

Response to the CMA paper published October 15th 2025

I am a veterinary surgeon and have been qualified for the last 10 years working in a range of independent and corporate practices and am now a locum.

Although I am pleased to see the CMA call for an updated Veterinary Surgeons Act, I would like to see clearer recommendations from the CMA to central government about the kind of regulatory reform that must be present in any new legislation for the sector. This must include protection of the veterinary nurse title. It must also include mandatory practice regulation, and that regulation must include inspections and not just self-reporting; this system must ensure that practices and businesses are held accountable, rather than individual professionals without control over practice policies and operation. The practice standards scheme offered by the RCVS is a solid basis for practice, but the differentiation between “core” standards and “general practice” are significant, and there is no education for clients on the importance of this scheme and the difference in quality of the practices in the scheme levels.

Measuring outcomes only by client satisfaction is unfair and does not consider the lack of understanding of clients about the differences in veterinary care. Clients generally are most likely to be upset about costs or communication and, while both are important, they do not reflect the standard of veterinary care. Having worked in a range of practices, it is the independents I have worked in that do not routinely send animals home from surgery with pain relief, or don't place IV cannulas for routine surgeries or have shared wards for cats and dogs, all of which I would consider a poor standard of care, but are things clients would not necessarily know about. The corporates tend to have a more uniform standard, and the independents can either be higher or lower than these standards.

Unfortunately, in my experience, the standard of care provided does not necessarily match the costs, so a more expensive practice is not necessarily providing better care, but again, so many of these factors are not things clients can take into account when selecting a veterinary practice, and a price comparison website risks making the most important factor when choosing your vets the costs, which should come secondary to the trust and quality of care received. It is important in any price comparison to have a context with it- does this include pre anaesthetic bloods and fluids, does it include post op pain relief, cannulas, are animals monitored with special equipment etc, otherwise we risk this becoming a race to the bottom with quality of care.

I support the publication of key prices online, and the requirement to provide itemised bills, and estimates for treatments expected to exceed £500. I believe many practices are already implementing this, in my experience, the only ones not to have been independent. Introducing this is likely to lead to a higher burden on independent practices than corporate practices as they will have to resolve them on their own. The list of prices online should not be exhaustive because this risks leading to fixed price fees, the way they work in most sectors is to increase the price for most clients to cover for those which would cost the business more and will not necessarily work out best for

the clients involved. It is impossible to accurately cost most treatments before examining the animal because they should be individualised.

I support a maximum prescription fee in theory, but this is impractical to implement, it would be inappropriate to dictate how long a prescription would have to last and how many items should be on it, so vets can use this measure to alter the prices regardless. It also means that the costs used in this will likely be moved into the consult fee and not reduce prices for clients at all. There is also no coverage for inflation and future prices which is unfair. I am concerned that the wording of this remedy about providing prescriptions at the time of consultation or emailed the same day- this means a client could contact just before closing and you would expect a vet to stay late to provide the script, this reveals a poor understanding of the steps involved. There must be provisions in place to prevent prescription fraud, which has been seen at every practice I have worked in, and given the current lack of a national veterinary prescription infrastructure, this must include practices being able to send prescriptions directly to a pharmacy of the pet owner's choice.

More must be done alongside these measures to ensure that pet owners are aware of the links between veterinary practices and online veterinary pharmacies, where many are owned by the same large corporations, otherwise we risk funneling business from small independent businesses into large veterinary corporations with well obscured vertical integration structures.

The Cascade system, by which veterinary medicines are prescribed is a tricky subject, this is the primary cause of many of the high veterinary costs, as the current system does not allow veterinary prescribers to consider cost as a factor in choosing the most appropriate medicine for a pet; it does not allow the prescribing of generic medicines where there is a licenced branded version – even if the formulations of both medicines are identical. This is frustrating, but the cascade system is in place for a reason and protects the development of new veterinary medications which are incredibly important. The CMA also did not consider the relatively recent changes in flea and worming prescriptions which required physical consults to prescribe these medications, rather than just having seen the animal in the last 12 months, this has significantly increased the costs to many clients as they have needed to pay for the vet time for these consults.

I would like to see the CMA include improved transparency measures which required all practices to clearly display any business links between themselves and any products (eg, own brand medications and foods), and any services or referrals they offer (eg, crematoria and referral practices).

I believe the root cause of many of the issues was not tackled as the CMA investigation was not given the scope to investigate the lack of competition in some areas, where all of the practices are owned by the same company.

The costs of veterinary care are concerning to clients, especially those with financial struggles, but the context is important when looking at veterinary fees- good care is expensive for certain conditions, and in many cases the costs people complain about

are fair and correct for the work and expertise. The most common complaint is if vets cared they would work for free- this is an unfair expectation, and it must be made clear that many vets in the past have undervalued their time (and had a higher mark up on meds). In my experience clients complain about what feels expensive to them, so I have had clients complain about costs that are extremely reasonable because they have heard that vets are expensive, with no context as to what is actually expensive, i.e. being estimated £350 for a dental, when other local practices would estimate £1200. At my first job we were very cheap, but we were actively losing money the more work we did- and yet we still had regular complaints about the prices (including people complaining about free medication checks). There is no benefit to being the cheapest practice around because people still can't afford the care and you end up watching animals and people suffer and taking more abuse. A major factor in the current feeling is the cost-of-living crisis which means that people are struggling to afford fees whether they are fair or not, and when this involves loved members of the family emotions can run high. Vets should not and must not be allowed to be abused or demanded to work for free. The average vet wages are not unreasonable and are significantly lower than a doctor or dentist who is equivalently trained.

The corporates have brought in significant improvements in some aspects of the profession, especially with wages. Nurse wages have risen significantly (fairly) from 18-19,000 5 years ago to 30,000 now, this is well deserved but is a significant increase in costs to a practice (40% of an average practice's turnover is wages). They also provide generally a clearer HR option than the traditional option of the practice owner or their partner. While some are clearly making larger profits than others, and a lack of competition is causing issues (especially where some have had to reduce prices recently), they should not be demonised. I have seen messages on social media saying all vets and nurses who work for corporates are bad people because they are willing to work there, but this is the majority of a profession, and no one with a brain goes into veterinary medicine to make money, there are much easier options with less emotional labour. This only adds to the pressure on these staff and increases the risk of burnout, lowering people in the profession and driving up wages to find staff that can cope. Client abuse is by far the most stressful part of my job.