

VETS MARKET INVESTIGATION

Summary of responses to the remedies working paper

1. We received 520 responses to our Remedies Working Paper (**RWP**)^{1,2} of 1 May 2025 from a range of stakeholders, including large veterinary groups (**LVGs**), independent practices, individual veterinary professionals, charities, and consumer groups. We also held four roundtables with a range of stakeholders, which included veterinary professionals who currently work at animal charities, independently owned first-opinion practices (**FOPs**), and LVGs. An anonymous summary of the main themes raised in responses to our RWP and during the roundtables is provided below.
2. The numbering of these remedies follows the same numbering and terminology used in the RWP.

Transparency remedies

Remedy 1: Require FOPs and referral providers to publish information for pet owners

3. There was broad consensus on the need for greater transparency in the veterinary services market for household pets. Many respondents were supportive of a shorter, focused price list in FOPs, to help pet owners make more informed decisions. There was also general agreement on the value of transparency of ownership.
4. However, several concerns were raised about the proportionality and effectiveness of the proposed remedies. Many respondents highlighted the administrative burden that an extensive price list could place on an already stretched profession, noting the potential for disproportionate impacts on independent practices and the possible diversion of time away from clinical care. There were concerns that a focus on price could lead to an undervaluing of quality, with some respondents calling for recognition of clinical expertise

¹ [Vets market investigation: remedies working paper - GOV.UK](#)

² This includes more than 100 submissions in support of a campaign to move towards the uniform pricing of veterinary medicine. See 'Medicines remedies' below.

and equipment alongside such price information. Others noted that standardised pricing could limit clinical discretion and the ability to tailor care to individual cases. Feedback and recommendations were also provided on the inclusion of various treatments and services items on the list.

5. Respondents cautioned that the information provided could be overwhelming, overly technical, or misleading for pet owners. Respondents also noted that variability in clinical approaches could limit the viability of price comparison between practices, particularly in the absence of indications of different levels of quality. Concerns were raised about the potential impacts on continuity of care, animal welfare, and the trust between vets and pet owners.
6. Finally, some respondents warned of unintended consequences for competition and pricing. These included the risk of waterbed effects (that is, that prices of other services would need to rise if prices for services in the list were reduced) and increases in prices due to complications in standardisation.

Remedy 2: Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers

7. Most respondents were critical of the possibility of a new comparison website. Many questioned its overall effectiveness and noted the possibility of additional costs ultimately being passed on to pet owners. Several responses, however, also acknowledged that there might be benefits from such a website in specific contexts, such as when considering higher cost services where pet owners may be inclined to compare options and travel further. Many responses also supported using a website to increase transparency of information such as ownership of practices.
8. Some responses identified risks, including the possibility of reduced incentives to maintain quality and innovate, and unintended consequences such as reduced service availability, increased use of add-ons, and the potential increase of prices of those procedures not shown on the website.
9. Many responses emphasised the administrative and technical burden associated with implementing and maintaining a comparison website. It was stressed that the impact might be greater for smaller or independent practices, given their limited resourcing could mean limited ability to absorb additional costs. Several responses suggested that relevant information might be held across a variety of practice management systems (**PMSs**) and other record-keeping systems, making the task of maintaining up-to-date information on a website more challenging.

10. Many responses expressed a clear desire for any comparison website not to be focused on price exclusively, indicating that it should contextualise prices with some form of quality measures. There was a broad consensus that medicine prices would be difficult to include in any comparison due to frequent variation and resource requirements.
11. Several responses suggested the requirements of Remedy 1, alongside market-led innovations such as digital tools, would support consumer choice without the need for a centralised comparison website. At the same time, concerns were raised about open-data approaches. Respondents highlighted risks including the unfair or misleading presentation of information, such as through: sponsored rankings; the potential for large veterinary groups to gain an advantage regardless of clinical or service quality; and limited or biased coverage, particularly where practices block data scraping or choose not to share data with commercial platforms. Most responses expressed a preference for a centralised system managed by an independent and trusted provider, emphasising further the limitations of an open market solution. Most responses indicated the Royal College of Veterinary Surgeons (**RCVS**) as a suitable trusted provider.

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

12. Most respondents were generally supportive of the requirement to publish the individual price of each item included in the pet care plan and noted that increased transparency around pet care plans would be beneficial for pet owners and competition. A handful of respondents argued that the remedy could weaken the subscription-based model and challenge the long-term viability of current pet care plans.
13. Respondents were generally not supportive of proposals to provide an annual usage statement for each pet owner, or to publish the average uptake of individual treatments and services. Most of these responses argued that the administrative burden would be high and many suggested it would be disproportionately borne by small, independent FOPs. Some argued that pet owners should track their own usage of elements in their plans as is the case in other sectors that run subscription models. It was suggested that pet owners' ability to assess whether they are making the best use of these plans would be supported with greater transparency of plan pricing.
14. Respondents were generally ambivalent towards or opposed to proposals relating to the cancellation of pet care plans. Some argued that pet care plan cancellation terms are already clear and highlighted that early cancellation did not often lead to financial penalties for the pet owner. Other responses

mentioned that increases in premature cancellation and the administrative impact on FOPs could lead to greater costs for veterinary businesses which may be passed on to consumers.

Remedy 4: Provide FOP vets with greater information relating to referral providers

15. Many respondents were generally supportive of the underlying objective of greater transparency of information about referral centres and treatment options.
16. Alongside support for the general principle, however, many respondents highlighted several practical difficulties associated with this potential remedy. Concerns were raised around the high costs and burden of implementing a centralised portal for referrals information, the difficulties faced by FOP vets who often have to refer patients without a complete or specialist diagnosis, the lack of multiple options for referral centres especially in rural locations, and the impact on consultation time and cost if FOP vets had to gather and share information from a variety of referral centres. Many respondents noted that referrals were often required in time-sensitive clinical situations, and that unnecessary delays caused by information gathering could prove detrimental to animal health and welfare.
17. Some respondents noted that many vets already have trusted relationships with nearby referral centres, built on many years of successful referrals, and any requirement to recommend several options would be an unnecessary and unhelpful burden. Some responses explained that vets often recommend referral centres based on location and availability, rather than price, and that it could be very difficult for FOP vets to give accurate estimates of the course and cost of treatment at a referral centre.
18. Some respondents noted that some types of information were helpful for pet owners when choosing a referral centre, such as transparency of ownership or any shared ownership between a FOP and referral centre. Others noted that, in cases such as routine surgeries, price information could be helpful for pet owners who are making a decision about where to seek further treatment.

Choice of treatment and referral options remedies

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

19. The majority of respondents who commented on this remedy expressed the view that it was not always desirable, or even feasible, to give pet owners

information about a wide range of different treatment or referral options in advance and in writing.

20. Many respondents commented that this potential measure was not necessary. Some said that pet owners were already given information in writing about different treatments and referrals and so this potential measure would not make any difference. Respondents said that the existing Code of Professional Conduct for Veterinary Surgeons (the **Code**) and supporting guidance states that pet owners should be given a range of treatment options and prognoses, and be told about the likely charges. Others emphasised that vets were able to use their clinical expertise to make recommendations, and that pet owners trusted their vets to do this, so it there was little or no benefit in giving pet owners a range of different options.
21. A range of concerns were raised, including concerns that pet owners would not find it easy to read and process the information, that pet owners' attention would be diverted from consent forms, and that pet owners might become confused if they were given too many options. Concerns were raised about the pet owner reacting to the information by doing nothing, or delaying treatment, which could be bad for animal welfare.
22. Some responses said that pet owners might place less trust in their vet or feel guilty if they were presented with options which they could not afford. There was also a concern that pet owners might use price as a proxy for quality and choose the most expensive treatments and therefore pay more than they otherwise would.
23. Nevertheless, several respondents took a different view and said that all options which were clinically appropriate should be offered so that pet owners could make informed choices and give informed consent. Respondents suggested that this should include setting out the advantages and disadvantages of each option.
24. Many respondents raised concerns over the ability of vets to give information about a range of treatment options. Several highlighted that it was often difficult to predict what treatment options would be suitable, such as where an animal was not cooperative at the initial consultation or prior to diagnostic tests being carried out.
25. There was broad agreement that pet owners should be given time to process the information about treatment options in order to make a decision. It was emphasised that, even without this potential measure, more complex or expensive treatments, such as surgeries, typically involve a period of delay to allow time for discussion and informed consent. Several respondents

commented that a requirement to provide pet owners with written information should not apply to acute urgent cases and, further, pet owners should be able to waive the requirement of having thinking time.

26. Many respondents expressed the view that it would be burdensome for vets to comply with this potential measure. Some commented that vets were already stretched and longer consultation times would result in fewer appointments and higher costs for pet owners, undermining trust between vets and pet owners.
27. Some respondents were concerned that the administrative burden would be particularly onerous for smaller, independent practices or those who aimed to be low cost.
28. Most respondents agreed that, if this measure were introduced, there should be a monetary threshold so that a disproportionate amount of time was not spent generating estimates compared with the savings that are likely to be made by the pet owner. Some responses expressed the view that this threshold should be set above the aggregate cost of a consultation and treatment for a routine condition. A small number of respondents suggested specific thresholds: £250; £500; £750 and £1,000.
29. Regarding the selection of a referral centre, many respondents expressed the view that pet owners might not benefit from having price information in writing. They emphasised that referral centres often had different specialisms, ability and experience. In addition, they said that pet owners might be influenced by other factors such as convenience, appointment availability, their previous experience of the referral centre and recommendations from others.
30. Some respondents raised concerns about vets not having knowledge of referral centres that were less convenient, and some said that it might not be in the interests of the animal to travel to a referral centre which is further away.

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

31. Many respondents raised concerns about business practices which limit or constrain vets' clinical freedoms, such as pressure to sell treatments or drugs that are not necessary or policies which only permit referrals within a corporate group.
32. Some respondents expressed concerns about vets being incentivised with the use of targets or bonuses to carry out tests or procedures. Several respondents highlighted that neither veterinary businesses nor vets should

receive commission or gifts in return for making referrals to specific referral centres.

33. Many respondents expressed the view that inappropriate business practices could not easily be defined. They suggested that a principles-based approach could be taken, with factors such as the animal's welfare and best interests being the overriding considerations. Some commented that 'business practices' should be defined broadly to mean any practices which limit clinical freedom and could include any internal guidance or software defaults that affect options offered to clients, such as drop-down menus or templates.
34. Nevertheless, many respondents noted that some business practices could be beneficial. It was highlighted that some pet owners might benefit from discounts made from referrals made within the same corporate group. Some respondents emphasised that limits or constraints on choice could be beneficial for clinical reasons. Many expressed the view that there could be legitimate business reasons for individuals who perform better being remunerated better than others who are not performing well. Similarly, it was suggested that it should be possible to reward employees who were willing to work unsociable hours.
35. Many respondents raised concerns about business practices carried on by LVGs in particular. They said that there should be greater scrutiny of LVGs' business practices because they have the ability, arising from their scale, to roll out changes across multiple sites and have an impact on a large number of pet owners. It was also suggested that those designing business practices in LVGs were more disconnected from front-line clinical decision making than those running smaller veterinary businesses.
36. Respondents were generally supportive of the RCVS having a greater role in specifying business practices which should be prohibited and in, monitoring and enforcement.
37. With regards to monitoring and enforcement, many respondents expressed the view that self-certification of compliance should be sufficient, backed by whistleblowing procedures allowing vets to make anonymous tip-offs that could prompt an investigation by an appropriate body. It was suggested that veterinary businesses could be required to provide detailed reports on their activities which could be compared with industry benchmarks, and that outliers where non-compliance was suspected, could then be investigated. However, other respondents emphasised that the monitoring should be light touch and not overly burdensome for smaller practices.

Medicines remedies

38. Respondents raised a number of issues which were relevant to all our proposed medicines remedies. These included:
- (a) **Cross-subsidisation:** Many respondents, particularly independents, said that their overall profits were not excessive, and that there was currently a cross-subsidy occurring where medicine revenues is used to support the provision of other veterinary services to pet owners. Reducing medicine revenues, either through price caps or through diverting sales to online pharmacies, might require an increase in other fees, such as for consultations. Many respondents commented that this would be negative for animal welfare as it would mean fewer animals were seen by the vet.
 - (b) **Stock:** Respondents argued that reduced in-clinic medication sales would lead to FOPs decreasing the range of products that they hold in stock, with implications for animal welfare as medicines would no longer be available same day. Alternatively, they may have to increase prices to account for higher wastage.
 - (c) **Effects on independent FOPs:** Respondents argued that medicine revenues currently earned by independents would be diverted online to LVG-owned pharmacies. They said this would decrease volume and rebates at independents, increasing their supply costs and making them less competitive against LVGs. Many respondents suggested that LVGs would be able to recapture lost sales through LVG-owned online pharmacies and increase their rebates. In extreme cases, respondents suggested that this could lead to independent FOPs exiting the market, leading to further consolidation and less choice of FOP provider.
 - (d) **Wholesale:** Some respondents emphasised that independent FOPs could not access the same wholesale medicines prices as LVGs, and that in some cases the *purchase* prices available to independent FOPs may be higher even than the *selling* prices at online pharmacies.
39. We received more than 100 submissions in support of a campaign to move towards the uniform pricing of veterinary medicines. These representations from independent FOPs argued that LVGs and buying groups are able to use their consolidated purchasing power to secure significant supplier discounts and rebates. The submissions suggested that these rebates are not available to independent practices.

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

40. Most respondents were critical of mandatory written prescriptions and stated that this approach would lead to significant increased workload, the costs of which would be passed onto pet owners. Respondents said that this would occur because the current system is relatively inefficient, so it can take 5-10 minutes to issue a written prescription. Respondents argued that, if a written prescription needed to be issued in all cases, even where the customer did not want one and wanted to buy from the FOP, this would add inefficiency and increase the time needed for consultations. They said this could have the effect of reducing the number of appointments a vet could do in a day, which could then increase the cost of an appointment.
41. Respondents raised concerns that a reduction in in-clinic medicine sales would lead to a lessening in the range of medicines they can stock, which would reduce urgent medicine availability. This could have a negative impact on animal welfare.
42. Respondents also raised concerns that the measures were disproportionate, as third-party retailers (eg online pharmacies) are only substitutes for non-urgent use cases. They said that requiring FOPs to produce a written prescription when a third-party retailer was not an option was disproportionate. Furthermore, respondents also noted that mandating prescriptions could have a disproportionate effect on independent FOPs, as it could strengthen the position of LVGs who own many of the online pharmacies.
43. Several respondents who were critical of mandatory prescriptions in all cases were nonetheless supportive of mandatory prescriptions for long-term, chronic conditions, or expensive medicines. These respondents noted that requiring mandatory written prescriptions for chronic conditions would allow acute patients to start treatment immediately, be sufficient to permit vets to maintain their own stocks of medicine, and that the pet owners who most likely to request written prescriptions would be those whose pets had chronic conditions.
44. Several respondents who were critical of mandatory prescriptions were supportive of raising awareness of the offer of a written prescription via signage in the clinic and website. Some respondents supported mandating the offer of a prescription.
45. Many respondents agreed that a centralised online prescription system for all practices would be able to streamline and simplify the prescription process.

However, several respondents cautioned that such a system also needed to be affordable and interoperable with existing systems.

Remedy 8: Price transparency for medicines

- 46. There was some support for greater price transparency for medicines, but widespread objection to the principal of FOPs being required to promote the prices of competitors (for example, online pharmacies). Many respondents were also opposed to the written prescription script being used to give pricing information, stating that the script should remain a medical document.
- 47. Respondents generally considered that a price comparison website or e-prescription portal with comprehensive real-time price information, while useful in theory, would be burdensome and infeasible to create and maintain, particularly for independent FOPs.

Remedy 9: Generic prescribing

- 48. Many respondents raised numerous technical issues with this remedy and flagged its potential to conflict with the vet's duty of care. These respondents explained that in the veterinary sector, vets are responsible for their prescriptions and are not permitted to outsource this to third parties.
- 49. The majority of respondents who expressed a view on this remedy indicated that, even where medicines share the same active ingredients, there can be variations such that they are not substitutable. Numerous examples of these were submitted, including instances where all active ingredients were the same but additives meant that the medicine was suitable for only some species. Respondents noted that this meant that vets needed to prescribe with reference to a specific medicine.
- 50. Respondents also identified issues with dosage instructions, which vets commonly specify in terms of tablets (eg 1.5 tablets twice a day), but said that these instructions are valid for a specific size tablet only. If vets were to prescribe and give dosage instructions based on a 10mg tablet, and a 20mg tablet were dispensed instead, the dosage instructions would be incorrect.
- 51. Other issues were also identified such as a conflict with the veterinary medicines cascade,³ difficult-to-access medicine information (which is

³ Veterinary medicine with a Marketing Authorisation for an indication concerning a certain species valid in the territory of use should always be considered first. Where there is no available veterinary medicine authorised in your territory for the specific indication or condition in the animal being treated, to avoid unacceptable suffering, you are permitted to use your clinical judgement to treat animals under your care in accordance with steps of the cascade.

included in data sheets that must be individually read), a limited number of clinically equivalent alternatives, and the remedy's possible dampening effect on current inter-brand competition between medicine manufacturers to supply FOPs.

Remedy 10: Prescription price controls

52. The majority of respondents who commented on prescription price controls were not supportive, submitting that prescription fees currently charged are reasonable and that vets should have freedom to charge an appropriate price for the services provided. Those respondents that were supportive of a prescriptions price control suggested that it seemed fair and would help support uptake of written prescriptions.
53. There was widespread opposition among respondents to the option to prohibit charging for prescriptions. Respondents considered that it would be unfair not to allow vets to charge fairly for the costs incurred in writing prescriptions, and that a prohibition on charging fees for providing a written prescription would lead to other fees to pet owners increasing elsewhere (such as consultation fees).
54. Regarding the design of any prescription price control, most respondents considered that any cap needed to be set at a level to cover all relevant costs, which included vets' general professional responsibility over prescriptions as well as the cost elements involved in producing the prescription itself. Some respondents also suggested that any cap should be updated over time and allow for regional variation in costs.
55. When commenting on unintended consequences, respondents identified that a prescription price control could lead to a change in prescribing behaviour among vets. For example, some argued that vets might issue prescriptions for shorter durations in order to retain sufficient revenue from repeat prescriptions. Some respondents highlighted that there is already some diversity in prescribing behaviour across the sector, at least in relation to certain medicines. Other respondents identified that a prescriptions price control might encourage some FOPs to raise their price to the level of the cap.

Remedy 11: Interim medicines price controls

56. A large majority of those respondents who expressed a view were not supportive of a medicines price control, highlighting unintended consequences, arguing that a price control was not needed due to there being no excess profitability overall, and that medicines prices are reasonable. Many respondents also cautioned that a medicines price control would have a

disproportionate impact on independent FOPs. Only a small minority of respondents were supportive of a medicines price cap.

57. In relation to unintended consequences, responses highlighted the potential for distortion in prescribing decisions if prescribers were to swap to medicines outside any price control, or if prices were to disproportionately increase for medicines outside any price control. Respondents also argued that a price control could have the potential to distort the medicines market by inhibiting FOPs' pricing freedom since different FOPs had different pricing models and different cost bases. Several respondents also raised concerns about the impact of price controls on the upstream medicines market and the potential for reduced incentives for research and development and implications for the continuity of medicines supply.
58. Some respondents commented on design considerations for any medicines price control, noting that it would be practically difficult to define the 'top 100' medicines and keep such a list up to date over time. Respondents that commented on the appropriate price level for any price control expressed strong opposition to freezing prices at 2024 levels on an individual FOP basis as this was perceived to be unfair. Instead, respondents said that prices should be set at a level that fully took account of costs (both medicines purchasing costs and dispensing costs).
59. Rather than a medicines price control which sets retail prices to consumers, many respondents expressed support for a cap on mark-ups, especially when coupled with measures that would equalise the price at which all FOPs could buy medicines. Suggestions included equalising 'net-net' pricing available to all FOPs and reducing restrictions on FOPs being able to purchase medicines only from wholesalers.

Out-of-hours care and cremations remedies

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

60. Respondents largely supported remedies to improve flexibility in out-of-hours (OOH) contracts, and there was widespread agreement that excessive contract lengths and punitive exit clauses restrict competition and limit FOPs' ability to switch providers.
61. Respondents also frequently mentioned the fragility of the OOH market, particularly in rural areas, and the benefits that outsourced OOH provision brings to vets and FOPs. Respondents making this point often suggested caution in designing remedies in this area.

62. Respondents provided varying views on the appropriate notice period length in response. A notice period of 6 months received the most support, but there were a material number of responses favouring a shorter or longer notice period. A 'hybrid' option, with an initial 12 month notice period for new contracts followed by a rolling 6 month notice period was also suggested.
63. The primary consideration in assessing the appropriate length of notice period was OOH providers' ability to adapt their business in response to a FOP cancelling a contract, which was most frequently related to ability to change staffing levels.
64. Many stakeholders advocated for changes to reduce termination charges. It was also stated that charges were necessary to make notice periods meaningful.
65. A number of other issues such as transparency of OOH provision, exclusivity clauses, and reciprocity of OOH provider and FOP notice periods were also mentioned by a small number of respondents.

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

66. A clear majority of respondents who expressed a view on this remedy supported the principle of greater transparency, with many noting that most practices already offered clients a choice between cremation types and provided pricing information either orally, in writing, or via websites. Many respondents explicitly stated that they routinely informed clients of cremation options and costs, often during pre-euthanasia consultations or at the time of euthanasia.
67. Many respondents said that any measures to improve transparency must be handled with sensitivity. Several respondents cautioned against introducing rigid or overly prescriptive requirements, particularly during moments of grief, as this could risk distressing clients or undermining trust in veterinary professionals. A number of respondents suggested that information should be made available in advance, such as on practice websites or in written materials, so that clients could consider their options before a euthanasia appointment.
68. A few respondents called for practices to disclose third-party providers and any financial arrangements, while others proposed separating cremation fees from euthanasia charges to improve clarity. There were also suggestions to standardise handling fees and ensure mark-ups are proportionate, with a small number advocating for price controls or regulatory oversight.

69. On storage of pets following euthanasia, several respondents said this was already widely done and that associated costs, such as cold storage and handling, were often included in cremation fees. Some noted that delays in decision making by pet owners could create logistical challenges, including the need for additional cold storage capacity.
70. While most agreed that revisions to the Code could help reinforce good practice, others felt that existing guidance already covered the need for transparency and that any changes should focus on tone, timing, and flexibility rather than strict enforcement. Responses reflected broad support for clearer communication around cremation options and fees, provided it was delivered in a compassionate and context-sensitive manner.

Remedy 14: A price control on retail fees for cremations

71. The majority of respondents who expressed a view on this remedy were not supportive of a price control on cremation fees. Many stated that a price control was not necessary or was not proportionate, and a number questioned whether there was sufficient evidence to justify a price control or stated that customers were already exercising choice in end-of-life care. A substantial number of respondents suggested that transparency remedies were sufficient or preferable to a price control for cremations. The minority of respondents in support of a price control for cremations said that it would prevent high mark-ups across the sector and protect vulnerable consumers.
72. Many respondents raised concerns related to the possible consequences of a price control on cremations. Most of these raised concerns that a price control would lead to an increase in communal cremation fees, euthanasia fees, general increases in other fees, or FOPs making a loss on cremations. A number of respondents also highlighted worsening service quality for cremations, impacts on animal welfare and impacts on empathetic care. Some respondents stated that a cremation fees price control would distort competition or create a non-level-playing field for cremations.
73. Of those respondents commenting on the design of any price control, the majority thought that it should take the form of a cap on the markup and not the total price. Responses highlighted the costs associated with cremations which any price control would need to allow for, including staff costs to provide empathetic care, storage and transport of the body, and administrative fees (eg tracking individual pets and ashes). Respondents were split between whether a price control should be permanent or for a shorter term, and between whether the RCVS or a non-RCVS regulator should regulate any price cap.

74. Regarding which FOPs should be subject to any price control, the majority said that all providers should be included (with a few specifying that this should also include the crematoria). Of the minority who said it should not cover all FOPs, respondents specified either vertically integrated LVGs or all LVGs.

Regulation remedies

Remedy 15 – Regulatory requirements on veterinary businesses

75. There was wide support across responses for the regulation of veterinary businesses. Respondents noted that the current regulatory framework places accountability on individual vets despite many decisions being made at business or corporate level. Additionally, some vets expressed that they could be placed in a difficult position where their professional obligations conflict with business policies and they felt the regulator was unable to address such issues.
76. There was a concern that business regulation would disproportionately affect small businesses which lack dedicated administrative teams. Respondents were concerned that additional regulatory requirements might shift, over time, away from patient care and risk small practices exiting the market. Some responses suggested that only LVG practices with non-vet ownership should be regulated, or that large corporate veterinary groups should be subject to additional requirements.
77. Some respondents said that the cost of regulating practices should be met by businesses, rather than individuals, and scaled to business size. Any additional cost of regulating individuals should be borne by individuals.
78. Numerous responses raised concerns about the possibility of making the Practice Standards Scheme (**PSS**) mandatory. Many respondents considered that the PSS was a tick-box exercise and that small businesses would be overwhelmed if it were made mandatory. Some also stated that the PSS was too onerous to complete in the early years of a new practice. However, other responses supported making the PSS mandatory, saying that it would be least burdensome option for some practices.

Remedy 16 – Developing new quality measures

79. There was broad consensus across respondents that quality in veterinary services for household pets was difficult to measure and could mean different things to different pet owners and vets.

- 80. Most respondents who commented on quality measures suggested that a system akin to the current PSS could be used effectively to ensure a minimum, mandatory quality threshold for practices. Some respondents noted that this potential system could include clinical and consumer standards. Respondents noted that there could be additional, optional layers of accreditation designed around different indicators of quality that sit above the mandatory standards.
- 81. Many respondents also stated that the current PSS suffered from very low awareness among consumers. Respondents noted that unless there were concerted efforts to raise consumer awareness of any new or enhanced system, the effectiveness of such a system would be significantly limited.
- 82. Some responses suggested that systems used for indicating quality across multiple sectors, such as net promoter scores or other consumer metrics such as Google Reviews, could be integrated into a quality framework in the veterinary sector.
- 83. Some respondents told us that the current PSS was burdensome and overly reliant on paperwork and 'box ticking'. Some raised concerns that a system of mandatory standards, with quality levels indicated through different voluntary accreditations, might be disproportionately burdensome for smaller practices, given that LVGs would be more likely to have central administrative teams managing any paperwork associated with a mandatory scheme.

Remedy 17: A competition and consumer duty for the regulator

- 84. Many respondents were supportive of a consumer and competition duty. Their reasons included that it could support consumer and competition interests, support confidence in the veterinary profession and veterinary businesses, and help ensure the regulatory system evolved in step with the market.
- 85. Some respondents said that the focus of regulation should be on animal welfare and the veterinary profession. There were some concerns that it could be difficult for a regulator to balance multiple duties and queries about whether the RCVS had the necessary powers to fulfil a competition and consumer duty.
- 86. Multiple respondents said that a consumer and competition duty was relevant to the regulation of both veterinary professionals and veterinary businesses. However, some indicated that it was most relevant to the regulation of veterinary businesses. Some respondents said that veterinary professionals and the RCVS already focused on consumer interests and that a consumer and competition duty should not tip the balance too far in favour of consumers or undermine the clinical judgement of veterinary professionals.

87. Some respondents said that a consumer and competition duty should not create additional costs or burdens for veterinary professionals or businesses. Some respondents said that any costs should be borne by veterinary businesses, rather than individual vets. Some respondents expressed a desire for certainty and predictability.

Remedy 18: Effective and proportionate compliance monitoring

88. Many respondents were supportive of the monitoring mechanisms we set out in our working paper, saying that they would promote transparency, raise public trust, encourage competition and ensure good standards of practice.
89. Many responses raised concerns that the additional administrative burden and cost would disproportionately affect independent practices and small businesses. They said it would reduce the time available for clients and increase stress in the profession. In contrast, many respondents said that LVGs already had the structures, processes, monitoring, and quality assurance frameworks that may be required by such a remedy.
90. Some respondents said that the monitoring should be intelligence-led, risk-based, and designed in partnership with the profession. They considered that monitoring through self-reporting would not require much additional resource and could be automated or conducted online.
91. Respondents mentioned that practices are already inspected by the Veterinary Medicines Directorate (VMD) and that, to limit the burden on practices, the VMD inspections should be extended to cover other issues.
92. Some responses warned against publishing the inspection results and said that reporting data gathered by the regulator as quantitative data could be misleading; for example, a high number of complaints did not necessarily equate to low quality.
93. Some respondents said that the monitoring mechanisms should be proportionate and scalable for smaller practices and measures should include allowing longer periods for implementation. Other respondents said that monitoring mechanisms would need to apply equally to all veterinary practices in order to benefit all consumers and avoid distortion.

Remedy 19: Effective and proportionate enforcement

94. There was broad consensus for giving the regulator a wider range of enforcement powers. Reasons included that it would provide reassurance to customers; warnings and improvement notices encourage compliance in less severe cases without resorting to punitive measures unnecessarily, and the

RCVS's current powers are limited to cases of serious professional misconduct which only applies in limited circumstances.

95. Respondents said that enforcement powers should be proportionate to the level of infringement with clear thresholds of application and that the regulator should have discretion regarding the appropriate enforcement mechanism to use. Respondents suggested that fines should be proportionate to the turnover of the business and that the focus of enforcement should be bringing practices up to standard.
96. Many responses raised concerns that removal of a firm's right to operate could prevent access to veterinary care and ultimately harm patients. This sanction should be limited to the most extreme cases or repeat offenders.
97. Some respondents raised concerns about the damage that these enforcement mechanisms might cause to small businesses which lack legal and compliance teams. Concerns were also raised about effects on the mental health of an already over-stretched and stressed profession, arguing that vets might become even more risk averse, slowing the decision-making process and increasing client costs.
98. Many responses highlighted that there should be an appeals process to appeal decisions of the regulator.
99. Some respondents raised concerns about documents, such as warning notices, being made public without context and thereby harming the businesses.

Remedy 20: Requirements on veterinary businesses for effective in-house complaint handling

100. Many respondents were supportive of a requirement for veterinary businesses to have an in-house complaint handling process. Reasons included the encouragement of timely and meaningful resolution of complaints at the local level, support for some standardisation across the sector, and improved transparency and expectations which would benefit both pet owners and veterinary businesses. A few respondents highlighted the successful introduction of mandatory processes in other sectors.
101. Several respondents noted that many veterinary businesses already have complaint processes and therefore this requirement would be unlikely to add any additional burden. Some respondents, however, expressed concerns that a mandatory process might interfere with already successful processes, and that guidance might be more appropriate than a mandatory policy. Some

respondents raised concerns that there might be undue burden on smaller practices, particularly those without separate HR functions.

102. Responses also noted that some practices might have inadequate processes or lack a complaint process entirely, despite the RCVS already recommending that veterinary practices should be able to provide comprehensive written information on the practice's complaint handling policy. Some respondents said that, where businesses would be required to introduce or change their complaint handling processes, the focus should be on learning from mistakes rather than a punitive approach.
103. Some respondents were in favour of a template being developed in cooperation with relevant stakeholder organisations. Some respondents, on the other hand, suggested that a template could be too formulaic and that there should be a degree of flexibility to reflect practice culture. Some respondents who were supportive of standardisation emphasised that the complaints handling process must be proportionate to the level of complaint and scale of business.

Remedy 21: Requirement for veterinary businesses to participate in the Veterinary Client Mediation Service (VCMS)

104. A clear theme in the responses we received with regards to this remedy was a preference for complaints to be resolved at local level where possible (that is between the pet owner and veterinary business) and for escalation to mediation to occur only if in-house processes were exhausted.
105. Those respondents who were broadly supportive of this remedy told us that it could benefit pet owners by providing an accessible and independent way to resolve complaints. Several respondents noted that this remedy could benefit veterinary businesses by protecting practices, providing an intermediary when topics are emotive, avoiding reputational damage resulting from unresolved complaints, and creating a level playing field amongst veterinary businesses. Some veterinary businesses told us they had found engagement with the VCMS positive in the past.
106. The feedback we received in relation to this remedy was, however, mixed. The main concerns we were heard were:
 - That not all complaints were suitable for mediation and clear criteria for which complaints should progress to mediation were needed. In particular, some respondents said that veterinary businesses should not be required

to engage in mediation where claims by pet owners were vexatious, unjustified, or focused on fee avoidance.

- That this remedy could create additional costs and complexity, particularly for smaller veterinary businesses, independents, and rural practices.
- About the impact on veterinary professionals' time (clinical and administrative) and wellbeing where clients pursue mediation of unjustified complaints.
- Related to concerns about the effectiveness of the VCMS (in some cases based on personal experience), including a perception that it was overly focussed on financial compensation.
- Around the ability of the VCMS to scale up in a timely manner.

107. We were also told by a small number of respondents that this remedy should be funded by veterinary businesses rather than veterinary professionals.

Remedy 22: Requirement for veterinary businesses to raise awareness of the VCMS

108. Many respondents told us that there was scope for greater promotion of the VCMS by veterinary businesses. Some respondents also told us that the RCVS should have a role in this regard.

109. Most respondents who expressed a view said that veterinary businesses could raise awareness of the VCMS with pet owners in multiple ways. Suggestions as to how this could be done included in published material on complaint handling processes, via signage on practice websites and in practice receptions, and in correspondence with clients (such as welcome packs).

110. A few respondents told us that templates and materials should be provided to veterinary businesses to support any requirements to promote the VCMS to pet owners. Some of these respondents also said that there should be some discretion in how materials are presented.

111. A small number of respondents who were supportive of this proposed remedy told us that it would be sufficient to raise awareness of the VCMS through in-house complaint processes only.

112. A small number of respondents were not in favour of raising awareness of the VCMS. The reasons for this varied and included that would not be appropriate until pet owners has a complaint or a complaint which could not be resolved

in-house and that otherwise, it could lead to an increase in complaints and premature escalation.

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

113. Many respondents broadly supported greater use of complaints data by the regulator. Commonly cited reasons for this were that it could be used to identify trends and common issues in complaints, support the provision of insights to, and continued professional learning for, the veterinary professions, and support both quality improvements and continuous learning cultures. Many respondents said that complaint data should be used in a positive manner to support improvements and not as a punitive tool. Some respondents did however tell us that this data could be used to identify outlier veterinary businesses requiring investigation.
114. Some respondents said that publication could benefit public awareness and trust and noted that the reporting of complaint data occurs in other sectors. However, some other respondents raised concerns about whether published complaint data would be appropriately interpreted by pet owners and the media. Other respondents stated that the most appropriate use of complaint data was to share this directly with the profession to support improvement and continuous learning.
115. Some respondents commented on which complaint data should be collected and published. Key themes were that complaint data collected should not include unreasonable or financially motivated complaints and must be appropriately anonymised. With regards to the publication of complaint data, key points made were that complaint data should be categorised thematically and be aggregated (rather than published at veterinary business or practice level).
116. Some respondents raised concerns about the cost of this proposed remedy (particularly the burden on independent veterinary businesses) and whether it would be more effective to mandate veterinary businesses to review complaints and take action where appropriate.
117. A small number of respondents noted that the VCMS and the Veterinary Defence Society (**VDS**), via its Vetsafe tool, already made positive contributions to supporting learning from complaints and could continue to play a role in this regard.

Remedy 24: Supplementing mediation with a form of binding adjudication

118. We received mixed feedback from respondents regarding the potential benefits and challenges of introducing a form of adjudication into the sector.
119. Those respondents who were supportive said that binding adjudication had the potential to deliver an independent and fair final outcome for pet owners, or to encourage resolution at an earlier stage and support confidence in the profession and sector. Some respondents also told us that binding adjudication could help to protect vets against spurious claims and support a reduction in the emotional toll of, and time spent on, prolonged claims.
120. Other respondents were not supportive of, or raised concerns about, this remedy option. Key concerns were that this could add an unnecessary layer of complexity and that the process would be lengthy, stressful, time consuming and costly, particularly for small and independent veterinary businesses. Some respondents were concerned that it could encourage frivolous claims. A few respondents also told us that a disadvantage of binding adjudication was that it did not involve an independent investigation and that a challenge would be ensuring an adjudicator had a high level of veterinary knowledge. Some respondents questioned whether this remedy option was necessary and proportionate.

Remedy 25: The establishment of a veterinary ombudsman

121. In our RWP we asked for respondents to tell us what they considered to be the potential benefits and challenges of establishing a veterinary ombudsman. The feedback we received was mixed.
122. 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 that it would be readily identifiable by, and accessible and free for, pet owners. Some respondents also said that it could increase trust in the redress process and the sector. A small number of respondents said that an ombudsman with investigative powers could allow for full investigations and potentially remove the evidence burden from the consumer. Several respondents told us that an ombudsman could analyse trends in complaints across the market, identify systemic issues, and support sector-wide improvements.
123. Respondents said that there were disadvantages of a veterinary ombudsman, which included that it could add complexity, duplication and confusion with the roles of existing bodies (eg with the RCVS and its regulation of serious professional misconduct). They also said that it would be costly (and that

costs might be passed onto pet owners), lengthy and burdensome, particularly for independent veterinary businesses. Respondents noted that an ombudsman could be stressful for veterinary professionals. A small number of respondents said that an ombudsman could encourage more frivolous, vexatious or financially motivated complaints, and might lead to a litigation-style culture which harmed the vet-client-patient relationship. Some respondents questioned whether an ombudsman was proportionate to the CMA's concerns (including if requirements around complaint handling process and mediation were introduced) and was more suited to other types of services. Some respondents also said that an ombudsman would need to draw on veterinary expertise.

Remedies relating to the effective use of veterinary nurses

Remedy 26: Protection of the veterinary nurse title

124. Most respondents commenting on this potential remedy strongly supported protection of the veterinary nurse title, highlighting several benefits. Many felt that protection of the title would improve transparency for consumers by making staff qualifications clearer and would enhance public trust in veterinary services. Respondents noted that legal protection of the title was long overdue, would help distinguish Registered Veterinary Nurses (**RVNs**) from individuals without formal qualifications, and would ensure greater recognition of the skills and responsibilities that RVNs bring to clinical care.
125. Some responses stated that protecting the title was necessary to support the potential expansion of the RVN role, including the possibility of prescribing rights and the development of a 'nurse practitioner' role.
126. Overall, the responses indicated widespread support for statutory protection of the veterinary nurse title, with many seeing it as an important step toward upholding professional standards and safeguarding animal welfare.

Remedy 27: Clarification of the existing framework

127. Many respondents expressed concern that Schedule 3 of the Veterinary Surgeons Act 1966 was not being applied consistently across the veterinary sector. A common theme was the lack of clarity around which procedures could be delegated to RVNs, leading to hesitancy among veterinary surgeons and inconsistent delegation practices. Some said that this uncertainty was further compounded by varying interpretations of Schedule 3 between practices and even among individuals within the same organisations. Respondents also highlighted that RVNs were often underutilised, with their

skills and training not being fully applied under the current framework. There was a general perception that existing guidance was insufficiently clear or accessible, contributing to confusion and a risk-averse approach to delegation. In addition, some said that Schedule 3 was not well understood by consumers, which could affect how the role of RVNs was perceived and valued in practice.

128. To address these issues, respondents offered a range of suggestions for improving the use of Schedule 3 in practice. A common recommendation was for clearer and more accessible guidance that defined which procedures could be delegated to RVNs. Many contributors emphasised the importance of improved education and training for both veterinary surgeons and RVNs, including through continuing professional development, to ensure a shared understanding of Schedule 3's scope and application. Some respondents suggested that practices should be more transparent about staff qualifications, both online and in clinics, to help clients understand who was delivering care. Others highlighted the need for better public communication to raise awareness of the qualifications and responsibilities of RVNs.
129. Some respondents called for stronger regulatory oversight, saying that consistent and appropriate application of Schedule 3 across the profession was important. Some linked this point to protection of the veterinary nurse title, saying that statutory protection would reinforce the legitimacy of delegated tasks and help establish clearer boundaries between different roles. A small number of respondents also noted practical barriers, such as limited consulting space or staffing constraints, which might affect the ability of some practices to utilise RVNs fully.
130. Overall, the responses reflected a strong desire within the veterinary sector to improve the clarity, confidence, and consistency of Schedule 3's implementation, with many seeing this as a key step toward better utilisation of RVNs and improved patient care.

Remedy 28: Reform to expand the veterinary nurse role

131. Many respondents expressed strong support for expanding the role of RVNs, saying that this could lead to improved efficiency within veterinary practices, reduced pressure on veterinary surgeons, and enhanced job satisfaction and career progression for nurses. Several contributors said there was potential for RVNs to take on additional responsibilities such as administering vaccinations, managing preventative healthcare, and performing certain procedures, provided they received appropriate training and operated within a clearly defined scope of practice.

132. For veterinary businesses, the expansion of the RVN role was seen as a way to improve service delivery, reduce wait times, and potentially lower costs for clients. Responses said pet owners could benefit from increased access to care and more continuity in treatment, particularly in areas such as chronic disease management and palliative care. Many respondents also said that better utilisation of RVNs could positively impact animal welfare by enabling more timely interventions and freeing up veterinary surgeons to focus on more complex cases.
133. Respondents also raised a number of concerns with an expanded role for RVNs. Some said there was a need for robust safeguards, including clear legal and professional frameworks, formal accountability for clinical decisions, and strong oversight from regulatory bodies. Several contributors said RVNs should not be used as a cost-saving substitute for veterinary surgeons; respondents said this could lead to inappropriate delegation, reduced quality of care, and increased liability for both nurses and vets.
134. Some respondents said that expanding the RVN role could inadvertently reduce training opportunities for newly qualified vets, particularly if basic procedures were increasingly delegated to nurses. Others highlighted the importance of public education to ensure that clients understood the qualifications and responsibilities of RVNs, and that they were informed when procedures are carried out by nurses rather than vets.
135. There were also concerns about workforce capacity, with some practices struggling to recruit and retain qualified RVNs. Respondents said that any expansion should be accompanied by investment in training, fair remuneration, and measures to prevent exploitation of nurses as 'cheap labour'.
136. Overall, while there was broad support for expanding the veterinary nurse role, respondents stressed that reforms must be carefully designed and implemented to ensure they enhanced, rather than compromised, professional standards, patient safety, and public trust.

Proportionality and funding of a reformed system of regulation

137. Some respondents were concerned that a reformed regulatory framework would place a disproportionate administrative burden on independent practices, while LVGs would have more capacity for additional regulatory requirements. Respondents said that this could have unintended consequences, such as smaller businesses closing, which might adversely affect competition in certain areas.

138. Respondents told us that a new regulatory framework could result in greater costs, both for those regulated to comply, and for the regulator to monitor and enforce compliance with regulation. Respondents also told us that some of those additional costs would be likely to be passed on to consumers. However, respondents also 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.
139. Many respondents told us that the regulation of veterinary businesses should be funded by veterinary businesses, and not by veterinary professionals. Many respondents also told us that any fee or levy imposed on veterinary businesses should be proportionate to business size.
140. In relation to the funding of a binding redress scheme, some respondents told us that this should be funded by veterinary businesses based on the number of complaints which were escalated to the redress scheme, while other respondents told us that a funding system based on the number of complaints escalated would be unfair and might encourage complaint avoidance.