cap, while keeping prescription numbers static.

²⁵² Part B, section 3: Pet owner empowerment remedies, Remedy 2b.

²⁵³ Part B, section 5: Medicines market opening measures, subsection Whether the remedies produce adverse effects which are disproportionate to their aims: Waterbed effects.

therefore expect that reductions in prescription fees may in some instances be offset by increases in fees for other services. Even so, we would still expect pet owners to be better off as a result of the prescriptions price cap, since (i) they would benefit from reduced prescription fees as well as online savings and improved competition on medicine prices; and (ii) we propose to put in place other remedies that would help constrain the prices of other services towards the levels that would be expected in a well-functioning market.

Whether the prescription price cap should apply to all veterinary businesses operating FOPs

6.32 We have considered whether smaller veterinary businesses operating FOPs should be excluded from the scope of any prescription fee price cap, especially if its imposition might be particularly burdensome for them. Our provisional decision is that the price cap should apply to all businesses operating FOPs for the following reasons:

- (a) The remedy would not be as effective if certain businesses and FOPs were excluded. The remedy seeks to prevent circumvention of market opening remedies and ensure that high prescription fees are lowered, and:
 - (i) Independents and smaller veterinary businesses would still have an incentive to raise prescription fees in order to deter their customers from switching to purchasing medicines online. Excluding them from the scope of the remedy would mean that their customers might not benefit from being able to access savings online.
 - (ii) If independents and smaller veterinary businesses are charging particularly high prescription fees as a result of the lack of competitive constraint (as we see in the data in Table 6.1 that a small percentage are), it would be important to remove that consumer detriment and bring down those fees for pet owners.
 - (iii) Pet owners may expect their FOP to be subject to the prescription fee cap, and therefore not appreciate that it could be charging higher fees than rival FOPs that are subject to the cap.
- (b) We do not anticipate that the prescription fee cap would be so costly for smaller veterinary businesses to implement, and the administrative and revenue impact so great, that the remedy should not apply to them at all. The data we have indicates that a large majority of independent FOPs charge significantly less than LVGs for providing a written prescription; half are pricing below the proposed cap, and the majority of others would need to reduce their prices by only a limited amount to meet the cap. To the extent that there are more burdensome impacts to be managed, a longer time

period for some businesses to implement the remedy would be a more appropriate solution (set out in the remedy implementation issues subsection below).

- (c) The incremental impact of the administrative and reporting obligations in respect of this remedy are, as set out below in costs of implementation subsection, very limited.

Future changes to the prescription fee price control

- 6.33 The level of the price control over time is another important consideration. Our provisional judgement is that the level should take account of changes in the market. While we do not have specific evidence on the costs of written prescriptions, our provisional view is that increasing the price control by inflation (CPI) would be a suitable proxy for the increases in costs across the market.
- 6.34 We have considered whether the cap should apply for only a limited duration. However, our provisional view is that veterinary businesses' incentives to attempt to circumvent the market opening remedies would not be transitional – rather, they may only increase over time as more pet owners switch to purchasing medicines from online pharmacies. The CMA will be able to exercise its discretion to undertake a review of the price cap in the future, whether at its own initiative or at the request of market participants, if there has been a change of circumstances in the market.²⁵⁴

Possible variations of the price cap

- 6.35 We considered whether there should be variations in the cap level to account for known differences in the cost base of veterinary businesses operating FOPs, such as variations in regional wages, which would make up most of the costs of providing prescriptions. However, our assessment is that these variations would be relatively small compared to variations based on which member of staff is involved in producing the prescription and informing the pet owner about the use of the medication (such as the difference between the time costs of a senior or junior vet, or whether a vet nurse takes on some of the relevant tasks), and differences in efficiency which could reduce the time taken for some tasks. We also take into account that, by basing the cap on the median fee charged across independent FOPs and one of the LVGs, it would reflect some of the variation across the market. There are also benefits to setting a simple cap structure, as discussed below. We therefore provisionally consider that there should be a single national prescription fee cap (with no regional adjustments).

²⁵⁴ As set out at part B, section 2 Remedies: framework, form and implementation, subsection Review of our remedies package, and CC3 (Revised), para 339.

Potential risks related to changed prescribing behaviour

- 6.36 There may be a risk that the introduction of the prescription fee cap could lead to some changes in prescribing behaviour by vets. Changing practices on the number of medicines put onto a written prescription and the duration of time that the medicine prescribed covers, for example, could lead to a greater number of written prescriptions and therefore prescription fee revenues. That possibility is in line with veterinary businesses' commercial incentives.
- 6.37 A small number of respondents to the Remedies Working Paper²⁵⁵ commented on this risk, suggesting that a cap on prescription fees would be circumvented. We have observed, in our engagement with the veterinary sector, there is currently some diversity in prescribing behaviour, at least in relation to certain medicines.²⁵⁶ That diversity arises in particular in relation to flea, tick and wormer medicines. Those are used as preventative medicines for the majority of pets, and we have heard a diversity of views from vets on the appropriate duration for prescriptions.
- 6.38 Individual vets are subject to their professional obligations set out in the RCVS Code of Conduct (Code) and supported by the Guidance to it. That offers some degree of mitigation of this circumvention risk.²⁵⁷ Veterinary businesses, however, which have the ability to direct the policies and practices adopted in their FOPs, and which have the commercial incentives we identify above, are not so constrained. That creates at least the potential for conflict with individual vets' responsibilities. Given the potential for diversity in prescribing behaviour, especially for flea, tick and wormer medicines bought by very large numbers of pet owners, this risk of circumvention is one that, in our provisional view, should not be entertained. That is in line with our guidance, which notes that, 'The [CMA] will generally require that price caps are accompanied by measures to prevent circumvention risk that may arise...'.²⁵⁸
- 6.39 On that basis, we have provisionally decided that, were we to impose a cap on prescription fees, it should include the following provisions that mitigate the risk of its circumvention. Veterinary businesses would be required to put in place policies and procedures that require that:
- (a) their vets write prescriptions for the maximum duration that the vet considers clinically appropriate, and there should not be any difference between the

²⁵⁵ CMA summary of Remedies Working Paper responses. For example, Vets4u.

²⁵⁶ CMA summary of Remedies Working Paper responses. See also Competition in the supply of veterinary medicines, 6 February 2025, paragraph 5.78.

²⁵⁷ For example, the Code of Professional Conduct for Veterinary Surgeons Supporting guidance on the RCVS [website](#), and explainers such as RCVS [FAQs](#), which notes that 'There is nothing to prevent more than one medication (or animal) being included on a written prescription.' At a general level, chapter 10 of the guidance (specifically, 10.2) also provides some protection for the pet owner as it sets out that the overriding priority for the vet to ensure that animal health and welfare is their priority when determining treatments. Both accessed by the CMA 26 September 2025

²⁵⁸ CC3 (Revised), Annex B paragraph 93.

duration that a medication would be prescribed for when it is (i) supplied in a FOP and (ii) subject to a written prescription for dispensing elsewhere; and

- (b) in any consultation or appointment, there should be a single prescription fee charged, even if multiple medications are required, and even if pet owners are supplied with separate written prescriptions for some reason.

6.40 The requirements we propose are, in our provisional assessment, the essential components of an anti-circumvention measure. We are also minded to accompany them with a recommendation to the RCVS that, as part of the review of its prescribing guidelines that it is currently undertaking, it should assess whether the guidelines provide clarity that would support our proposed remedy. We have heard in our engagement with vets of some uncertainty in, for example, the duration of written prescriptions for flea, tick and wormer medicine – with some vets telling us the guidelines indicated that such prescriptions could be written for a year and others saying six months was the maximum duration. A clarification would be welcome.

Remedy implementation issues

6.41 Our provisional view is that these requirements should be brought into effect through a CMA Order on all veterinary businesses operating FOPs.

6.42 This is another proposed remedy we would look to the RCVS, or another body if necessary, to monitor. Such monitoring would again involve assessing attestations of compliance with the remedy and using spot checks to verify compliance with it.

6.43 We have carefully considered when and how any such CMA Order should be implemented. Our provisional view is that there should be relatively rapid implementation of a price cap on prescription fees following the making of a CMA Order. Some of the fees currently charged in the market are high and seemingly unconstrained by competition, and at material risk of circumvention. The clear and simple cap we propose would have an immediate effect on those fees and that risk. The policies and procedures that we would require veterinary businesses to put in place, alongside our recommendation to the RCVS in its review of guidance, would offset any risks related to changed prescribing behaviour.

6.44 There would, however, be impacts on businesses if prescription fee income were significantly reduced which may be heightened by the speed at which any reduction occurs. Those impacts are liable to be different for different types of veterinary businesses.

6.45 Our provisional assessment is that the larger veterinary businesses should be able to absorb these impacts more quickly. Such businesses have a larger ability to

invest in improvements to their processes and greater ability to adjust their business models between different types of activities.

- 6.46 As for smaller veterinary businesses, we take into account that a proportion of independent FOPs that currently price above the cap would need to reduce their prescription fees. They would need to absorb the consequent loss of income from prescription fees, and may need to adjust their business models, restructuring different prices and costs. Without the same level of centralised administrative functions, and where they do not make excess profits, smaller businesses may require more time to make the necessary adjustments and to see how they can adapt to more competitive conditions.
- 6.47 Our provisional decision, therefore, is that larger veterinary businesses (those operating at least 15 FOPs) should implement the prescription fee price control within three months of the CMA Order, while smaller veterinary businesses (those with fewer than 15 FOPs) should have six months.

Monitoring of compliance and enforcement

- 6.48 The model of price control that we have proposed is simple, with a single clear cap level across all the market. It would be obvious to veterinary businesses what they must do to comply and the simple design of the cap would mean that monitoring could be relatively light touch. In particular, in line with remedies 2b and 3, each business would be required to submit the prescription fee for each of its FOPs to the RCVS for inclusion on Find a Vet, and publish it on their websites and in premises, making it simple for the RCVS to identify whether the price was within the cap (and report non-compliance to the CMA). Pet owners would be able to report to the CMA or to the RCVS any breaches of the cap, for the CMA to consider whether to take appropriate enforcement action. Transparency of prescription prices on FOP websites would also facilitate compliance monitoring.
- 6.49 Any breaches of the cap should likewise be relatively simple to enforce, as the breach would be clearly apparent, and rectification simple. Any breaches of the CMA Order would be enforced by the CMA.

Costs of implementation

- 6.50 We anticipate that there would be limited administrative costs for veterinary businesses operating FOPs to implement the prescription fee price cap (and any associated change in their prescription fee), primarily related to one-off updates to their websites, any printed material that includes the level of the prescription charge, and their PMS systems. We note that many of the relevant resources and materials already exist and are routinely updated by businesses. These costs should, therefore, be incremental and limited.

6.51 Similarly, given that prescription fees would need to be reported to the RCVS in any event as a result of remedy 3, we expect incremental monitoring costs to be limited.

Effectiveness

6.52 In our provisional judgement, this remedy would be effective in achieving its aims. This remedy is designed to support and supplement the wider remedies package, in particular the medicines market opening remedies. It would prevent veterinary businesses operating FOPs from circumventing market opening remedies by raising prescription fees, while also removing customer detriment resulting from those existing prescription fees that, we provisionally find, are set at unjustifiably high levels. We are also proposing additional measures on prescribing behaviour to reduce risks of circumvention of the fee cap.

6.53 The price cap has been designed to be simple and straightforward. We do not anticipate any issues with its effective implementation, monitoring and enforcement, nor any unintended consequences that mean it would not be effective. It can be introduced within a relatively short period (differentiated based on the size of the veterinary business) and take prompt effect (and which could be subject to review as described).

Proportionality

6.54 Our provisional assessment is that the price cap would be effective in achieving its aims, and no more onerous than necessary to achieve them. We propose to set the cap at a level which, taking into account that many veterinary businesses operating FOPs already charge fees at that level, would be reasonable and that we judge all such businesses should be able to bear. Setting it at the proposed level would be less onerous than alternatives that might also achieve the same aims, such as setting the cap at £0 or fixing its level for five years without increases to account for inflation.

6.55 We have considered the risk of adverse effects resulting from the price cap, in particular if it is set at the wrong level. Given that most independent FOPs currently set their prescription fees below or close to the level of the proposed cap, this reduces the likelihood of such the businesses operating them suffering a significant adverse financial impact from the cap. Smaller veterinary businesses operating FOPs would benefit from a longer implementation period, which should enable them to prepare for any financial consequences arising from the cap. We are proposing to set the cap in the lower quartile of prescription fees across the market, which means that it is unlikely to result in significant increases in prescription fees if some FOPs move towards or match the cap.

Medicines price cap

We have provisionally decided not to introduce a cap on medicine prices.

We considered a price cap on medicines because of the large consumer detriment from high medicines prices at FOPs

- 6.56 We have considered whether a price cap on medicines sold by FOPs would be an appropriate remedy. A medicines price cap would seek to reduce or remove the customer detriment arising as a result of high medicine prices. Of those respondents to the Remedies Working Paper who expressed a view, a majority were not supportive of a medicines price control.²⁵⁹ Only a small minority of respondents were supportive of a medicines price cap.²⁶⁰
- 6.57 Having considered various ways medicines price controls could be implemented,²⁶¹ our provisional judgement is that it would not be feasible to apply them in a way that would be likely to improve overall outcomes for pet owners. There could be risks of adverse consequences meaning that pet owners might not face lower prices for veterinary services overall, and that veterinary businesses, particularly independent ones, might struggle to be financially viable as a result, making outcomes worse. Moreover, price controls would not directly address the features giving rise to the AEC (as discussed in previous sections).²⁶² Rather, our provisional view is that the best and most effective way to deliver lower prices for medicines is through a comprehensive package of remedies that address the AEC itself by stimulating stronger competition (both between veterinary businesses operating FOPs and online pharmacies, and FOP to FOP competition) and empowering pet owners so that they can benefit from significantly lower medicine prices by purchasing them from online pharmacies. These are the remedies set out in part B, section 5.²⁶³

Our provisional judgement is that an interim price cap on medicines is not appropriate

- 6.58 As we explained in the Remedies Working Paper, we considered that any price cap would primarily be an interim measure²⁶⁴ applying in the shorter term that

²⁵⁹ CMA summary of Remedies Working Paper responses. For example, Vet Partners, CVS, IVC, Linnaeus, Respondent 23, Merlin Vet-Cel, Zoetis, Hilltop Veterinary Centre.

²⁶⁰ CMA summary of Remedies Working Paper responses. For example, Respondent 26, Vets4u, Assistance Dogs UK.

²⁶¹ Including temporary and longer-term price caps, and different forms of price caps.

²⁶² Part A, section 11: Veterinary Medicines.

²⁶³ Part B, section 5: Medicines market opening remedies.

²⁶⁴ We considered that a price cap in the medium to long term would not be appropriate either. First, our assessment is that the remedies aiming to open the medicines market to increased competition would achieve lower prices for medicines over time and would likely, in our judgement, achieve a more competitive and comprehensive solution than imposing a regulatory price control. Second, as with an interim price control, there are significant design, implementation and market distortion challenges associated with price controls for products as complex as veterinary medicines, which would become more acute the longer a price control was in place.

would be intended to offer immediate protection against the detriment pet owners could experience while the package of remedies aimed at opening up the medicines market to increased competition took effect.²⁶⁵

- 6.59 We have considered a variety of approaches to designing an interim price cap, including:
- (a) restricting individual FOPs from increasing the prices of their medicines above those charged at that FOP at a given date;
 - (b) restricting the maximum price a FOP could charge for each medicine based on the national average price pet owners previously paid on a given date;
 - (c) combining a price cap with a price reduction to set prices at a stable level, for example, a reduction in the region of five percent from the level set in (a) or (b) above; and
 - (d) alternative approaches for setting medicine price caps in response to feedback to the Remedies Working Paper, including capping mark-ups on list prices or limiting the scope and the types /size of firms to which it may apply.
- 6.60 Having carefully considered the likely operation and effects of different types of an interim medicines price cap, as well as the interplay with the wider remedies package, we have provisionally decided that it would not be effective or proportionate for the reasons set out in more detail below:
- (a) Due to the challenges and complexities of a price control in this market that we have identified, it is unlikely that an effective price cap could feasibly be designed and implemented substantially sooner than we expect medicine prices to begin falling as a result of our market opening remedies.
 - (b) A price cap could undermine the initial effectiveness of the market-opening remedies that we think would otherwise be the most effective measures to enable pet owners to benefit from lower prices.
 - (c) There are significant design complexities associated with price controls for such complex products as veterinary medicines, and even a short-term price cap brings high risks of adverse consequences that would undermine its effectiveness.
 - (d) There are significant challenges and costs in designing and implementing an interim medicines price cap that would likely be disproportionate to any resulting customer benefit, especially over a short timescale.

²⁶⁵ CC3 (Revised), paragraph 389.

- 6.61 We consider that an interim medicines price cap is likely to have risks of unintended and adverse consequences for pet owners and veterinary businesses, which may not only undermine the effectiveness of the cap in addressing the consumer detriment, but also impose significant costs on veterinary businesses operating FOPs and pet owners. These would exist regardless of the level of the cap but might be more substantial if there were a larger price reduction. In particular:
- (a) Any price cap would not reflect potential future substantial increases in FOPs' purchase costs for individual medicines, which might reduce FOPs' profits disproportionately or potentially make those medicines loss making. This would risk distorting FOPs' prescribing incentives.
 - (b) Some FOPs may choose to increase the price of some of their lower priced medicines to the level of any price cap, with that being seen as the appropriate price level rather than as a maximum cap, resulting in pet owners paying higher prices than previously.
 - (c) There is a risk that prescribing behaviour could be influenced by whether particular medicines are subject to the price cap (given that it would be impractical to cap every medicine prescribed in FOPs), leading to distortions in the medicines market and opportunities for FOPs to find ways to circumvent the cap.
- 6.62 A price control that stabilised prices or made a minor reduction in prices could have smaller adverse consequences but would only have a limited effect on medicines prices. While it would restrict medicines prices at FOPs from increasing further in the immediate term, it would not bring prices much closer to the level we would expect to see in a well-functioning market, and as such, would not go very far towards addressing the AEC and resulting high medicines prices.
- 6.63 We have given detailed consideration to designing and implementing an interim medicines price control and provisionally concluded that there are significant challenges which mean it would be disproportionately costly:
- (a) In terms of scope, we considered that it would be impractical and overly burdensome to cap the prices of thousands of medicines and therefore we have explored reducing the administrative complexity by limiting any medicines price control to the 'top 100' medicines. However, determining the 'top 100' medicines and maintaining an up-to-date list would be a significant task given the complexities involved, for example, with different brand names, formulations, administrative forms and dosages.

- (b) Alternative models of price caps, such as cost-based price caps or capping mark-ups above list prices, would require data that is not currently collected in the market.
- (c) The administrative requirements imposed on businesses in order to comply with a price control, including understanding the requirements they are subject to, as well as monitoring and enforcement by the CMA would involve additional cost burdens.

6.64 We have, therefore, provisionally decided that an interim medicines price control would not be an effective or proportionate means of addressing the AEC and high medicine prices. In particular:

- (a) We consider the proposed market opening remedies (as well as remedies to stimulate competition between FOPs) to be more effective and significantly less onerous interventions in addressing the AEC and customer detriment.
- (b) Given the significant design and implementation challenges involved, we consider that an effective price control remedy would take as long (if not longer) to implement as the wider remedies package. It would not, therefore, be a suitable mechanism to address the customer detriment in the period until medicine prices start to fall, or pet owners are enabled to make better choices, as a result of those remedies.
- (c) While a price control that only stabilised or slightly reduced prices would have correspondingly fewer adverse consequences, we provisionally judge that any price control would be disproportionate if it were only successful in achieving such a limited reduction in the detrimental effects on pet owners when compared to the costs of setting up and running it (set out in the paragraph above), particularly when only implemented on an interim basis (making set up costs proportionately higher).

6.65 However, we recognise that in future in the absence of the market opening measures being – despite our expectations to the contrary – sufficiently effective, it may become necessary to reconsider the remedies in place in respect of medicines.²⁶⁶

²⁶⁶ Using the CMA's powers in sections 162 or 162A of EA02.

7. Out-of-hours contracts

Remedy 12: Requirement not to use for new (or enforce for existing) out-of-hours contracts notice periods which are longer than 12 months, with no payments required unless a FOP stops using the services before the notice period expires

We have provisionally decided to restrict notice periods in OOH contracts with third party providers to a maximum of 12 months, with no payments required unless a FOP stops using the services before the notice period expires.

- 7.1 We have provisionally found that some contracts for the supply of OOH services contain terms providing for longer notice periods and associated high termination fees than we would expect in a well-functioning market. This results in barriers to entry for new suppliers and to FOPs²⁶⁷ switching supplier (or moving to self-supply). We have provisionally found that this reduces the competitive pressure on existing OOH suppliers.²⁶⁸
- 7.2 Notice periods in excess of 12 months, and corresponding early termination charges that include foregone client revenue, appear to go further than is necessary to make OOH provision commercially viable. We found that such terms have the potential to prevent FOPs switching OOH provider²⁶⁹ and to deter new OOH providers from opening. This is in turn liable to have an adverse effect on service quality and price, since those aspects of competition are not disciplined in the way we would expect in a well-functioning market.²⁷⁰
- 7.3 Our provisional view is that these competition concerns should be remedied by prohibiting the making or enforcing by OOH providers of contract terms that require a FOP to:
- (a) give more than 12 months' notice to terminate a contract for the provision of outsourced OOH services; or
 - (b) make any payment to terminate the contract where the FOP gives due notice (of not more than 12 months) and continues to use and pay for the services for the duration of the notice period.

²⁶⁷ Which in this case means veterinary businesses offering FOP services.

²⁶⁸ This is set out in section A16

²⁶⁹ Or moving their provision in-house.

²⁷⁰ This is set out in part A, section 12 Outsourced out-of-hours (OOH) provision to FOPs, subsection Our provisional assessment: OOH providers have the incentive and in some cases the ability to impose onerous contract terms

- 7.4 All outsourced providers that contract with FOPs to cover their obligation to provide OOH services would be required to comply with the remedy.

The aim of the remedy

- 7.5 The aim of the remedy would be to address our provisional finding set out in section A12, that some contracts between FOPs and their outsourced OOH supplier have long notice periods, coupled with high early termination charges, which inhibit the ability of FOPs to switch OOH supplier in a timely manner.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 7.6 Our provisional judgement is that, by prohibiting the excessively long notice periods that we have observed in the market, and by restricting the imposition of termination charges or other compensation payable on termination (where sufficient notice is provided and the notice period is properly observed), this remedy would:
- (a) significantly reduce switching barriers; and
 - (b) expose the price and quality of OOH providers' services to greater competition.
- 7.7 The remedy would allow FOPs to change providers (or change to self-supply) more easily. This would make it easier for new entrants to enter the market because they would have more scope to attract FOPs from their current provider. This would in turn increase the competitive pressures on current OOH suppliers to retain their existing customers by either offering more competitive prices or a better service, or both.

Remedy design issues

- 7.8 As explained above, we recognise that the nature of OOH services means that OOH providers require contractual certainty that secures their continuity of income for a sufficient period of time.²⁷¹ In a well-functioning market, notice periods and early termination charges would be limited to what is necessary to make OOH services commercially viable. The principal design issue for this remedy is therefore selecting the appropriate maximum permissible notice period.

²⁷¹ This is set out in part A section 12 Outsourced out-of-hours (OOH) provision to FOPs, subsection Our Provisional Assessment

- 7.9 In the Remedies Working Paper we considered whether notice periods should be capped in new and existing contracts, for example at three or six months.²⁷² We received a significant number of responses which were positive about a remedy in this area.
- 7.10 As we describe in part A, section 12, almost a fifth of responses referred to contract terms restricting competition. Those included some who commented specifically on the effects of notice periods of more than 12 months and of high termination charges:
- (a) an independent FOP told us that 12 to 36-month contracts along with exclusivity clauses and financial penalties had made it impossible for a potential OOH provider to enter a local market;²⁷³
 - (b) an independent FOP said its current [redacted] contract was undoubtedly a barrier to new entrants to local OOH provision;²⁷⁴
 - (c) an independent OOH provider noted that 24-month rolling contracts were a barrier preventing FOPs from switching OOH provider, along with early termination fees, giving an example of a group of [redacted] practices that had been quoted [redacted] (an average of [redacted] per FOP) to exit their OOH contracts with [redacted].²⁷⁵ and
 - (d) a LVG [redacted] told us that termination fees in contracts with the largest provider [redacted] were prohibitive to switching, citing [redacted].²⁷⁶
- 7.11 Stakeholders provided varying views on the appropriate length of notice period. A notice period of six months received the most support,²⁷⁷ but a material number of responses favoured a shorter²⁷⁸ or longer notice period.²⁷⁹ A hybrid option with an initial 12 month notice period for new contracts followed by a rolling six month notice period was also suggested.²⁸⁰
- 7.12 The primary rationale given for the adoption of an appropriate notice period was OOH providers' ability to adapt their business in response to a FOP cancelling a contract. A key element of that related to the ability to change staffing levels.²⁸¹

²⁷² Remedies: vets market investigation working paper, para 5.6.

²⁷³ Independent [redacted] response to the Remedies Working Paper.

²⁷⁴ [redacted] told us that it has a [redacted] notice period with [redacted]. Independent [redacted] response to the Remedies Working Paper, [redacted]. [redacted]

²⁷⁵ Independent [redacted] response to the Remedies Working Paper. [redacted]

²⁷⁶ LVG [redacted] response to the February 2025 working papers. [redacted]

²⁷⁷ For example, XL Vets' response to the Remedies Working Paper, p50; Linnaeus response to the Remedies Working Paper, p45; Respondent 8 response to the Remedies Working Paper, p12.

²⁷⁸ For example, Respondent 9 response to the Remedies Working Paper, p30; Respondent 3 – response to the Remedies Working Paper, p 31; Respondent 7 response to the Remedies Working Paper, p17.

²⁷⁹ For example, IVC response to the Remedies Working Paper, p6; Bay Vet Group response to the Remedies Working Paper, p23

²⁸⁰ [redacted] response to the Remedies Working Paper, [redacted].

²⁸¹ For example, Paragon Veterinary Group, response to the Remedies Working Paper, p16; Respondent 3 – response to the Remedies Working Paper, p31; IVC response to the Remedies Working Paper, p45.

More widely, stakeholders frequently mentioned the fragility of the OOH market, in particular in rural areas, and the benefits that outsourced OOH provision brings to FOPs.²⁸²

- 7.13 The largest OOH provider, IVC, stated that, to the extent any remedy is considered, restrictions on notice periods should be limited to 12 months and not less. It said this would strike an effective and proportionate balance between commercial certainty and avoiding any material barriers for switching by FOPs.²⁸³
- 7.14 We have taken the above submissions into account. We have also taken into account:
- (a) our provisional assessment that notice periods in excess of 12 months have the potential to prevent FOPs switching OOH provider,²⁸⁴ to deter new entrant OOH providers and to have an adverse effect on service quality and price;²⁸⁵
 - (b) that most outsourced OOH providers' contracts contain notice periods of 12 months or less;
 - (c) that the outsourced OOH provider (IVC) that most commonly uses terms requiring more than 12 months' notice told us that a 12-month period would strike an effective and proportionate balance (as described above); and
 - (d) the nature of the outsourced OOH service market as set out in part A, section 12.
- 7.15 Considering each of these points, our provisional view is that notice periods for FOPs seeking to terminate OOH service contracts should not exceed 12 months.
- 7.16 In the Remedies Working Paper, we also consulted on whether any changes needed to be made to how early termination charges are calculated. Many stakeholders advocated for changes to reduce charges.²⁸⁶ It was also stated that charges were necessary to make notice periods meaningful.²⁸⁷
- 7.17 Such charges are typically determined in large part by the notice period, with FOPs required to pay a sum equivalent to the number of remaining monthly fees and/or anticipated lost income for the period of time covered by the notice period.

²⁸² For example, BVA, BSAVA, BVNA, SPVS and VMG's response to the Remedies Working Paper, p.33; XL Vets' response to the Remedies Working Paper, p50; IVC response to the Remedies Working Paper, p6.

²⁸³ For example, IVC response to the Remedies Working Paper, para 4.3 (i)

²⁸⁴ Or moving their provision in-house.

²⁸⁵ Part A, section 12 Outsourced out-of-hours (OOH) provision to FOPs, subsection Our provisional assessment: OOH providers have the incentive and in some cases the ability to impose onerous contract terms sets this out and subsection Views on the effects of contract terms on competition in the supply of outsourced OOH provision summarise the specific concerns we have heard.

²⁸⁶ For example CVS response to the Remedies Working Paper, p31; Thrums Vets, response to the Remedies Working Paper, p19, Respondent 16 response to the Remedies Working Paper, p.14

²⁸⁷ IVC response to the Remedies Working Paper, p43

We have provisionally decided to control the length of the notice period and to provide that FOPs should not have to make any payment to their OOH provider in the event that FOPs choose to terminate the contract and serve the relevant notice period. This being the case, we do not consider it necessary to control the calculation of termination charges in other circumstances.

Remedy implementation issues

- 7.18 Our provisional view is that these requirements should be brought into effect through a CMA Order in the first instance.
- 7.19 We have carefully considered when and how any such Order should be implemented. In that connection, we note that IVC has submitted that we should consider a transitional period of 12 months to implement the required changes. It argued that this would enable it to work with FOPs to modify its OOH contracts and to strategically assess and plan for the commercial impact. It said some OOH providers might need to reassess their clinic footprint and/or investment plans.²⁸⁸
- 7.20 We have taken into account that some of the concerns in the preceding paragraph reflected an assumption that OOH providers would need to renegotiate and formally amend existing contracts. Given that it would be important that the remedy is in force and has effect promptly, we have thought about whether there are ways in which the form of its implementation could be adapted to meet that objective without requiring unduly time-consuming administrative requirements.
- 7.21 Our provisional decision, with the foregoing points in mind, is that the remedy should be implemented so as to:
- (a) prohibit the inclusion in any new contract for the provision of outsourced OOH services of any term which requires a FOP to give more than 12 months' notice to terminate that contract;
 - (b) prohibit the enforcement of any term in an existing contract for such services which requires a FOP to give more than 12 months' notice to terminate that contract (an 'unenforceable notice provision');
 - (c) require any business providing outsourced OOH services under an existing contract that contains an unenforceable notice provision to allow the relevant FOP to terminate the contract by giving no more than 12 months' notice;
 - (d) prohibit any business providing outsourced OOH services from including in any new contract, or enforcing in any existing contract, any term which requires a FOP which has given due notice to make any payment which is

²⁸⁸ IVC response to the Remedies Working Paper, para 4.14

specific to the termination of the contract (an ‘unenforceable payment provision’); and

- (e) require any business providing outsourced OOH services under an existing contract that contains an unenforceable notice provision or an unenforceable payment provision to write to the relevant FOP informing it of the period of notice that may be given to terminate that contract and that no termination payment would be due where such notice is given and the FOP duly serves the notice period.

7.22 In other words, the remedy would require the revised terms to be adopted in all new contracts after the Order is made. For existing contracts, affected businesses providing OOH services would simply communicate the effects of the Order to FOPs, without there being any need to actually amend the contracts and the FOP duly serves the notice period.

7.23 On this basis, we think that the remedy should come into force immediately after the Order is made. For existing contracts, FOPs on contracts with notice periods longer than 12 months would need to give only 12 months’ notice from this date. As not all FOPs might be aware of the change and OOH providers might need to work out which contracts are affected, we should also allow three months from the date of making of the Order for OOH providers to write to FOPs notifying them of the changes and confirming whether specific contracts are affected and if so how.²⁸⁹

7.24 In reaching that view, we note that:

- (a) there would be an up to six-month period²⁹⁰ between publication of the CMA’s market investigation final report and the final remedy Order being made and this period could be used by businesses providing OOH services to plan for the relevant obligations coming into effect; and
- (b) we have made a balanced provisional judgement, taking account of the use by other businesses of 12 month notice periods and IVC’s submission that 12 months is necessary, that a 12 month notice period is enough to make OOH provision viable, so the effects on business plans should, in any event, be limited.

7.25 In part B, section on cross-cutting issues, we set out that we would generally look to work with the regulator, the RCVS, to undertake a monitoring function for a number of remedies, but that for the remedy described in this section the CMA

²⁸⁹ The CMA has six months to make a Final Order to give legal effect to the decisions in the final report. The CMA may extend, by no more than four months, the period within which to make such an Order if it considers there are special reasons for doing so.

²⁹⁰ Extendable by up to 4 months.

would instead itself monitor the remedy for the period during which it is implemented through a CMA Order.

- 7.26 The CMA's monitoring would involve consideration of any complaints from FOPs about non-compliant contracts which were made direct to it or to the RCVS (which would pass on to the CMA any complaints which it received).
- 7.27 Enforcement of any breach of the Order would be undertaken by the CMA.

Costs of implementation

- 7.28 We envisage that this remedy would require a minority of OOH providers to incur some staff or administrative costs of a one-off nature. The majority, who impose termination provisions consistent with our proposed remedy, would not need to take any action beyond checking that their contracts are indeed consistent.
- 7.29 For those OOH providers whose contracts contain notice periods of more than 12 months, there would be an administrative or staff cost in writing to relevant FOPs informing them of the changes to the applicable notice period and any relevant termination charges. There would also be a small amount of one-off time and cost involved in ensuring that the terms of any new contracts were compliant with the Order.
- 7.30 We consider that none of these costs are likely to be significant.

Effectiveness

- 7.31 We describe above our provisional view how the remedy would address the effects of long notice periods and high early termination charges in contracts which limit FOPs' ability to change OOH suppliers.
- 7.32 In part A, section 12, we noted that IVC is the largest provider of outsourced OOH provision across the UK with around 60-70% ~~[[X]]~~% of FOPs that outsource externally using either IVC's branded OOH service, Vets Now, or an IVC FOP with OOH capacity, and that IVC/Vets Now's notice periods are generally longer than other OOH businesses: more than half of the notice periods for the contracts we reviewed were longer than 12 months.
- 7.33 Requiring these and future contracts to allow FOPs to terminate OOH service contracts by observing a 12 month notice period without any associated additional financial burden on those FOPs, would greatly increase the ability of a significant number of FOPs to switch provider and would ensure that they are not tied into unnecessarily long OOH service contracts. Our provisional view is that this would effectively address the AEC we have provisionally found in relation to OOH contracts.

7.34 The proposed remedy would be clear and simple, and consequently capable of effective implementation, monitoring and enforcement. We anticipate that it would have the effect of addressing the AEC promptly.

Proportionality

7.35 For the reasons set out above, we consider that the remedy would be effective in achieving its aims and our provisional view is that it would be no more onerous than is necessary to do so. In particular, our view is that, in a well-functioning market, OOH providers require the certainty and protection afforded by an adequate notice period. They should not, however, require more than 12 months to ensure the continuing viability of their OOH provision. Imposing a maximum notice period of that length, while allowing parties to negotiate a shorter one where appropriate, would strike the right balance between reducing switching barriers for FOPs and providing sufficient certainty for OOH providers.

7.36 Given the nature of the OOH service market, we have carefully considered the risks of adverse effects that may be caused by this remedy. We note that many OOH service contracts already include a notice period of 12 months or less. We also note that the largest OOH provider has told us that an effective and proportionate balance between the interests of FOPs and OOH providers could be struck by requiring notice periods of no more than 12 months.²⁹¹ Our provisional view, therefore, is that the risk of adverse effects arising from the implementation of this remedy is low, and we expect the OOH services market to be able to adapt to the cap on notice period length and the removal of associated early termination charges without impacting its long-term viability. We also expect this remedy to lead to increased switching by FOPs and therefore greater competition between OOH providers for FOP business.

7.37 Overall, our provisional view is that the benefits that would flow from increasing FOPs' ability to switch OOH provider, including the increased competitive pressure this would bring to OOH providers, would outweigh the relatively low cost of its implementation.

²⁹¹ IVC response to the Remedies Working Paper, para 4.3 (i)

8. Cremations

Remedy 13: Transparency on the options and fees for cremations and ensuring that all pet owners have the option of a communal cremation

We have provisionally decided that all veterinary businesses operating a FOP must:

- offer the option of a basic communal cremation;
- make pet owners aware of all the options available to them when their pet reaches the end of its life;
- publish the prices for the communal and individual cremations which they offer; and
- allow pet owners a period of two working days to make a decision and provide a one working day 'cooling off' period during which a pet owner can change their mind.

Description of the remedy

- 8.1 We have provisionally decided that veterinary businesses operating one or more FOPs,²⁹² must:
- (a) Offer a basic communal cremation service. Details of what this comprises are set out below. We understand all such businesses should be in a position to provide this either through their current supplier or another supplier.
 - (b) Ensure that pet owners are made aware of the full range of options available to them when their pet reaches the end of its life. These options are:
 - (i) to purchase an individual or communal cremation from the FOP (most businesses have an arrangement with a crematorium to provide this service);
 - (ii) to take their deceased pet directly to a crematorium themselves; or
 - (iii) to take their deceased pet away for burial at home. Further background information on cremations, is set out in part A section 13.
 - (c) Ensure that the pet owner's options are published on their websites and discussed with the pet owner at a suitable point before they decide what to do with their deceased pet.

²⁹² Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

- (d) Ensure that clear pricing information is provided for both individual and communal cremations. To meet this obligation, businesses operating one or more FOPs must:
 - (i) Provide prices for the individual and communal cremation services which they offer and make it clear to pet owners what is included in these services. This must be: (1) made available to all existing and prospective customers as part of the veterinary business' prominently published price list (set out in remedy 2b), and (2) presented in writing prior to the pet owner making a decision on what to do with the deceased pet, for example, on a consent form or on a separate leaflet.
 - (ii) List separately the prices for any discretionary add-ons which are charged as extra. This means that where pet owners are offered the option to pay extra for certain features or services (such as fur clippings, urns or paw prints), these must not be included in the cremation price but listed separately.
- (e) Where practical and reasonable to do so:²⁹³
 - (i) allow a minimum of two working days for a pet owner to consider their options if they do not want to make a decision immediately after discussing the relevant options with their vet; and
 - (ii) provide a one working day 'cooling off' period where a pet owner has made a decision immediately at the end of the pet's life and does not want to take the deceased pet and make their own arrangements. This is intended to allow the owner the opportunity to change their mind within one working day.²⁹⁴

8.2 In meeting these requirements, relevant businesses would need to have due regard to the requirements set out in relation to remedy 1. This would require veterinary businesses to disclose ownership details at the point at which pet owners are making relevant choices, such as on materials or in communications they use when referring customers between businesses under common ownership or control. This information would need to be published prominently and make it clear to pet owners in a meaningful way that each such business is under common ownership or control, and whose ownership or control that is. The same remedy would also require crematoria to disclose ownership information prominently on

²⁹³ We recognise that there may be cases where the veterinary practice is small with limited storage capacity and so would struggle to meet these requirements. There would be an exception from the remedy applying in these instances.

²⁹⁴ The periods in (e) are minimum periods. The proposed requirement is not intended to deter businesses from offering pet owners additional time where appropriate and reasonable to do so.

their website, premises, and materials. Further information is set out in part B, section 3.

The aim of the remedy

8.3 This remedy would complement others that we propose would be in our package of remedies. Those include remedy 2b that would require crematoria (and other service providers) to publish prices. The aim of the remedy, together with those others, is to ensure that all pet owners are:

- (a) able to obtain a basic communal cremation for their deceased pet;
- (b) aware of the different options available to them;
- (c) aware of the price of an individual and communal cremation before making a choice;
- (d) able to compare the prices offered by different FOPs and crematoria (if purchasing directly); and
- (e) given enough time to consider their options.

8.4 Pet owners make decisions about cremation services during highly emotional and distressing moments (set out in part A section 13). In these situations, they are likely to place a high reliance on their vet's guidance. Most pet owners opt for cremation services provided via their FOP and may be reluctant to request or engage with alternative purchasing options. Evidence suggested that pet owners are often not made aware of their choices regarding alternative cremation providers.

8.5 We consider that, in a well-functioning market, the options and prices for cremation services would always be made clear to pet owners in an appropriately sensitive manner. Many responses to our Remedies Working Paper supported the idea that pet owners should be given this information,²⁹⁵ and its provision should play a part in helping the market work better.

8.6 We appreciate that many veterinary businesses may already be doing this. However, we have provisionally found that some FOPs (both LVGs and independents) do not provide sufficient information for pet owners to make informed decisions and compare providers. That is likely to dampen the competitive constraints faced in the supply of cremations.²⁹⁶

²⁹⁵ CMA summary of Remedies Working Paper responses. For example, BVA BSAVA BVNA SPVS VMG's response to the Remedies Working Paper, IVC's response to the Remedies Working Paper, Animal Trust's response to the Remedies Working Paper, Respondent 28's response to the Remedies Working Paper, APPC's response to the Remedies Working Paper, ADUK's response to the Remedies Working Paper.

²⁹⁶ Part A section 13, subsection Our provisional assessment of competition

- 8.7 We have provisionally found, from our analysis of LVGs' costs and mark-ups in the sale of individual cremations, that mark-ups and prices are higher than we would expect if competition was working well. Our provisional view is that improving transparency should exert downward pressure on prices. Pricing information could be used by intermediaries, including consumer bodies, price comparison services and the media to publicise the different options available to pet owners and the corresponding prices. This would constrain the prices at which those options are offered and drive both choice and price competition.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 8.8 The provision of information on price and available options by relevant veterinary businesses operating one or more FOPs:

- (a) would ensure pet owners have access to information in relation to the full range of options available, supporting them in choosing between cremation and taking their deceased pet home for burial, and between individual and communal cremation;
- (b) would be important to those pet owners who consider price to be a relevant criterion when selecting a cremation service;
- (c) would help those who may wish to consider purchasing direct from a crematorium (as some now do);
- (d) would be one indicator among many that would collectively impact pet owners' views on relative prices when choosing a new FOP;
- (e) could influence pet owners' perception of the value of the service of FOPs; and
- (f) would help intermediaries like consumer groups, price comparison services and/or the media publicise veterinary businesses' charging practices to pet owners.

- 8.9 Communal cremation services tend to be significantly cheaper than individual cremations. The requirement for all businesses operating FOPs, to offer a basic communal cremation would ensure that pet owners have access to a lower cost option when their pet reaches the end of its life.

- 8.10 The requirement to list any discretionary add-ons (for both communal and individual cremations) separately, where charged as additional items, would enable pet owners to compare prices across providers for like for like services. It would ensure that pet owners can choose to pay, or not pay, for any add-ons, rather than having to purchase them as a bundle. We are aware that many veterinary businesses provide extras such as fur clippings, paw prints, or

condolence cards free of charge and we do not wish to prohibit this. If there are charges for such services, they must be listed separately.

- 8.11 The requirements set out above for relevant businesses to ensure that pet owners have time to make their decision, and a chance to change their mind, would reduce the urgency of the decision they need to make. It would allow them to consider their options away from the immediate emotional aftermath of their pet's death. Pet owners would still be able to make a decision immediately after discussing the relevant options with their vet if they so choose.
- 8.12 Our provisional judgment is that each of the proposed requirements would help pet owners make choices about the cremation services that are best for them and drive competition in the supply of those services (and between businesses operating FOPs more broadly). They would each, and together as a group of remedies, address the AEC that we provisionally find arises where pet owners cannot, or do not, make informed choices and the downward pressure on prices that would exist in a well-functioning market is absent.

Remedy design considerations

- 8.13 The key remedy design considerations are:
- (a) how information on prices should be made available to pet owners;
 - (b) what services should comprise a basic communal cremation; and
 - (c) what period of time is appropriate for the requirement to provide pet owners time to consider their options, and to change their mind.

How information on prices should be made available to pet owners

- 8.14 Information about the options available to pet owners should be explained to them. Responses to our Remedies Working Paper suggested that it would be inappropriate to require extensive discussion of prices during a euthanasia consultation. We were told that vets would be perceived as being insensitive, that pushing price discussions could erode trust,²⁹⁷ and that communication at this time should not be overly prescriptive.²⁹⁸
- 8.15 We agree that it would be inappropriate to mandate extensive discussion of prices during the consultation at the end of the pet's life. Our provisional view is that where a pet owner is considering purchasing a cremation via their FOP, it would

²⁹⁷ CMA summary of Remedies Working Paper responses, for example Roker Park vets's response to the Remedies Working Paper and Respondent 9's response to the Remedies Working Paper

²⁹⁸ CMA summary of Remedies Working Paper responses, for example Respondent 28's response to the Remedies Working Paper, Pennard Vets's response to the Remedies Working Paper, and CVS's response to the Remedies Working Paper

be appropriate for pricing information to be presented to them in writing. Responses to our Remedies Working Paper suggested that information should be made available in advance of consultations, for example on websites.²⁹⁹ Our view is that all options should be set out with equal prominence, and that pricing information for individual and communal cremation must be:

- (a) presented at a suitable time prior to the pet owner making a decision, for example listed on a separate leaflet or on the consent form; and
- (b) published as part of the price list on each FOP website and in their premises in accordance with the requirements in remedy 2b.

What services should comprise a basic communal cremation?

- 8.16 A basic communal cremation covers administration, handling and storage of the deceased pet, transportation to the crematorium, any payment processing fees, and a communal cremation whereby a number of different animals are cremated together, and no ashes are returned to the owner (set out in part A section 13).³⁰⁰

What period of time is appropriate for the requirement to provide pet owners time to consider their options, and to change their mind?

- 8.17 The body of a deceased pet needs to be stored while the owners take time to consider their options. We understand that many businesses already offer this service free of charge in their FOPs.
- 8.18 Our expert vet advisory panel (the **VAP**) has suggested that many businesses allow longer than 24 to 48 hours in certain circumstances, and often up to seven days where a pet owner is undecided on what to do with their deceased pet. However, the VAP outlined a number of logistical issues with mandating a longer time period.³⁰¹ Taking these considerations into account, along with the fact there are daily storage costs for businesses, we have provisionally decided to require a shorter mandatory period, allowing pet owners a period of two working days to make a decision. As above, these are minimum periods, and this requirement is not intended to deter businesses from offering pet owners additional time where appropriate and reasonable to do so.

²⁹⁹ CMA summary of Remedies Working Paper responses, for example Respondent 17, Roker Park vets' response to the Remedies Working Paper

³⁰⁰ Respondent 11 response to Remedies Working Paper lists costs incurred by veterinary businesses when processing animals for cremation

³⁰¹ Discussion with the CMA's Veterinary Advisory Panel. For example, the VAP raised logistical issues such as lack of storage space and frequency of crematoria collections

- 8.19 We recognise that there may be exceptional cases where a business operates a small FOP with limited storage capacity. We are minded to make an exception from the requirement to provide storage and waiting time for such cases.

Remedy implementation considerations

- 8.20 Implementation of this proposed remedy would be via a CMA Order on veterinary businesses operating one or more FOPs

Costs of implementation

- 8.21 Implementation of the requirement to present information about prices and options on websites and on customer-facing materials would result in some direct costs for the veterinary businesses to which the remedy applies. These would be labour costs and materials costs.

- 8.22 The costs would likely relate to:

- (a) updating websites; and
- (b) designing and updating customer literature.

- 8.23 The proposed requirements may require limited new investment by the relevant businesses.

- 8.24 Our provisional assessment is that the costs would be very limited. Businesses should already give pet owners price information to comply with their obligations in consumer protection law. Many of the relevant resources and materials – such as websites, signage, leaflets, brochures and product packaging – already exist and are routinely updated by businesses (or should be as and when prices change). Any costs should, accordingly, be minimal and incremental additions to those already incurred in the normal course of business.

- 8.25 We have considered the cost implications of our proposal to require ‘cooling off’ periods and time for pet owners to make their decision and consider that:

- (a) in their FOPs, most businesses already allow pet owners time to consider their options;
- (b) the requirements would be consistent with what we understand are typical once or twice weekly collections by crematoria; and
- (c) our expert VAP has suggested that in many FOPs businesses allow longer than 24 to 48-hours in certain circumstances, and in some cases up to seven days.

- 8.26 On the basis of this information, our assessment is that for some businesses there would be no extra costs from the ‘cooling off’ period requirements and, for others, only limited costs.

Method and timing of implementation

- 8.27 The requirements set out above relate mainly to the provision of information by veterinary businesses already offering cremation services through their FOPs. We have provisionally decided that, once the CMA Order has been made, larger businesses (those with 15 FOPs or more) should have three months to take the necessary steps and smaller businesses would have six months.
- 8.28 Some FOPs may need to enter into or vary agreements with crematoria. For any such businesses which do not currently offer communal cremations and which need to enter into new agreements, we have provisionally decided that, once the CMA Order has been made, they would have up to six months to do so. This is set out in part B section 2.

Monitoring of compliance

- 8.29 In part B section 2, we set out that we would look to work with the regulator, the RCVS, to undertake the remedies monitoring function for a number of remedies, including this one. In this case, the role would require the RCVS, or another monitoring body, to monitor attestations and use spot checks to examine a sample of websites and customer literature.

Enforcement

- 8.30 For the purposes of a CMA Order, enforcement would be the responsibility of the CMA.

Effectiveness

- 8.31 This remedy is part of our package of remedies which is designed to ensure that pet owners have access to relevant information, and, as a result, can make choices that align with their preferences.
- 8.32 These specific remedies in relation to pet cremation services that veterinary businesses provide through their FOPs would ensure that pet owners have the necessary information before and after the death of their pet to help them to engage with their options more effectively than they may currently be able to, and to shop around where they would like to do so.

- 8.33 Evidence indicates that pet owners may be overpaying by around £100 for individual cremations at a substantial number of FOPs, compared to the prices they would pay if FOPs were subject to greater downward pressure on price.³⁰²
- 8.34 Although the majority may not currently want to shop around, our pet owners survey found that around 20% of pet owners do consider price to be a relevant criterion when selecting a provider of cremation services.³⁰³ We would also expect that cremation prices should be made clear and accessible so pet owners could take them into account (along with other price indicators) when initially choosing a FOP. Although cremations pricing would not be a primary factor for most pet owners when choosing a FOP, this transparency ensures that those who do wish to consider costs can make informed decisions.
- 8.35 If a moderate number of pet owners become engaged and prices do change due to increased competitive pressure, then other pet owners may benefit. Consumer groups and media could use pricing information to highlight comparative charging practices by veterinary businesses.
- 8.36 Our provisional view is that the measure could be implemented, monitored and enforced effectively, in the ways we have carefully considered and set out above. Their relative simplicity means they could be expected to take effect quickly. They would be consistent with existing laws (eg consumer protection laws which require pet owners to be given information about services and prices).

Proportionality

- 8.37 Our provisional assessment is that, for the reasons described above, this remedy would be effective in achieving its aims of improving transparency, helping pet owners make better choices about their options at the end of their pet's life and driving competition in relation to the services cremation providers offer.
- 8.38 Our provisional assessment is that the remedy is no more onerous than necessary to achieve its aims. The AEC we have identified relates to the emotional context in which pet owners make decisions about what to do at the end of their pet's life, and the limitations on the information available to pet owners and the challenges they face in assessing that information (and their consequent reliance on their vet). To address those effects, a remedy that requires businesses to ensure that pet owners have that information, and the opportunity properly to consider it, is necessary. That is essential so that pet owners can make informed choices and select the services which best suit their preferences and budget.

³⁰² Part A section 13 Cremations, subsection Our provisional assessment

³⁰³ [Pet owners survey](#), Q107.

- 8.39 We have taken into account that the requirements of the remedy relate to steps which veterinary businesses operating FOPs must already take, or which most are already taking, and so likely impose only minimal incremental costs rather than material new burdens and costs:
- (a) Consumer protection law requires that the businesses provide price information. Most have websites and currently provide some written information and communications that they will refresh from time to time.
 - (b) Since most businesses do offer a communal cremation service through their FOPs already, our remedy would impose additional requirements on only a relatively small number of businesses and those requirements would be limited.
- 8.40 We have not identified other remedies that we think are likely to be effective in addressing the AEC. We have considered whether we should impose a price control remedy but, for the reasons set out below, our provisional assessment is that such a remedy would be less effective than those we are minded to impose and more rather than less onerous.
- 8.41 We have carefully considered the remedy for any risks of unintended consequences, including aspects of remedy design to address these where necessary. For example, we have proposed an exemption from the obligation to allow a minimum of two working days for a pet owner to consider their options for businesses whose FOPs do not have sufficient storage space to facilitate this. We have also chosen not to require extensive verbal discussions of price during euthanasia consultations to avoid insensitivity or eroding trust.³⁰⁴
- 8.42 We have considered the impact of the remedy on parties of different sizes and accordingly allowed a longer implementation period for small veterinary businesses operating less than 15 FOPs, as set out above.³⁰⁵
- 8.43 We therefore provisionally conclude that our proposed remedy is proportionate as part of a package of measures to address the AECs and resulting customer detriment that we have provisionally found.

A price control on retail fees charged by FOPs for individual cremations

We have provisionally decided not to impose a price control on fees charged for cremations.

³⁰⁴ Subsection Remedy Design Considerations above contains further details.

³⁰⁵ As noted above, this is for all aspects of the remedy apart from the requirement to offer communal cremation, for which all parties would have a longer six month implementation period.

- 8.44 The majority of respondents to our Remedies Working Paper were not supportive of a price cap on cremation fees and raised concerns regarding its effectiveness and the burden it would impose, stating that caps were not necessary or appropriate or that caps were not proportionate in this sector.³⁰⁶ Some stated that a price cap would distort competition or that customers were already exercising choice between different cremation options.³⁰⁷ Many respondents to the Remedies Working Paper also raised concerns related to unintended consequences of any price cap, including impacts on euthanasia fees or communal cremation fees (with impacts on animal welfare or vulnerable pet owners), or worsening services for customers.³⁰⁸
- 8.45 A minority of respondents supported a price cap, citing customer vulnerability or the need to prevent high markups. Some supported capping prices only for corporate groups that are vertically integrated.³⁰⁹
- 8.46 We have provisionally decided that a price control would be neither an effective nor a proportionate remedy to the AEC and resulting customer detriment, and indeed that it would carry a significant risk of adverse consequences for pet owners and FOPs. This is on the basis that:
- (a) We consider the proposed transparency remedy to be an effective and significantly less onerous intervention to address the AEC and customer detriment.
 - (b) We consider that a price control would not be effective in addressing our concerns, whether implemented on a standalone or incremental basis. Indeed, if combined with transparency measures, a price control would risk undermining the positive impact of those transparency measures.

³⁰⁶ CMA summary of Remedies Working Paper responses. For example, Pets at Home's response to the Remedies Working Paper, XL Vets's response to the Remedies Working Paper, Pennard Vets's response to the Remedies Working Paper, Medivet's response to the Remedies Working Paper, Respondent 23's response to the Remedies Working Paper, BVA's response to the Remedies Working Paper, BSAVA, BVNA, SPVS and VMG's response to the Remedies Working Paper, CVS's response to the Remedies Working Paper, IVC's response to the Remedies Working Paper, Linnaeus's response to the Remedies Working Paper, VetPartners's response to the Remedies Working Paper

³⁰⁷ CMA summary of Remedies Working Paper responses. For example, Pennard Vets' response to the Remedies Working Paper, Pets at Home's response to the Remedies Working Paper, Respondent 28's response to the Remedies Working Paper, Respondent 7's response to the Remedies Working Paper, Briar Vets's response to the Remedies Working Paper, Respondent 16's response to the Remedies Working Paper

³⁰⁸ CMA summary of Remedies Working Paper responses. For example, XL Vets' response to the Remedies Working Paper, BVA, BSAVA, BVNA, SPVS and VMG's response to the Remedies Working Paper, CVS' response to the Remedies Working Paper, Pets at Home's response to the Remedies Working Paper, IVC's response to the Remedies Working Paper, Medivet's response to the Remedies Working Paper, Respondent 11's response to the Remedies Working Paper, Animal Trust's response to the Remedies Working Paper, Respondent 8's response to the Remedies Working Paper, Blue Cross's response to the Remedies Working Paper.

³⁰⁹ CMA summary of Remedies Working Paper responses. For example, Respondent 2's response to the Remedies Working Paper, Bay Vet Group's response to the Remedies Working Paper, Pennard Vets's response to the Remedies Working Paper, The George Vet Group's response to the Remedies Working Paper.

- (c) Designing and implementing a price control would impose significant burdens on FOPs so that customers might face additional costs or decreases in the range or quality of services.

8.47 We considered a range of approaches to designing the price control, but we have significant concerns regarding the effectiveness of any form of price cap. These concerns include that:

- (a) A price cap would not address the AEC itself by increasing the pricing information available to pet owners and their ability to use this to choose a provider (and, thereby, increase the competitive pressure on businesses operating FOPs and crematoria). On the contrary, a price cap would likely deter consumers from engaging with the options available or alternative providers or limit any reputational impact from the current varied prices in the market. Any eventual removal of a cap could lead to prices reverting to high levels.
- (b) A price cap that applied solely to individual cremations could also potentially reduce the ability of the pet owner to make an informed choice between different burial and cremation options, if one option were perceived to be 'protected', and therefore potentially the best value, or endorsed by regulators as the superior type of end-of-life care.

8.48 We also consider that a price control on cremations would pose a significant risk of several potential adverse consequences that would undermine its effectiveness and/or impose onerous and disproportionate costs and burdens on FOPs, crematoria and pet owners. The key risks are:

- (a) If the price cap is set too low, it could lead to individual cremations becoming loss-making in some instances, which may result in FOPs removing individual cremations from their offering or increasing prices for other services, particularly within end-of-life care. Any impact on euthanasia prices could be detrimental to animal welfare if it deterred pet owners from purchasing this service, and any impact on communal cremation prices could impact vulnerable pet owners, who may not have alternative cheaper options, such as burying their pet at home. A price cap could also lead to increases in the prices of cremation add-on services (such as different types of urns or paw prints), meaning that the overall prices consumers pay would not decrease.
- (b) A higher level of cap could lead to some FOPs that currently offer competitive pricing raising their prices towards the cap, reducing the overall effectiveness of the cap in reducing prices for customers (and increasing costs borne by customers that face higher prices as a result).

(c) Quality of service, including support for pet owners at this vulnerable time may be eroded, as FOPs seek to keep costs below the level of the price cap.

8.49 The above risks are increased by the likely practical limitations in setting the level of a cap on individual cremations at an appropriate level. These practical limitations relate to designing and setting an effective price control, including in relation to the gathering of the necessary data. Specifically, we do not currently have reliable cost data on cremations services that would enable us to estimate the appropriate cost-based level for any price control, particularly any price control that was in place over a longer time period. Gathering such cost information is unlikely to be feasible or proportionate given that FOPs do not separately record or estimate their costs associated with cremations, and there is a significant variety of services and approaches offered by different FOPs and to different customers. Even if a price cap were considered desirable, these practical limitations would likely make the price cap disproportionately costly to implement.

8.50 Overall, our provisional decision is not to proceed with a price control on retail fees for individual cremations because we consider that, notwithstanding the significant likely customer detriment that this remedy seeks to address, a price control would likely be ineffective in doing so. Instead, we consider that the transparency measures set out above would be significantly more effective and less onerous. A price cap would likely undermine the effectiveness of these measures, while producing adverse effects for pet owners and FOPs.

9. Complaints and redress

We have provisionally found that the current regulatory framework contains only limited provision for effective complaint handling and consumer redress across the sector and that this adversely affects competition and contributes to poor outcomes for pet owners. To address this, we have provisionally decided to:

Remedy 14: Require all veterinary businesses operating FOPs³¹⁰ to publish and provide to pet owners an in-house complaints system for each of its FOPs which meets certain minimum criteria. This includes requirements to inform pet owners of how to complain about FOPs, when pet owners can expect a reply from the FOP to any complaint made and what options are available when it is not possible to resolve the complaint in-house. The businesses would also be required to keep a complaints log for each FOP, share this log with the regulator, and review it periodically to facilitate learnings from individual cases and identify any systemic issues.

Currently, the RCVS Code and Supporting Guidance and the Practice Standards Scheme (**PSS**) contain some obligations with regards to complaint handling.³¹¹ However, there is no set of requirements that helps ensure that consistent complaints processes are in place across the sector, setting out what is expected of FOPs.

Remedy 15: Require all veterinary businesses operating FOPs³¹² to participate in mediation in good faith where the pet owner wishes to do so. Mediation is currently a voluntary process for both pet owners and veterinary businesses. Recognising that it is often best for both sides if complaints can be resolved at the local level, that is between the veterinary business and pet owner, in-house complaints processes would need to be exhausted before mediation could begin. A successful mediation outcome is one accepted by both parties, meaning that, as is currently the case with the Veterinary Client Mediation Service (**VCMS**), the proposed resolution would be binding only if both parties agreed to it.

Remedy 16a: Seek an undertaking from the RCVS (or a requirement by CMA Order for it) to develop a decision tree of pet owners' routes to redress, which would include consumer-friendly explainers of the pet owner's options when they want to raise a complaint. The decision tree would explain when, and about what, pet owners may approach each of the relevant sources of resolution and redress, the nature of the service offered by each such source, the cost to the pet owner and whether veterinary businesses must participate. Some such information is already available to pet owners, but we think that the relevant

³¹⁰ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

³¹¹ A description of these requirements is set out in part A, section 14: Regulatory framework for veterinary services.

³¹² Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out of hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

information could be made easier to navigate for pet owners and be more widely publicised. This remedy would assist in providing pet owners with sufficient information about their options following implementation of remedies 14 and 15, to ensure that those remedies have greater effect.

Remedy 16b: Seek an undertaking from the RCVS (or a requirement by CMA Order for it) to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.³¹³ This would inform and enrich the regulator's thinking in its role as a statutory regulator and a Royal College. There is currently some complaints information sharing with the regulator but no regular publication of data or information on this topic.

We also recommend in part B, section 10,³¹⁴ as a part of a package of long-term regulatory reform, that government establishes a comprehensive system for complaint handling and redress in the veterinary sector. This should include remedies 14 and 15 and a statutory system of independent adjudication of complaints which is binding on veterinary businesses operating FOPs.

Introduction

- 9.1 We have provisionally found that the current regulatory framework contains only limited provision for effective complaint handling and consumer redress across the sector and that this adversely affects competition and contributes to poor outcomes for pet owners.³¹⁵
- 9.2 This is a concern because, as explained in part A, section 14,³¹⁶ effective consumer complaints and redress mechanisms can play an important role in a competitive market. They can discipline firms in terms of the quality of the goods and services they provide, give consumers confidence to spend their money, encourage compliance with regulatory rules and support improvements in standards and refinement of the regulatory framework through complaints data that can be collected and analysed.
- 9.3 A comprehensive regulatory framework for complaint handling and consumer redress is important in this market. Veterinary services are complex credence goods, there is an information asymmetry between pet owners and veterinary professionals, high sums of money can be spent by pet owners, and some complaints can be emotionally charged.
- 9.4 It is our provisional view that the existing complaints and redress mechanisms are unlikely to deliver the positive outcomes we have described above. There are no

³¹³ Or we could make a CMA Order.

³¹⁴ Part B, section 10: Recommendations for future regulatory reform, subsection Complaints and redress.

³¹⁵ As set out in part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

³¹⁶ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

regulatory requirements that set standards for FOPs' in-house complaint processes and some pet owners appear to be unwilling or unable to pursue complaints.³¹⁷ While the VCMS provides a voluntary mediation service, veterinary businesses are not required to participate, and there is limited consumer awareness of, and engagement with, the scheme. There is currently no clear route for pet owners to seek a binding resolution to their complaints outside of the traditional court system. The different elements needed for an effective system of consumer redress are not appropriately connected and coordinated. Nor does the RCVS use the insights and lessons available from complaints data to strengthen regulatory practice and drive standards up across the sector as effectively as it could.³¹⁸

9.5 To address these weaknesses, we have provisionally decided to:

- Impose a requirement for all veterinary businesses operating FOPs to publish and provide to pet owners an in-house complaint process for each of its FOPs which meets specified minimum criteria (remedy 14). This would ensure that all FOPs have effective complaint handling processes which inform pet owners about their right to complain and give them confidence in their options for doing so.
- Impose a requirement for all veterinary businesses operating FOPs to engage in mediation in good faith where the pet owner's complaint is not resolved in-house and the pet owner wishes to take the complaint to mediation (remedy 15). This would address our concern that those businesses do not currently have to participate in mediation even if the pet owner would like to do so.
- Seek an undertaking from (or requirement on) the RCVS³¹⁹ to develop and publicise a decision tree to help pet owners navigate the different routes to redress (remedy 16a). Veterinary businesses would also be required to include this decision tree in their FOPs' complaint handling processes (remedy 14). This would help ensure that all pet owners consistently receive clear and comprehensive information on their options if they have a complaint they would like resolved.
- Seek an undertaking from (or requirement on) the RCVS³²⁰ to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets (remedy 16b). This would ensure

³¹⁷ For example, our pet owners survey found that less than half of those who considered complaining to their FOP went on to do so. When asked why not, the most common answers were: 'Didn't think anything would come of it' (53% of relevant respondents), 'Worried about ongoing relationship with vet' (38%) and 'Didn't know who to complain to' (32%). This is set out in part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

³¹⁸ As set out in part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

³¹⁹ Or we could make a CMA Order.

³²⁰ Or we could make a CMA Order.

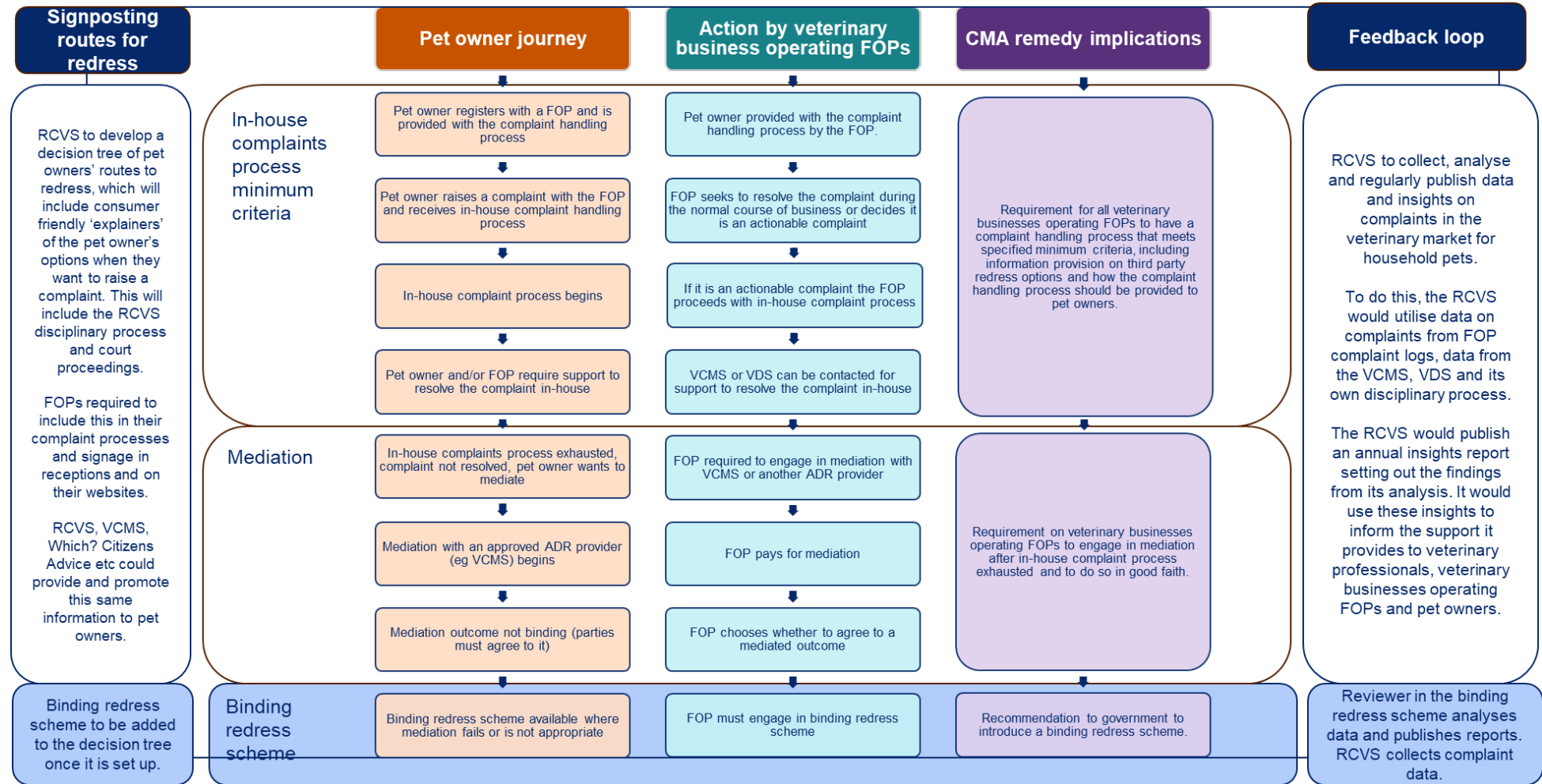
that complaints data and insights are used to support continuous learning and improvements among veterinary businesses and professionals and inform the broader regulation of the market.

- 9.6 We recommend in part B, section 10,³²¹ as a part of a package of long-term regulatory reform, that government³²² establishes a comprehensive system for complaint handling and redress in the veterinary sector. This should include remedies 14 and 15 and a statutory system of independent adjudication of complaints which is binding on veterinary businesses operating FOPs.
- 9.7 Figure 1.1 below shows how these proposed remedies work together to form a coherent complaints and redress system. Provisional remedies in the white boxes would be implemented relatively quickly via requirements in a CMA Order and an undertaking from the RCVS (or a CMA Order made in respect of it). The grey boxes indicate the recommendations we would make to government.

³²¹ Part B, section 10: Recommendations for future regulatory reform, subsection Complaints and redress.

³²² In this section, references to recommendations to government mean recommendations to the UK government in consultation with the Scottish Government, Welsh Government and Northern Ireland Executive as appropriate.

Figure 9.1: Complaint and redress remedies overview



Source: CMA. Veterinary Defence Society (VDS).

9.8 Our provisional assessment is that these remedies would result in the following outcomes:

- Pet owners would be more aware of how to complain to FOPs and would be better able, and more confident in their ability, to have their complaints considered and resolved.
- Where complaints are resolved because of our proposed remedies, pet owners and veterinary businesses may benefit from retaining or increasing levels of customer satisfaction and trust. Where the outcome of the complaint is in the pet owner's favour, they may benefit from redress such as an apology, compensation or action to improve services.
- The knowledge that pet owners are more aware of their right to complain and of their options in doing so means that veterinary businesses operating FOPs would face a stronger incentive to comply with the substantive regulatory rules which apply to them, including those that facilitate or promote competition and protect consumers. For the same reason they would also face a strong incentive to comply with the rules relating to good complaint handling.
- Continuous feedback loops would support veterinary businesses operating FOPs to assess the complaints they receive and improve the veterinary services they provide where needed. They would also better enable the regulator to recognise trends in complaints and redress and therefore know where to focus efforts to improve outcomes.

Remedy 14: A requirement for all veterinary businesses operating FOPs to have an in-house complaints process for each of its FOPs which meets specified minimum criteria.

We have provisionally decided to require all veterinary businesses operating FOPs to publish and provide to pet owners an in-house complaints system for each of its FOPs which meets certain minimum criteria. This includes requirements to inform pet owners of how to complain about FOPs, when pet owners can expect a reply from the FOP to any complaint made and what options are available when it is not possible to resolve the complaint in-house. Veterinary businesses operating FOPs would also be required to keep a complaints log, share this log with the regulator, and review it periodically to facilitate learnings from individual cases and identify any systemic issues.

Currently, the RCVS's Code and Supporting Guidance and the PSS contain some obligations with regards to complaint handling.³²³ However, there is no set of requirements

³²³ A description of these requirements is set out in part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

that helps ensure that consistent complaints processes are in place across the sector, setting out what is expected of FOPs.

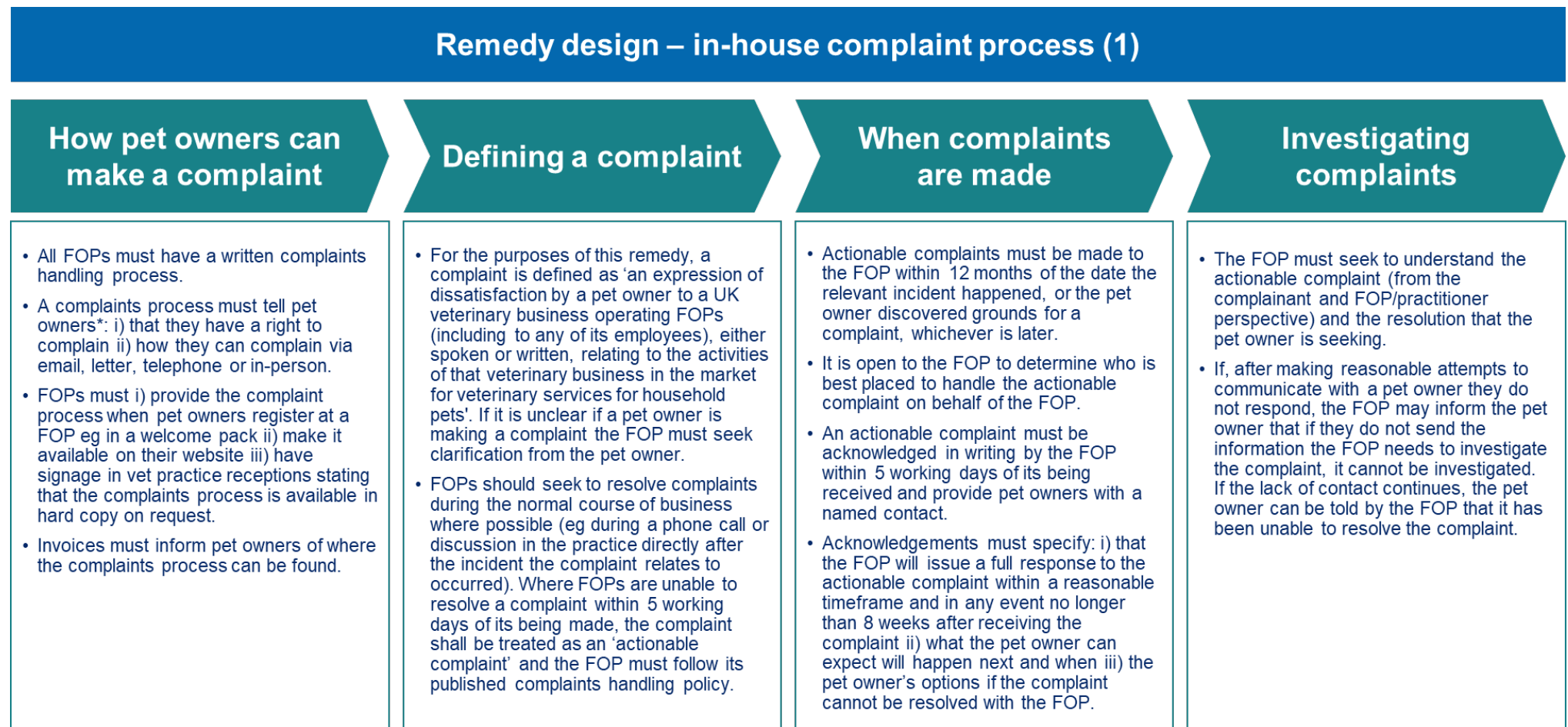
Description of the remedy

9.9 This proposed remedy would require all veterinary businesses operating FOPs to publish and provide to pet owners³²⁴ an in-house complaints process for each of its FOPs which meets specified minimum criteria. These minimum criteria are set out in Figure 1.2 below. In designing this remedy, we have considered current guidance on complaint handling in the veterinary sector as well as practice and guidance in other sectors,³²⁵ and responses provided to our Remedies Working Paper.

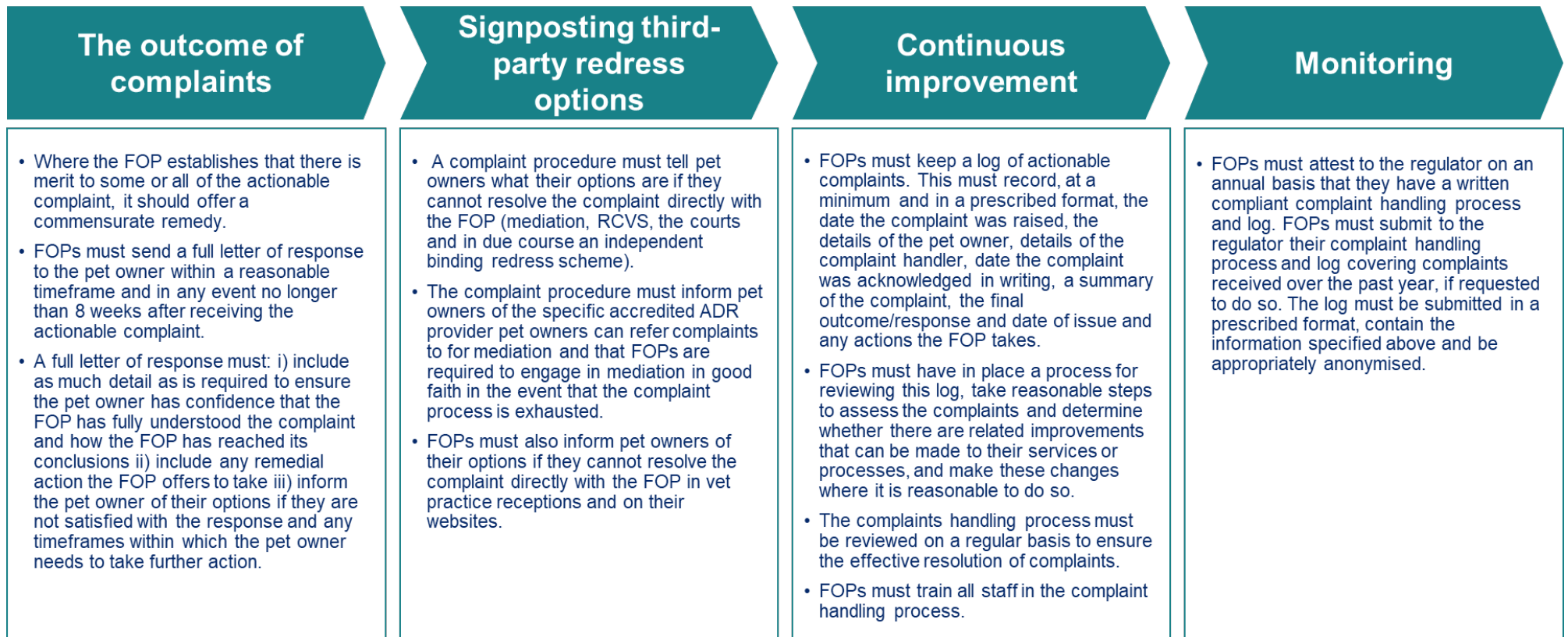
³²⁴ We consider at this stage that complaint handling policies should refer to the 'pet owner'. That term would be defined to include the legal owner of the household pet and any other person in charge of it or entering into an arrangement with a FOP to provide care to that pet. This reflects the fact that anyone taking a household pet to the vet should expect a good service and be able to complain where this is not the case, regardless of whether that person is the legal owner of the animal. For example, whether the owner or another family member takes the family pet for a check-up, both should expect to receive high levels of service both with regards to the pet and themselves.

³²⁵ General Dental Council, [Complaint handling](#) (accessed 16 July 2025). Legal Ombudsman, [Best practice complaint handling guide | Legal Ombudsman](#) (accessed 16 July 2025). OCCS, [FAQs - Consumers - Optical Complaints - Optical Consumer Complaints Service](#) (accessed 16 July 2025). UK Government [Complaint Standards: managing challenging situations in complaint handling](#) and [Model Complaints Handling Procedure](#) (accessed 16 July 2025). RCVS, PSS Award Level Requirements, [PSS Small Animal Modules and Awards \(V3.3\) - Professionals](#). Royal Institution of Chartered Surveyors, [Complaints handling](#) (accessed 03 August 2025). VCMS, [Raising-a-Complaint-VCMS.pdf](#) (accessed 16 July 2025) and presentation to the CMA. Veterinary Defence Society, [Claims and Complaints](#) (accessed 03 August 2025).

Figure 9.2 In-house complaint process minimum criteria



Remedy design – in-house complaint process (2)



Source: CMA. *Alternative Dispute Resolution (ADR)*.

The aim of the remedy

- 9.10 The aim of this remedy would be to create a consistent minimum level of complaint handling provision across all FOPs. It would help to ensure that pet owners know how to complain, that their complaints are acknowledged promptly, are responded to fully and within a reasonable timeframe, and that veterinary businesses operating FOPs learn from complaints they receive.
- 9.11 There are already some obligations on individual vets in relation to in-house complaint handling and the voluntary PSS places some requirements on accredited veterinary businesses.³²⁶ However, for the reasons set out in part A, section 14,³²⁷ in our provisional view there are insufficient requirements on veterinary businesses operating FOPs to help ensure that consistent complaint handling processes are in place across the veterinary sector.
- 9.12 As a result of these weaknesses, in-house complaint handling processes vary in quality and effectiveness.
- 9.13 In a well-functioning market, we would expect a higher proportion of pet owners than is currently the case to be aware of how to complain and to do so where they felt this was warranted. This is important in a professional services market involving credence goods and an asymmetry of information between veterinary professionals and pet owners. For example, our pet owners survey found that less than half of those who considered complaining to their practice went on to do so.³²⁸ When asked why not, the most common answers were: 'didn't think anything would come of it' (53% of relevant respondents), 'worried about ongoing relationship with vet' (38%) and 'didn't know who to complain to' (32%) (respondents could choose more than one response).³²⁹
- 9.14 This proposed remedy would directly address the weaknesses in the regulatory framework we have identified by requiring that all FOPs have a complaints process which meets a set of specified minimum criteria. Placing obligations on veterinary businesses operating FOPs, in addition to those already placed on vets themselves, would help to ensure the provision of consistently effective complaint handling processes across the veterinary market.³³⁰

³²⁶ A description of these requirements is set out in in part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

³²⁷ part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

³²⁸ Pet owners survey, Q117 (35% 'Yes') and Q118 (75% 'the vet or vet practice staff', 17% 'the owner(s) of the vet practice').

³²⁹ Pet owners survey, Q117.

³³⁰ As set out in in part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

How the remedy addresses the provisional AEC and resulting consumer detriment

9.15 Our provisional view is that this remedy, alongside a requirement for all veterinary businesses operating FOPs to engage in mediation (remedy 15) and, in the longer term, enabling pet owners to seek a determination from an independent binding redress scheme (as set out in part B, section 10),³³¹ would address the lack of appropriate redress mechanisms in the current regulatory framework, and particularly the limited provision for effective complaint handling across the sector. The outcomes we anticipate that this proposed remedy would produce are that:

- (a) Pet owners would be better informed about how to complain to their FOP and what it involves, as well as how to proceed if the complaint cannot be resolved at the local level.
- (b) Pet owners would feel more confident to complain to their FOP and expect better processes when they do raise a complaint.
- (c) As a result of this, it should be possible for more complaints to be resolved between pet owners and veterinary businesses operating FOPs. Where redress is needed more pet owners would receive it.
- (d) Increasing pet owners' awareness of other routes to redress (should local resolution fail) should incentivise veterinary businesses to resolve legitimate complaints themselves where possible and provide redress where needed, to avoid the additional time and cost associated with engaging in third-party dispute resolution mechanisms.
- (e) Where veterinary businesses fail to resolve complaints, pet owners would be more confident in taking their complaints to the next appropriate step, such as mediation, if they wish to do so. As a result, more complaints which are not resolved with the veterinary businesses at the FOP level, and which are suitable for mediation, should progress to this step.
- (f) Recognising that pet owners would be more empowered to raise and resolve complaints, veterinary businesses operating FOPs would be incentivised to maintain or improve the quality of the services they provide. This includes examining complaints data to identify lessons learned and make improvements.

9.16 Use of complaints data by the regulator is considered below (remedy 16b).

9.17 In considering the options for this remedy, we have assessed a 'do nothing' option. In the absence of meaningful regulatory requirements, it is, of course, open to veterinary businesses to design and operate a complaint handling process. Many

³³¹ Part B, section 10: Recommendations for future regulatory reform, subsection Complaints and redress.

already do this, and some do it well. However, we have found that not all in-house complaints processes are consistent and high quality.³³² On that basis, our provisional assessment is that doing nothing is unlikely to address the feature of the market leading to the AEC and to support good outcomes for pet owners.

Remedy design considerations

- 9.18 Most respondents to our Remedies Working Paper indicated their broad support for this proposed remedy. Reasons for this included that it would improve consistency in how complaints are dealt with, improve transparency for pet owners, reduce barriers to pet owners complaining, deliver a fair process and help practices to resolve complaints earlier.³³³ Several respondents were in favour of resolution at a local level (that is, within the vet practice itself) where possible³³⁴ and many respondents noted that many veterinary businesses already have complaint handling processes in place.³³⁵
- 9.19 However, a small proportion of respondents did not support this remedy. Reasons for this included that a mandated process would be overburdensome and bureaucratic and would interfere where complaint handling already works well. Some respondents told us that the variation in practice type and size meant it would be difficult to create criteria which suited every veterinary business.³³⁶
- 9.20 We outline in the subsections that follow our remedy design considerations. We have considered the responses to the Remedies Working Paper and sought to address the points raised where, in our provisional view, it is appropriate to do so.

Specificity of complaint handling process requirements

- 9.21 Some stakeholders responding to our Remedies Working Paper made the point that in-house complaint handling processes should avoid being too formulaic and should not get in the way where processes already work well.³³⁷
- 9.22 Our provisional decision, having assessed good practice complaint handling procedures, is that, while some flexibility is desirable, there are some key principles and specific requirements that are necessary for in-house complaint

³³² As set out in part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

³³³ For example, IVC response to the Remedies Working Paper, paragraph 6.19(ii). Linnaeus response to the Remedies Working Paper, p 53. XL Vets response to the Remedies Working Paper, p 59. Which? response to the Remedies Working Paper, p 6. Thrums Vets response to the Remedies Working Paper, p 25.

³³⁴ For example, BVA, BSAVA, BVNA, SPVS and VMG's Response to the Remedies Working Paper, p 40. VDS response to the Remedies Working Paper, p 6. Respondent 28 response to the Remedies Working Paper, paragraph 89. British Veterinary Union response to the Remedies Working Paper, paragraph 3.2.241.

³³⁵ This is set out in the summary of responses to the Remedies Working Paper, paragraph 101.

³³⁶ For example, the British Veterinary Union response to the Remedies Working Paper, paragraph 3.2.237. Medivet response to the Remedies Working Paper, paragraph 2.5(e)(i). Veterinary Defence Society response to the Remedies Working Paper, p 6.

³³⁷ For example, the VCMS response to the Remedies Working Paper, p 11. Respondent 27 response to the Remedies Working Paper, p 18. The PDSA's response to the Remedies Working Paper, p 25.

processes to be consistent and effective. For example, our provisional view is that there should be specific requirements on veterinary businesses operating FOPs relating to how pet owners are made aware of the complaint handling process and other third-party redress options, and the timeframe within which complaints should be acknowledged and responded to in full.

- 9.23 Our proposed remedy would provide a framework within which complaints processes must be established and therefore would create a baseline for complaint handling practices across the market, ensuring a level of consistency and effectiveness for pet owners raising complaints with FOPs. Existing high quality complaints processes would already adhere to many of the requirements that would be imposed on veterinary businesses pursuant to this remedy.

Minimising business burden

- 9.24 We heard concerns in responses to our Remedies Working Paper that this proposed remedy may be more difficult for smaller veterinary businesses to comply with than larger ones.³³⁸ We recognise that smaller businesses may have more limited resources (eg no centralised administrative or complaint handling function) and may need to do more to comply with this remedy given our assessment of existing complaint handling processes in part A, section 14.³³⁹
- 9.25 In light of this, we have considered whether it would be appropriate to exempt the very smallest veterinary business from this remedy. However, this is likely to result in some pet owners having more limited ability to raise and resolve their complaints with FOPs, which would undermine the extent to which this remedy ensures the provision of consistently effective complaint handling processes across the veterinary market. It would remove the disciplinary effect of this proposed remedy on non-participating veterinary business.
- 9.26 Our provisional view, therefore, is that the proposed remedy sets reasonable baseline requirements which all veterinary businesses operating FOPs should meet to ensure that this remedy is effective. There are, in our assessment, other ways in which the burden on smaller veterinary business could be mitigated.
- 9.27 In particular, to support small veterinary business to meet the requirements, the CMA, working with stakeholders such as the RCVS and VCMS would seek to create a template complaint handling policy for veterinary businesses to use when designing their FOP's in-house complaint handling processes. Veterinary businesses could draw on this template to reduce the cost and burden of meeting the requirements of this remedy. The provision of templates was something

³³⁸ For example, Respondent 12 response to the Remedies Working Paper, p 24. Blue Cross' response to the Remedies Working Paper, p 16. Hook Norton Veterinary Group response to the Remedies Working Paper, p 19.

³³⁹ Part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

suggested to us by several stakeholders responding to our Remedies Working Paper.³⁴⁰

Continuous learning culture

- 9.28 Some stakeholders also told us that the remedy should focus on learning from mistakes and should avoid being too punitive.³⁴¹ We agree veterinary business operating FOPs should seek to learn from the complaints they receive and have provisionally decided to impose requirements that they must keep a log of complaints and a process for reviewing this log, take reasonable steps to assess the complaints they receive and make related improvements to their services or processes where it is reasonable to do so.
- 9.29 We consider below a role for the regulator in learning from complaints data (as set out in remedy 16b).

A 'complaint officer' role

- 9.30 We have considered whether it would be appropriate to require veterinary businesses operating FOPs to have a named person as a complaints officer, responsible for managing any complaint received and ensuring that FOPs adhere to the requirements of this provisional remedy. This could be a veterinary or non-veterinary staff member and in large groups could be a centralised role covering multiple practices.
- 9.31 Given the broad diversity of business models, differing sizes of practices, and the importance of avoiding unnecessary burden, we have decided not to include a provisional requirement for a complaints officer. However, veterinary businesses may choose to appoint a complaints officer if they deem that this would help ensure complaints are handled effectively and efficiently and in line with the requirements of this provisional remedy.

Supporting vulnerable pet owners

- 9.32 It is important that all pet owners have fair and consistent access to a well-functioning framework for complaints and redress. Some pet owners may feel vulnerable when making, or considering, a complaint, which may for example be associated with the pet owner's personal circumstances or with distress following a poor clinical outcome or the death of a household pet.³⁴² Such vulnerability may make pet owners less able to engage with the practice and seek redress when

³⁴⁰ For example, XL Vets response to the Remedies Working Paper, p 59. Paragon Veterinary Group response to the Remedies Working Paper, p 20. Vets4u response to the Remedies Working Paper, p 30.

³⁴¹ For example, Hook Norton Veterinary Group response to the Remedies Working Paper, p 19. IVC response to the Remedies Working Paper, paragraph 6.19(ii). Thrums Vets response to the Remedies Working Paper, p 26.

³⁴² CMA (2019), *Consumer vulnerability: challenges and potential solutions*, p 4.

they have a complaint. While not part of our proposed remedy package, it may be that the regulator, working in cooperation with a group of veterinary professional associations, would be well-placed to develop guidance for veterinary businesses operating FOPs, to help them ensure that their staff, especially those in consumer-facing roles, are supported by their employers when managing complaints involving vulnerable pet owners.³⁴³

Remedy implementation issues

9.33 The key remedy implementation issues are:

- (a) responsibility for compliance;
- (b) the method and timing of implementation;
- (c) monitoring of compliance with and enforcement of the remedy; and
- (d) the cost of implementation.

Responsibility for compliance

9.34 It is our provisional view that veterinary business operating FOPs should be primarily responsible for ensuring requirements relating to in-house complaints processes are met. This is because those with significant influence over decisions affecting the operations of individual FOPs (including non-vets) are well-placed to shape and influence interactions with pet owners when they have a complaint. They set policies under which their FOPs operate. They will control a number of the channels through which information is provided to pet owners and in some cases through contractual employment relationships they direct the activities of those who work for them (for example, ensuring that all relevant employees receive training in the complaint handling process).

The method and timing of implementation

9.35 Implementation of this proposed remedy would be via a CMA Order in the first instance. As part B, section 10³⁴⁴ explains, in the longer-term we consider the requirements relating to in-house complaint processes should form part of a reformed regulatory framework created by new legislation.

³⁴³ For example, we note that RCVS Knowledge and the VCMS worked together to develop a course for veterinary professionals on how to deal with complaints: [RCVS Academy launches new course to support veterinary professionals dealing with complaints - Veterinary Practice](#) (accessed 30 September 2025). Two examples of how other sectors have published guidance on supporting vulnerable consumers are the Financial Conduct Authority, [Guidance for firms on the fair treatment of vulnerable customers](#) (accessed 1 October 2025) and Scottish Public Services Ombudsman, [Complainants with vulnerabilities: guidance](#) (accessed 1 October 2025).

³⁴⁴ Part B, section 10: Recommendations for future regulatory reform, subsection Complaints and redress.

9.36 Part B, section 2³⁴⁵ sets out our provisional decision on the timing of implementation for our provisional remedy package. With regard to this remedy, our provisional view is that all veterinary businesses operating FOPs would be required to be compliant six months after the publication of a CMA Order. A six month implementation period would give veterinary businesses with established complaint handling processes time to check their existing processes comply. It would in our assessment, give those without a complaint processes, with very basic processes or with relatively limited capacity, sufficient time to ensure they have a compliant process in place (taking account, for example, of the principles that would be set out in a CMA Order and the template that we envisage could help them comply).

Monitoring of compliance with and enforcement of the remedy

9.37 The requirement for all veterinary businesses operating FOPs to have an in-house complaints process for each of their FOPs is one of the remedies that would be subject to the monitoring function we proposed in part B, section 2.³⁴⁶ In this case, monitoring would involve a requirement for the businesses to attest annually to the monitoring body that all FOPs they operate have a compliant complaint handling process and complaints log, and to submit copies to the body if requested to do so.³⁴⁷ The log would need to be submitted in a prescribed format and contain the information specified in Figure 1.2 appropriately anonymised.

9.38 The monitoring body would review annual attestations and request, on an annual basis, that for a sample of FOPs (for example, 50 FOPs) the relevant veterinary businesses submit their complaint handling processes and logs. The monitoring body would check if, for each of those FOPs, the veterinary businesses had fulfilled the specified minimum criteria. The CMA could then consider, based on this monitoring information, if enforcement action is warranted against the relevant veterinary businesses.

9.39 In our view, the RCVS would be well placed to monitor compliance with this proposed remedy. The complaints data received in the sample of complaints logs would inform its understanding of the problems pet owners experience and how it supports the veterinary profession and fulfils its regulatory functions (as set out in remedy 16b).

³⁴⁵ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

³⁴⁶ Part B, section 2: Remedies: framework, form and implementation subsection Practical design and implementation considerations.

³⁴⁷ In such cases, veterinary businesses would be required to submit their complaint handling log covering complaints received over the past year. The obligation to do so would arise no earlier than 18 months after publication of any CMA Order.

The cost of the remedy

- 9.40 In part B, section 2³⁴⁸ we set out the types of costs that veterinary businesses might incur in complying with our proposed remedies, such as capital costs and staff costs, and how costs might be one-off or ongoing. With regard to this remedy:
- (a) For FOPs which already have good complaints processes in place, veterinary businesses would incur relatively limited labour costs to check that their policies comply and to amend where necessary.
 - (b) For FOPs with no complaints process, or a complaints process that does not meet the specified minimum standards, veterinary businesses may incur:
 - (i) Labour costs developing a compliant complaint handling process and training staff on its content. The provision of templates should help mitigate the initial cost of developing a complaint handling process.
 - (ii) Materials costs of providing the complaint handling process to pet owners or indicating to them where it can be found.
 - (1) A relatively small but ongoing cost from providing the complaint handling process to pet owners when they register at a FOP (eg in a welcome pack).
 - (2) A one-off cost from making the complaint process available on their website and having signage in vet practice receptions stating that the complaint handling process is available in hard copy on request. Most FOPs already have websites and/or practice literature that veterinary businesses update from time to time anyway.
 - (3) A small one-off cost involved in adding a line to the standard form of invoice informing pet owners where the complaints process can be found.
- 9.41 There may be an increase in complaints made by pet owners because of this provisional remedy, particularly for those FOPs which did not have well publicised or effective complaint handling processes in place previously. Handling these complaints and logging them is likely to result in additional labour costs (veterinary professionals and administrative staff) and some very low material costs (eg producing complaint acknowledgement and final response letters). This should also serve as an incentive to maintain or improve service quality. All veterinary

³⁴⁸ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

businesses operating FOPs would also incur some relatively small costs from complying with monitoring activities.

- 9.42 Costs resulting from signposting to third-party redress options are set out below in remedy 16a.

Remedy 15: A requirement for all veterinary businesses operating FOPs to engage in mediation in good faith in cases where the pet owner’s complaint is not resolved in-house and the pet owner wishes to engage in mediation.

Our provisional decision is to require all veterinary businesses operating FOPs to participate in mediation in good faith where the pet owner wishes to do so. Mediation is currently a voluntary process for both pet owners and veterinary businesses.

Recognising that it is often best for both sides if complaints can be resolved at the local level, that is between the FOP and pet owner, in-house complaints processes would need to be exhausted before mediation could begin.

A successful mediation outcome is one accepted by both parties, meaning that, as is currently the case with the VCMS, the proposed resolution would be binding only if both parties agreed to it.

Description of the remedy

- 9.43 All veterinary businesses operating FOPs would be required to (i) to choose a specific independent and approved³⁴⁹ Alternative Dispute Resolution (**ADR**) provider to which pet owners can refer unresolved complaints for mediation, and (ii) to communicate this to pet owners as part of the business’s FOP complaint processes (remedy 14). Where the pet owner opts to refer a complaint to mediation after exhausting the FOP’s complaint handling process, the veterinary business would be required to engage with the mediation process in good faith.
- 9.44 We anticipate that most veterinary businesses would select the VCMS as their ADR provider given that, to our knowledge, the VCMS is the only provider currently approved to offer a mediation service specifically for the veterinary sector (part A, section 14³⁵⁰ describes the VCMS). However, we do not think that it is necessary to limit our remedy to that scheme only, and that where suitable alternative ADR providers exist, it should be open to veterinary businesses to use them.

³⁴⁹ In line with the [Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015](#).

³⁵⁰ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

- 9.45 The veterinary business would be required to engage in mediation in good faith. In this context, good faith would mean that veterinary businesses (and relevant individual veterinary professionals) engage proactively with the mediation process in a genuine attempt to resolve complaints fairly and without undue delay.
- 9.46 The outcome of mediation would, as is the case currently, not be binding unless both parties accept the proposed resolution as a full and final settlement of the complaint. Any agreed settlement would then provide the parties with rights to enforce under contract law if necessary.³⁵¹
- 9.47 The requirement to engage in mediation would apply to all veterinary businesses operating FOPs. Both parties would continue to have the option to engage with the VCMS to support local complaint resolution prior to any mediation (as set out in part A, section 14).³⁵²

Aim of the remedy

- 9.48 This proposed remedy would tackle one of the deficiencies we have identified in the third-party redress framework – engagement in mediation by veterinary businesses is voluntary only – by requiring veterinary businesses operating FOPs to participate in mediation in good faith, once in-house complaints processes have been exhausted, in those situations where the pet owner would like to participate in mediation.
- 9.49 Requiring the businesses to participate in mediation would benefit both pet owners and those businesses. Mediation can help to address asymmetries of information between the parties, it can be flexible, confidential and responsive to the emotional nature of some complaints and help to preserve the vet-client relationship. It offers an alternative to lengthy and expensive court proceedings. It can encourage veterinary businesses operating FOPs to maintain or improve their own in-house processes and the quality of their services, incentivising compliance with substantive regulatory rules as well as the resolution of legitimate complaints at the earliest possible stage.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 9.50 Our provisional view is that this remedy (alongside a requirement for the relevant businesses to have an in-house complaint process for their FOPs (remedy 14) and, in due course, enabling pet owners to seek independent adjudication (as set out in part B, section 10))³⁵³ would address the lack of appropriate, consistent and “joined up” complaint and redress mechanisms in the regulatory framework.

³⁵¹ Set out further in VCMS Response to the Remedies Working Paper, p 16.

³⁵² Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

³⁵³ Part B, section 10: Recommendations for future regulatory reform, subsection Complaints and redress.

9.51 We anticipate that this proposed remedy would support the following outcomes:

- More of those complaints which are not resolved at a local level³⁵⁴ would progress to mediation, where this is a suitable option. This is because:
 - pet owners would be more aware of mediation as an option and confident that FOPs would have to engage meaningfully in the process; and
 - veterinary businesses would no longer be able to decline mediation, and instead they would be required to participate in good faith.
- When complaints cannot be resolved at a local level, but can be resolved through mediation, all parties are likely to benefit from being able to reach an agreed resolution without the need for further potentially costly action (such as litigation). Specifically:
 - where redress is needed, we expect that more pet owners would receive it;
 - mediation is more likely to support a continuing vet-pet owner relationship than adversarial court proceedings;
 - successful resolution of complaints via mediation is likely to improve customer satisfaction overall; and
 - participation in the process would provide veterinary business operating FOPs with important insights into their own practices as they go through the mediation process. Sector wide learning from data on mediated complaints is considered below (remedy 16b).
- The knowledge that pet owners are more aware of and confident in using third party routes to redress would encourage veterinary businesses to resolve complaints themselves wherever possible to prevent unnecessary escalation.
- Similarly, recognising that pet owners are more empowered to seek a resolution to their complaint via mediation, the businesses would be incentivised to ensure that their FOPs consistently meet the standards expected of them, both in terms of the level of service provided to pet owners and compliance with their regulatory obligations.

9.52 Our provisional decision is that requiring mandatory participation in mediation strikes the right balance between encouraging parties to settle disputes amicably

³⁵⁴ Our assessment of consumer willingness or ability to complain is set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

and ensuring that pet owners have robust avenues to resolve legitimate complaints without the need for litigation. We recognise that this proposed remedy would be most effective if both parties engage in good faith and ultimately agree to a settlement. If veterinary businesses operating FOPs refuse to agree to what would otherwise be an appropriate settlement at the conclusion of mediation, this may amount to a breach of the requirement to engage in good faith (and therefore the requirements of any CMA Order). Where businesses consistently refuse to settle complaints following mediation the CMA could consider enforcement action.

- 9.53 To strengthen the incentives on veterinary businesses to resolve legitimate complaints at the earliest possible stage, we are recommending that government legislates for the introduction of an additional adjudication mechanism, the outcomes of which would be binding on veterinary businesses (as set out in part B, section 10).³⁵⁵

Remedy design considerations

- 9.54 Most LVGs responding to our Remedies Working Paper with regard to this remedy were broadly supportive and made suggestions as to how the remedy could be delivered effectively.³⁵⁶ Other broadly supportive stakeholders included the British Veterinary Union, the VCMS and Veterinary Defence Society (**VDS**), Which? as well as the Blue Cross and PDSA animal charities.³⁵⁷
- 9.55 One LVG, Pets at Home, said that it ‘supports the proposal that FOPs be required to register with the VCMS and to raise VCMS awareness with customers. However, a mandatory requirement to engage in VCMS mediation would not be appropriate as not every complaint is necessarily suitable for mediation under the VCMS’. Some representative groups either considered that this remedy should not be implemented or expressed reservations.³⁵⁸ The RCVS told us that ‘a voluntary approach is effective in dealing with most unresolved complaints in mediation, as evidenced by the VCMS scheme’.³⁵⁹
- 9.56 The views of independent practices were mixed. Some told us that this proposed remedy could provide pet owners with an accessible and independent way to resolve complaints.³⁶⁰ Some also indicated that they had found the VCMS process

³⁵⁵ Part B, section 10: Recommendations for future regulatory reform, subsection Complaints and redress.

³⁵⁶ For example, Medivet response to the Remedies Working Paper, paragraph 2.5(f). IVC response to the Remedies Working Paper, paragraph 6.19(iii). Linnaeus Response to the Remedies Working Paper, p 55. CVS response to the Remedies Working Paper, p 41.

³⁵⁷ For example, BVU response to the Remedies Working Paper, paragraph 3.2.239. VCMS response to the Remedies Working Paper, p 12. VDS response to the Remedies Working Paper, p 6. Which? response to the Remedies Working Paper, p 7. Blue Cross response to the Remedies Working Paper, p 16. PDSA response to the Remedies Working Paper, p 25.

³⁵⁸ For example, Pets at Home’s response to the Remedies Working Paper, p 7. BVA, BSAVA, BVNA, SPVS and VMG response to the Remedies Working Paper, p 41. XL Vets response to Remedies Working Paper, pp 59-60.

³⁵⁹ RCVS response to the Remedies Working Paper, pp 44 and 49.

³⁶⁰ For example, Respondent 12 response to the Remedies Working Paper, p 25. Respondent 26 response to the Remedies Working Paper, p 10.

a helpful and useful resource and thought the remedy could encourage effective complaint handling at practice level.³⁶¹ Other independent practices told us that clients may inappropriately request mediation or misuse the service. Some expressed concerns about the pressure that could be placed on veterinary surgeons including with regard to their time, the administrative burden, and the emotional energy spent on engaging in mediation when complaints are unjustified, and about the effectiveness of the VCMS.³⁶²

9.57 Overall, the main design considerations raised by stakeholders responding to our Remedies Working Paper were:

- a desire for complaints to be addressed at a local level first where possible;
- a need for clear criteria to establish when a complaint is suitable for mediation, including ensuring that vexatious complaints can be screened out;³⁶³
- concerns about increased costs, particularly for smaller veterinary businesses, independents and rural practices;³⁶⁴
- concerns about the impact of increased engagement on veterinary professionals' time (clinical and administrative) and wellbeing where clients pursue mediation of unjustified complaints;
- dissatisfaction with aspects of the VCMS service, such as the speed of VCMS response, a lack of clinical nuance or a disproportionate focus on compensation;³⁶⁵
- a small number of concerns about the ability of the VCMS to scale up in a timely manner;³⁶⁶ and
- a small number of respondents said that funding for the VCMS should come from veterinary businesses rather than veterinary professionals.³⁶⁷

³⁶¹ For example, Respondent 23 response to the Remedies Working Paper, p 9. The George Vet Group response to the Remedies Working Paper, p 23. Respondent 12 response to the Remedies Working Paper, p 25. Milestone Veterinary Centre response to the Remedies Working Paper, p 16.

³⁶² For example, Respondent 20 response to the Remedies Working Paper, p 13. Roker Part Vets response to the Remedies Working Paper, p 15. Respondent 11 response to the Remedies Working Paper, pp 16-17.

³⁶³ For example, Linnaeus response to the Remedies Working Paper, p 54. Medivet response to the Remedies Working Paper, p 76. Which? response to the Remedies Working Paper, p 7. Respondent 26 response to the Remedies Working Paper, p 9.

³⁶⁴ For example, BVA, BSAVA, BVNA, SPVS and VMG response to the Remedies Working Paper, p 41. Respondent 12 response to the Remedies Working Paper, page 25. Thrums Vets response to the Remedies Working Paper, p 26. The Animal Trust response to the Remedies Working Paper, p 10.

³⁶⁵ For example, Pennard Vet response to the Remedies Working Paper, p 11. Milestone Veterinary Centre response to the Remedies Working Paper, p 16. Bay Vet Group response to the Remedies Working Paper, p 26.

³⁶⁶ For example, Medivet response to the Remedies Working Paper, p 76. Hook Norton Veterinary Group response to the Remedies Working Paper, p 20.

³⁶⁷ For example, the RCVS response to the Remedies Working Paper, p 45. BVA, BSAVA, BVNA, SPVS and VMG Response to the Remedies Working Paper, p 41. Vets4u response to the Remedies Working Paper, p 30.

9.58 We have carefully considered all the representations we received and this has informed our provisional remedy design as explained below.

Complaint acceptance criteria

9.59 Complaints should only progress to mediation when certain criteria are met. This would reduce the risk of inappropriate claims being mediated and would help ensure that resources required to comply with this proposed remedy are focused on those complaints which are most likely to benefit from mediation.

9.60 Our provisional decision is that the following criteria must be met before the obligation on veterinary businesses to engage in mediation is triggered:

(a) It has not been possible for the veterinary business and pet owner to resolve the complaint through the FOP's complaint handling process (remedy 14). In line with remedy 14, this would be defined as when the pet owner had made an actionable complaint in accordance with the FOP's complaint handling process, and either:

(i) the pet owner has received a final response letter from the FOP but is dissatisfied with the outcome; or

(ii) the complaint was submitted eight weeks ago but the FOP has not provided the pet owner with a final response letter.

(b) A request to mediate is made within 12 months of the date the FOP provides a final response to the pet owner's complaint. This is consistent with The Alternative Dispute Resolution for Consumer Disputes Regulations 2015 (the **ADR Regulations**).³⁶⁸

(c) The complainant is the owner or person who otherwise has primary care of the affected household pet, or any other person in temporary or delegated charge of that household pet or who enters into an arrangement with a FOP to provide care to that household pet.

9.61 In addition to these criteria, it is our provisional decision that:

(a) Veterinary businesses should not be required to mediate a complaint which is the subject of ongoing proceedings before the courts. This is to avoid conflict between the parties' interests across those proceedings and any mediation. Parties would however be free to engage in mediation in these circumstances if they chose to do so.

³⁶⁸ [The Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015, Schedule 3, paragraph 13\(A\)](#) (accessed 15 September 2025).

- (b) Professional misconduct matters would continue to be handled by the RCVS.³⁶⁹ Mediation ought to be designed in such a way to work alongside the regulation of veterinary professionals to ensure pet owners are able to access and successfully navigate the redress mechanism(s) which is most appropriate for their complaint.
- (c) Veterinary businesses should not be required to engage in mediation where the same complaint has previously been subject to another form of ADR, provided that the pet owner entered into that ADR process voluntarily and the veterinary business engaged with the process in good faith. The voluntary consent of the pet owner to have engaged in that other form of ADR should be evidenced in writing.
- (d) The obligation on veterinary businesses to mediate complaints should not arise where the ADR provider considers that the complaint is frivolous or vexatious. This is consistent with the ADR Regulations.³⁷⁰ While there would be a presumption that pet owner complaints are made in good faith until the ADR provider decides otherwise, once the ADR provider has refused to mediate a complaint, the veterinary business would no longer be required to engage with the mediation process. An ADR provider could make the decision not to mediate a complaint because it is frivolous or vexatious before mediation begins or during the course of mediation based on further information or the behaviour of the pet owner during the mediation process.
- (e) There should be no financial threshold above or below which the obligation on veterinary businesses to mediate would be disapplied (as is currently the case for the VCMS).³⁷¹

9.62 We note that the VCMS does not currently accept complaints made by commercial animal owners or when the complaint involves veterinary surgeons and their practices located outside the UK.³⁷² Since all our proposed remedies relate only to the UK market for household pets, the obligation on veterinary businesses operating FOPs to mediate complaints in accordance with this proposed remedy would not extend to complaints of this nature.

9.63 The criteria we have outlined above would minimise any risk that complaints which are unsuitable for mediation are included within veterinary businesses' obligations to engage in that process in good faith, and that resources are focused on

³⁶⁹ RCVS, [I want to raise a concern about a veterinary surgeon - Animal Owners](#) (accessed 30 September 2025).

³⁷⁰ Which provide that an approved ADR provider may refuse to deal with a domestic dispute which it is competent to deal with when the complaint is frivolous or vexatious. [The Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015, Schedule 3, paragraph 13\(b\)](#) (accessed 06 August 2025).

³⁷¹ VCMS, [How We Can Help](#), p 4 (accessed 16 September 2025).

³⁷² VCMS, [How We Can Help](#), p 4 (accessed 16 September 2025).

resolving genuine complaints which would benefit from mediation. This should help keep the costs of providing and engaging with the service as low as possible.

Effectiveness of the VCMS

9.64 Notwithstanding the criticism of the VCMS by some of the respondents to our Remedies Working Paper, there is evidence, set out in part A, section 14,³⁷³ that the scheme seems to have performed reasonably well in those cases where both veterinary businesses and pet owners have agreed to mediate:

- (a) In 2023-2024, according to its Annual Report, almost all complaints to the scheme reached a conclusion and many cases were resolved before the mediation stage was reached. Of the complaints concluded in that period, 26% progressed to mediation.³⁷⁴ Of these, 82% were resolved during mediation, 11% concluded without resolution and in 7% of cases the mediation process was brought to an end because formal action (such as legal proceedings) was required.³⁷⁵
- (b) The VCMS also asks participants about their satisfaction with it.³⁷⁶ In 2023-2024, it received 227 responses, amounting to 24.25% of completed mediations.³⁷⁷ 98% of practices which replied said they would use the scheme again, while 96% of the pet owners who responded said the same. 9.7 out of 10 pet owners felt the VCMS understood their concerns, with 9.5 out of 10 satisfied with the process and 8.6 out of 10 satisfied with the outcome.³⁷⁸

9.65 It may be that, over time, more approved ADR providers are able to offer a mediation service which is suitable for the veterinary sector. This would provide veterinary businesses with options when selecting an approved ADR provider, exerting competitive pressure on existing providers to deliver better service. In the meantime, we would expect that the RCVS, as the body contracting the VCMS, would continue carefully to monitor the quality of that scheme. The requirement that veterinary businesses select an ADR provider approved in accordance with the ADR Regulations would also ensure a minimum level of service quality.³⁷⁹

³⁷³ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

³⁷⁴ [VCMS Annual Report 2023-24](#), p 9 (accessed 2 October 2025).

³⁷⁵ [VCMS Annual Report 2023-24](#), p 31 (accessed 2 October 2025).

³⁷⁶ Although only involving a limited sample size from which it is difficult to draw conclusions.

³⁷⁷ [VCMS Annual Report 2023-24](#), p 38 (accessed 2 October 2025). [38]

³⁷⁸ [VCMS, Annual Report 2023-24](#), p 38 (accessed 2 October 2025).

³⁷⁹ The VCMS is an approved ADR provider under the ADR Regulations. This means that the VCMS has met the set of criteria specified in the regulations relating to access to ADR, expertise, independence and impartiality, conflicts of interest procedure, transparency, effectiveness, fairness, legality and grounds for refusing a dispute. CTSI, ADR Approved Bodies, [Veterinary Client Mediation Services](#) (accessed 6 August 2025). [The Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015](#), Schedule 3 (accessed 2 October 2025).

Remedy implementation issues

- 9.66 The key remedy implementation issues are:
- (a) the method and timing of implementation;
 - (b) monitoring of compliance with and enforcement of the remedy; and
 - (c) the funding model and cost of implementation.

The method and timing of implementation

- 9.67 This proposed remedy would be implemented via a requirement in a CMA Order for all veterinary businesses operating FOPs to participate in good faith in mediation with pet owners.
- 9.68 We do not at this stage consider that it would be appropriate to require only some of the relevant veterinary businesses to comply with this remedy. This would result in pet owners having unequal access to redress and reduce the disciplinary effect of this element of the complaints and redress framework on non-participating businesses.
- 9.69 We note that the RCVS currently funds and delivers the VCMS via a contract with Nockolds Solicitors. The VCMS is, as we understand it, the only mediation service specifically for the veterinary sector currently available. In these circumstances, it would be most efficient and effective for the RCVS to continue to secure the delivery of the VCMS to support the implementation of this remedy.
- 9.70 Part B, section 2³⁸⁰ sets out our provisional decision on the timing of implementation for our provisional remedy package. With regard to this remedy, our provisional view is that all relevant veterinary businesses should be required to participate in mediation within six months of the publication of a CMA Order. Participation in mediation would be a reactive action. It should be required in only a limited number of cases. Relevant veterinary businesses, large or small, should not need to undertake significant activities to prepare for the introduction of a requirement to participate. This remedy would come into effect at the same time as remedy 14 (a requirement for veterinary businesses operating FOPs to have a complaint handling process for each of its FOPs).

Monitoring of compliance with and enforcement of the remedy

- 9.71 The requirement for veterinary businesses operating FOPs to participate in mediation is another of the remedies that would be subject to the monitoring

³⁸⁰ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

function we proposed in part B, section 2.³⁸¹ In this case, the businesses would be required (in line with remedy 14) to attest annually that their FOPs have a compliant complaint handling process, which includes informing pet owners of which approved ADR provider pet owners can refer complaints to for mediation. A failure by a veterinary business to engage in mediation in good faith would be reported by the VCMS to the relevant monitoring body.³⁸² The monitoring body would then inform the CMA for consideration of enforcement action against the relevant veterinary business.

The funding model and cost of implementation.

- 9.72 The VCMS is currently funded by the RCVS.³⁸³ It is free at the point of use for veterinary businesses and pet owners. It would be important that mediation continues to remain free for pet owners³⁸⁴ so that the cost of pursuing a complaint does not put them off doing so.
- 9.73 Most respondents to our Remedies Working Paper did not comment on how mediation should be funded, were we to require veterinary businesses' participation in it. A small number, though, indicated support for a service funded by those businesses.³⁸⁵
- 9.74 Our provisional view is that it would be appropriate, if we adopt our proposed remedy, for veterinary businesses operating FOPs, as opposed to individual veterinary professionals, to fund the provision of the VCMS.³⁸⁶ Those businesses are likely to be well positioned to make decisions about complaint handling processes and consequential interactions with pet owners.³⁸⁷ In other words, there is strong connection between the conduct of the businesses and the likelihood of cases requiring mediation. The requirement for the veterinary businesses to pay fees would place responsibility on the party best positioned to bear it. They would be able to spread the cost across their FOP business.
- 9.75 We note that there are many different funding models for redress schemes and no one-size fits all approach. The appropriate funding model depends on the characteristics of the market, and in particular the number and size of businesses involved and the regulatory framework in place (if any). In other professional service sectors where businesses are regulated and there is an ombudsman

³⁸¹ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

³⁸² This could be implemented through the VCMS undertaking to perform this monitoring function or implemented through a CMA Order.

³⁸³ VCMS, [Guide to the VCMS – How We Can Help](#), p 1 (accessed 2 October 2025).

³⁸⁴ [The Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015](#), Schedule 3, paragraph 6 (b) (ii) require that approved ADR providers deliver their services free of charge or for a nominal fee to consumers.

³⁸⁵ For example, The RCVS response to the Remedies Working Paper, p 45. BVA, BSAVA, BVNA, SPVS and VMG Response to the Remedies Working Paper, p 41. Vets4u response to the Remedies Working Paper, page 30.

³⁸⁶ Both the support it provides for the resolution of complaints at local level and its mediation service.

³⁸⁷ Part A, section 14: Regulatory framework for veterinary services.

service, these tend to be funded by the businesses in that market.³⁸⁸ In some other sectors, third-party redress services are funded via registrant fees.³⁸⁹

- 9.76 Our provisional view is that the most appropriate funding model would require veterinary businesses operating FOPs to pay an annual fee, proportionate to the size of their business, to the regulator. Part B, section 11,³⁹⁰ discusses the different ways of weighting the fees and outlines our provisional decision that it would be better to apportion fees on a per (small animal) FOP basis. Those fees would be used to fund the VCMS. The level of the fees would be set by the RCVS based on the estimated costs of providing the service and would be revisited at prescribed intervals to ensure that the costs of delivering the service were being covered.
- 9.77 As to the costs of implementation, the VCMS cost [£15-£35] [redacted] per practising FTE small animal veterinary surgeon in 2023/24.³⁹¹ If the cost were to rise by between 10% and 30% following the implementation of this remedy this would lead to a cost per veterinary professional of between [£15-£35] [redacted] and [£20-£40] [redacted] per year.³⁹² That would mean that a veterinary business with, for example, 100 veterinary professionals would pay between around [£1,500-£4,000] [redacted] per year, while a small veterinary business with five veterinary professionals would pay between around [£75-200] [redacted] per year.
- 9.78 Alternatively, the cost of the VCMS could be apportioned based on the number of FOPs a veterinary business operates, rather than by FTE. The VCMS cost [£50-£150] [redacted] per small animal FOP in 2023/24.³⁹³ If costs were to rise by between 10% and 30%, this would lead to a cost per FOP of between [£50-£150] [redacted] and [redacted] per year. This would not vary based on the size of the FOP.

³⁸⁸ For example, The Financial Ombudsman Service is free to use for consumers and funded by financial businesses which are covered by the FOS service and regulated by the Financial Conduct Authority. Financial Ombudsman Service, [Governance and funding](#) (accessed 6 August 2025). From 1 April 2025 complaints referred to the Financial Ombudsman Service (FOS) by a professional representative authorised in England, Scotland or Wales – and which fall within its compulsory jurisdiction - are eligible as chargeable complaints under the FOS rules. As a further example, the Legal Services Ombudsman gets the vast majority of its funding from the annual fee that service providers pay to their regulators and in certain circumstances it also charges a case fee to the service providers it investigates. Legal Ombudsman, [Corporate publications](#) (accessed 6 August 2025).

³⁸⁹ The Dental Complaints Service is funded by the General Dental Council via the income it collects from dental professionals. General Dental Council, [Annual report and Accounts 2024](#), p 6 (accessed 2 October 2025). The Optical Consumer Complaints Service is funded by the General Optical Council which receives the majority of its income from registrant fees. General Optical Council, [Annual Report for the year ended 31 March 2024](#), p 7 (accessed 06 August 2025).

³⁹⁰ Part B, section 11: Effectiveness and proportionality of our proposed remedy package as a whole, subsection Proportionality of the remedies package.

³⁹¹ The cost of the VCMS was [redacted] between November 2023 and October 2024. VCMS response to RF13. [redacted]. In 2023, there were approximately 14,510 UK practising FTE vets working with small and exotic animals. [2024 RCVS Workforce Modelling Report - Professionals](#), table 4.7, p 23. We note that some of these vets may be working outside of FOPs, for example in government or academic roles; however, we do not expect this to substantially alter our calculations.

³⁹² These cost increases are illustrative only because it is not possible to estimate how the number of complaints progressing to mediation would change due to our proposed complaints and redress remedies. Indeed, requiring vets to have an in-house complaints process could reduce the number of complaints progressing to mediation. These figures do not account for changes in the number of vets or inflation.

³⁹³ As discussed in part A, section 2: Context for the veterinary services market, there were 4,417 small animal FOPs in the UK as of May 2025.

- 9.79 Given the importance of effective complaints and redress mechanisms, including those provided by third parties, in helping the market to work well, our provisional view is that such a cost would be reasonable. The scaling of the cost of funding the mediation service to the size of veterinary business ensures that this proposed remedy is proportionate and reflective of the likely usage of the mediation service.
- 9.80 Other costs which would incur as a result of this remedy would be labour costs (administrative and veterinary professional) associated with engaging in the mediation process. The exact amount of time spent and therefore the total labour costs depend on the volume of complaints mediated and the nature of these complaints. Vets and the businesses they work for would be incentivised to maintain the quality of their services and deal efficiently with complaints in order to mitigate these costs.

Alternative options considered

- 9.81 In designing this proposed remedy, we considered several options:
- (a) An opt out model where instead of being compelled to engage in mediation, veterinary businesses would be able to opt out. However, they would need to explain to the pet owner why they did not wish to engage in mediation.
 - (b) An opt out model of engagement in mediation where specific criteria or conditions are met. For example, when a complaint relates to a bill where the costs are under a certain amount (eg £100), or allowing veterinary businesses which are under a certain size threshold (such as number of veterinary professionals working for the Veterinary Business) to opt out.
 - (c) Do nothing. In this scenario there would be no requirement for veterinary businesses operating FOPs to engage in mediation.
- 9.82 Options (a) and (b) are likely to encourage more veterinary businesses to participate in mediation once in-house complaint processes have been exhausted compared to the status quo. Option (a) would provide veterinary businesses with discretion around engagement with the VCMS helping to allay concerns about potential misuse of the scheme by pet owners (eg vexatious complaints) and regarding its effectiveness. Option (b) would not provide all veterinary businesses with discretion around when to participate in mediation but would allow certain complaints or businesses to be exempted.
- 9.83 Our provisional view is that the benefits of options (a) and (b) are outweighed by the fact that they would not ensure that all pet owners have access to mediation at the point at which in-house complaint processes have been exhausted. This would disadvantage pet owners and reduce the disciplining effect we would expect access to mediation to have on veterinary businesses operating FOPs. These are also the key disadvantages of a do nothing option.

Remedy 16a: An undertaking from (or requirement on) the RCVS to develop and publicise a decision tree to help pet owners navigate the different routes to obtaining redress.

We provisionally intend to seek an undertaking from the RCVS (or require it by CMA Order) to develop a decision tree of pet owners' routes to redress, which would include consumer-friendly explainers of the pet owner's options when they want to raise a complaint.³⁹⁴ The decision tree would explain when, and about what, pet owners may approach each of the relevant sources of resolution and redress, the nature of the service offered by each such source, the cost to the pet owner and whether veterinary businesses must participate. Some such information is already available to pet owners,³⁹⁵ but we think that the relevant information could be made easier to navigate for pet owners and be more widely publicised. This remedy would assist in providing pet owners with sufficient information about their options following implementation of remedies 14 and 15, to ensure that those remedies have greater effect.

Description of the remedy

9.84 Our provisional decision is that pet owners would benefit from having clear and consistent information explaining their options for raising a complaint and seeking redress. We think that this could be achieved by designing and publishing a 'decision tree' type diagram which includes easy to understand 'explainers' of the different options for pet owners, which would reflect any relevant remedies we decide to impose in our final decision. This remedy could be implemented effectively by the RCVS.

9.85 The decision tree would cover:

- raising complaints with FOPs in the first instance and what the pet owner should expect from FOPs in accordance with remedy 14 if implemented;
- the role of ADR and details of the VCMS³⁹⁶ and, if implemented, the obligation on veterinary businesses operating FOPs imposed by remedy 15 to engage with mediation in good faith;
- details of the RCVS disciplinary process and how that might be relevant to resolving pet owners' complaints; and
- court proceedings.

³⁹⁴ Or we could make a CMA Order.

³⁹⁵ For example: [If things go wrong - Animal Owners](#), [I want to raise a concern about a veterinary surgeon - Animal Owners](#) and [I want to raise a concern about a veterinary nurse - Animal Owners](#) (accessed 2 October 2025).

³⁹⁶ Both with regard to the support it offers to resolve complaints at local level and its mediation service.

- 9.86 If government proceeds with our recommendation to introduce an independent binding redress scheme (as set out in part B, section 10)³⁹⁷ this should also be added to the decision tree.
- 9.87 The ‘explainers’ of the different options for pet owners would be set out in accessible language, describing when, and about what, pet owners may approach each of the relevant sources of resolution and redress, the nature of the service each source offers, the cost to the pet owner and whether veterinary businesses must participate. These explainers should be included on the decision tree so that pet owners can quickly and easily access the information they need.
- 9.88 Our provisional view is that veterinary businesses should be required to include this decision tree in their FOPs’ complaint processes, providing it to pet owners at specified points in this process (as set out in remedy 14), and in prominently placed signage in FOP receptions and on their websites.
- 9.89 By setting out a clear and consistent diagram of the options open to all pet owners, regardless of the specific FOP they have dealt with, the information would be easier to disseminate. We expect, for example, that the RCVS could use the information to help all pet owners raise complaints across the sector, and that organisations offering advice to consumers more broadly, such as Which? and Citizens Advice, would find it easier to publicise the information given its relevance to all pet owners.

The aim of the remedy

- 9.90 A small number of respondents to our Remedies Working Paper did not think veterinary businesses should be required to promote the VCMS. Some said doing so would not be appropriate until pet owners have a complaint or a complaint which cannot be resolved in-house, and that the requirement could lead to an increase in complaints and their premature escalation.³⁹⁸
- 9.91 Our provisional assessment, however, is that pet owners’ awareness of how to complain, and their confidence to do so, is lower than we would expect in a well-functioning market (as set out in part A, section 14).³⁹⁹ In conjunction with the other remedies set out in this section, this remedy would contribute to addressing this concern by ensuring that information about how to complain, and about pet owners’ options for seeking redress, is more readily accessible. It would ensure that the information provided to pet owners is consistent and clear, no matter the source.

³⁹⁷ Part B, section 10: Recommendations for future regulatory reform, subsection Complaints and redress.

³⁹⁸ As set out in the summary of responses to the Remedies Working Paper, paragraph 112.

³⁹⁹ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

- 9.92 Raising awareness of pet owners' options in relation to mediation is particularly important given that we have found that their knowledge of the VCMS is relatively low (as is veterinary businesses'). The impact of remedy 16a, if implemented, would be improved if pet owners' awareness of their options is increased.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 9.93 For the complaints and redress remedies described previously to be as effective as possible (both in terms of resolving complaints and acting as a disciplining mechanism on veterinary businesses operating FOPs) pet owners need to be aware of their options when they have a complaint which they would like to be resolved. Our provisional view is that this remedy would support competition in respect of the quality of services veterinary businesses provide and improve outcomes for pet owners by increasing knowledge and awareness of the effective complaint handling and redress mechanisms open to them, including those implemented through our other remedies.

Remedy design considerations

- 9.94 The majority of respondents to our Remedies Working Paper told us that there was scope for greater promotion of the VCMS by veterinary businesses. Most said that this could be done in multiple ways including in complaint handling processes, via signage on practice websites and receptions and in correspondence with clients such as welcome packs.⁴⁰⁰ A few told us that templates and materials should be provided.⁴⁰¹ A small number who were supportive of a requirement for veterinary businesses to raise awareness of the VCMS nonetheless said that it would be sufficient to do this through in-house complaint processes only.⁴⁰²
- 9.95 We have taken these responses into account. Our provisional view is that, to ensure that this remedy is effective, the information provided to pet owners must be sufficiently comprehensive to increase their awareness of their options and their confidence in being able to use them, while being easy to understand. This can be achieved through careful design and engagement with relevant stakeholders, both those with expertise in the veterinary market and those representing pet owner interests.

⁴⁰⁰ Respondent 11 response to Remedies Working Paper, p 17. BVA, BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, p 41. Respondent 27 response to Remedies Working Paper, p 18.

⁴⁰¹ Respondent 12 response to Remedies Working Paper, p 26. XL Vets response to Remedies Working Paper, p 60.

⁴⁰² Respondent 1 response to Remedies Working Paper, p 18. Respondent 17 response to Remedies Working Paper, p 18.

Remedy implementation issues

9.96 The key remedy implementation issues are:

- (a) the method and timing of implementation; and
- (b) the cost of implementation.

The method and timing of implementation

9.97 The RCVS is well placed to develop a decision tree to help pet owners navigate the different routes to obtaining redress. It already hosts a web page with information for consumers on routes to redress, operates the veterinary disciplinary process and procures the VCMS mediation service.⁴⁰³

9.98 For these reasons we propose to seek an undertaking from the RCVS (or may require it by CMA Order) to develop, publicise and update as is necessary a decision tree to help pet owners navigate the different routes to obtaining redress.⁴⁰⁴ Other organisations such as the British Veterinary Association (**BVA**) and British Small Animal Veterinary Association (**BSAVA**) may wish to support the RCVS with the development of consumer-friendly language as well as dissemination of the decision tree to pet owners.

9.99 Again, part B, section 2⁴⁰⁵ sets out our provisional decision on the timing of implementation for our provisional remedy package. With regard to this remedy, the decision tree would need to be available during the implementation period for remedy 14 given that we provisionally intend to require veterinary businesses to include it in their FOPs' in-house complaint handling processes and in prominently placed signage in FOP receptions and on their websites.

The cost of implementation

9.100 We do not expect that the labour or materials costs of designing the decision tree would be significant. If it is implemented by a body with sufficient expertise in the sector, the time and resources required to finalise an effective design would be low. In the RCVS's case, it already publishes and from time-to-time updates relevant web pages in the ordinary course of its operations.

9.101 Our provisional assessment is that the material and labour costs to veterinary businesses of including the decision tree provided by the RCVS in their digital complaint handling processes and displaying it prominently in FOP receptions and on their websites would likely be negligible. It would be a standard form they could

⁴⁰³ RCVS, [Concerns - Animal Owners](#) (accessed 1 August 2025).

⁴⁰⁴ Or we could make a CMA Order.

⁴⁰⁵ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

easily transplant into digital communications and they could print and display it at minimal cost.

Remedy 16b: An undertaking from (or requirement on) the RCVS to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.

We propose to seek an undertaking from the RCVS (or require it by CMA Order) to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.⁴⁰⁶ This would inform and enrich the regulator's thinking in its role as a statutory regulator and a Royal College. There is currently some complaints information sharing with the regulator but no regular publication of data or information on this topic.

Description of the remedy

- 9.102 Our provisional view is that we should seek an undertaking from the RCVS (or may require it by CMA Order) to collect, analyse and publish on an annual basis data and insights on complaints in the market for veterinary services for household pets.⁴⁰⁷ An alternative would be that another entity, such as the VCMS, could undertake this role.
- 9.103 In fulfilling this role, we envisage that the RCVS would assess, as a minimum:
- Trends in complaints, including the number and type of complaints being raised.
 - The most frequently raised complaints and their underlying causes.
 - Outcomes for pet owners after making a complaint.
 - Best practice in complaint handling and the need for education on this across the sector.
- 9.104 The RCVS would publish an annual insights report setting out the findings from its analysis. This might include, for example, total number of complaints, the top ten issues pet owners complained about and trends in complaints over time. The RCVS would use these insights to inform the support it provides to veterinary professionals and veterinary businesses as well as to pet owners.

⁴⁰⁶ Or we could make a CMA Order.

⁴⁰⁷ Or we could make a CMA Order.

The aim of the remedy

- 9.105 This remedy would contribute to and enrich the regulator's thinking with regard to its role as a statutory regulator and a Royal College in relation to the veterinary market for household pets.

How the remedy addresses the provisional AEC and resulting consumer detriment

- 9.106 Our provisional view is that this remedy would help the regulatory framework support effective complaint handling and consumer redress across the sector. Improving those processes would help to drive competition in respect of the quality of services and protect pet owners against poor outcomes.
- 9.107 This is because complaints processes can provide a rich source of data that may be used, for example, to improve services or identify the need to modify or update the guidance and support given to the profession. In its April 2021 report on ADR, Which? suggested that regulation should require data from disputes to be collected, analysed and published in a consistent and usable way, together with meaningful recommendations for how services can be improved and complaints reduced.⁴⁰⁸

Remedy design and implementation issues

- 9.108 Many respondents to our Remedies Working Paper broadly supported the greater use of complaints data by the regulator. Their reasons included that it could support the identification of trends and common issues in complaints, the provision of insights to, and continuous professional development for, the profession, a continuous learning culture and quality improvements.⁴⁰⁹
- 9.109 There were differing views on whether complaints data should be published. Some respondents were supportive, stating that this could facilitate learning among the profession, and noting that similar reporting occurs in other sectors.⁴¹⁰ Others raised concerns about whether complaints data would be appropriately interpreted.⁴¹¹ Some told us that the collated complaints data should be shared with practices/veterinary professionals or that analysis of and learning from

⁴⁰⁸ Which?, [Are Alternative Dispute Resolution schemes working for consumers?](#), April 2021, p 9 (accessed 2 October 2025).

⁴⁰⁹ For example, RCVS response to the Remedies Working Paper, pp 46-47. CVS response to the Remedies Working Paper, p 42. Linnaeus' response to the Remedies Working Paper, p 56. XL Vets response to the Remedies Working Paper, p 61. The Paragon Veterinary Group response to the Remedies Working Paper, p 21. Which? response to the Remedies Working Paper, pp 7-8.

⁴¹⁰ For example, Respondent 1 response to the Remedies Working Paper, pp 1 and 18. Respondent 12 response to the Remedies Working Paper, p 26. IVC response to the Remedies Working Paper, p 61. AMTRA response to the Remedies Working Paper, p 8.

⁴¹¹ For example, Respondent 4 response to the Remedies Working Paper, p 5. Pennard Vet response to the Remedies Working Paper, p 12. The Animal Trust response to the Remedies Working Paper, p 10.

complaints should take place at the local level. Some said that this remedy could be burdensome particularly for smaller veterinary businesses if they were required to submit complaints data.⁴¹²

9.110 Our provisional assessment is that a requirement for the regulator to collect and analyse complaints data, and to produce an annual report, would increase transparency and the incentives on veterinary businesses to focus on continuous learning and improvements. With its sectoral expertise, the regulator would be well placed to appropriately contextualise its analysis of complaint data and translate this into insights for the profession.

9.111 The key remedy design and implementation issues are:

- (a) the method and timing of implementation; and
- (b) the cost of implementation.

The method and timing of implementation

9.112 Our provisional view is that the RCVS would be best placed to develop the mechanisms for the collection, analysis and publication of complaints and insights data. As well as capitalising on its sectoral expertise, it could make effective and efficient use of existing channels of data collection⁴¹³ and developing new ones for sharing insights and information. There would be synergies with the monitoring role we envisage it playing in relation to remedy 15 (a requirement for veterinary businesses operating FOPs to engage in mediation).

9.113 Data which the RCVS could use includes:

- The anonymised complaints logs which we envisage a sample of veterinary businesses would be required to send in a standardised format to the RCVS for it to monitor compliance with remedy 14. This would enable the RCVS to gain insights into the numbers, nature and outcomes of complaints being received by some veterinary businesses.
- Information on complaints from VCMS, which the RCVS already collects,⁴¹⁴ as well as any other information from the VCMS which would enrich its understanding of the challenges pet owners can face in the market. This information would provide insights on some of the trickier complaints to

⁴¹² For example, Respondent 2 response to the Remedies Working Paper, p 29. Paragon Veterinary Group response to the Remedies Working Paper, p 21. Medivet response to the Remedies Working Paper, p 40. Progressive Veterinary Association response to the Remedies Working Paper, p 16.

⁴¹³ As we explain in part A, section 14: Regulatory framework for veterinary services, the VCMS shares with the RCVS and with the profession some of the insights gathered from its mediation process. The RCVS also makes use of some complaints data to ensure appropriate concerns are being raised to it, to support CPD training as part of the RCVS Academy and to develop materials to support veterinary surgeons and nurses.

⁴¹⁴ And could continue to collect under its contractual arrangements with the VCMS.

resolve and could also be used to generate anonymised best practice complaint handling case studies to support veterinary businesses and professionals.

- Information on complaints collated by VDS via its Vetsafe reporting tool. We are aware that some veterinary businesses use the VDS to support complaint handling so this data could provide further useful insights.
- RCVS-held information on professional misconduct cases.⁴¹⁵

9.114 Processing data on complaints is subject to compliance with data protection law, and we would expect both veterinary businesses and the RCVS to remain fully compliant with their legal obligations in this respect.

9.115 As to the timing of implementation of this remedy, we envisage that the first annual report would be published 24 months after publication of a CMA Order. This would allow one year of complaints data to be collated by veterinary business in their complaint handling logs and a further six months for the RCVS to collate and analyse this data and then publish a report on it.

The cost of implementation

9.116 There are likely to be some costs incurred by the RCVS and organisations from which it requests data such as the VCMS and VDS. These costs would include administrative and legal costs from ensuring data sharing agreements and appropriate protections are in place. There may also be some costs in setting up, and then using on an ongoing basis, IT systems to collate, anonymise and transfer data. These costs would, to some extent, depend on the systems the relevant organisations already have in place, and we note that some sharing of complaints data already occurs.

9.117 The RCVS would also incur some staffing costs in collating, analysing and preparing complaint data and insights for publication. These costs would relate to functions that it might be expected to perform as a Royal College representing the interests of the profession and it may be possible to capitalise on some existing processes. Those costs could be expected to diminish over time as the relevant processes become more familiar and efficient.

⁴¹⁵ If we recommend that government legislates to introduce a binding redress scheme for complaints, it may be more effective for the administrator of this scheme to collect, analyse and regularly publish data and insights on complaints in the relevant market (or for the RCVS to collect and publish data from that source too).

Effectiveness of the complaints and redress remedies under consideration

How the remedies would work with the other remedies to address the AECs and resulting customer detriment

- 9.118 We have provisionally found that the current regulatory framework does not contain appropriate complaints and redress mechanisms to support the competitive processes and outcomes we would expect in a well-functioning market for the supply of veterinary services by FOPs (as set out in part A, section 14).⁴¹⁶
- 9.119 Our provisional judgement is that each of the complaints and redress remedies we have proposed would address the AEC and resulting consumer detriment (as set out above). Together, the effect of these remedies would be to create a more comprehensive and effective complaints and redress framework across the market:
- Pet owners would be better informed about how to complain to their FOP and what it involves, as well as how to proceed if the complaint cannot be resolved at the local level.
 - Pet owners would feel more confident to complain to their FOP and expect better processes when they do raise a complaint.
 - As a result of this, it should be possible for more complaints to be resolved between the pet owner and veterinary business. Where redress is needed more pet owners would receive it.
 - Increasing pet owners' awareness of other routes to redress (should local resolution fail), should incentivise veterinary businesses operating FOPs to resolve complaints themselves where possible and provide redress where needed, to avoid the time and cost associated with engaging in third-party dispute resolution mechanisms.
 - Where the veterinary business fails to resolve complaints, pet owners would be more confident in taking their complaint to the next appropriate step, such as mediation, if they wish to do so. More complaints which are not resolved with the business should progress to the next step, such as mediation, and be resolved.
 - Recognising that pet owners would be more empowered to raise and resolve complaints, veterinary businesses would be incentivised to ensure that they maintain or improve the quality of their services. This includes examining complaints data to identify lessons learned and make improvements.

⁴¹⁶ Part A, section 14 Regulatory framework for veterinary services, subsection Complaints and redress.

- The RCVS would gain improved insights into the experiences of, and problems faced by, pet owners in the veterinary market for household pets. This should enhance its ability to support veterinary professionals and businesses and thereby to improve services and outcomes for pet owners.

9.120 In part B, section 10⁴¹⁷ we propose to recommend that, in the long-term, the remedies we have outlined here are complemented by the introduction of a binding adjudication scheme for complaints. This would provide pet owners and veterinary businesses operating FOPs with an independent and final resolution to their dispute (pet owners would also have the option to go to court, as they do now).

Effective implementation, monitoring and enforcement

9.121 Our provisional view is that each of the remedies would be capable of effective implementation, monitoring and enforcement.

9.122 Remedies 14 and 15 would be set out in a CMA Order, non-compliance with which would be enforced by the CMA. To increase the effectiveness of the complaints and redress remedies we have proposed, we have indicated where we think monitoring would be required. As set out in part B, section 2,⁴¹⁸ we would look to work with the RCVS to undertake the remedies monitoring function for a number of remedies, including remedies 16a and 16b (or we may order it, or another body, to do so).

Timescales for implementation

9.123 Our provisional view is that remedies 14 to 16 could be implemented, and would begin to remedy the AEC, promptly (but with some lead in time). Specifically:

- Remedy 14: a requirement for all veterinary businesses operating FOPs to have an in-house complaints process for each of its FOPs. All relevant veterinary businesses would need to be compliant within six months of the publication of a CMA Order. This would give those businesses time to review their FOPs' existing processes and update them where needed, or develop a complaint handling process if they do not already have one.
- Remedy 15: a requirement for veterinary businesses operating FOPs to engage in good faith with mediation. All relevant veterinary businesses would need to ensure that they are ready to participate in mediation within six months of the publication of a CMA Order. We do not anticipate that relevant veterinary businesses, large or small, would need to undertake significant

⁴¹⁷ Part B, section 10: Recommendations for future regulatory reform, subsection Complaints and redress.

⁴¹⁸ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

activities to prepare for the introduction of a requirement to participate in mediation.

- Remedy 16a: an undertaking from the RCVS (or a requirement by CMA Order for it) to develop a decision tree of pet owners' routes to redress. This would need to be available during the implementation period for remedy 14 given we propose to require relevant veterinary businesses to include this in their FOPs' in-house complaint handling processes, and in prominently placed signage in FOP receptions and on their websites.
- Remedy 16b: an undertaking from the RCVS (or a requirement by CMA Order for it) to collect, analyse and publish on a regular basis data and insights on complaints in the veterinary market for household pets. We envisage that the first annual report would be published 24 months after publication of a CMA Order.

Consistency with existing and anticipated future laws and regulations

- 9.124 We expect that the proposed complaints and redress remedies would be consistent with existing laws and regulations applicable to the market. This includes The Alternative Dispute Resolution for Consumer Disputes (Competent Authorities and Information) Regulations 2015 which provide for a scheme by which ADR providers can become approved ADR entities and thereby entered onto the official list of approved ADR providers (currently published by CTSI).⁴¹⁹ We note that the VCMS is an approved ADR entity. We do not expect our proposed remedies to affect whether the VCMS maintains its approved ADR entity status in accordance with the requirements set out in those regulations.

Proportionality

How the remedies are effective in achieving their aims

- 9.125 For the reasons set out above, we provisionally conclude that our proposed complaints and redress remedies, in combination with others set out in this provisional decision, would represent an effective solution to the AEC and resulting consumer detriment that we have provisionally found.

How the remedies are no more onerous than necessary to achieve their aims

- 9.126 Our provisional view is that the proposed remedies would be no more onerous than is necessary to achieve the aims we have described. In forming that view, we have taken into account three main points.

⁴¹⁹ CTSI, [ADR Approved Bodies](#) (accessed 20 September 2025).

- 9.127 First, there is a need for remedies that ensure there are consistent and effective processes pursuant to which pet owners can make complaints and obtain redress. The remedies also need to increase pet owners' awareness of how to make complaints and their confidence in doing so.
- 9.128 Second, there may in principle be more than one way in which the relevant aims could be met. In particular, the remedies could impose a series of novel requirements and demand the establishment of new or additional processes and bodies. Alternatively, they could seek to build on existing complaints and redress processes and structures, to exploit areas of existing good practice and to reduce costs.
- 9.129 In designing each of the provisional remedies, we have sought to adopt the latter of the possibilities described in the previous paragraph. We have assessed the key remedy design considerations and sought to limit costs and other burdens on veterinary businesses and any other affected parties.
- 9.130 For example:
- Many veterinary businesses already have complaints processes in place for their FOPs. Our proposed remedies would adopt key principles and best practices from those. A combination of a principles-based approach and specific requirements would allow veterinary businesses some flexibility to adapt processes they already apply, while also ensuring that pet owners receive the benefit of consistent and effective complaint and redress mechanisms and clear information about them.
 - The proposed mediation remedy would build on the existing VCMS to a large degree. That scheme is already known and used by some veterinary businesses and pet owners. There would be efficiencies in allowing businesses to continue to use the same scheme if they chose.
 - An undertaking from the RCVS (or a requirement by CMA Order for it) to develop information for pet owners which can be 'plugged into' veterinary business in-house complaints processes and displayed in FOPs, would:
 - make use of the RCVS's existing expertise and resources; and
 - minimise the burden on veterinary businesses which would be able to make ready use of that information at low cost.
- 9.131 Third, we have considered whether there are less onerous remedies than those we are minded to adopt that would be similarly effective. Those could include, for example, requirements that veterinary businesses maintain and formalise whatever in-house complaints processes they currently use, or simply to tell pet owners where they do not generally participate in mediation under the VCMS.

9.132 Our provisional assessment is that such remedies would not be effective in addressing the lack of consistency in complaints and redress mechanisms. Nor would they be as effective in disciplining veterinary businesses with regard to the quality of their FOP services.

How the remedies are the least onerous if there is a choice between several effective measures

9.133 This particular consideration is relevant where we identify a choice of similarly effective remedies - in which case, we would propose the remedy we judged least onerous. In forming our provisional assessment here we have not identified similarly effective remedies from which we should make that choice.

9.134 We have considered whether requiring veterinary businesses to participate in an alternative mediation scheme to the VCMS would be similarly effective and less onerous. Our provisional judgement is that it would be neither. While veterinary businesses would be free to use an alternative scheme, such a scheme would incur set-up costs that the VCMS would not and would lack the familiarity of the existing scheme. On that basis, mandating the use of another scheme would not be appropriate.

Whether the remedies produce adverse effects which are disproportionate to their aims

9.135 We have considered the additional costs and burdens on some businesses that would result from the proposed remedies. For the reasons we have set out, we think those would likely be limited. Where stakeholders have raised concerns about unintended or undesirable consequences, such as the imposition of inflexible processes, an increase in vexatious complaints or the harassment of individuals, and the imposition of unfair administrative (or timing) burdens, we have adapted our proposals to mitigate the risks. Our provisional judgement is that the proposed remedies would not have significant adverse effects which are disproportionate to their aims or those of the overall package of remedies.

10. Recommendations for future regulatory reform

Remedy 17: A recommendation to the UK government, in consultation with the Scottish Government, Welsh Government and Northern Ireland Executive as appropriate, to establish a replacement statutory regime for the regulation of veterinary services for household pets, which should include the following:

Business regulation: veterinary businesses⁴²⁰ and the practices they own are included within the scope of regulation and are subject to regulatory requirements which, in addition to the protection of animal welfare and the wider public interest, (i) promote competition and protect consumers, and (ii) ensure a baseline level of quality with respect to clinical standards.

Professional regulation: effective regulation of the professional conduct of vets and vet nurses, including a lower threshold for regulatory action (than under current regulation) and enforceable requirements which promote competition and protect consumers.

Monitoring and enforcement: robust and effective monitoring and enforcement powers for the regulator, including a broader and more effective range of sanctions, which support and incentivise compliance with regulatory rules by veterinary businesses and professionals.

Complaints and redress: an effective complaints and redress system which disciplines the conduct of veterinary businesses operating FOPs and supports the competitive process.

Statutory duties for the regulator: additional statutory duties for the veterinary regulator to promote competition and further the interests of pet owners in the discharge of its statutory functions.

Governance and structure of a veterinary regulator: the veterinary regulator must be structured appropriately to ensure the effectiveness and independence of a modern regulatory regime.

Description of the remedy

10.1 We have provisionally decided to recommend to the UK government, in consultation with the Scottish Government, Welsh Government and Northern Ireland Executive as appropriate,⁴²¹ the establishment of a replacement statutory regime for the regulation of veterinary services. In our provisional assessment, this

⁴²⁰ A person (any entity whether they are a legal person like a company, in a joint venture or partnership, or an individual) carrying on a business that comprises the retail provision of one or more Veterinary Services to pet owners for their household pets.

⁴²¹ In the rest of this section, references to recommendations to government mean recommendations to the UK government in consultation with the Scottish Government, Welsh Government and Northern Ireland Executive as appropriate.

should include the features summarised in the box above. As explained below, we consider that a single regulatory framework for veterinary services across the four nations of the UK is preferable.

- 10.2 We consider that placing these reform proposals on a statutory footing is an essential step in addressing the AEC we have provisionally identified for the long term, protecting consumers and establishing a regulatory system that is appropriate for the market context in which veterinary services for household pets are now supplied.⁴²²

How the remedy addresses the provisional AEC and resulting consumer detriment

- 10.3 We set out in part A, section 14⁴²³ how regulation is required in the market for the supply of veterinary services to address risks created by asymmetry of information between vets and pet owners and to protect a range of wider public interests. We explained that to mitigate the possibility of market failure we would expect the system of regulation to, among other things, (a) promote effective competition, and (b) provide effectively for assuring, monitoring and enforcing appropriate minimum or baseline standards of competence, quality and conduct in relation to veterinary professionals and providers.
- 10.4 We have provisionally found that the current regulatory framework for veterinary services for household pets is inadequate and not fit for purpose. It does not contain appropriate substantive requirements, or monitoring, enforcement and redress mechanisms, to support the competitive processes and outcomes we would expect in a well-functioning market for the supply of veterinary services. These concerns mean that the system also fails to protect animal welfare as effectively as it could.⁴²⁴
- 10.5 Our provisional judgement is that the regulatory system in the veterinary sector must be reformed. We have assessed what measures the CMA can itself take to address the AEC we have provisionally identified.⁴²⁵ Those measures include, as set out in this provisional decision:
- (a) imposing a range of obligations on veterinary businesses under a CMA Order, which aim to empower consumers to make effective choices about the

⁴²² That is, a context characterised by much higher levels of pet ownership and much larger non-vet owned businesses which place greater emphasis on providing veterinary care as a commercial proposition, than when existing rules were first developed.

⁴²³ Part A, section 14: Regulatory framework for veterinary services.

⁴²⁴ This is because pet owners cannot always afford treatments or medicines or do not receive appropriate choices that meet their, and their pets', needs.

⁴²⁵ As reflected in the various remedies set out above, this could include imposing obligations on veterinary businesses or other persons under a CMA Order or making recommendations to other bodies, such as the RCVS or the VMD, proposing that they take specified actions to help address an AEC identified in the market for veterinary services for household pets.

FOPs, referral providers and treatments that are right for them and their pet;⁴²⁶

- (b) imposing obligations on the RCVS to present certain information on its Find a Vet website,⁴²⁷ to collect and analyse complaints data,⁴²⁸ and to monitor compliance by veterinary businesses with the requirements imposed on them under a CMA Order; and
- (c) recommending to the RCVS that it should adopt certain measures including amending the Code and the Guidance.⁴²⁹

10.6 While in our provisional assessment these measures are part of an effective and proportionate package of remedies to address the AEC, there are limits on the CMA's legal powers.⁴³⁰ We cannot, for example, extend the RCVS's remit or powers, nor require changes to its structure or governance, which we consider critical for the effective operation of the market on an enduring basis.

10.7 We have therefore considered the best long-term regulatory framework for ensuring that veterinary services are provided in a way that serves the public interest in terms of animal welfare, public health and the environment, and also in the promotion of competition and the protection of consumers. We take into account that:

- (a) veterinary services are complex and, for the reasons described in part A, section 3 and section 14,⁴³¹ an effective system of regulation would continue to be required even in a well-functioning market;⁴³²
- (b) the system of regulation would cover a broad range of matters that relate to clinical standards and animal welfare, not only the promotion of competition and the protection of consumers (though these aspects are linked), and some of these matters (the former especially) require the consideration of clinical experts and public policy makers not only the CMA;
- (c) the system of regulation would cover the whole veterinary sector and the broad range of veterinary services it provides, not only those for household pets;

⁴²⁶ See Part B, sections 3: Pet owner empowerment remedies, 4: Choice of treatments and referrals, 5: Medicines market opening remedies, 6: Medicines: prescription price controls and medicines price controls, 7: Out-of-hours contracts, 8: Cremations and 9: Complaints and redress.

⁴²⁷ See Part B, section 3: Pet owner empowerment remedies.

⁴²⁸ See Part B, section 9: Complaints and redress.

⁴²⁹ See Part B, section 4: Choice of treatments and referrals.

⁴³⁰ In the EA02, Schedule 8 in particular.

⁴³¹ See part A, section 3: Factors which affect how competition works in the market for veterinary services and part A, section 14: Regulatory framework for veterinary services.

⁴³² Indeed, to ensure the market is a well-functioning one.

- (d) the supervision, ongoing management and enforcement of that system would be better conducted by an independent sector specific regulator which includes people with the relevant professional, clinical and technical expertise, not the CMA; and
- (e) a single regulatory framework rather than a system in which some requirements continue to be imposed and enforced by the CMA and others by a veterinary regulator, is likely in the longer term to be simpler, more readily understood by those it regulates and those who use veterinary services, less burdensome for businesses and more effective and efficient.

10.8 For these reasons, our provisional view is that a new statutory regime for the regulation of veterinary services for household pets is required, in addition to any measures we impose under a CMA Order, comprehensively to address the AEC. We strongly recommend to government that it move swiftly to implement our proposals in new primary legislation.⁴³³

10.9 A reformed regulatory framework with the features we have proposed would, in our provisional judgement, promote competition and protect consumers while also safeguarding animal welfare.⁴³⁴ It would support pet owners to make informed choices about the services they buy, while incentivising veterinary businesses to offer prices and a range of services that would better meet the requirements and needs of pet owners and their animals. The proposed model would also strengthen the regulation of baseline quality standards in clinical terms, supplementing the regulation of professional conduct with obligations on veterinary businesses (and their practices) to meet specified standards.

10.10 In proposing to make our recommendation, we have taken into account the need to ensure that the regulatory burden on businesses is no greater than required for the market to function well. We are conscious that, while regulation is necessary in this market (as is recognised by the existence of the current regulatory framework), ineffective or disproportionate regulation results in unnecessary costs and burdens for businesses and higher prices for pet owners. What we are recommending is the replacement of a not fully effective system of regulation with an effective and targeted one that promotes competition and good outcomes for pet owners and that enables businesses to compete fairly and efficiently and to grow.

⁴³³ Some aspects of the regulatory framework may be better delivered by secondary, rather than primary, legislation, especially where flexibility for ministers to make amendments in future would be beneficial. This point is explored further below.

⁴³⁴ This is set out in part A, section 14, subsection Provisional assessment, where we describe how an effectively regulated competitive market will serve to promote animal welfare.

Regulating veterinary businesses

10.11 The shortfalls we have identified in the current regulatory framework include that it is too narrow – binding only individual vets and nurses but not veterinary businesses⁴³⁵ – and does not give pet owners effective indicators of the relative quality of the services businesses provide.⁴³⁶

We provisionally recommend to government that veterinary businesses (and the practices they run) should be included within the scope of regulation, in addition to individual vets and vet nurses. Veterinary businesses should be subject to mandatory minimum requirements with respect to both clinical standards and competition and consumer matters. We refer to these mandatory minimum requirements as the **Standards for Veterinary Businesses**. We are also proposing the establishment of an effective voluntary accreditation scheme as part of a reformed regulatory framework.

10.12 Below, we set out the key remedy design issues that are relevant to our proposal and we provisionally conclude that:

- (a) the scope of business regulation should be as follows:
 - (i) the subject matter of the Standards for Veterinary Businesses should reflect (1) a set of appropriate baseline requirements for clinical standards at vet practices, and (2) the substantive content of the pro-competition requirements we are proposing to impose on businesses under a CMA Order; and
 - (ii) regulation should apply to the natural or legal person carrying on a business providing veterinary services for household pets;
- (b) the regulation of veterinary businesses should, so far as possible, take the form of an outcomes-based model; and
- (c) in addition to the Standards for Veterinary Businesses, which would provide a baseline level of quality assurance for the sector, there should be an effective voluntary accreditation scheme which enables consumers to understand the relative quality of the services provided by veterinary businesses beyond that baseline level.

⁴³⁵ Which, as explained below, means a natural or legal person carrying on a business providing veterinary services for household pets.

⁴³⁶ In part A, section 14, subsection Aspects of the regulatory framework leading to weak and ineffective regulation, we noted that the RCVS is currently undertaking a multi-phased review of PSS standards. As part of this, new consumer facing standards are being proposed for introduction in early 2026 and the PSS is expected to launch further enhanced standards after 1 October 2026. Such changes, if implemented, have some potential to help promote competition at least between those businesses which are part of the scheme. However, for the reasons stated in that section, which includes that we can only assess the effectiveness of requirements which are in force, our provisional AEC analysis with respect to the regulatory framework stands.

- 10.13 Our provisional assessment of the measures required to ensure effective monitoring and enforcement of veterinary businesses' compliance with regulation is set out below.⁴³⁷
- 10.14 Our proposals would mean that veterinary businesses, which have control over decisions affecting the operations of individual vet practices, are subject to the disciplining effect of regulation. They would have to play their part in making sure pet owners have appropriate and timely information and advice enabling them to make informed choices. Our proposals would also drive consistent baseline quality standards (ie standards that apply to all businesses) and quality differentiators (additional voluntary accreditations) across the sector, and support vets' and vet nurses' clinical independence.
- 10.15 We have referred to the wide stakeholder support for the regulation of veterinary businesses and practices in part A, section 14.⁴³⁸ For example:⁴³⁹
- (a) Pets at Home told us that, 'Extending the regulatory framework to bring vet businesses within its remit... would be an effective and proportionate way of ensuring that there is a connection between those with responsibilities under the regulatory framework and the FOP owner'.⁴⁴⁰
 - (b) Which? said, 'We strongly support the introduction of regulatory requirements on vet businesses, as we think the current regulation of individual professionals only is fundamentally incompatible with the modern veterinary market and cannot adequately address the issues consumers frequently face when using veterinary services'.⁴⁴¹

Scope

We have provisionally decided that (i) the requirements on veterinary businesses should as a minimum reflect the contents of the CMA Order proposed to be imposed on veterinary businesses,⁴⁴² (ii) that there should be a requirement to satisfy basic clinical standards,

⁴³⁷ As set out in subsections titled Effective monitoring of compliance with regulation and Effective enforcement of regulation.

⁴³⁸ Part A, section 14: Regulatory framework for veterinary services, subsection Effectiveness of the regulatory framework.

⁴³⁹ RCVS and BVA, BVNA, BSAVA, SPVS and VMG thought a mandatory practice regulation scheme should be introduced as part of legislative reform. The RCVS thought it would improve consumer protection, support and standards within practices and for veterinary professionals. [BVA, BVNA, BSAVA, SPVS, VMG response to the February 2025 working papers](#), p 5. RCVS response to Remedies Working Paper, p 35. Five of the six LVGs supported extending regulation to veterinary businesses to ensure accountability. Linnaeus and XL Vets indicated such regulation would reflect 'modern' and 'non-veterinary business ownership' more adequately. Linnaeus response to Remedies Working Paper, p 6. [XL Vets response to February 2025 working papers](#), p 6.

⁴⁴⁰ Pets at Home response to Remedies Working Paper, paragraph 5.1.

⁴⁴¹ Which? response to Remedies Working Paper, p 3.

⁴⁴² See part B, sections 3: Pet owner empowerment remedies, 4: Choice of treatments and referrals, 5: Medicines market opening remedies, 6: Medicines: prescription price controls and medicines price controls, 7: Out-of-hours contracts, 8: Cremations and 9: Complaints and redress.

and (iii) that regulation should apply at the organisational level to the legal person carrying on that business.

What should the subject matter of regulation be?

10.16 Our provisional recommendation is that new regulatory requirements introduced by a future reformed regulator, pursuant to primary legislation, should incorporate each of the CMA's substantive remedies that are imposed on veterinary businesses.⁴⁴³ In addition to the baseline clinical requirements referred to below, the subject matter of the Standards for Veterinary Businesses should therefore, as a minimum, reflect:

- (a) transparency requirements creating obligations to publish:
 - (i) the prices of common vet services and products;
 - (ii) the ultimate ownership of individual vet practices;
 - (iii) [RCVS] accreditations and awards, or other quality ratings;
 - (iv) information about treatment and referral options;
 - (v) any prescription, dispensing and (medicine) administration fees; and
 - (vi) any cremation services offered and their prices;
- (b) a requirement for veterinary businesses to ensure that the veterinary professionals whom they employ at practices have the ability to exercise clinical autonomy without inappropriate business practices, financial incentives systems, processes and procedures which may improperly impede their clinical freedom or put undue pressure on them;
- (c) requirements relating to the sale of veterinary medicines, including rules about how pet owners should be told about, and offered, prescriptions, and about the sources from which they can buy medicines;
- (d) a requirement to have effective in-house complaints handling processes which meet minimum criteria; and
- (e) a requirement to participate in an Alternative Dispute Resolution (**ADR**) scheme.

10.17 These provisions should apply in addition to a set of requirements which ensure a baseline level of quality in terms of clinical standards at vet practices.

⁴⁴³ As set out in part B, section 2, subsection Practical design and implementation considerations.

10.18 The resulting package of measures would:

- (a) put a set of requirements designed to help pet owners make informed choices about the services they buy, and from whom, on a permanent statutory footing under the control of an expert regulator; and
- (b) include assurance that minimum levels of clinical safety and quality would be maintained by businesses providing veterinary services.

Who should be subject to regulation?

10.19 Regulation should apply at the organisational level to veterinary businesses. This means the natural or legal person carrying on a business providing veterinary services for household pets. That person would be the corporate entity (company), partnership or individual owner(s) which, or who, carries on the business, as each case may be. There are, in our provisional view, three main reasons why:

- (a) **Responsibility should sit with those who shape how services are provided and hold the power to determine whether regulatory requirements are met.** Veterinary businesses, and their (increasingly non-vet) owners, have control over, and take decisions about, the range, quality and price of the services they provide. They control the information that is provided to pet owners via their websites. Through its contractual employment relationships, the business can direct the activities of vets and vet nurses who work for it. The business's policies and protocols can influence what pet owners are told in the consulting room about treatment and referral options, and can affect clinical standards across practices. These degrees of influence and control over the way services are provided and the way regulatory requirements are met mean, in our provisional judgement, that the person carrying on a veterinary business is the appropriate subject of regulatory requirements.⁴⁴⁴
- (b) **The commercial interest in veterinary services.** Veterinary services are provided mainly by commercial operators with legitimate interests in making profits. They quite properly make business decisions that serve those interests, but there is the potential for conflict between those interests and pet owners' (and the wider public interests the veterinary profession serves). Regulating them would mitigate that risk.
- (c) **Ensuring an effective and proportionate approach.** While their contractual relationship would be with the relevant veterinary business, pet owners receive services at individual practices or premises (which may be one of a

⁴⁴⁴ Whether they be an LVG, a smaller corporate group, a limited company, partnership or sole trader, and in addition to the regulation that applies to individual vets and veterinary nurses.

number owned by the business). That is where the pet owner experiences the quality of the services provided and it is at that location where clinical standards must be maintained. It is important that the system of regulation recognises this and effectively influences what happens there, without placing undue burdens on businesses or their practices. Our provisional judgement is that this is best secured by regulatory requirements imposed on veterinary businesses to ensure that each practice or premises they own meets prescribed standards:⁴⁴⁵

- (i) Veterinary businesses which sit above and control multiple individual practices are able to ensure, and demonstrate, compliance with their regulatory obligations across the whole business,⁴⁴⁶ maintaining the baseline clinical and consumer standards at each practice without each one individually (and duplicatively) having to demonstrate its compliance.⁴⁴⁷
- (ii) It would be more effective and efficient for the regulator to deal with one entity having legal personality, which has the relevant degree of control and on whom legal responsibility can be fixed, in relation to each practice⁴⁴⁸ it owns.

10.20 We provisionally consider that each veterinary business should be required to register with the regulator. Insofar as it is necessary for there to be an element of local responsibility in individual practices, the reformed regulatory system could require veterinary businesses to appoint a 'responsible person' in each of its practices. That person could, for example, have a designated role in ensuring that the business meets its obligations in the relevant practice and could support individual vets' and nurses' compliance with their professional obligations.

10.21 We are considering the need also for a requirement for a responsible individual at veterinary business level, who would have professional responsibility for ensuring the business's overall compliance with its regulatory obligations in each of its practices.

⁴⁴⁵ For example, that for each FOP they carry on, they publish details of services and prices. We would expect the regulator to set minimum regulatory standards in respect of both (i) individual veterinary practices or premises and (ii) the businesses which carry on those individual practices. This could for example be achieved through two sets of standards within the Standards for Veterinary Businesses, which focus on the conduct of the individual practices and businesses respectively. We consider that such an approach would be necessary on the basis that there are regulatory requirements that may be appropriate to impose on veterinary businesses but not on individual practices (and vice versa), such as, for example, a requirement to ensure that operational and commercial pressures do not unreasonably inhibit the exercise of professional judgement by vets and vet nurses.

⁴⁴⁶ For example, by implementing a common set of policies and procedures.

⁴⁴⁷ Alternatively, it would be open to those carrying on the business to demonstrate compliance in different ways in different practices if they chose, if they considered that more efficient or otherwise better for the business.

⁴⁴⁸ And all practices it owns.

Regulatory model

The regulation of veterinary businesses could take the form of a rules-based or an outcomes-based⁴⁴⁹ model (or some combination of the two). Our provisional recommendation is that while regulation should strike an appropriate balance between prescriptive requirements and the adoption of principles, a focus on outcomes where possible would be more proportionate and preferable in the longer term.

- 10.22 A rules-based regulatory approach generally involves precisely drafted and prescriptive requirements giving limited flexibility to regulated parties in meeting those requirements. As this approach is more precise, it can provide greater certainty and may be more effective in constraining regulatory discretion.⁴⁵⁰
- 10.23 An outcomes-based model typically involves the setting of goals, outcomes, principles or standards, usually cast at a high level, and gives greater flexibility to those being regulated in meeting those requirements.⁴⁵¹ This approach is perceived to be more adaptive to market changes and enabling the regulator to be more flexible in its approach to enforcement.⁴⁵²
- 10.24 Our provisional view is that, if it can, a system of regulation should strike an appropriate balance between prescriptive requirements and the adoption of principles.
- 10.25 There are circumstances where a rules-based approach would be necessary, for example due to the risks associated with certain activities or conduct or to respond to wider market conditions or public health considerations. Indeed, the substantive requirements we are proposing to impose on veterinary businesses (for example, concerning prescriptions or price information on treatments) involve detailed rules. We have provisionally found that such requirements are a necessary and proportionate response to the (provisional) AEC and accordingly that targeted and prescriptive rules are needed to get the market back on course after a period of market failure.⁴⁵³ Similarly, a rules-based approach may be more appropriate or effective for measures involving certain clinical, animal safety or public health risks.

⁴⁴⁹ Also known as a principles-based or a goals-based regulatory approach.

⁴⁵⁰ [Goals-based and rules-based approaches to regulation](#). BEIS Research Paper Number 8, May 2018, p 5 (accessed 30 September 2025).

⁴⁵¹ [Goals-based and rules-based approaches to regulation](#). BEIS Research Paper Number 8, May 2018, p 5 (accessed 30 September 2025).

⁴⁵² [Goals-based and rules-based approaches to regulation](#). BEIS Research Paper Number 8, May 2018, p 5 (accessed 30 September 2025).

⁴⁵³ Part A, sections 6 to 15 of this report outline our reasoning on features of the market which give rise to an AEC in the market for veterinary services to household pets. Part B, sections 3 to 9 set out the corresponding provisional remedy proposals.

10.26 However, in the longer term a focus on outcomes if and where possible may be more proportionate. There are at least two reasons:

- (a) An outcomes-based regulatory approach is a flexible and adaptable one that may be well-suited to an industry characterised by market participants of different types and sizes and diverse business models. While the specified regulatory 'outcomes' would be the same for all firms, there could be flexibility in the way they achieve compliance with them, reflecting their size, capacity and capability.⁴⁵⁴
- (b) Focusing on outcomes or goals,⁴⁵⁵ that may be supplemented with a set of minimum prescriptive requirements, can contribute to more meaningful protections and benefits for pet owners. Outcomes-based regulation still binds parties and requires that they secure the required outcomes, but can help to foster a culture of accountability which may not be the case under a rule-based approach, where providers must comply with a list of specified requirements without being empowered to determine how they would do so.⁴⁵⁶

10.27 The outcomes, or principles, of the regulatory model would need to be supported by guidance for businesses, to minimise the risk of circumvention or non-compliance.

Quality measures

10.28 We have provisionally identified barriers that make it difficult for veterinary businesses to measure and communicate quality and for pet owners to effectively compare the quality of competing FOPs and the services they provide.⁴⁵⁷ While there are some metrics that seek to measure clinical and non-clinical quality, they are not sufficiently complete, objective or comparable to support pet owners to make informed decisions.⁴⁵⁸ Our concerns flow in part from inherent features in the market such as the informational asymmetry between pet owner and vet and the nature of veterinary services which involves the supply of credence goods.⁴⁵⁹

⁴⁵⁴ As set out in part A, section 14, we have expressed concerns that the RCVS's Practice Standards Scheme may disproportionately focus on inputs and processes (or, 'paperwork and box ticking', as one respondent described, Respondent 26 response to Remedies Working Paper, p 2) and as a result places undue administrative burden on FOPs who participate in the scheme. Switching to an outcomes-based approach would address these concerns and reduce the administrative burden on veterinary businesses and practices, while enabling them to take steps to support their compliance with regulation. Overly prescriptive rules can stifle innovation and creativity, whereas an open approach puts the onus on the entity to consider different approaches to achieving compliance.

⁴⁵⁵ Such as 'treating customers fairly' and 'ensuring transparency of information.'

⁴⁵⁶ [Goals-based and rules-based approaches to regulation. BEIS Research Paper Number 8](#), May 2018, at p 5 (accessed 30 September 2025).

⁴⁵⁷ This is set out in part A, section 8: Competition between FOPs.

⁴⁵⁸ This is set out in part A, section 8: Competition between FOPs.

⁴⁵⁹ This is set out in part A, section 3: Factors which affect how competition works in the market for veterinary services.

- 10.29 In a well-functioning market, we would expect to see a regulatory framework that provides for both:
- (a) a baseline level of quality of the services that are provided by veterinary businesses across the whole of the market; and
 - (b) further assistance for consumers to determine the relative levels of quality above this baseline, and to incentivise businesses to compete based on quality.

Baseline or minimum quality assurance

- 10.30 A core function of regulation in the veterinary sector should be the effective assurance, monitoring and enforcement of appropriate minimum or baseline standards of competence, quality and conduct of the veterinary services provided by businesses (and the vets and vet nurses who work there⁴⁶⁰). This baseline level of quality should be provided for through a set of mandatory core standards that all veterinary businesses must meet (ie the Standards for Veterinary Businesses described above).⁴⁶¹ These requirements would reinforce the professional standards required of registered vets and vet nurses.

Relative quality of providers

- 10.31 The quality of services businesses offer can be a key differentiator between them and one of the bases on which they compete with one another. The baseline standards described above would help give pet owners confidence that a minimum level of quality is met by all practices, but they would not distinguish practices or businesses based on their relative quality.
- 10.32 We therefore consider that the regulatory framework should provide for a system for quality differentiation which recognises and makes consumers aware of those aspects of the service provided by a veterinary business which exceed the baseline requirements. Such a system, if effectively designed, would send pet owners signals about the relative quality of providers, enabling them to make more informed choices based on quality as well as price and thereby driving veterinary businesses to compete on that basis too.
- 10.33 We recognise that the Practice Standards Scheme (**PSS**) goes some way towards providing indications of quality, however we have cited several reasons why the PSS in its current form is not suitable for helping pet owners choose between FOPs

⁴⁶⁰ The enforcement of entry requirements for individuals to practise as vets or vet nurses, and the regulation of their professional conduct, also serve to provide a baseline level of competence and quality in the veterinary sector.

⁴⁶¹ As set out above. These standards should include both a set of competition focused requirements and requirements relating to clinical standards, patient safety etc.

based on quality,⁴⁶² including that consumer awareness of the scheme is low. We have therefore considered what remedial action could be taken to provide better indicators of service quality to pet owners.

Short term measures

10.34 In the short term, as set out in part B, section 3,⁴⁶³ we are proposing to require veterinary businesses to inform consumers of any current PSS accreditations and awards they hold, as well as details of qualifications held by practice staff.

An effective voluntary accreditation scheme

10.35 We have assessed how in the long term a reformed regulatory framework might help provide indicators of service quality to pet owners and further stimulate competition as a parameter of competition between veterinary businesses. Our provisional assessment is that there should be a voluntary accreditation scheme under which veterinary businesses may seek additional quality accreditations and awards for aspects of their services which exceed the baseline standards outlined above.

10.36 The existing PSS framework could provide the starting point for the development of those enhanced additional voluntary accreditations which would enable veterinary businesses to distinguish their practices by conveying the different qualities of services they provide. This would be building on the current PSS, already familiar to veterinary businesses (around 69% of eligible practices are members).⁴⁶⁴ In line with feedback from some stakeholders,⁴⁶⁵ we think there is scope for an enhanced PSS or a similar scheme which provides better signals of service quality, and which is made better known to pet owners, to be the voluntary accreditation scheme for the sector under a reformed regulatory framework.

10.37 We consider that an effective voluntary accreditation scheme should include the following features:

- *A range of accreditations.* These should include some specifically targeting consumer matters (such as front of house engagement, appointment

⁴⁶² This is set out in part A, section 14 (Regulatory framework for veterinary services), paragraphs 1.91-1.115.

⁴⁶³ Part B, section 3: Pet owner empowerment remedies.

⁴⁶⁴ CMA, Regulatory Framework for Veterinary Professionals and Veterinary Services working paper, 6 February 2025, paragraph 4.11.

⁴⁶⁵ Medivet said that 'the PSS plays an important role as a quality indicator, both to identify that a minimum standard is met by a practice and to differentiate between the quality offered by practices'. Medivet response to Remedies Working Paper, paragraph 2.5(b)(i)(A). The BVA, BSAVA, BVNA, SPVS and VMG said 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 that 'The PSS scheme in its current form provides excellent information for clients, but it is poorly promoted and poorly understood'. BVA, BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, pp 37 and 38. Respondent 12 said 'An enhanced RCVS PSS, or a similar quality assurance framework as described, could support consumer decision-making and help drive competition based on quality...'. Respondent 12 response to Remedies Working Paper, p 21.

availability, average wait times for consultations, time taken to resolve a complaint and online experience including bookings), and, in the longer term and subject to engagement with the profession, incorporating clinical elements.

- *Accessibility*. This means a range of appropriate accreditations are available such that most veterinary businesses may acquire at least one or more additional accreditations, to the extent that they consider this commercially valuable, whatever the nature of their practice or areas of expertise.
- *A proportionate approach which encourages participation in the scheme, particularly amongst smaller independents*. This should recognise the differing administrative resources of businesses of different sizes and avoid overly bureaucratic or otherwise burdensome requirements that may operate as a barrier to participation.
- *Effective monitoring and enforcement* to build pet owner trust in the accreditation system and assure veterinary businesses that the scheme appropriately signals the relevant quality of services on offer.
- *A clear structure and communication of the scheme* which both enables pet owners to navigate it and ascertain what level of service is most appropriate for them, and raises awareness of high standards across the market as a whole and therefore in the profession itself.

10.38 To support the design of a voluntary accreditation scheme with these features as part of a reformed regulatory framework, we have provisionally decided to recommend that the veterinary regulator should engage with the following stakeholders:

- (a) its charity partner, RCVS-K, and Defra;
- (b) veterinary sector associations such as the BVA, BVNA, BSAVA, FIVP, the British Veterinary Union (**BVU**), the Society of Practising Veterinary Surgeons (**SPVS**) and the Veterinary Management Group (**VMG**); and
- (c) consumer groups such as Which? and Citizens Advice to raise consumer awareness of, and trust in, the voluntary quality accreditations to identify differences between veterinary businesses.

10.39 Beyond these longer-term reform considerations, we consider that the RCVS should engage with RCVS-K, Defra and consumer groups in the immediate term,

to help improve the effectiveness of the current PSS as a quality signal for the time that remains before wider reform of the regulatory framework takes place.⁴⁶⁶

10.40 We are of the provisional view that a greater emphasis on quality differentiation dovetails with the other remedies we are currently considering in three main areas:

- Regulation of businesses as well as individual veterinary professionals. This represents a significant shift in the regulatory model as regards where accountability, including for quality assurance, would lie. Businesses should be more motivated to communicate the quality of their offering to consumers in a helpful way.
- Greater transparency of ownership, pricing and treatment options. Pet owners would receive more information and therefore require suitable tools to enable them to process and apply this information when making informed choices. Businesses would require a framework which allows them to compete for this increased engagement.
- Enhanced focus on consumer interests and the promotion of competition. Including accreditations which focus on these factors alone or in conjunction with clinical outcomes should further embed these considerations into the regulatory framework and lead to tangible outcomes which can be used by pet owners and veterinary businesses alike.

Alternative approaches

10.41 As an alternative to a voluntary quality accreditation scheme, we considered the establishment of a system of mandatory inspections and ratings. This would involve the regulator conducting regular inspections of vet practices to assess the quality of services provided against a set of defined standards and then rating each practice against those standards and publishing its findings.

10.42 Such systems of inspection and rating operate in other sectors. For example, the Care Quality Commission (**CQC**) operates a system of inspections of health and social care providers⁴⁶⁷ and publishes reports and quality ratings (which the providers themselves must also display).⁴⁶⁸ Ofsted inspects services providing education and uses a four-point grading scale to assess the provider on quality of

⁴⁶⁶ The RCVS is currently carrying out its five-yearly review of the PSS. As part of this, new consumer facing standards are being proposed for introduction in early 2026 and the PSS is expected to launch further enhanced standards after 1 October 2026. The remainder of the review is largely focused on the Core Standards (ie the baseline and quality assurance level of the requirements that apply to all members of the PSS) and not the additional accreditations as quality indicators.

⁴⁶⁷ The CQC inspections focus on five key questions for each provider: (i) Is it safe; (ii) Is it effective; (iii) Is it caring; (iv) Is it responsive to needs; and (v) Is it well-led?. CQC, [The 5 key questions we ask - Care Quality Commission](#) (accessed 30 September 2025).

⁴⁶⁸ The ratings are: (i) Outstanding (for providers scoring 88%-100%); (ii) Good (63%-87%); (iii) Requires Improvement (39%-62%); and (iv) Inadequate (38% or lower). CQC, [Our ratings and scores - Care Quality Commission](#) (accessed 1 October 2025).

education, behaviour and attitudes, personal development and leadership management.

- 10.43 Our provisional assessment is that a voluntary accreditation scheme should be the preferred option for a quality differentiation system in the veterinary sector. We consider this to be a more proportionate and lighter touch approach, for both veterinary businesses and professionals, and has the strong advantage of building on an existing infrastructure in terms of the PSS.

Regulation of veterinary professionals

We are provisionally recommending to government that regulation of veterinary professionals should be strengthened to better promote competition by ensuring that pet owners have information that enables them to choose between providers and services.

- 10.44 We have provisionally found that weaknesses in the regulation of individual vets and vet nurses affect competition and contribute to poor outcomes for pet owners. We describe in part A, section 14 that while the Code and Guidance do contain some provisions which seek to protect consumers of veterinary services, these appear to have limited effect in helping pet owners make informed choices and do not promote competition to the extent we would expect in a well-functioning market.⁴⁶⁹
- 10.45 Therefore, in addition to imposing obligations on veterinary businesses to promote competition, we are also provisionally recommending to government that regulation of veterinary professionals should be strengthened to better promote competition by ensuring that pet owners have information that enables them to make appropriate choices between providers and services.
- 10.46 In our provisional view, this means that the regulatory requirements and guidance⁴⁷⁰ that apply to veterinary professionals under a reformed framework should be sufficiently focused on competition and consumer outcomes and must contain the necessary pro-competitive provisions to achieve this. As a minimum, we consider that these provisions should reflect, so far as practicable, the requirements that would be imposed on veterinary businesses under a new regulatory framework, noting that some obligations may only be suitable for application to the business or practice providing the service as opposed to individual vets or vet nurses.⁴⁷¹

⁴⁶⁹ As described in part A, section 14, subsection Aspects of the regulatory framework leading to weak and ineffective regulation.

⁴⁷⁰ I.e. the RCVS Code and Guidance or equivalent instrument under a new regulatory framework established under primary legislation.

⁴⁷¹ For example, a requirement to display appropriate literature in the reception area of a veterinary practice could be appropriate for a veterinary business but is not a requirement we would expect to be applied to an individual vet or vet nurse.

- 10.47 It may also be appropriate to incorporate some of these competition and consumer responsibilities for veterinary professionals into any new fitness to practise requirements, such as those recently advocated by the RCVS.⁴⁷² However, the need for and development of any such requirements requires consideration of issues beyond competition and consumer protection, and this is a matter for government to take forward.
- 10.48 Under a new fitness to practise model, we would expect that the continuous professional development (**CPD**) regime would be upgraded to reflect the larger emphasis on competition and consumer elements of practice, commensurate with the amendments to the regulatory requirements and guidance for vets and vet nurses suggested above. It seems to us important that CPD requirements are flexible and proportionate, reflecting the different circumstances of individual professionals.

Effective monitoring of compliance with regulation

- 10.49 A system of regulation that works well should provide for effective monitoring of compliance with regulatory rules. This includes appropriate powers for the regulator to investigate, and processes to identify, non-compliance.
- 10.50 In part A, section 14⁴⁷³ we assessed that the RCVS's current monitoring powers are limited. With respect to individual professionals, the RCVS operates a 'reactive, complaints-based system of investigation'⁴⁷⁴ in which its enforcement activities are driven by the complaints made to it by members of the public and the profession. Its ability to monitor and assess compliance with regulation by individuals is limited by its lack of statutory powers, including to gather information and to enter and inspect premises.⁴⁷⁵ Since existing regulation does not formally extend beyond vets and vet nurses,⁴⁷⁶ the RCVS does not have any monitoring powers with respect to veterinary businesses or practices.

⁴⁷² The RCVS has recommended the introduction of a 'Fitness to Practise' model which would focus on whether an individual professional's practice is 'currently impaired' rather than if they have been guilty of serious professional misconduct. The RCVS considers that moving away from the serious professional misconduct threshold would allow it to 'consider matters where a practitioner's fitness to practise is impaired for other reasons'. Within this framework the RCVS also recommends introducing a wider range of enforcement sanctions. The enforcement of consumer-focused requirements in the manner we recommend above should be part of the proposed fitness to practise model and considered alongside the clinical requirements. [RCVS recommendations for future veterinary legislation - Professionals](#) (accessed 14 August 2025), pp 11-12.

⁴⁷³ Part A, section 14: Regulatory framework for veterinary services.

⁴⁷⁴ [RCVS Response to the Issues Statement](#), 30 July 2024 (**RCVS IS Response**), p 17. The RCVS also notes that it 'couple[s] this with a more proactive programme of education and culture change that promotes compliance.'

⁴⁷⁵ This contrasts with the monitoring powers available to other regulators. See part A, section 14: Regulatory framework for veterinary services, subsection Monitoring and enforcement of regulatory compliance.

⁴⁷⁶ Save in certain respects relating to medicines under the VMRs and businesses which choose to join the voluntary PSS.

We have provisionally decided to recommend to government that the regulator should have sufficient statutory powers and resources to enable the effective monitoring of compliance with regulation by both veterinary businesses and veterinary professionals.

Monitoring of compliance with regulation by veterinary businesses

- 10.51 We provisionally recommend that a system of self-reporting by veterinary businesses by way of annual return to the regulator should be introduced.⁴⁷⁷ This should include:
- (a) the provision of specified information, such as complaints data, services offered, staff qualifications, and ownership details; and
 - (b) a declaration of compliance with the regulatory requirements applying to them.
- 10.52 In addition to the information provided in the annual return, the regulator should be able to request further information from veterinary businesses where it considers that this is necessary to support a formal investigation or more generally when monitoring the business' compliance with its obligations.
- 10.53 The regulator should be able to conduct inspections of business premises to assess their compliance with obligations, especially those that cannot be adequately assessed remotely.⁴⁷⁸ We anticipate that routine inspections of vet premises would be necessary for the purposes of assessing compliance with clinical standards and note that compliance with certain of the competition requirements in the Standards for Veterinary Businesses could also be assessed during such inspections. We consider that the regulator should also have a general inspection power, enabling inspections on a risk basis for example based on complaints received by the regulator, issues flagged during the annual return, and/or the type of services provided by a vet practice.⁴⁷⁹ The regulator could publish certain information following inspections, to indicate compliance levels of veterinary businesses to pet owners.
- 10.54 We envisage that where vet practices are part of a larger veterinary business (as defined above⁴⁸⁰) much of the compliance with monitoring obligations can be undertaken at the group level. For example, the group would submit the annual

⁴⁷⁷ We note that a system of annual self-reporting by businesses is consistent with the approach we are provisionally recommending for monitoring compliance with the requirements imposed by a CMA Order.

⁴⁷⁸ The RCVS has recommended that it should be given powers of entry as part of mandatory practice regulation. [RCVS recommendations for future legislation](#) (accessed 15 September 2025).

⁴⁷⁹ Currently the RCVS carries out inspections of practice premises which are part of the PSS. Separately, all premises supplying veterinary medicines products are inspected by the Veterinary Medicines Directorate (VMD) unless they are part of the PSS in which case the PSS assessment and inspection process covers the VMD requirements. The inspection powers described in this subsection should apply to all veterinary businesses and assess compliance with these wider range of requirements.

⁴⁸⁰ This is set out in this section, subsection Regulating veterinary businesses, sub-subsection Scope.

attestation, and provide the specified information, for all its practices. Individual practices would only need to provide the information to their parent entity. This should limit the burden placed on individual practices and streamline the process where possible. However, the regulator would have the power to require information about, or inspect, specific practices within a larger group as part of its routine review or where a risk assessment indicated potential concerns.

Monitoring of compliance with regulation by vets and vet nurses

10.55 We provisionally recommend that a redesigned regulatory framework should include a requirement for vet professionals to complete an annual declaration of compliance. This could be completed at the same time as payment of their annual registration fees. As part of the annual declaration individual vets and vet nurses should confirm that:

- (a) they have understood and complied with their code of conduct and related guidance (or any equivalent instruments under a new regime);
- (b) they have completed the required CPD hours; and
- (c) that they are fit to practise as a vet or vet nurse, should a fitness to practise model be brought forward into legislation.

10.56 We envisage that our proposals on additional monitoring mechanisms would align with those of the RCVS. For example, the RCVS has recommended various mechanisms to improve its registration process including having the power to introduce a revalidation requirement for registrants.⁴⁸¹

Stakeholder views

10.57 We have received broad support for proportionate monitoring and enforcement powers as part of an effective regulatory framework, although we note some concern over the costs associated with putting this in place.⁴⁸² For example:

- (a) CVS has said to us that it is ‘generally supportive of the CMA’s proposal to design a reformed statutory framework to enhance compliance monitoring, including mechanisms for registration, self-auditing and declarations, complaints reporting etc.’⁴⁸³

⁴⁸¹ [RCVS recommendations for future veterinary legislation - Professionals](#) (accessed 13 August 2025), p 15.

⁴⁸² For example, the RCVS said it was concerned that the impact of increased regulatory costs may be felt by consumers to the extent it could compromise animal welfare by reducing access to care. RCVS response to Remedies Working Paper, p 41. Milestone Veterinary Centre similarly highlighted the potential for increased costs to be passed on to the consumer. Milestone Veterinary Centre response to Remedies Working Paper, p 15. Medivet have also told us that the PSS already has most of the monitoring and enforcement mechanisms in place. Medivet response to Remedies Working Paper, pp 73-73.

⁴⁸³ CVS response to Remedies Working Paper, p 39.

- (b) Which? has said that ‘The mechanisms outlined in the consultation seem to be a proportionate way to introduce good practice from other sectors and we would anticipate their introduction to lead to substantial benefits through increased regulatory compliance and improved standards.’⁴⁸⁴
- (c) The Veterinary School Council has agreed ‘that effective and proportionate compliance monitoring and enforcement is fundamental to credible regulation of veterinary businesses.’⁴⁸⁵

10.58 We have taken into account this broad support from stakeholders for an effective and proportionate monitoring function and have considered how any monitoring mechanisms (as part of the broader regulatory model proposal) could be designed in a way to ensure our recommended regulatory framework incurs as limited a cost as possible.

Effective enforcement of regulation

10.59 An effective regulatory framework should provide for effective enforcement of regulatory rules against both individual professionals and businesses. This includes proportionate adjudication powers and the ability to impose a range of sanctions.⁴⁸⁶

10.60 In part A, section 14 we provisionally concluded that the statutory enforcement powers of the RCVS were too narrow. We identified that the threshold for enforcement action against vets and vet nurses is prohibitively high,⁴⁸⁷ and consequently the rules and guidance provisions relating to the protection of consumer interests are rarely enforced. Notably, as the scope of existing regulation does not include veterinary businesses, the RCVS’s current powers of enforcement apply only to veterinary professionals. Enforcement of a wider range of infringements by both veterinary professionals and businesses would promote compliance with requirements that are designed to protect consumers and promote competition.

We have provisionally decided to recommend to government that the relevant legal thresholds for regulatory action should be designed to ensure that enforcement action (against both veterinary businesses and professionals) can take place in respect of a much wider range of infringements than only the most egregious misconduct cases.

⁴⁸⁴ Which? response to Remedies Working Paper, p 5.

⁴⁸⁵ Veterinary School Council response to Remedies Working Paper, p 2.

⁴⁸⁶ Indeed, other regulators are able to impose a wider set of sanctions when those they regulate fall short of their obligations. See part A, section 14, subsection Monitoring and enforcement of regulatory compliance.

⁴⁸⁷ Part A, section 14, subsection Monitoring and enforcement of regulatory compliance.

- 10.61 In part A, section 14 we also provisionally concluded that the range of sanctions available to the RCVS was limited.⁴⁸⁸ For the regulation of veterinary businesses and professionals to be effective a regulator must have strong and proportionate enforcement powers to address non-compliance with regulation. We also consider that where there is non-compliance there should, in addition (or as an alternative) to sanctions and especially in less serious cases, be appropriate support and training to help ensure future compliance.⁴⁸⁹
- 10.62 We have provisionally decided to recommend to government that the regulator should be given a wide range of enforcement powers to address non-compliance with regulation by veterinary businesses, vets and vet nurses. These enforcement mechanisms should be available both in relation to breach of the substantive regulatory requirements and in respect of monitoring obligations.⁴⁹⁰

Proposed sanctions available to the regulator

- 10.63 The regulator should have a wide range of sanctions available to support enforcement of non-compliance with regulatory rules.
- 10.64 With respect to veterinary businesses, we provisionally consider that the sanctions should include:
- (a) accepting undertakings from businesses;
 - (b) issuing formal advice and warnings;
 - (c) making interim orders;
 - (d) issuing fines;
 - (e) imposing conditions on the registration of the business (or one or more of its practices); and
 - (f) suspending or removing the registration of the business (or one or more of its practices).
- 10.65 With respect to vets and vet nurses, we provisionally consider that the sanctions should include:
- (a) accepting undertaking from individuals;

⁴⁸⁸ Part A, section 14, subsection Monitoring and enforcement of regulatory compliance.

⁴⁸⁹ For example, support and training may be appropriate where veterinary business' in-house complaints processes do not meet the specified minimum criteria or where the guidance provided by FOPs to their veterinary professionals does not adequately support giving information and advice to pet owners about treatment options, referrals and/or diagnostic tests.

⁴⁹⁰ For example, the regulator should be able to impose a fine on a business which refuses to provide information requested by the regulator under its information gathering powers.

- (b) issuing formal advice and warnings;
- (c) making interim orders;
- (d) imposing conditions on the registration of individuals; and
- (e) suspending and removing the individual from the register.

- 10.66 The regulator should also have the power to publish a notice on the ‘profile’ or ‘details’ page on the register for individual vet professionals and businesses where they have been subject to disciplinary or enforcement action. This would support our transparency remedies in giving consumers access to information that is relevant to their assessment of the quality of services being provided by specific veterinary businesses. We note there is precedent for publishing details of disciplinary and regulatory action in other sectors, such as financial services regulation.
- 10.67 The regulator having a wide range of sanctions at its disposal, combined with appropriately designed thresholds for enforcement action, would enable more effective enforcement in a wider range of scenarios than only the most serious infringements. This would incentivise compliance with regulatory requirements by veterinary businesses, vets and vet nurses and support a proportionate approach being taken in individual cases.⁴⁹¹
- 10.68 We envisage that these enhanced enforcement powers could form part of and support wider proposals for future regulation of individual veterinary professionals, such as the fitness to practise model recently advocated by the RCVS.⁴⁹²

Stakeholder views

- 10.69 In the responses to our Remedies Working Paper, there was broad consensus among stakeholders in support of giving the regulator a wider range of enforcement powers, although we note some concerns around associated costs and impact on smaller businesses.⁴⁹³ For example:
- (a) Linnaeus said that it was supportive of giving the regulator effective and proportionate enforcement powers ‘as this would align the vet sector with

⁴⁹¹ The softer enforcement mechanisms could be used in response to minor cases of non-compliance while the more serious sanctions could be reserved for serious breaches of professional obligations. For example, we do not consider that removal of a veterinary professional from the register, or the removal of a registration to practice for a business, would be appropriate for most cases of breach of consumer-focused requirements.

⁴⁹² [RCVS recommendations for future veterinary legislation - Professionals](#) (accessed 3 October 2025), pp 11-12.

⁴⁹³ For example, Pets at Home expressed concern that the range of sanctions under consideration has the potential to significantly add to the costs of running a FOP business. Pets at Home response to Remedies Working Paper, paragraph 5.8. Paragon Veterinary Group was supportive of introducing a range of sanctions but flagged its concern around creating undue fear for smaller businesses and younger professionals. Paragon Veterinary Group response to Remedies Working Paper, p 20. XL Vets suggested that there could be different levels of sanction for business versus professional failings, and guidance on proportional response tailored to practice size. XL Vets response to Remedies Working Paper, p 58.

modern business regulation and ensure accountability and responsibility is at both the individual/clinical and organisation/practice level. Such powers could deter poor practice and drive enhancement of clinical standards.⁴⁹⁴

- (b) The BVU supported a regulator having the enforcement powers considered by the CMA and stated that ‘Without these powers, the regulation is materially worthless and unworkable.’⁴⁹⁵
- (c) The VMD said that ‘Any regulator requires those powers to enforce the regulations they are responsible for effectively.’⁴⁹⁶

10.70 We have taken into account this broad support from stakeholders that a properly functioning regulatory regime requires an effective and proportionate enforcement function and have considered how any enforcement mechanisms (as part of the broader regulatory model proposal) could be designed in a way to ensure our recommended regulatory framework incurs as limited a cost as possible.

Complaints and redress

10.71 We have provisionally found that the current regulatory framework contains limited provision for effective complaints handling and consumer redress to support the competitive processes and outcomes we would expect in a well-functioning market for the supply of veterinary services by FOPs.⁴⁹⁷

We are provisionally recommending to government that a comprehensive system for complaints handling and redress in the veterinary sector be established through (or using powers granted to a regulator by) legislation. This should include requiring all veterinary businesses operating FOPs to ensure that each of its FOPs has complaint handling processes which meet minimum criteria, making provision for mediation and a binding independent redress scheme.

Description of the remedy

10.72 We provisionally recommend to government that the following requirements are placed on a statutory footing (or that a regulator is given a statutory power to impose the requirements):

⁴⁹⁴ Linnaeus response to Remedies Working Paper, p 51.

⁴⁹⁵ BVU response to Remedies Working Paper, paragraph 3.2.228.

⁴⁹⁶ VMD response to Remedies Working Paper, p 2.

⁴⁹⁷ Information on the AEC is set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

- (a) for all veterinary businesses operating FOPs to ensure that each of its FOPs has an in-house complaints process which meets certain minimum criteria (remedy 14); and
- (b) all veterinary businesses operating FOPs to ensure that each FOP engages in mediation via an independent and approved ADR provider in good faith where the pet owner's complaint is not resolved in-house and the pet owner wishes to participate in mediation (remedy 15).

10.73 We further provisionally recommend to government that, when complaints have not been resolved at local level and mediation is not suitable or has been unsuccessful (including because mediation does not deliver an outcome which is binding on veterinary businesses operating FOPs), pet owners should have the option to seek a determination from a binding independent redress scheme.

10.74 Such a scheme would involve an independent party considering complaints and making determinations as to how they should be resolved.

10.75 All veterinary business operating FOPs would be required to ensure that each of its FOPs participate in the independent redress scheme. The outcome would be binding on the veterinary business, but not the pet owner (who would also have the option to go to court, as they do now). The service would be free for pet owners and funded by veterinary businesses operating FOPs.

Aim of the remedy

10.76 Our provisional view is that placing remedies 14 and 15 on a statutory footing and introducing a statutory binding independent redress scheme would put in place a long-term solution which would provide pet owners with confidence and certainty that their complaints will be resolved. It would create a strong incentive for veterinary businesses operating FOPs to handle complaints well and at the earliest possible stage.

10.77 The specific aims of provisional remedies 14 and 15 and relevant stakeholder responses to our Remedies Working Paper are covered in more detail in part B, section 9.⁴⁹⁸ Given this, here we focus on the specific aims of the introduction of a binding independent redress scheme.

10.78 We note that in some other sectors such a scheme is part of the complaints and redress system. For example:

⁴⁹⁸ Part B, section 9: Complaints and redress.

- The Financial Ombudsman Service provides information and advice for businesses on handling consumer complaints and can make binding decisions on complaints between financial businesses and consumers.⁴⁹⁹
- Specified licence holders of the Office of Rail and Road (**ORR**) are required to establish and comply with a Complaints Handling Procedure (CHP) that meets the ORR's Complaints Code of Practice, and to join a relevant ADR scheme, and they must inform customers, where a complaint is unresolved, of their right to go to the ADR scheme and that its decision has to be accepted by the licence holder.⁵⁰⁰
- The Rail Ombudsman can also make binding decisions on Service Providers who participate in the Ombudsman Scheme.⁵⁰¹
- Members of the Royal Institution of Chartered Surveyors (**RICS**) are required to include a RICS approved ADR provider in their complaints handling procedure.⁵⁰² The RICS Dispute Resolution Service supports access to a range of professional-led dispute resolution methods including adjudication to help resolve conflicts swiftly and fairly.⁵⁰³

10.79 Binding independent redress schemes do not feature in all sectors we have examined. For example, in the optical sector, consumers can engage in voluntary mediation via the Optical Consumer Complaints Service (**OCCS**).⁵⁰⁴ In the dental sector, the Dental Complaints Service (**DCS**)⁵⁰⁵ provides voluntary mediation services in relation to consumer complaints involving private dental treatment.

10.80 In our Remedies Working Paper, we asked stakeholders to provide their views on the potential benefits and challenges of supplementing mediation with a form of binding adjudication. We received mixed feedback.

10.81 Stakeholders who were supportive said this potential remedy could deliver a final outcome for pet owners which is independent and fair, or encourage resolution at an earlier stage, and support confidence in the profession and sector. Some stakeholders said that binding adjudication could help protect vets against spurious claims and support a reduction in the time spent on and emotional toll of prolonged claims.⁵⁰⁶

⁴⁹⁹ Financial ombudsman Service, [How we make decisions – Financial Ombudsman service](#) (accessed 27 August 2025).

⁵⁰⁰ ORR, [Complaints Code of Practice](#), p 16 (accessed 3 October 2025).

⁵⁰¹ The Rail Ombudsman, [Rail Ombudsman](#) (accessed 3 October 2025).

⁵⁰² RICS, [Rules of Conduct](#), Appendix A: Profession obligations to RICS (accessed 3 October 2025).

⁵⁰³ RICS, [DRS Services](#) (accessed 27 August 2025).

⁵⁰⁴ Optical Consumer Complaints Service, [Home - Optical Complaints - Optical Consumer Complaints Service](#) (accessed 3 October 2025).

⁵⁰⁵ [Dental Complaints Service](#) (accessed 3 October 2025).

⁵⁰⁶ For example, The BVA, BSAVA, BVNA, SPVS and VMG response to the Remedies Working Paper, p 42. Which? response to the Remedies Working Paper, p 2. The BVU response to the Remedies Working Paper, p 43. Respondent 9 response to the Remedies Working Paper, p 36.

- 10.82 Other stakeholders were either not supportive of, or raised concerns about, the introduction of binding independent adjudication. Key concerns were that this could add an unnecessary layer of complexity, that the process would be lengthy, stressful, time consuming and costly, particularly for small and independent veterinary businesses. Some stakeholders were concerned that this remedy option could encourage frivolous claims. A few stakeholders also told us that a disadvantage of binding adjudication is that it does not involve an independent investigation and that a challenge would be to ensure an adjudicator had a high level of knowledge of veterinary care. Some stakeholders questioned whether this remedy option was necessary and proportionate to the problem.⁵⁰⁷
- 10.83 Our Remedies Working Paper also asked stakeholders to tell us about the potential benefits and challenges of establishing a veterinary ombudsman. The feedback we received was similarly mixed.
- 10.84 Respondents told us the advantages of an ombudsman included that it would be independent, impartial and transparent, that it would deliver fair, consistent and binding rulings and be readily identifiable by, and accessible and free for, pet owners. Some stakeholders said that it could increase trust in the redress process and the sector. A small number of stakeholders said that an ombudsman with investigative powers would enable full investigations and remove the evidence burden from the consumer. Several stakeholders told us that an ombudsman could analyse trends in complaints across the market, identify systemic issues and support sector-wide improvements.⁵⁰⁸
- 10.85 Responses which put forward disadvantages of the establishment of a veterinary ombudsman submitted that it could add complexity, duplication and confusion with regards to the roles of existing bodies (for example, with the RCVS's role in relation to serious professional misconduct). We were told that it would be costly (and cost could be passed onto pet owners), lengthy and burdensome, particularly for independent veterinary businesses, and stressful for veterinary professionals. A small number of respondents said that an ombudsman could encourage more frivolous, vexatious or financially motivated complaints and may lead to a litigation style culture and harm the vet-client relationship. Some respondents questioned whether an ombudsman was proportionate to the CMA's concerns (including if requirements around complaint handling processes and mediation were

⁵⁰⁷ For example, Pets at Home response to the Remedies Working Paper, paragraph 5.15. Medivet response to the Remedies Working Paper, paragraph 2.5(f)(iv). Linnaeus response to the Remedies Working Paper, pp 55-56. PDSA response to the Remedies Working Paper, p 27. The George Vet Group response to the Remedies Working Paper, p 24.

⁵⁰⁸ For example, Thrums Vets response to Remedies Working Paper, p 29. Respondent 12 response to Remedies Working Paper, p 27. Assistance Dogs UK response to Remedies Working Paper, p 18. Which? response to Remedies Working Paper, p 9.

introduced) and was more suited to transactional services. We were told by some respondents that an ombudsman would need to draw on veterinary expertise.⁵⁰⁹

10.86 We have carefully considered all the evidence we have received and gathered during our investigation and have sought to address the concerns raised with this remedy, where feasible, in its design (which is considered below in further detail).

Remedy design considerations

10.87 Remedy design considerations regarding a requirement for all veterinary businesses operating FOPs to ensure that each of its FOPs have complaints handling processes which meet minimum criteria and engage in mediation (remedies 14 and 15) are set out in part B, section 9.⁵¹⁰ Here, we consider the principles which we have provisionally decided should underpin the design of a binding redress scheme. We then consider of how all three of these remedies could be delivered.

Design principles for a binding redress scheme

10.88 We are provisionally recommending that to meet the aims of this remedy as described above a binding redress scheme should meet the following criteria:

- Be independent, impartial and (so far as possible) transparent.
- Require the participation of all veterinary businesses operating FOPs.
- Have the ability to request information from veterinary businesses operating FOPs and pet owners.
- Have the ability to draw on a vet advisory group for clinical input.
- Enable the decision-maker to make a range of outcome decisions which should be binding on veterinary businesses operating FOPs.⁵¹¹
- Have sanctions available should veterinary businesses operating FOPs fail to comply with its obligations in relation to the scheme.
- Have fair and proportionate rules of procedure.

⁵⁰⁹ For example, VCMS response to Remedies Working Paper, p 21. Animal Trust response to Remedies Working Paper, p10. Thrums Vets response to Remedies Working Paper, p 29. BVA, BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, p 43. RCVS response to Remedies Working Paper, pp 50-51.

⁵¹⁰ Part B, section 9: Complaints and redress.

⁵¹¹ For example, the case is not upheld so no remedy required, apology, financial compensation, action taken to improve systems including complaint handling. The complaint should also be able to be rejected on the grounds that it is vexatious or frivolous. The decision would not be binding on the pet owner so they are still able to go to court to seek a different remedy if they so wished.

- Ensure respect for all parties' rights under the European Convention on Human Rights, including in particular, the right to a fair trial under Article 6(1).
- Be funded by veterinary businesses operating FOPs and free for pet owners.

10.89 Depending on the delivery model chosen (see below), the decision-maker may be an ombudsman, whose appointment and conduct would need to adhere to the Ombudsman Association Terms and Rules.⁵¹² If another form of redress were selected by government, such as independent, binding adjudication, a lay panel of decision makers would be required.

10.90 We provisionally recommend that a binding independent redress scheme should be available only once local complaint handling processes have been exhausted and either mediation is not a suitable next step (whether because the pet owner has opted not to pursue mediation or because the mediator has ruled that mediation is not appropriate) or mediation has been attempted but no resolution has been agreed.

10.91 Professional misconduct matters would continue to be handled by the RCVS. The independent redress scheme ought to be designed in such a way to work alongside the regulation of veterinary professionals to ensure pet owners are able to access and successfully navigate the redress mechanism(s) which is most appropriate for their complaint.

10.92 A binding independent redress scheme should be available only where the complaint is timely, for example, where the complaint is raised within 12 months from the date of the conclusion of an in-house complaints process.⁵¹³

10.93 As explained in remedy 16b, in part B, section 9,⁵¹⁴ we take a provisional view that there is a wider role for the administrator of a binding redress scheme in publishing information about complaint handling in the veterinary sector. We note that a feature of the ombudsman role is to advise on systemic change. As the Cabinet Office notes, ombudsmen can make recommendations for a change of practice or procedure in a particular institution, Department or across a whole sector of the economy.⁵¹⁵

10.94 We do not anticipate a large volume of complaints would progress to a binding redress scheme stage. While it is difficult to quantify, we anticipate the existence of such a scheme (and a mediation option), which pet owners are aware of, would

⁵¹² Ombudsman Association, [Terms and Rules Criteria for the recognition of Ombudsman offices](#) (accessed 29 September 2025). We note that the title of 'Ombudsman' should not be used unless the Association's Criteria for Recognition of Ombudsman's Offices are met.

⁵¹³ For example, the Rail Ombudsman (which offers mediation and adjudication) requires complaints to be raised within 12 months of any final response from the rail service provider (unless there are exceptional circumstances). [The Rail Ombudsman | Office of Rail and Road](#) (accessed 10 September 2025).

⁵¹⁴ Part B, section 9: Complaints and redress.

⁵¹⁵ Cabinet Office, [Guidance on new Ombudsman scheme](#), updated 26 May 2022 (accessed 29 September 2025).

incentivise veterinary businesses operating FOPs to avoid complaints arising in the first place and, when they do occur, resolve them at the earliest possible stage. This in turn should lead to better outcomes for pet owners.

Delivery models

- 10.95 There are several possible models for delivering a comprehensive system for complaints handling and redress in the veterinary sector and our provisional view is that the precise details of the legislative scheme should be determined by government.
- 10.96 One option is to augment the existing VCMS mediation service by including a binding independent redress scheme within the umbrella of that scheme. For example, a separate and independent panel could be established within the VCMS framework to determine complaints referred to it, separate from any mediation process that may have been followed up to that point. This could offer efficiencies in terms of administration and cost as it would build on the existing structures. The VCMS is a service with which some veterinary businesses and pet owners have already engaged, and which would become more widely known because of remedies 14, 15 and 16a.
- 10.97 Alternatively, our recommendation could be implemented through the establishment of a new veterinary services ombudsman with the power to make determinations binding on veterinary businesses. Such a service could be designed to include a mediation process (the provision of which could be subject to a competitive tender) or it may be sufficient to maintain the existing mediation process that exists in the market and limit the scope of any ombudsman service to adjudication services only.

Remedy implementation issues

- 10.98 Our provisional view is that primary legislation is the most effective means through or under which to establish a binding independent redress scheme with the power to determine pet owner complaints and make decisions with which veterinary businesses operating FOPs must comply. It would, for example, ensure that all veterinary businesses operating FOPs are required to participate in the scheme. We consider therefore that this provisional recommendation to government is appropriate.
- 10.99 The nature and scale of the costs of setting up a binding independent redress scheme is likely to be dependent on a range of factors including the delivery model which government chooses to pursue as well as the exact scope and scale of the service offered. It would also be for government to determine how to fund these costs.

10.100 There should be mechanisms for monitoring and enforcing the outcome of a determination. For example, a failure to comply with a determination should also be treated as a breach of a veterinary business's regulatory obligations.

Consumer and competition duty for the regulator

We have provisionally decided to recommend to government that the regulator should have statutory consumer and competition duties.

10.101 We have reached the provisional view that the current regulatory framework fails sufficiently to protect consumer interests or promote effective competition.⁵¹⁶

10.102 The current regulatory framework fails to address the inherent information asymmetry between vet and pet owner and sufficiently protect the pet owner's interests when purchasing veterinary services.⁵¹⁷ Where regulation works well to help pet owners make informed choices, it would drive competition between veterinary businesses, reducing prices, improving quality and widening access to services and treatments for the benefit of animals as well as their owners. That key driver of competition, it seems to us, is missing.

10.103 We recognise that regulatory requirements need to be changed and adapted as processes, technologies and business models in the sector evolve. One way that flexibility could be created would be for a reformed statutory framework to include, among the duties imposed on a regulator such as the RCVS, duties to protect pet owners and promote competition for veterinary services so far as is reasonably possible.⁵¹⁸

10.104 We are provisionally recommending the introduction of two statutory duties on the veterinary regulator which it would be required, so far as is reasonably possible, to take into account when discharging its functions.

- **A consumer duty:** a statutory duty for the regulator in discharging its general functions so far as is reasonably possible to further the interests of pet owners in the veterinary market for household pets.
- **A competition duty:** a statutory duty for the regulator to promote competition, so far as is reasonably possible, when performing its functions.

⁵¹⁶ For more detail on our concerns, see part A, section 14: Regulatory framework for veterinary services.

⁵¹⁷ For more information on information asymmetry and credence goods, see part A, section 14: Regulatory framework for veterinary services.

⁵¹⁸ [Remedies Working Paper](#), paragraph 6.53.

The consumer and competition duties in practice

10.105 Examples of themes which the regulator should consider when discharging a consumer duty include:

- (a) understanding pet owners' circumstances and meeting the needs of pets and their owners;
- (b) the interests of pet owners in respect of the provision of adequate and timely information, choice and quality of service.
- (c) how any negative impacts of its regulatory activities on the interests of pet owners could be mitigated; and
- (a) whether it could take proactive steps to further support the interests of pet owners.

10.106 Examples of themes which the regulator should consider when discharging a competition duty include:

- (a) how transparency on price, ownership information, treatment options and relative quality measures can be used to stimulate competition between service providers;
- (b) how innovation in the market can be encouraged so pet owners can access new types of services and ensure that regulation keeps up with changes in consumer preference and the development of new technologies;
- (c) the importance of maintaining and increasing access to services and ensuring that businesses are contributing to productivity and sustainable economic growth;
- (d) how the competition duty can help facilitate the achievement of the consumer duty and the RCVS's other duties;
- (e) how any negative impact of its regulatory activities on effective competition could be mitigated; and
- (f) whether it could take any other proactive steps to further support effective competition.

10.107 In practical terms both statutory duties would apply when the regulator discharges its functions. This includes when setting standards, creating new regulations or policies, conducting risk assessments and monitoring activities, and prioritising enforcement action.

10.108 Stakeholder views on this proposal have been generally supportive with commentary focusing on the need for these duties to be flexible enough to

accurately reflect the nature of the veterinary profession, the importance of animal welfare and for clarity on how these duties on the regulator would work in practice. For example:

- (a) The RCVS told us it supported a greater focus on consumer protection and effective competition but any duties would need to be weighted accordingly against its other objectives.⁵¹⁹
- (b) Most LVGs, had no specific objections to the introduction of a consumer and competition duty for the regulator and some welcomed further detail and engagement from the industry on this matter, including how animal welfare considerations would be safeguarded.⁵²⁰ One LVG said that an additional consumer and competition duty would be unnecessary and could add uncertainty to the regulatory framework.⁵²¹
- (c) An independent vet told us that they are broadly supportive of this proposal but cautioned against the creation of a 'race to the bottom on price'.⁵²² Another vet indicated that this proposal would help the regulatory framework to evolve in line with the industry which is changing at pace⁵²³ and Paragon Veterinary Group stated this would help ensure public confidence in the profession is maintained.⁵²⁴
- (d) The PDSA submitted to us that a regulatory framework which includes consumer and competition elements has the potential to protect or improve animal welfare.⁵²⁵
- (e) The VCMS told us it was supportive of a consumer and competition duty upon the regulator and cited the General Optical Council as an example of such an approach in another regulated professional sector.⁵²⁶
- (f) Which? is supportive of the consumer duty, citing its own evidence that customers who engaged with the RCVS felt that the regulator had insufficient regard to their concerns. Which? added that it is ambivalent as to whether a competition duty should be included as it thought it unlikely the RCVS would have the requisite toolkit to meet this duty.⁵²⁷

⁵¹⁹ RCVS response to Remedies Working Paper, p 38.

⁵²⁰ CVS response to Remedies Working Paper, p 38, IVC response to Remedies Working Paper, paragraph 6.5, Linnaeus response to Remedies Working Paper, p 50, Medivet response to Remedies Working Paper, p 37.

⁵²¹ Pets at Home response to Remedies Working Paper, paragraph 5.6.

⁵²² Respondent 28 response to Remedies Working Paper, p 13.

⁵²³ Respondent 14 response to Remedies Working Paper, p 20.

⁵²⁴ Paragon Veterinary Group response to Remedies Working Paper, p 19.

⁵²⁵ PDSA response to Remedies Working Paper, p 23, noting that it flagged consideration for ensuring this measure does not unduly increase administrative burden on operators within the market.

⁵²⁶ VCMS response to Remedies Working Paper, pp 8-10

⁵²⁷ Which? response to Remedies Working Paper, p 4.

10.109 We have taken these views into account when considering how this provisional remedy would be designed. As outlined in part A, section 14, we have also looked to other professional regulators which are required to discharge and balance various considerations when discharging their duties, including ones which explicitly refer to a consumer and/or competition duty.

Balancing duties

10.110 The consumer and competition duties we are provisionally recommending are not a replacement of the RCVS's existing duties relating to animal welfare and public health but supplementary obligations. We do not expect these new duties to outweigh those pre-existing duties relating to animal welfare and the public interest. For the reasons described above we consider that the promotion of pet owner interests and competition is consistent with, and in many cases supportive of, objectives relating to animal health and welfare.

10.111 We note that some regulators receive strategic steers, directions, and guidance from the government, usually from their sponsoring departments.⁵²⁸ It could be beneficial for government, when considering our provisional recommendation on the consumer and competition duties, to consider these strategic guidance tools.

Governance and structure of the regulator

10.112 In part A, section 14 we outlined the ways in which the current governance and structure of the RCVS mean that, in our provisional view, it cannot discharge its regulatory functions as effectively as it otherwise might.

10.113 We have provisionally identified problems with the veterinary services market and have designed a package of remedies to help ensure it functions better. New legislation, which would include the governance of a regulator, should be designed to ensure that a well-functioning veterinary market is sustainable. The governance and structure of the veterinary regulator must be designed in a way that allows the regulator to perform its roles successfully and without impediment, and not be weakened by foreseeable and avoidable difficulties.

10.114 The effectiveness of the reform proposals we are provisionally recommending could be undermined by any of the following:

⁵²⁸ For example, [section 77 of the Higher Education and Research Act 2017](#) gives the Secretary of State power to give the Office for Students general directions about the performance of any of its functions. Other examples can be found in: [House of Lords, Industry and Regulators Committee, Who Watches the Watchdogs? Improving the performance, independence and accountability of UK regulators. HL Paper 56](#), p 21 (accessed 3 October 2025) which explains that many regulators now receive a strategic steer, strategic policy statement or remit letter which can set out the government's priorities in the areas they are responsible for.

- (a) lack of a clear and well-communicated regulatory purpose which can be trusted by both the public and profession;
- (b) lack of sufficient and protected funding to ensure effective operation of the regulatory function;
- (c) lack of suitable expertise within the organisation tasked with carrying out regulation;
- (d) conflicts of interest among those carrying out the regulatory function; and
- (e) regulatory processes taking too long or being overly burdensome.

10.115 We have therefore provisionally decided that we will recommend a series of operational principles to guide the design of a veterinary regulator, in order to reduce the risk of these problems occurring under a new regulatory framework.

Operational principles for the governance of a veterinary regulator

10.116 To regulate effectively the modern veterinary sector in the UK, we provisionally consider that there must be a significant redesign of the internal structure and governance of the regulator, with new legislation in place to provide the regulatory function with a secure, statutory underpinning. This vet regulator must be independent and appropriately equipped and resourced so it can regulate effectively in the public interest.

10.117 We therefore are minded to recommend the following set of operational principles, designed to guide the design of a regulator and ensure our legislative recommendations can be, and remain, effective.

10.118 The governance structure of the regulatory function should include:

- (a) **Strategic and operational independence for regulatory matters, accompanied by a clearly articulated and well-communicated purpose.** There should be no crossover between the membership of regulatory boards, councils, committees, or working groups with those holding responsibility for professional leadership (ie regulatory activities should be independent from professional leadership issues). This is necessary in order to prevent any real or perceived conflicts of interest.
- (b) **Ringfenced and guaranteed funding for regulatory functions.** This funding would likely come from annual fees for individual registrants and veterinary businesses, which fund the regulation of individual professionals and veterinary businesses respectively. If the regulatory function were to sit within the structure of a wider Royal College, there should be robust foundational documents which prevent funding streams being approved,

granted, or controlled by a top-level board above the regulatory arm, as this would in effect breach the independence of the regulatory function.

- (c) **Reduced size of boards and redesigned committee structure.** Regulatory work is more effective when it can be completed in a timely way. Board size should be reduced, and committee structures streamlined, to enable more agile working. The board of the regulatory function should nevertheless remain accountable, with no final decision making delegated to subordinate committees.
- (d) **Membership of the governing board and committees comprising the appropriate expertise required to achieve their objectives.** We would expect the number of lay members to be at least equal to that of professional registrants. Lay members, who are those not registered as regulated professionals nor eligible to be, bring invaluable experiences and perspectives, and help ensure that regulatory bodies are seen to be independent of their regulated professions. Lay parity would not alone guarantee appropriate independent oversight; the memberships of boards and committees would need to contain the appropriate expertise for their function, and this balance would likely differ between boards and committees given their different roles and responsibilities.
- (e) **Appointment of board members, as opposed to election by registrants.** Board members are not there to represent those who are regulated, and should instead be selected to carry out, using their expertise, the different roles and responsibilities required of their position.
- (f) **Clear articulation and design of the role of a chairperson, to ensure they are not seen as a figure of professional leadership.** A regulatory chairperson, who could be (or was required to be) a lay person, would be hindered in the operation of their role if they were seen as a president for the profession or 'chief vet'. A lay chair can be, both symbolically and in practice, an important element in demonstrating independence from the profession, and would be particularly beneficial if there were lay and professional parity on the regulatory board. Given the complexity and high-profile nature of the regulatory function, the chairperson would also benefit from their term of office being for several years.

Potential structures of the regulator

10.119 As discussed in part A, section 14, professional and business regulators are typically separate from professional leadership bodies. If government were designing the regulatory framework from a blank slate, we would expect to see the veterinary regulator established separately from any professional leadership or 'Royal College' bodies. Separation of these two functions into distinct

organisations would likely ensure that our provisional operational principles of governance could be clearly established within the regulator.

- 10.120 On the other hand, we recognise that the identity of being a member, fellow, or associate of the RCVS is of great importance to many vets and vet nurses, who take their work to protect animal welfare, enshrined in their oath, extremely seriously. We also note that the veterinary professions are considerably smaller than many others, and that it has been suggested that the long-term feasibility of a separate, voluntary Royal College could be at risk if the two functions of professional leadership and regulation were completely separated. In addition to maintaining a sense of identity for members and associates of the college, there may be practical and financial reasons why preserving a 'Royal College that regulates' may be desirable.
- 10.121 Our recommended set of operational principles for an effective veterinary regulator may be compatible with a 'Royal College that regulates' structure. Government may consider this model for, at least in part, the reasons stated above.
- 10.122 However, we believe our operational principles are vital to ensure the effectiveness of new legislation and the regulatory regime that would exist under it. We are therefore minded to recommend that, should these principles be at risk, or be considered too complex to be delivered within a single organisation, government should instead adopt a more comprehensive approach and separate the regulatory and Royal College functions into distinct bodies, structurally as well as functionally.
- 10.123 We note that many other sectors have seen the governance and structures of their regulators change, so that their regulators are appropriately equipped to carry out their work and that professions and the public can have trust and confidence in them. As noted in part A, section 14, the Royal Pharmaceutical Society of Great Britain, for example, was split into the Royal Pharmaceutical Society and the General Pharmaceutical Council in 2010.⁵²⁹ In a similar vein, the Legal Services Act 2007 required legal services regulators to be given strategic and operational independence from any representative or professional leadership function.⁵³⁰ The Solicitors Regulation Authority was established as a formal but independent arm of The Law Society. There are other examples of models of regulatory independence being adopted in other professional services sector and we would encourage government to have regard to these when considering the design of the veterinary regulator in a reformed regulatory regime.⁵³¹

⁵²⁹ By the [Pharmacy Order 2010](#).

⁵³⁰ [Legal Services Act 2007](#).

⁵³¹ For example, most healthcare professions have had regulatory and professional leadership functions carried out by different bodies for decades. The General Medical Council and Royal College of Surgeons of England, for example, have existed since the nineteenth century. Other medical royal colleges are even older. It is also the model in other professions such as architecture, where the Royal Institute of British Architects and the Architects Registration Board

Practical considerations

- 10.124 It is not our intention to recommend in extensive detail what the internal structure of the regulator should be. However, it is worth reflecting on several practical considerations that emerge from our recommended operational principles.
- 10.125 One question is where the regulatory function should 'sit'. In order to maintain its strategic and operational independence, it would be necessary for the regulatory function to have its own board, with its purposes and responsibilities clearly articulated. If the regulatory function were within an organisation that also held professional leadership responsibilities, membership of this board would have to be separate from any councils or committee structures tasked with professional leadership responsibilities.
- 10.126 Government may prefer a structure where a strategically and operationally independent regulation arm is kept under a small, top-level board. If carefully designed and managed, this could be appropriate. The top-level board could have a role in receiving annual reports from the regulatory arm, so long as the top-level board could not direct it, nor control its access to the funds or personnel required to carry out its regulatory role. The top-level board would likely be a small number of appointed non-executive members, rather than a board of representatives or veterinary professional leaders.
- 10.127 We are considering recommending that if a regulatory board were to sit underneath a top-level board, that regulatory board would have its foundation, purpose and funding established in primary legislation, in order to provide it with the necessary operational and strategic independence required to perform its job effectively.
- 10.128 Beyond our recommendation that a regulatory board should be established in primary legislation, we do not intend to outline precisely how different aspects of regulatory reform would be enacted through primary or secondary legislation. We consider it sensible for government to draft primary legislation in a way that allows for flexibility, to ensure that an Act is future-proofed for inevitable change in the veterinary sector over the coming decades.
- 10.129 However, detail as to the structural framework for the regulator and its governance which is not included in primary legislation should be set out in secondary legislation. It would be for ministers to decide on the content of future secondary legislation in consultation with the regulator, sector stakeholders, and the general public. It would be inappropriate to give the regulator the power to structure itself, or for governance details to be decided by the regulator and placed into secondary

perform the two roles. For surveyors, RICS houses both professional leadership and regulatory functions, with the latter conducted by an operationally independent board that sits within the wider structure of the Royal Institution.

legislation without first being subject to government-led consultation and Parliamentary scrutiny.

Professional leadership

10.130 The focus of our recommendation to government is regulation and how inadequate governance could hamper the effectiveness of a new regulatory system under primary legislation. However, it is worth noting that it may be undesirable for professional leadership to be restricted by being carried out or overseen by those who are also directly responsible for regulation. Clearer articulation and operational independence of these two functions may allow both to benefit.

10.131 A vital part of a well-functioning veterinary market is a motivated, valued, and well-supported veterinary profession. Veterinary professionals being members or associates of a Royal College can play a key role in this. In 2013, the 'First Rate Regulator' report commissioned by the RCVS recommended that the college 'should consider whether and, if so, how it should develop a more coordinated approach to activities synonymous with a Royal College'.⁵³²

- (a) Councils for the professional leadership of veterinary surgeons, veterinary nurses, and other allied professionals could be housed within a Royal College structure and underpinned by a royal charter. These would need to sit separately from any regulatory responsibility.
- (b) Given the strategic and operational ringfencing of the regulatory function, professional leadership councils could be free to develop different governance arrangements, including some elected positions in keeping with other healthcare Royal Colleges. This may allow the professional leadership function to grow in prominence in future years.

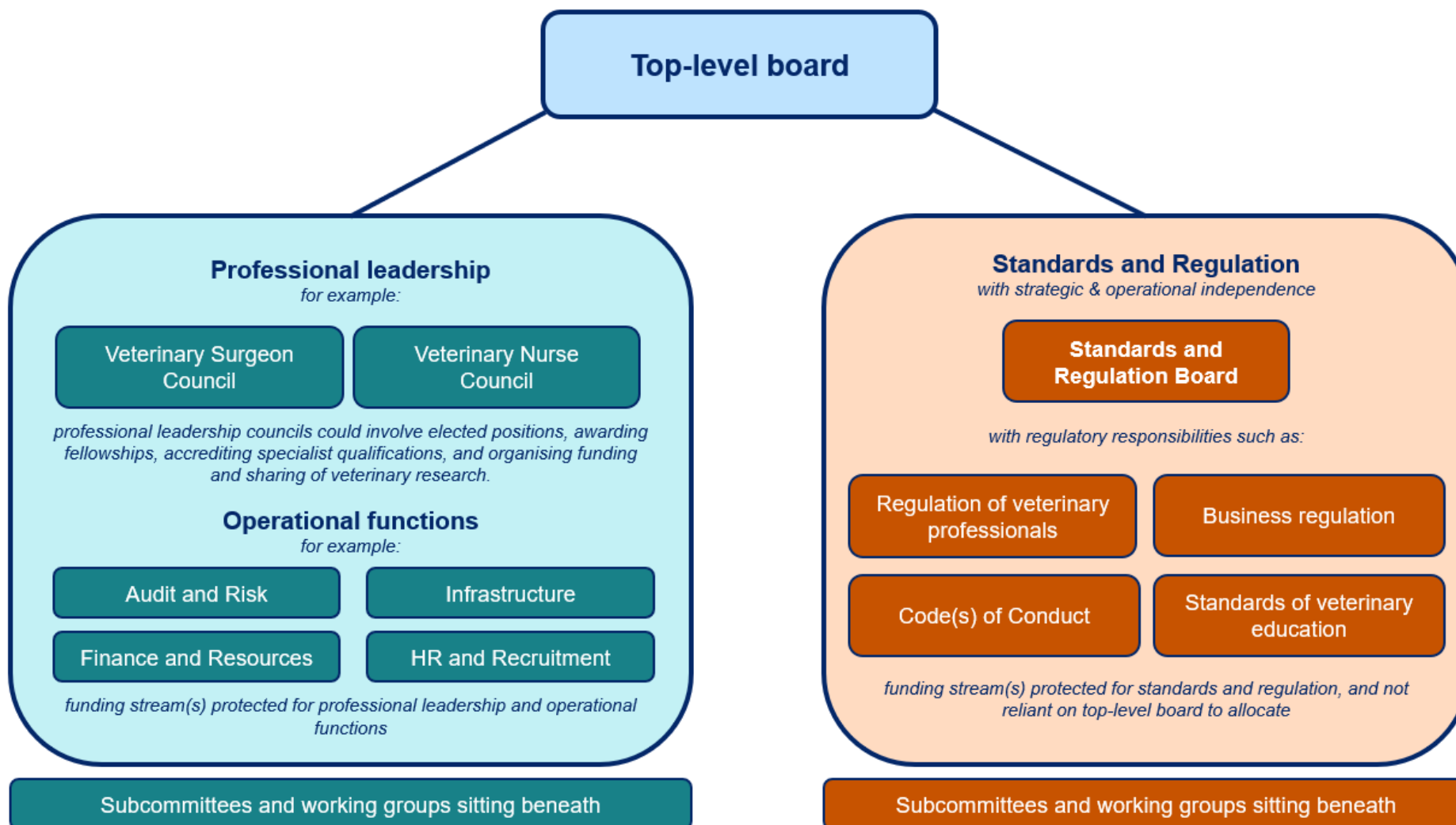
How our operational principles could guide the structure of the regulator

10.132 We have included two high-level illustrations to suggest how these models could look in practice. Other functions outside regulation, such as professional leadership, are included for illustrative purposes only; the focus of this section is regulation.

10.133 Our two diagrams are intended to provisionally show how our operational principles *could* be met, not how we think they *should* be met. The diagrams depict both models discussed in this section: a single organisation housing both regulatory and professional leadership functions, and two separate organisations housing these functions respectively.

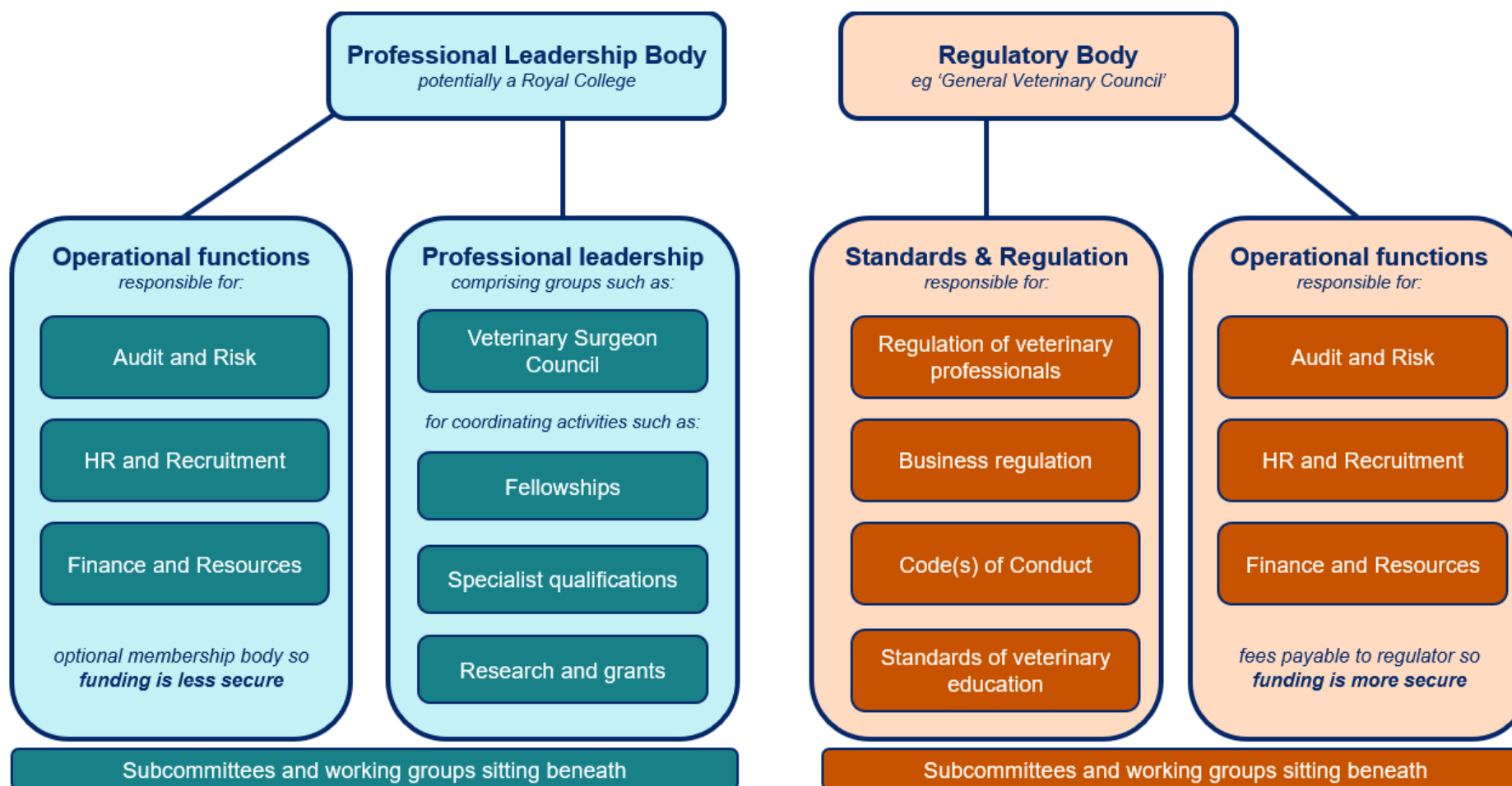
⁵³² Sally Williams & Associates (2013), [First Rate Regulator Initiative: Recommendations](#), p 9 (accessed 3 October 2025).

Figure 10.1 A high-level illustration of a single organisation housing both regulatory and professional leadership functions



Source: CMA

Figure 10.2 A high-level illustration of two separate organisations for regulatory and professional leadership functions



Source: CMA

Remedy implementation issues

10.134 The key remedy implementation issues, for our regulatory reform remedy as a whole, are:

- (a) the method and timing of implementation;
- (b) monitoring and enforcement; and
- (c) cost of implementation and how the regime should be funded.

Method and timing of implementation

10.135 We are provisionally proposing to implement the remedy by making a recommendation to government because we consider that primary legislation would be necessary to establish a regulatory framework that enables all the features described in this section. Such recommendations do not bind the person to whom they are addressed. However, the UK government has committed to issuing an official response to CMA recommendations within 90 days of publication of the CMA's final decision with a presumption that it will accept the recommendations unless there are compelling policy reasons not to do so.⁵³³

10.136 Updating the regulatory regime would require the UK government to consult on recommendations with the Scottish Government, Welsh Government and Northern Ireland Executive because the regulation of the provision of veterinary care is, to differing degrees, a devolved matter.⁵³⁴ We are mindful of the devolution of powers and the fact that participation in any proposed new regulatory regime covering more than one UK nation requires the consent of each devolved nation. Currently the Veterinary Surgeons Act 1966 (**VSA**) applies to the whole of the UK and the RCVS is the sole regulator of vets and vet nurses in the UK; the Scottish Government, Welsh Government and Northern Ireland Executive have not to date legislated separately in this area.

10.137 We consider that a single UK-wide regulatory framework for veterinary services is preferable to a model involving multiple, potentially divergent, regulatory frameworks across the nations. A single regulatory regime is likely to be more cost-effective and therefore less expensive for end consumers, ensure consistency of regulatory approach and alignment of service standards across nations, provide predictability and certainty for businesses who own practices

⁵³³ [Strategic steer to the Competition and Markets Authority - GOV.UK](#), 15 May 2025 (accessed 3 October 2025).

⁵³⁴ In Scotland, the professions regulated by the VSA 1966 are reserved matters under Schedule 5 of the [Scotland Act 1998](#), but veterinary services are not a reserved matter. In Wales, the regulation of the profession of veterinary surgeon is a reserved matter under Schedule 7A of the [Government of Wales Act 2006](#) (as amended by the Wales Act 2017), but veterinary nurses and veterinary services are not reserved matters. In Northern Ireland, veterinary services and the regulation of veterinary surgeons and veterinary nurses are not reserved or excepted matters under Schedules 2 or 3 of the [Northern Ireland Act 1998](#).

across the nations of the UK and minimise trade barriers within the UK internal market.

10.138 The timescale for implementing the remedy would be a matter for government. We recognise that the establishment of a new statutory regime for the regulation of veterinary services for household pets and the reforms proposed would require legislative change, which may take some time. However, given the strength of our concerns regarding the provisional AEC and related consumer detriment, we urge government to move promptly to implement our proposals in primary legislation.

10.139 We note that the scope of this market investigation is veterinary services for household pets and our recommendation to establish a new regulatory framework is limited to this remit. We recognise that reform of the VSA will likely cover a wider scope of veterinary services than that covered by our investigation and it will be for government to consider how this recommendation fits within wider reform.

Monitoring and enforcement

10.140 It would be for the bodies to whom we are directing our recommendations to establish an appropriate monitoring and enforcement framework, in light of our consideration of this issue as set out above.

Cost of implementation

10.141 A number of parties told us that reforming the regulatory framework may impose initial upfront costs as well as ongoing costs on businesses and the regulator. For example, CVS said that ‘increased self-reporting to, and monitoring functions of, the RCVS would require considerable funding. There is also a cost to FOPs of undertaking regular self-audits.’⁵³⁵ Which? told us that ‘introducing greater regulatory requirements for veterinary businesses...would present a significant administrative burden for practices to fulfil these requirements’,⁵³⁶ and the RCVS noted while automatic or online self-reporting would reduce regulatory burden, this may increase the cost and time to set up such a system for practices and the regulator.⁵³⁷

10.142 We recognise that there will be additional costs for government and industry participants as a result of the reforms envisaged in this remedy. This may include:

- (a) businesses incurring additional costs by:
 - (i) paying annual fees to the regulator;

⁵³⁵ CVS response to Remedies Working Paper, p 39.

⁵³⁶ Which? response to Remedies Working Paper, p 3. Which? noted that the potential overall benefit from practice-level regulation is such that it must be introduced notwithstanding these additional burdens.

⁵³⁷ RCVS response to Remedies Working Paper, pp 39-40.

- (ii) ensuring compliance with regulatory requirements⁵³⁸ and monitoring mechanisms;
 - (iii) dealing with higher levels of regulatory enforcement activities; and
 - (iv) contributing to the costs of sector redress mechanisms, such as mediation and adjudication schemes⁵³⁹;
- (b) the regulator incurring initial costs relating to:
- (i) developing new standards, rules, guidance and training for those it regulates;
 - (ii) investing in systems and processes to facilitate more effective monitoring; and
 - (iii) expanding its workforce to enable greater monitoring and enforcement activities and to satisfy new statutory duties;
- (c) government incurring some initial cost when developing amendments to the existing regulatory framework and introducing primary legislation.

10.143 We do not think the new regulatory requirements and monitoring mechanisms set out in this section will impose significant costs on vets and vet nurses.

10.144 As set out below, we provisionally consider the costs of implementing this remedy to be proportionate to the pro-competition benefits we expect it to deliver in the sector. There are several reasons why we think implementation costs will not be significant:

- (a) some of the requirements that we are provisionally recommending should apply to veterinary businesses under new regulation⁵⁴⁰ reflect those we are proposing to impose on businesses under a CMA Order. The regulatory reform remedy would put these pro-competition requirements from the CMA Order on a long-term statutory footing under an expert regulator. Those would be requirements that already applied to veterinary businesses such

⁵³⁸ The inclusion of substantive requirements relating to clinical standards, in addition to competition and consumer focused requirements, as part of new baseline requirements for businesses (Standards for Veterinary Businesses) would represent a substantial additional set of regulatory requirements that would not be covered by any CMA Order. This could involve significant costs to design and subsequently monitor and enforce and may be expensive for some businesses to implement (ie those which are not meeting currently these basic standards).

⁵³⁹ Some respondents to our Remedies Working Paper said that the redress scheme should be funded by veterinary businesses based on the number of complaints which are escalated to the scheme. For example, Which? response to Remedies Working Paper, p 10. Other respondents told us that a funding a system whereby practices pay a fee in respect of each complaint would be unfair and encourage complaint avoidance. For example, RCVS response to Remedies Working Paper, p 58.

⁵⁴⁰ Ie that they should feature as requirements within the Standards for Veterinary Businesses.

that the regulatory reforms would not be adding significant burdens and costs;⁵⁴¹

- (b) our proposed monitoring mechanisms are designed to limit the burden for veterinary businesses and professionals;
- (c) adopting an outcomes-based regulatory model so far as possible would increasingly provide flexibility for businesses in the way they achieve compliance with regulatory requirements and avoids a one-size-fits-all approach; and
- (d) the updated regulatory regime could be phased in over a transitional period, providing businesses and individual professionals with time to consider and implement new regulatory requirements.

10.145 The new regulatory regime could be funded through a combination of annual levies or fees imposed on veterinary businesses and registration fees for veterinary professionals. The cost of regulating veterinary businesses should be borne by those carrying on a veterinary business rather than through general taxation or contributions from professionals in the sector, while the regulation of vets and vet nurses could continue to be funded by their registration fees. A flat fee per individual premises could be charged to veterinary businesses, ensuring that their contributions to the costs of regulation accord with their size.

10.146 This method of funding the new regulatory regime was widely supported by stakeholders who responded to our Remedies Working Paper. Many respondents told us that the regulation of veterinary businesses should be funded by veterinary businesses, not by vet professionals.⁵⁴² Many stakeholders told us that any fee or levy imposed on veterinary businesses should be proportionate to business size.⁵⁴³

⁵⁴¹ However, as set out above, the clinical standards forming part of the new baseline requirements for businesses (Standards for Veterinary Businesses) would not be covered under a CMA Order and may involve substantial costs.

⁵⁴² For example, the BVA, BSAVA, BVNA, SPVS and VMG said that 'We feel strongly that such funding should not be borne by regulated professionals, individual vets and RVNs...Veterinary businesses should pay their fair share of costs...' BVA, BSAVA, BVNA, SPVS and VMG response to Remedies Working Paper, p 46.

⁵⁴³ For example, Paragon Veterinary Group said that 'Practice sized based fees or per FTE fees might be the fairest way of funding these.' Paragon Veterinary Group response to Remedies Working Paper, p 23.

Effectiveness and proportionality of the measure we are proposing to take forward

Effectiveness of the measure we are proposing to take forward

How the remedy works with other remedies to address the AEC and resulting consumer detriment

- 10.147 As we set out in paragraphs at the start of this section, our provisional view is that a replacement statutory regime for the regulation of veterinary services for household pets is required, in addition to the measures we propose to impose by CMA Order, comprehensively to address for the longer term the AEC and resulting consumer detriment we have provisionally identified.
- 10.148 Regulatory reform under primary legislation would complement the package of measures we have provisionally decided to impose by CMA Order and help promote competition and protect consumers while also safeguarding wider public interests such as animal welfare. These reforms would support pet owners to make more informed choices about the services they buy, while incentivising veterinary businesses to offer prices and a range of services that would better meet the requirements and needs of pet owners and their animals. They would improve the baseline quality standards in the sector by strengthening the protections provided by the regulation of the professional conduct of vets and vet nurses and extending these protections to cover the behaviour of veterinary businesses.

Implementation, monitoring and enforcement

- 10.149 We have provisionally decided to make this recommendation to government since primary legislation is required to deliver an effective and proportionate regulatory regime on an enduring basis. An appropriately empowered and experienced regulator would be required to oversee regulation in the long term.
- 10.150 We have set out in this section what monitoring and enforcement mechanisms we would expect to see as part of an effective regulatory framework. However, the detailed monitoring and enforcement of the remedy would be a matter for government to determine.

Timescale over which the remedy will take effect

Time taken to implement remedy

- 10.151 The timescale for implementing the remedy will be a matter for government. However, we consider that prompt legislative reform is necessary to ensure the

ongoing promotion of competition and the ongoing protection of pet owners in the context of a significantly changed market.

Time taken for remedy to take effect

- 10.152 The implementation of the remedy is dependent on our recommendation being acted upon and the actions we expect to follow from our recommendation coming into effect.
- 10.153 Once legislation has been introduced, and a new regulatory framework has been designed and established, we would expect most parts of the regime to start having an impact on the competitive process and outcomes for pet owners immediately. Veterinary businesses would already be subject to, and complying with, the requirements we would impose on them by CMA Order in this investigation, and which we recommend are transposed into the reformed regulatory framework. We expect that, to the extent necessary, businesses would improve their standards in line with new regulatory requirements so that they perform adequately when monitored by the regulator and avoid sanctions for non-compliance. The regulator would have appropriate powers to monitor and enforce against businesses which do not comply, thereby driving regulatory compliance and improving choice for pet owners. Where appropriate, pet owners would be able to escalate their complaints to mediation or thereafter some form of independent redress scheme which would provide them with a binding outcome. We would expect this initial impact to grow over time as the regulator begins to exercise its functions independently and while considering its competition and consumer duties.

Consistency of the remedy with other laws and regulations

- 10.154 We note that Defra has been considering new primary legislation to reform the regulation of the veterinary services market. We envisage that the measures proposed by this recommendation would be consistent with, and form part of, the wider regulatory framework being considered by government. We consider that the remedy proposals would be consistent with consumer protection legislation. There would be no conflict with any CMA Orders we make in this investigation (since we propose that the contents of those Orders be transposed into the reformed regulatory framework).

Provisional conclusion on the effectiveness of the measure we are proposing to take forward

- 10.155 A reformed regulatory framework with the aspects and characteristics we have described would, in our provisional view, remedy the deficiencies we have identified in the existing regulatory framework and, by doing so, help to address

the other features we have provisionally identified as contributing to the AEC. We provisionally conclude that our proposal represents an effective remedy, or part of an effective package of remedies, to the AEC and the resulting consumer detriment that we have provisionally identified.

Proportionality of the measure we are proposing to take forward

Effectiveness

10.156 As explained above, we think that the remedy would be effective in remedying the AEC and the resulting consumer detriment we have provisionally identified.

No more onerous than necessary

10.157 We provisionally consider that the remedy is no more onerous than necessary to achieve as comprehensive a solution as is reasonable and practicable to address the problems we have provisionally found in respect of the current regulatory framework.

10.158 In response to our Remedies Working Paper some respondents were concerned that a reformed regulatory framework would impose a disproportionate administrative burden on independent practices, while the LVGs have more capacity to absorb revised regulatory requirements.⁵⁴⁴ Respondents mentioned that a new regulatory framework could result in greater costs for those regulated to comply and for the regulator to monitor and enforce compliance. Stakeholders told us that some of these additional costs would likely be passed to consumers.⁵⁴⁵ However, stakeholders recognised that such costs were necessary to establish a more effective regulatory regime and that the benefits would outweigh the costs in the long term.⁵⁴⁶

10.159 In designing our provisional recommendation on regulatory reform, we have pursued a model which does not impose costs and restrictions on veterinary businesses and professionals that go beyond what is needed for the market to function well. For example, we propose:

⁵⁴⁴ For example, XL Vets said that 'Compliance time, staff training, software adaptation, and policy development represent a much larger proportion of operational capacity for independents than for corporates.' XL Vets response to Remedies Working Paper, p 66. Thrums Vets said that 'Increased regulation often brings disproportionate administrative burdens to small teams.' Thrums Vets response to Remedies Working Paper, p 31.

⁵⁴⁵ Linnaeus said that 'The extent to which practices are able to absorb further substantial costs is unclear and therefore they may ultimately be passed on to the pet owner.' Linnaeus response to Remedies Working Paper, p 61.

⁵⁴⁶ For example, the RCVS said that 'The RCVS recognises that any increased powers and obligations in a regulatory framework will incur greater cost for those regulated to comply, and for the regulator to monitor and enforce, but that this is necessary to establish a more effective regulatory regime.' RCVS response to Remedies Working Paper, p 57. Respondent 12 said that 'While a reformed regulatory system would likely introduce additional costs...these are acceptable provided they lead to a more transparent, consistent, and competitive market environment.' Respondent 12 response to Remedies Working Paper, p 29.

- (a) monitoring mechanisms which are based on self-declaration, to limit the burden on those to whom regulation applies;
- (b) entity regulation targeted at the business (ie organisational) level to drive compliance while minimising the burden for individual vet practices and the vets and vet nurses working in them;
- (c) a hybrid regulatory model which combines rules-based and outcomes-based approaches, but which proposes adopting the outcomes-based model wherever possible to enable greater flexibility for businesses to demonstrate compliance and protect innovation; and
- (d) a broad range of enforcement powers for the regulator, to enable it to deploy sanctions which are commensurate with the nature of the breach in individual cases and deter non-compliance in a proportionate manner.

10.160 Our recommendations aim to replace an ineffective and outdated system of regulation with an effective and proportionate one that promotes competition and good outcomes for pet owners and that enables businesses to compete fairly and efficiently and to grow.

10.161 We note that the measures we have outlined for regulatory reform are standard parts of, and have been tried and tested as part of, the regulatory frameworks for other professional services markets.⁵⁴⁷

Alternative remedy options

10.162 We have not been able to identify an alternative remedy that would be both less onerous and similarly effective in remedying the AEC and resulting consumer detriment that we have provisionally found.

10.163 Following stakeholder responses proposing mandatory participation in the PSS,⁵⁴⁸ we have assessed whether ordering all vet practices to participate in the PSS would be an effective and proportionate alternative to remedy some of our findings. We provisionally decided that it would not be for several reasons.

- (a) In terms of effectiveness, the CMA could not:

⁵⁴⁷ The CQC regulates entities which provide human healthcare services and the GPhC regulated pharmacy premises. The GPhC requires individuals and pharmacies to renew their registration on an annual basis. GPhC, [Revalidation Framework](#) (accessed 3 October 2025). GPhC, [Pharmacy renewal user guide](#) (accessed 3 October 2025). The sanctions available to the CQC where a registered provider has breached the regulations include cancellation or suspension from the register, conditions, and issuing warning notices. CQC, [Stage 3: Selecting the appropriate enforcement action - Care Quality Commission](#). Other sectors which feature a binding independent redress scheme are described in this section, subsection Complaints and redress.

⁵⁴⁸ Respondent 27 response to Remedies Working Paper, p 17. VetPartners response to Remedies Working Paper, paragraph 6.1. Respondent 11 response to Remedies Working Paper, p 14.

- (i) give the RCVS the monitoring and enforcement powers it would need to properly enforce the PSS. Parliament would need to grant those powers, as part of a statutory jurisdiction over veterinary businesses that the RCVS does not currently have; or
 - (ii) remedy the PSS' bureaucratic and input-focussed nature or the costs of compliance, which we described in part A, section 14. We would need to review and, in effect, re-write the provisions of the PSS and this would be outside the CMA's competition jurisdiction.
- (b) In terms of proportionality, we note that:
- (i) we have provisionally decided to impose a set of pro-competition requirements on veterinary businesses under a CMA Order and (unlike the RCVS) we can enforce these requirements. We consider these obligations necessary from an effectiveness perspective. Accordingly, it is arguably unnecessary – and therefore disproportionate – to seek to incorporate these requirements into the PSS (which the RCVS cannot enforce); and
 - (ii) the PSS contains a broad range of requirements relating to clinical standards, patient safety etc. It has been suggested that some of these may be necessary to ensure the effectiveness of our competition remedies (eg to prevent a 'race to the bottom' in the context of greater price competition). However, existing professional standards regulation, including the Code and Guidance, mitigate against a decline in clinical standards and our proposals for regulatory reform, including a baseline quality standard, is a more proportionate approach to addressing any such concerns.

10.164 Moreover, for the reasons listed at paragraphs at the start of this section, we consider that replacing the existing regulatory system with a new and effective statutory regime for the regulation of veterinary services for household pets is essential, in addition to any measures the imposed by CMA Order, comprehensively to address the AEC provisionally identified. The best long-term solution for ensuring vet services are supplied in a way that serves the public interest in animal welfare, public health and the environment, and also in the promotion of competition and the protection of consumers, is wholesale regulatory reform supported by primary legislation.

Proportionality of any adverse effects

10.165 In reaching the provisional decision to recommend this remedy, we have considered the potential effects (both positive and negative) on those most likely to be affected by it. We recognise there will be implementation and ongoing costs

arising from the measures we are proposing. However, we provisionally consider that the associated costs for, and adverse effects on, veterinary businesses, veterinary professionals or regulatory bodies are not disproportionate to the competition benefits that will result from reforming the regulatory framework in the manner set out.

10.166 We are proposing a regulatory model which imposes minimum necessary burden to achieve its aims of protecting animal welfare and public health while promoting competition and consumer protection. Our recommended reforms would replace an ineffective and outdated system of regulation with an effective and proportionate regulatory framework which promotes competition, protects consumers and enables businesses to compete fairly and efficiently to grow.

Provisional conclusion on the proportionality of the measure we are proposing to take forward

10.167 We provisionally conclude that our recommendations for regulatory reform, as part of a package of remedies, represent a proportionate solution which would address the AEC and resulting customer detriment that we have (provisionally) found to result from shortcomings in the existing regulatory framework and from other features of the market for veterinary services for household pets.

10.168 It would however be for government, once it has finalised proposals for specific legislative provisions to establish the new regulatory framework, to undertake a more detailed and comprehensive assessment of the impact and proportionality of these measures.

11. Effectiveness and proportionality of our proposed remedies package as a whole

- 11.1 We have provisionally decided on a package of remedies which we consider would be effective and proportionate, both separately and in combination, to address the concerns we have identified in part A. These remedies are set out in part B, sections 3 to 10 above and summarised in part B, section 1.⁵⁴⁹
- 11.2 In these earlier sections, we have considered the contribution that each of the components makes to the effectiveness of our proposed remedies package and their proportionality in meeting this aim. In this section we assess the effectiveness and proportionality of our proposed remedies package taken as a whole.

Effectiveness of the proposed remedies package

- 11.3 Following the framework set out in part B, section 2,⁵⁵⁰ we consider the following when assessing the effectiveness of the proposed remedies package:
- (a) how the remedies work together to address the AEC and resulting consumer detriment we have provisionally found;
 - (b) the extent to which the remedies are capable of effective implementation, monitoring and enforcement;
 - (c) the timescale over which the remedies would take effect; and
 - (d) the consistency of the remedies with existing and anticipated future laws and regulations.
- 11.4 We consider each of these in turn.

How the remedies address the AEC and resulting consumer detriment

- 11.5 In our assessment of the individual remedies, we explained how each component of our proposed package would address the AECs and resulting customer detriment we have provisionally found. In this section, we summarise how the remedies would work together to achieve this.
- 11.6 The proposed remedies can be grouped into various themes: measures to empower pet owners when they choose vet services (principally driven by

⁵⁴⁹ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform. Part B, section 1: Introduction to Part B, (remedies).

⁵⁵⁰ Part B, section 2: Remedies: framework, form and implementation.

increased transparency); measures to remove barriers to pet owner engagement and competition; and improvements in the regulatory framework.

Measures to empower pet owners when making choices

- 11.7 One key feature of the market contributing to the AEC we have provisionally found is that pet owners do not have the information they need to make informed choices about what is best for them and their pet. The ability of consumers to make informed choices is a key driver of competition between businesses, which have to respond to the choices consumers make. Where consumers cannot make those choices, because they do not have the information they need, competition is dampened. The remedies we propose would, in our provisional assessment, work together to ensure pet owners are given what they need to make the choices that would drive better competition.

Information on ownership and transparency

- 11.8 Transparency of business ownership, together with increased transparency of FOP, referral centre and pet crematoria pricing information and business information would support customers in choosing the FOP, referral centre, crematorium and medicines provider that best meets their needs and budget.

Ability to compare FOPs directly

- 11.9 These measures and associated impacts would be strengthened and supported by the development by the RCVS of an enhanced version of its Find a Vet platform, as well as by ensuring that third-party providers of comparison tools could access the necessary information provided to the RCVS to enable such third parties to develop alternative comparator tools.

Survey to highlight customer experiences

- 11.10 The proposed requirement for the RCVS to commission and publish the results of two-yearly group-level pet owner satisfaction surveys, overseen by the CMA, would provide information to customers on the pet owners' views of their existing providers of veterinary services, at a group level. Pet owners (current and prospective) could use this information on service quality as another factor in making their choice of veterinary service provider.

Better pricing information when choosing treatments and services

- 11.11 The requirement to provide pet owners with a written estimate for higher cost treatments, and the requirements for increased transparency of pet care plans, would help pet owners have pricing information in a form that enables them to

make a considered decision about the services they buy. Itemised bills would allow them to understand what they have been charged for and how that compares to the price estimates they were given, and help them make choices about the FOPS and other services they use in future.

Increased awareness of the ability to purchase medicines online and potential savings

- 11.12 Increasing pet owners' awareness of the option to request a written prescription and the savings that could be made online – as a result of various measures which address this – would enable more pet owners to directly benefit from lower medicine prices online. These measures would also increase competitive pressure on FOPs, which may lead them to reduce medicine prices in order to compete effectively.

Clear information on end-of-life options

- 11.13 Requiring all veterinary businesses to ensure their FOPs include an option of communal cremation, together with a requirement to make pet owners aware of the options available to them when a pet reaches the end of its life (including pricing information), would ensure that pet owners are better placed to make well informed decisions at what can be a stressful and vulnerable time.

Measures to remove barriers to engagement and competition

- 11.14 It is also important that pet owners are able to act on the information they are given and to protect their interests. That is of particular importance given that they have a special relationship with their vet, who is an expert professional and has a gateway role in relation to many of the services they will need. Pet owners rely on and trust their vets. Where services are provided in a business-to-business market, as is the case with outsourced out-of-hours (OOH) provision, it is also important that FOPs do not face undue hurdles in their choice of provider. Any barriers to the choices customers make, whether pet owner or FOP, or to their ability to exercise their rights, can dampen the incentives those providing services have to compete on price and quality. The following remedies would, in our provisional view, reduce those barriers and increase those incentives.

Ensuring that there are no barriers to vets recommending the most suitable course of treatment

- 11.15 Our remedy to require all veterinary businesses to have policies in place, including appropriate training, to ensure that vets and vet nurses are able to follow the RCVS Code and Guidance when recommending treatments and referrals, would ensure that business practices or vets' lack of experience in presenting options

should not prevent pet owners from being presented with options in a way that enables them to choose the treatment that is best for their (and their pet's) circumstances.

Making it easier to get and use a written prescription

- 11.16 The medicines market opening remedies we are proposing would support the measures to increase pet owners' awareness of the ability to purchase medicines online and the savings that could be made. Providing pet owners with the option to choose the default for whether they are provided with a written prescription for repeat medications would address pet owners' inertia around purchasing medicines through the more expensive in-FOP channel. These measures would support those we are proposing to make pet owners more aware of the option of – and potential benefits of – a written prescription.
- 11.17 The requirement to provide pet owners with a written prescription promptly, and the requirement for veterinary businesses whose FOPs sell own-brand medication to include information on branded equivalents and say that these are available from third parties, would reduce barriers to pet owners choosing to purchase medicines online. The RCVS hosting information on the written prescription process, including a list of authorised pharmacies that provide medicines for small animals and how to use them, would further aid pet owners. Our cap on fees for providing a written prescription would ensure that unreasonably high charges do not deter pet owners from requesting a prescription to use online and that the effect of medicines market opening remedies is not circumvented.

Making it easier for pet owners to complain

- 11.18 Requiring all veterinary businesses to have an in-house complaint system and ensuring that pet owners are better informed about the options available to them if they wish to complain, would help ensure that incidents where complaints are justified are appropriately considered by the veterinary business. The requirement for veterinary businesses to engage in mediation in good faith would ensure that veterinary businesses cannot avoid participating in a mediation process where the customer would like to do so to help resolve a complaint.
- 11.19 Linked with the above, we consider that the RCVS collecting, analysing and publishing data and insights on the complaint data to be provided to it, would support continuous learning and improvements in the sector, to the benefit of pet owners and their pets.

Making it easier for FOPs to switch OOH provider

- 11.20 Limiting the notice period in OOH contracts to 12 months would reduce the barriers to FOPs switching OOH provider and allow FOPs to find a new supplier if

they were dissatisfied with the quality or prices being offered to the clients of the FOP when using these services.

Future regulatory reform

- 11.21 Given the expert nature of the professional services vets provide to pet owners, and the public and commercial interests those services pursue, an effective system of regulation is, in our provisional assessment, an essential part of a well-functioning market for veterinary services. The significant role that veterinary businesses play in determining how vet services are delivered means that, in our provisional view, it is essential that the regulatory regime applies to businesses as well as individual veterinary professionals.
- 11.22 Reform of the existing statutory regime for the regulation of veterinary services in the UK would help address the (provisional) AEC to which the current poorly designed and ineffective regulatory framework contributes. That framework, in our provisional view, lacks the substantive requirements, and monitoring, enforcement and redress mechanisms necessary to support the competitive processes and outcomes we would expect in a well-functioning market. A reformed framework would support pet owners to make informed choices about the services they buy, while incentivising veterinary businesses to offer prices and a range of services that would better meet the requirements and needs of pet owners and their animals.
- 11.23 Our recommendation to government⁵⁵¹ is, in our judgement,⁵⁵² essential to ensuring that the AEC we have provisionally identified would be comprehensively addressed over the long term. The reform of the existing statutory regime would complement the package of measures we have provisionally decided to impose by Order and help promote competition and protect pet owners while also safeguarding wider public interests such as animal welfare.

Implementation, monitoring and enforcement

- 11.24 Our consideration of how the remedies could be implemented, monitored and enforced is set out in in general terms in part B, section 2 and in our assessment of each of the proposed remedies in part B, sections 3 to 10 above.⁵⁵³ In

⁵⁵¹ These elements are: to include veterinary businesses within the scope of regulation; that the regime be more outcomes-based rather than rules-based; that the regime sets baseline measures of quality and also provides for relative quality to be measured; that the regulation of veterinary professionals be strengthened; the introduction of more effective monitoring and compliance arrangements; reform of the approach to complaints and redress (beyond the requirements in relation to complaints and redress which we are proposing to introduce through a CMA Order as part of this market investigation); the introduction of a consumer and competition duty for the regulator; and a revised form of governance and structure for the regulator to ensure that the regulator can effectively discharge its regulatory functions.

⁵⁵² If all elements were to be implemented by the government in response to our recommendation.

⁵⁵³ Part B, section 2: Remedies: framework, form and implementation, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6:

summary, we provisionally conclude that the remedies are capable of being effectively implemented, monitored and enforced. In relation to the monitoring of the remedies that we would put in place through a CMA Order on veterinary businesses, we would look to work with the regulator, the RCVS, to undertake the remedies monitoring function, as discussed in part B, section 2.⁵⁵⁴ The CMA would be responsible for enforcing any CMA Orders we put in place.

Timescales over which the remedies would take effect

- 11.25 In assessing the timescale over which the remedies are likely to take effect, we have considered:
- (a) the time that it is likely to take to implement the remedies following publication of our final report; and
 - (b) the time that it is likely to take for the remedies, once implemented, to remedy the AECs and resulting consumer detriment.
- 11.26 We have set out in part B, section 2 the timelines which we are proposing between the CMA Final Order being made, or Undertakings being accepted, and the various proposed remedy requirements coming into effect.⁵⁵⁵ Our consideration of the timescales over which the remedies are likely to take effect is set out in our assessment of each of the proposed remedies, in part B, sections 3 to 10.⁵⁵⁶
- 11.27 As to the timeline for implementation of our remedies, we have taken into account the particular characteristics of the different types and sizes of businesses which would be subject to the proposed remedies. We have proposed timescales for implementation that, in our provisional judgement, would enable the remedies to be implemented as soon as is feasible, while imposing fair and proportionate requirements on different businesses.
- 11.28 We expect that the remedies would begin to have an effect shortly after initial implementation, as prescription fees are capped, complaints process are reformed and sufficient and timely information becomes available. We expect that the effect of the remedies package as a whole would intensify over time, for example as pet owners become more accustomed to the options available to them and are more able and empowered to exercise choice, and an effective complaints system

Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

⁵⁵⁴ Part B, section 2: Remedies: framework, form and implementation, subsection Implementation, monitoring and enforcement of remedies.

⁵⁵⁵ Part B, section 2: Remedies: framework, form and implementation, subsection Timescales over which the remedies would take effect.

⁵⁵⁶ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

would assist in ensuring that pet owners continue to receive a high quality of service.

- 11.29 For those remedies where we are proposing to make a recommendation, it would be for each body to which we make a recommendation – in particular the RCVS and government – to consider the extent to which it will act on our recommendation and the timeline for doing so. We consider that the RCVS could begin to act on any recommendations that we would make within a few months, though it would take a further period before the outcomes (such as a revised Code or Guidance) would be put into effect. For government to act on our proposed recommendation requires new legislation, which has a longer timescale, but we would urge it to act as swiftly as possible.
- 11.30 In this context we note that a feature which is critical to our findings of an AEC in this market is the inadequate current statutory regime for regulation of veterinary services and the need for this to be reformed. This finding is explained in detail in part A, section 14.⁵⁵⁷ We can put in place CMA Orders (or accept undertakings) that would remedy the AEC and its resulting detrimental effects. In the short term, pending regulatory reform, such CMA Orders would, in our provisional judgement, be essential. However, in the interests of pets, pet owners and the veterinary profession, and in the wider public interest, acting on our recommendation to reform the existing regulatory regime (in all of the areas we have identified as in need of improvement), would secure the benefits of those remedies for the long-term. It would put regulation that ensures the market works well in the hands of an expert professional regulator.

Consistency of the remedies with laws and regulations

- 11.31 We expect that our remedies would be consistent with existing or anticipated future laws and regulations. Our recommendations to government to reform the statutory regulatory regime include that the remedies we would put in place be made part of that regime.

Provisional conclusion on the effectiveness of the remedies package

- 11.32 We provisionally conclude that each remedy is effective in addressing different concerns we have identified, for the reasons set out in part B, sections 3 to 10.⁵⁵⁸ As set out in this section, our further provisional conclusion is that our proposed remedies would work together as a package to address the AEC we have provisionally found in the market for vet services for household pets. We

⁵⁵⁷ Part A, section 14: Regulatory framework for veterinary services.

⁵⁵⁸ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

provisionally conclude that our package would be effective in remedying the AEC we provisionally find in relation to outsourced OOH services.

Proportionality of the remedies package

11.33 To assess the proportionality of the remedies package, we have considered whether the remedies:

- (a) are effective in achieving their aims;
- (b) are no more onerous than necessary to achieve their aims;
- (c) are the least onerous if there is a choice of effective remedies; or
- (d) produce adverse effects which are disproportionate to their aims.

The remedies are effective in achieving their aims

11.34 As explained just above, we expect that the package of remedies would lead, over time, to the effective remedying of the AEC and resulting consumer detriment we have provisionally found.

The remedies are no more onerous than necessary to achieve their aims

11.35 In designing our proposed remedies, we have sought to avoid imposing costs and restrictions that go beyond what is needed for the remedies to be effective. We have sought to simplify some of the remedies we are proposing (compared to those we put forward in our Remedies Working Paper). We have, for example, proposed that the information veterinary businesses must ensure pet owners are given about written prescriptions and third-party medicines prices is general and easily provided. It is in our view nonetheless likely to be effective. We have proposed remedies that, where possible, build on existing processes and mechanisms that many veterinary businesses will have in place. We have designed the proposed remedies so that they would impose responsibilities on veterinary businesses which those businesses can oversee in respect of all their FOPs and other services they provide. In our consideration of the range of potential remedies, we have not found another remedies package that would be less onerous and equally effective in remedying the AEC and resulting customer detriment we have provisionally found. Where we have considered alternative remedies, we have assessed that they would represent more, rather than less onerous alternatives.

11.36 We provisionally judge that the benefits of the proposed remedies package are substantially larger than its potential cost. To inform our assessment of proportionality we have considered the different types of costs burdens that the

package of potential remedies would impose on the different businesses impacted and on the RCVS.

Veterinary businesses

11.37 Many of our proposed remedies would have an impact on veterinary businesses, particularly on those whose processes do not currently work as well as they could to support pet owners, for example in providing appropriate and timely information or having adequate complaint policies. In this section, we set out the types of activities and costs which different parties might need to undertake or incur in complying with our remedies package.

Actions which veterinary businesses would need to ensure that all of their FOPs carry out

11.38 In complying with our proposed remedies, veterinary businesses would have to evaluate their current systems and processes and change them where they did not comply with our remedies, as well as providing information to the RCVS. The actions needed would involve:

- **Ownership transparency:** where they are part of a group with more than one FOP, or provide FOP and other services, including online pharmacies, and where common ownership is not clear, changing signage, marketing materials and websites.
- **Information on websites:** updating websites to include information on services, prices, cremation options, information to assess the value of pet care plans (where offered), information on how to complain, information on the written prescription process and links to RCVS material such a list of approved online pharmacies.
- **Sharing information with the RCVS:** submitting an annual attestation that CMA remedies are being complied with (not applicable to veterinary business with only one FOP or site), information to populate the Find a Vet website, information on complaints received (applicable to a sample of veterinary businesses) and other information the RCVS may request in order to monitor compliance with our remedies.
- **Producing information materials:** producing a poster on medicines options for display, and information on services, prices and how to complain; producing digital communications to update the default for repeat prescriptions and informing pet owners about the ability to request prescriptions.

- **Amendments to PMSs:** making any changes necessary to accommodate the default option on prescriptions, the cap on the fee for a written prescription and (if not already common practice) to allow for itemised billing and written estimates for higher cost treatments.
- **Additional time in consultations and for administrative processes:** allowing for what we anticipate would be small additional amounts of time required during consultations to offer a written prescription (where appropriate) and provide a written estimate (where required). Allowing for administrative time to prepare the written (or digital) prescription, any written estimate (where required and if not already prepared in the consultation itself) and an itemised bill to the extent these are not happening already.
- **Review of policies and business practices:** to ensure that veterinary professionals are able to act in accordance with the RCVS Code and Guidance, as well as in relation to the duration and number of written prescriptions.
- **Resolving complaints:** publishing and providing pet owners with an in-house complaint process, following this process when a complaint arises and engaging in mediation when the pet owner's complaint is not resolved in-house and the pet owner wishes to take the complaint to mediation.
- **Clear end of life options:** (where not already offered) meeting the requirement to offer a communal cremation, to clearly explain the end-of-life options and offer time to decide.
- **Pet owner survey (LVGs only):** taking the small steps required to comply with the requirement to display the results of the two-yearly pet owner survey in practice and on websites.
- **Own brand medication (certain LVGs only):** changing the packaging for any own brand medication so that the active ingredient is clear, and informing pet owners of the branded equivalent.

Online pharmacies

- 11.39 Veterinary businesses operating online pharmacies as well as FOPs or other services would be required to publish information on their ownership so that pet owners can more easily discern ownership links between different brands or entities operating in the veterinary services sector. Where this is not currently clear, veterinary businesses would need to adapt their websites to reflect their ownership links.
- 11.40 Veterinary Medicines Directorate (**VMD**) authorised online pharmacies would have the option of being included in an RCVS list of pharmacies for small animals and

providing information to RVCS to inform pet owners about their delivery speeds and charges.

Referral centres

- 11.41 Businesses operating referral centres would be required to publish information on their websites, including service information and prices for certain services they offer (including end-of-life care). They would also need to provide this information to the RCVS for its Find a Vet website. This could involve updates to a website (where the information is not currently provided) and some time to collate and transmit information.
- 11.42 Where a veterinary business operates referral centres as well as FOP or other services, they would be required to publish information on their ownership (on websites, physical signage and other materials), again so that pet owners can more easily discern ownership links between different brands or entities operating in the veterinary services sector.

Cremation providers

- 11.43 Veterinary businesses operating crematoria as well as FOPs or other services would similarly be required to publish information on their ownership (on websites, signage and other materials) so that pet owners can more easily identify the ownership links between them.
- 11.44 Cremation providers would be required to publish pricing information for the services they offer direct to pet owners, including separating out costs for any optional add-ons.

Providers of out-of-hours services

- 11.45 Third party providers of out-of-hours services would need to ensure that any future contracts did not have notice periods of more than 12 months and, for any existing contracts which had notice periods of more than 12 months, write to parties to confirm that these longer notice periods would not be enforced and that termination charges could not be imposed when at least 12 months' notice had been given and served. Alternatively, they could amend those contracts.

Additional activities for the RCVS

- 11.46 As set out in earlier sections, there are various activities which we anticipate that the RCVS would undertake, either as a result of an Undertaking it provides to us or a CMA Order, or in consideration of a recommendation that we make. We are proposing to recommend that the RCVS carries out certain activities to support our remedies.

11.47 The activities that we propose to require the RCVS to undertake through a CMA Order, or via an Undertaking are:

- **Monitor compliance with certain CMA remedies:** receive and check annual attestations from veterinary businesses, conduct spot checks and communicate non-compliance to the CMA. The annual attestations would cover each business's compliance with remedies including: transparency remedies (such as information on ownership, price lists); requirements to provide a written estimate and itemised billing; the requirement to have a policy in place to support vets to follow the Code; all medicines remedies (such as on information provision, operating the default option, the price cap and own brand information); the requirements on cremations, and having a complaint process which met the specified criteria. Businesses could submit a single attestation covering all of their FOPs.
- **Expand Find a Vet:** Collate information from FOPs and referral centres and present it on Find a Vet; adapt and improve the search functionality of Find a Vet; review requests from third parties for the data collected for Find a Vet.
- Commission and publicise a **survey of pet owner experiences** (every two years).
- **Complaints:** Collect, analyse and regularly publish data and insights on complaints and use this to support continuous learning among veterinary businesses and professionals and inform the broader regulation of the market. Develop and publicise a decision tree to help pet owners navigate the different routes to redress when they have a complaint; continue to support a mediation process in the vet sector.
- **Develop and provide information for consumers:** on registered online (small animal) pharmacies and guides for pet owners on how to use them, on thresholds for getting written estimates.

11.48 We propose to recommend that the RCVS undertakes the following activities:

- Update the Code and Guidance, in particular to reflect our requirements for pet owners to be provided with a written estimate for higher cost treatments, and itemised billing.

Estimates of the costs of the remedies applicable to businesses

11.49 We do not anticipate that the costs of our proposed remedies on online pharmacies, referral centres, cremation providers or third party out-of-hours providers would be significant, as we would only require them to undertake a limited set of actions. We welcome specific evidence from these types of businesses of the likely costs of complying with our proposed remedies. Here we

therefore focus on the costs to veterinary businesses in respect of their FOPs. We consider several categories of costs. In this section we assess direct costs on the business from activities they would need to undertake and an industry levy to fund additional activities carried out by the RCVS. Later, we consider possible adverse impacts on smaller businesses that might arise as a result of our remedies.

Direct costs on businesses

- 11.50 In part B, sections 3 to 10 we set out our assessment of the costs to businesses of implementing and complying with the individual remedies and, as we set out below, we consider that the expected benefits from our remedies package would substantially outweigh the likely costs.⁵⁵⁹
- 11.51 The cost estimates are based on the information currently available to us. We have been able to quantify some of the costs which would be involved in our proposed remedies (as outlined in the following subsection); for other aspects we have produced a qualitative assessment based on the activities likely to be involved and our understanding of veterinary businesses' operations. We would welcome well-evidenced submissions on the costs of these remedies in response to this provisional decision report.
- 11.52 The nature and extent of these costs would vary depending on the specific remedy and on the processes in place in businesses when the remedies come into force. For many of the remedies, for example itemised billing and price lists on websites, we expect that businesses would be required to incur some low to moderate one-off initial set up costs, followed by relatively negligible recurring costs. For some remedies we may expect the initial one-off costs for some businesses to be more significant; for example, a business that does not already have in place an adequate in-house complaint process would need to make some initial expenditure to put in place arrangements which fulfil the proposed requirements (although it could make use of the template we are proposing to develop). For others, there are no monetary costs but some small potential impact on vets' time, such as the need to orally inform pet owners of the option to get a written prescription.
- 11.53 We recognise that our package of remedies would impose a cumulative set of costs on veterinary businesses. While we estimate that the costs of many of the individual remedies would be low, it is the cumulative cost of the package of remedies that is relevant to our assessment of its proportionality. We recognise

⁵⁵⁹ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

that the cumulative burden of the individual remedies to a business could be greater than the sum of the costs of the individual remedies.

- 11.54 However, we recognise that businesses could realise efficiencies arising from synergies from implementing individual remedies together in a planned and coordinated manner. We note in this connection that a number of the remedies would require veterinary businesses to add to mechanisms and processes most would likely have in place already. For example, most have websites, produce practice literature and pet owner communications, and operate a practice management system (**PMS**) or other patient record-keeping systems. These would be updated from time to time in any event. The costs of implementing the CMA remedies that involve these⁵⁶⁰ would in those cases be more in the nature of costs brought forward in time with some incremental sums added.

Industry levy to fund RCVS activities

- 11.55 The remedies applicable to the RCVS would have associated costs, such as additional staff time and investment in new IT processes. We have provisionally decided that these costs would be recoverable through a combination of the payment of professional fees and' from a levy imposed by the CMA on businesses.
- 11.56 We consider that the activities which relate to regulating veterinary businesses should be funded by a levy on these businesses, whereas those which are more closely related to the RCVS's professional leadership role and could be seen as an extension of its current activities might best be covered from professional fees levied on individual vets and vet nurses. We intend to work with the RCVS to evaluate which of the activities listed above should be in which category, but our provisional view is that activities such as monitoring a CMA Order on veterinary businesses, commissioning the pet owner survey, running the expanded Find a Vet website, funding the VCMS and gathering and sharing data on complaints should be funded by businesses, whereas updating the Code and Guidance might be more appropriately funded by professional fees.
- 11.57 In relation to the remedies we are proposing for the RCVS we have been working with and are continuing to work with it to develop our estimate of the costs the RCVS would incur to implement those remedies.
- 11.58 We have been able to develop quantified estimates of the costs of some of these remedies. For example, we estimate that the upper bound cost of the pet owner satisfaction survey would be in the region of £400,000 in the first year and lower in

⁵⁶⁰ For example, requirements to update FOP websites with pricing information and ownership information, requirements to produce written materials to inform pet owners about requesting written prescriptions and amending and updating pet owners' records in relation to repeat medication prescription defaults.

following iterations (with the survey to be repeated on a two-yearly basis). We have proposed that the costs of this survey, for the reasons set out in part B, section 2 would be recovered by the RCVS from LVG businesses only. If the cost was shared on a per FOP basis, this would equate to around £150 per LVG FOP.⁵⁶¹

- 11.59 We have proposed that the costs incurred by the RCVS in expanding Find a Vet and in monitoring any Order imposed by the CMA would be covered by an industry levy on all veterinary businesses. This would be paid in proportion to the size of the business, as set out in part B, section 2.⁵⁶² There may be advantages in weighting the fees by the capacity of the veterinary business, for example on the basis of the number of FTE vets or of turnover of the business. However, it seems to us that gathering and updating the relevant information to do this would be disproportionate, so we have provisionally decided that it would be better to apportion the fees on a per (small animal) FOP basis. We welcome views on alternative approaches which would be equitable and workable.
- 11.60 The RCVS, [redacted], has provided the CMA with a cost estimate of [redacted] to set up the required processes and systems to collect, host, and organise the data (excluding RCVS staffing and other internal costs). The RCVS indicated that these costs could be reduced should it competitively tender [redacted].⁵⁶³ This would equate to around [redacted] per FOP which is not a significant cost.⁵⁶⁴ We would expect the costs in subsequent years, in operating and maintaining the platform, would be lower, perhaps significantly so, given that they would not repeat the initial set-up costs.
- 11.61 We have also proposed that veterinary businesses operating FOPs should fund the provision of the VCMS. This would similarly be paid in proportion to the size of the business which could be calculated based on the number of FTE vets, or the fees could be apportioned on a per (small animal) FOP basis. Using the latter (for the reasons given above, the VCMS cost [£50-£150] [redacted] per small animal FOP in 2023/24.⁵⁶⁵ If costs were to rise by between 10% and 30%, this would lead to a cost per FOP of between [£50-£150] [redacted] and [redacted] per year. This would not vary based on the size of the FOP.
- 11.62 The activities involved in monitoring compliance with the CMA remedies would be focused on the receiving and checking of attestations from veterinary businesses, requesting and reviewing further information as needed and communicating any non-compliance to the CMA, as we have described above. There could also be a role for spot checks, for example reviewing websites to check for compliant price

⁵⁶¹ This is based on dividing £400,000 between our estimate of the number of LVG FOPs (around 2,700).

⁵⁶² Part B, section 2: Remedies: framework, form and implementation.

⁵⁶³ RCVS response to [redacted].

⁵⁶⁴ Based on dividing the RCVS estimated costs between 4,500 FOPs.

⁵⁶⁵ The cost of the VCMS was [redacted] between November 2023 and October 2024. VCMS response to RFI3. [redacted]. As discussed in part A, section 2: Context for the veterinary services market, there were 4,417 small animal FOPs in the UK as of May 2025.

lists or checking physical signage at practices. These could be done on the basis of risk, if there had been previous evidence of non-compliance at a particular FOP or at others in the same group.⁵⁶⁶ Physical inspections could be combined with regular Practice Standards Scheme (**PSS**) inspections.

- 11.63 The RCVS's total annual income in 2024 was £19.3m, and its total expenditure was £17.5m. In 2024, the annual expenditure for the PSS, of which 69% the veterinary practices which are members of the PSS was £1.4m.⁵⁶⁷ FOPs pay annually to be part of the scheme, with the minimum annual fee for a single practice being £582.⁵⁶⁸ The activities involved annually in operating the scheme include setting and reviewing the scheme standards and rules, assessing practices against the standards, and carrying out inspections of premises.
- 11.64 Given that the activities that would be involved in monitoring a CMA Order are likely to be less extensive than those involved in operating the PSS, we anticipate that their costs should be materially less than those incurred in respect of the PSS. Even if not, it is hard to see that those costs would exceed those incurred in running the PSS (which, for example, includes site inspections), so we take the latter as an indication of the upper bound of any monitoring costs.
- 11.65 If monitoring costs were £1.5m annually (that is, comparable to those of running the PSS), this would be equivalent to around £330 per (small animal) FOP site. If the costs per FOP were comparable then it would be equivalent to around £580 per FOP, as per the current fees for PSS membership.

Timelines to implement the individual remedies

- 11.66 As part of assessing the proportionality of our remedies package, we have considered the appropriate timescales for implementation. In doing this, we wish to balance the need to address the consumer detriment as early as possible with allowing a reasonable time for parties to make necessary changes to comply. Our provisional assessment is that we have identified a proportionate approach which allows for timely improvements in the pet owner experience without placing an unreasonable burden on business.

⁵⁶⁶ Over time, where veterinary businesses demonstrate compliance the need for such checks (and their costs to the RCVS and businesses) would reduce.

⁵⁶⁷ RCVS, Annual Report & Financial Statements 2024, p11. [RCVS, Setting Standards, Practice Standards Scheme](#) (accessed 7 October 2025)

⁵⁶⁸ Annual fee correct as of January 2025: <https://www.rcvs.org.uk/setting-standards/practice-standards-scheme/the-pss-assessment-process/#aboutfees>

Veterinary businesses

- 11.67 We have taken account of both the combined costs of implementing each of the individual remedies and the burden of requiring businesses to implement various remedies in parallel.
- 11.68 While in principle each of the individual remedies could be implemented on shorter timelines, it would be important to enable individual businesses to best manage the cost and operational impacts of implementation. Our provisional view is that the best way to do this is to provide businesses a sufficient period of time within which they can choose how to prioritise and give effect to the implementation of the different remedies and do this in a way which allows them to best coordinate implementation and secure any efficiencies arising from available synergies in implementation.
- 11.69 We propose that smaller veterinary businesses, specifically those with fewer than 15 FOPs, should have longer to implement the majority of the proposed remedies. This would recognise that these smaller businesses would face larger implementation challenges and require a greater degree of flexibility to enable them to implement the remedies in as efficient a way possible. These differential timelines for implementation are reflected in the proposals we set out for each individual remedy in part B, sections 3 to 10.⁵⁶⁹ Taking this approach would help to ensure that the overall package of remedies would be proportionate.

Activities that the RCVS would carry out as a result of an Undertaking or a CMA Order

- 11.70 In determining our view of the timelines for the set of actions that we have provisionally decided should be implemented by the RCVS, we have taken a similar approach to that for the remedies to be implemented by businesses. We recognise that the range of remedies we are proposing be implemented by the RCVS would, in combination, be a significant addition to its current activities. In order to allow the RCVS to best manage the cost and operational impacts of the requirements that would be imposed on it, the timelines we have proposed for each of the individual remedies in part B, sections 3 to 10 seek to provide the RCVS with flexibility for it to choose how to prioritise and give effect to the implementation of the different remedies.⁵⁷⁰

⁵⁶⁹ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

⁵⁷⁰ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and Section 10: Recommendations for future regulatory reform.

Recommendations to government and the RCVS

- 11.71 Our remedies package includes recommendations that we would be making to government and the RCVS. It would be for each body to which we make a recommendation to consider the extent to which it would act on our recommendation and the appropriate timescales for doing so, but in each case we would urge that the action be comprehensive and swift.

We consider that our proposed package is the least onerous that would be effective in addressing the AECs

- 11.72 For some remedies we have considered alternatives which we have provisionally decided not to take forward because the costs associated with these alternatives would, in our assessment, not be proportionate or because they could have unintended adverse consequences. For example: we have reduced the number of services included in the mandatory price list compared to what we proposed in the Remedies Working Paper; we do not propose to impose a price cap on medicine prices or for general veterinary services; we would require a written cost estimate to be provided only for the main treatment that a pet owner is considering and only above a certain financial threshold, and we are not mandating written prescriptions for all medicines.

The remedies do not produce adverse effects which are disproportionate to their aims

- 11.73 We have heard concerns that our remedies might produce adverse effects or have unintended consequences. Specifically, respondents to our Remedies Working Paper⁵⁷¹ suggested that our remedies package might:
- (a) Create an additional burden for vets such that consultation times need to be increased, either reducing the number of consultations or causing consultation fees to rise, either of which could reduce access to veterinary services.
 - (b) Impose a proportionally higher burden on smaller businesses, which are unlikely to have dedicated administrative or compliance teams (as the LVGs might) and for which any costs would be divided over a much smaller number of FOPs.
 - (c) Reduce the number of medicines sold by FOPs, meaning that:

⁵⁷¹ CMA summary of Remedies Working Paper responses.

- (i) FOPs might reduce their stock of veterinary medicines or possibly choose not to stock any;
 - (ii) FOPs might need to raise the price of other services to cover the lost revenue from medicine sales; and
 - (iii) Revenue would be diverted from independent FOPs to online pharmacies owned by the LVGs.
- (d) Prompt a ‘race to the bottom’ in which quality of services would be degraded as a result of an undue focus on price.

We respond to each of these in turn.

More pressure on consultation times

11.74 We have amended our proposed remedies to reduce the burden on veterinary businesses in many cases, in particular as regards requirements that would need to take place during the consultation (such as written estimates for multiple treatment options). We acknowledge that certain processes – such as informing pet owners orally of their ability to get a written prescription (for appropriate categories of medicines) or providing a written prescription – could add a limited amount of time to the consultation. However, we consider that these are an essential part of providing a good service to pet owners and enabling them to make informed choices and, as such, these additional obligations – which would in some cases be small⁵⁷² - are proportionate. Providing a written prescription before the end of the consultation could add to the tasks that a vet needs to complete within the consultation. However,

- (a) we have allowed the option of providing a digital prescription by the end of the day (should the pet owner find this acceptable);
- (b) it is important that pet owners do not face undue barriers to being able to obtain cheaper medicines or assess whether they would benefit from purchasing medicines elsewhere;
- (c) we have limited the circumstances in which a written prescription must be offered compared to our original proposal of mandatory written prescriptions; and
- (d) businesses may be able to develop better processes for issuing written prescriptions as they become more common.

⁵⁷² For example, telling a pet owner they can request a written prescription and that medicines may be cheaper when bought from a third party would be a matter of seconds or perhaps a minute or so.

Proportionally higher costs for smaller veterinary businesses

- 11.75 We have proposed to allow a longer implementation time for smaller businesses (fewer than 15 FOPs) and that businesses with a single site would have a reduced monitoring burden with no need to provide an annual attestation to the monitoring body (though they would face the obligation to comply with the CMA Order). We have provisionally decided not to exclude any businesses from our transparency remedies because for pet owners to be able to compare FOPs, there needs to be sufficient coverage of information throughout the market.
- 11.76 Our provisional view is that our proposed measures would not harm independent vets and could well be beneficial to them:
- Currently, independent practices are on average cheaper (but are perceived to provide similar or higher quality) than many practices which are part of LVGs; increased transparency of pricing would highlight this.
 - Our measures would make clear which FOPs are independent and which are not, allowing pet owners to compare the different offerings. As noted in part A, section 8, for pet owners who care about ownership, more than two thirds prefer to use an independent practice.⁵⁷³

Impacts of fewer medicines being sold at FOPs

- 11.77 We do not anticipate that FOPs are likely to stop stocking medicines. Our market opening measures would increase competition for longer term or repeat medicines, and there are still many medicines which we would expect FOPs to sell directly. In addition, if competition with online pharmacies were to increase – as we expect it would – then veterinary businesses could reduce the medicine prices they charge in their FOPs to retain sales. They might not need to charge as low a price as the online pharmacy to do this, given that many pet owners would likely continue to value the convenience of buying the medicine direct from the FOP.
- 11.78 We do not accept that pet owners should remain ‘in the dark’ about their possible choices in order to protect veterinary businesses from having to adapt to their customers’ needs. Our provisional view is that, if better informed pet owners make choices which have an impact on veterinary businesses, and those businesses need to adjust their approach in response, then this is the market working well. That includes where, as a result, veterinary businesses seek to rebalance the price of other fees, such as consultation fees. Such fees would themselves, as a result of our package of remedies, be exposed to greater competition.

⁵⁷³ Part A, section 8: Competition between FOPs.

11.79 On the concern about driving revenue away from independent FOPs towards LVG-owned online pharmacies, we note that:

- (a) there are online pharmacies which are independent and not part of LVGs and that these ownership links would be made transparent as a result of our remedies and pet owners who prefer not to use a business which is part of an LVG would be able to act accordingly;
- (b) veterinary businesses would, as we note above, be able to keep the medicines revenue in their FOPs by cutting their prices in response to competition; and
- (c) pet owners should not remain ignorant of cheaper options where competitors may be offering them.

Concerns of a 'race to the bottom'

11.80 We have provisionally decided to require veterinary businesses to provide sufficient and timely pricing information, both upfront on websites and for treatments that pet owners are considering. We consider that it is important for pet owners to be able to compare prices and understand the financial implications of different choices – either of FOP or of treatments.

11.81 We agree with veterinary professionals that price is only one dimension of the (sometimes complex) clinical services that are being offered, albeit an important one. We anticipate that FOPs would provide additional information around the core price list to provide context for their prices and the services they offer. During consultations (and before written price estimates are provided), we would expect that vets would be discussing the clinical and other non-price aspects of the treatments when recommending a course of action.

11.82 In terms of the concern about a 'race to the bottom', we do not see this as a significant risk. Vets are highly trained, clinical professionals and regulated as individuals. Some may choose to offer a less sophisticated, less costly service that is nonetheless clinically well-grounded and presents no risk to animal welfare. We consider that some pet owners might prefer to purchase a simpler, lower cost treatment for their pet – so long as it was clinically appropriate – and that current safeguards would ensure that this would be of sufficiently high quality.

Provisional conclusion on the proportionality of the measures we are proposing to take forward

11.83 The relevant test is not whether the remedies impose zero cost on veterinary businesses, but whether the costs are proportionate to the harm we have found and the benefits that our remedies would produce. While our remedies would

impose some costs on veterinary businesses, and may have some impact on their business models as a result of informed pet owners making different choices, our provisional judgement is that these costs are proportionate.

- 11.84 As set out in part A, section 16, our provisional finding is that the vet services market is not working as well as it could be, producing considerable consumer detriment.⁵⁷⁴ We estimate that the consumer detriment is at least £1 billion over five years, based on estimates of the profitability of a significant portion of the market. Mark ups on medicines are frequently set at 300% to 400% of what it costs a FOP to buy them.⁵⁷⁵
- 11.85 Consumer detriment may arise where pet owners may not be choosing a FOP or treatment that best meets their or their pets' needs, or where they decide not to visit the vet because the prices are too high. It is not possible to quantify these aspects.
- 11.86 As a result of the package of remedies we have proposed, we anticipate that pet owners would be given the information needed to make choices which better suit their circumstances, and barriers to pet owners acting on that information would be removed. As a result, there would be pressure on veterinary businesses to compete on price and quality with each other and with other suppliers such as online pharmacies.
- 11.87 Although we have not been able to quantify the costs for all of our remedies package, our provisional assessment is that it would be substantially below the benefits that our remedies would achieve. The quantified element of the detriment we have identified is around £190 million per annum, which is based on detriment at LVG FOPs. As noted in part A, section 16, the actual consumer detriment would likely be above this figure).⁵⁷⁶
- 11.88 Many of the costs of implementation and compliance would be one-off rather than ongoing and the pet owner detriment would be likely to continue or worsen if we do not act. Based on our assessment of the activities and investments that veterinary businesses would need to carry out, our provisional conclusion is that the benefits from remedying the AEC are likely to substantially outweigh the costs of our proposed remedies package, even if the remedies did not remove all the detriment.
- 11.89 There would be no direct costs of our proposed recommendations to government or the RCVS in the short term. We consider that it would be proportionate for these bodies to act on our recommendations and that those recommendations would produce benefits which outweigh the costs. Ultimately, it would be for each body to

⁵⁷⁴ Part A, section 16: Provisional conclusions.

⁵⁷⁵ This is the 'net net' purchase price after discounts and rebates.

⁵⁷⁶ Part A, section 16: Provisional conclusions.

which we make a recommendation to make its own decision on the proportionality of acting on that recommendation or set of recommendations.

Relevant customer benefits

- 11.90 In deciding on the question of remedies the CMA may in particular have regard to the effect of any action on any relevant customer benefits (**RCBs**) of the feature or features of the market concerned. RCBs are limited to benefits to relevant customers in the form of:
- (a) lower prices, higher quality or greater choice of goods or services in any market in the UK (whether or not the market to which the feature or features concerned relate); or
 - (b) greater innovation in relation to such good or services.
- 11.91 The Act provides that the benefit is only a RCB if the CMA believes that:
- (a) the benefit has accrued as a result (whether wholly or in part) of the feature or features concerned or may be expected to accrue within a reasonable period of time as a result (whether wholly or in part) of that feature or those features; and
 - (b) the benefit was, or is, unlikely to accrue without those features.
- 11.92 No party has put to us (in these terms) that there any RCBs resulting from the features that we have provisionally found. Some parties have submitted that some of our proposed remedies could result in reductions in the number of consultations veterinary businesses offer or increases in the prices they charge for those consultations. We have considered those submissions above. It is not clear to us that those consequences would involve the removal of an RCB. Even if they would, however, our provisional view is that any such benefit should not be preserved. For example, and for the reasons we explain above, we do not think that pet owners should remain ignorant of their options for buying medicines just because increasing their awareness might affect consultation fees.