

Dear CMA,

I write in response to your package of proposed remedies published 15th October 2025.

I would like first to express my gratitude and relief that there has been some reform of the suggested remedies from February 2025. I am still concerned that the media response is one of negativity towards the profession, and I hope that the public/vet relationship can be repaired once this investigation is over.

There are several elements of your proposed package of remedies that I strongly agree with. Reference to specific remedies in my comments below are in square brackets []

Transparency regarding ownership of businesses [1], ensuring that clients are given written estimates and breakdowns of costs [5a, 5b] and safeguarding freedom of clinical practice are all [6], in my opinion, a hallmark of good veterinary practice. It is quite reasonable to share professional information about staffing and OOH provision. [2a] I am interested to know how the sale/sharing of this data will be monitored to ensure that no search engine paid promotion takes place.

Similarly, a recommendation to update the Veterinary Surgeons Act to reflect modern practice is long overdue [17]. A framework to regulate veterinary businesses, not just registered vets and nurses seems logical. I sincerely hope there is scope to create legal provision within the new Act for veterinary nurses; to allow them to expand their roles in clinical practice and create a career path that is progressive and rewarding.

Allowing a grace period of 1-2 working days before deceased animals are collected should be a straightforward adaptation to our working practice. [13]

Providing a structured complaints procedure is welcome, on the understanding that any complaints that are unfounded or malicious will be screened out and rejected at the earliest opportunity to prevent undue stress to the staff members involved. [14, 15, 16a,b]

However, there are some remedies that I feel need further refinement or consideration to not introduce them at all.

Whilst I am in support of ensuring that the public are aware of the availability of prescriptions and that online pharmacies may offer medication more cheaply, I also strongly feel that the public should also be made aware that high quality veterinary care comes at a cost.

We frequently see animals that have insurance to cover £2-3K of treatment where the owners had no idea that a hospital stay after a road traffic accident might reasonably cost them £4-5K. This is not excessive pricing; it is simply the cost of high level care, provided by dedicated professionals, on a 24hrs basis.

In response to the observation that veterinary wages have increased above the rate of inflation. The model of veterinary business has changed significantly over the last 20 years. Previously practices were independent and owned by vets, most practices provided their own out of hours care. Therefore, accommodation close to the practice and a vehicle to travel in were often included as part of the package offered. This would not be reflected in your salary/take home pay but as a benefit in kind. Now, many more practices are corporate owned, out of hours is outsourced and most vets will remain employees (not partners or directors) until retirement. It is logical, therefore, that without the career progression of assistant to senior assistant to partner, and no longer receiving other benefits in kind, that veterinary wages have increased. It is also well known within the profession that, despite wage increases, we are still more poorly paid (on average) than any of the other well qualified professional roles that we are compared with. Doctors, dentists and lawyers all command much higher salaries within a few years of qualification

than most vets ever will. We cannot pay those salaries because to do so would involve raising prices to a level that clients simply would not pay.

Comments on specific remedies:

Publication of a standard price list. [2b] Whilst this has a reasonable amount of detail in Table 3.1 there are still elements of ambiguity.

Category 1 and 2 are well defined and I feel prices could be compared with a small amount of additional text needed for each practice to explain any details. E.g. which vaccinations these prices include, some are core vaccinations some are optional.

Category 3 – routine dentistry comprising of anaesthetic, assessment of mouth (does this include dental xrays?) scale and polish. This level of service can be provided by a nurse and is often done to assess the mouth prior to extractions. It would be reasonable to also list the cost of extractions and if there are any additional medicine or anaesthetic costs associate with those extractions. Dental procedures with extractions are likely to be significantly more costly that those that only require a scale and polish. Dental extractions are frequently required in our species and are the main form of remedial treatment for dental disease.

Category 4 – Some of these are still too broad, x ray is often charged either per image with the first image being more expensive that subsequent ones, or as a package for a number of images. Ultrasound – a heart ultrasound scan (echocardiogram) might be performed with or without ecg (electrocardiograph) so these would be better listed separately. There might be different levels of heart scan depending on experience of operator and clinical need.

With reference to cytology, urine testing and blood work, there are likely to be different charges for laboratory work that is performed within the practice (“in-house”) or sent to an external provider. It would be important that this, and the turnaround time if using an external laboratory, form part of the explanatory notes.

There is a proposed requirement that the price list be updated every time prices increase. We currently update our price list every month, these are small differences to reflect current trends and inflation. Depending on the ease of transferring these updates from our practice management system to the new price comparison site, and also our website, this might create quite a lot of additional administration. I would propose that all practices should be required to update their prices with the RCVS and on their website quarterly and the date of most recent update be referenced on the sites.

Publishing prices for the most frequently recommended parasite treatments [2c] I am in agreement that this is reasonable, however, I would be grateful for confirmation that publishing the names of the products used in our pet health plans would not constitute a breach of the VMD requirement that we may not advertise any POM-V medication to clients. Currently all pet health plan material must be designed so that it does not mention any specific drugs or brand names.

I do not think it should be a requirement that we publish a link to a list of online pharmacies. Displaying the prescribed text regarding the availability of written prescriptions and that medicines may be cheaper online should suffice. No other business I know of is obliged to provide a direct link to their competitors' prices!

Pet care plans [2d] I think this is reasonable, again with the assurance that it does not constitute advertising of prescripion medicines.

My biggest area of concern is written prescriptions. This was something addressed by the CMA many years ago and it has been compulsory to advertise that written prescriptions are available, and what we charge for both the script and the recheck consultation since then.

I agree that written prescriptions have their place for long-term medications that need infrequent formulation or dosage changes and that the animal is stable on.

I would be happy that remedy [7] addresses this further with standardised wording and posters that must be displayed and given to owners.

However, I feel that the frequency with which we may be required to inform owners of this availability, constitutes a positive bias towards promoting online sales. My specific objections are to – having to inform clients who have already expressed a preference to purchase their medications from the practice, that they could have a written prescription. This feels like active promotion of written prescriptions, rather than informing the client of their options.

I would ask that you include the average turnaround time from order to dispatch in your table 5.20. This is the time taken for the online pharmacy to receive, review and approve the written prescription for dispensing and dispatch. Delivery time is often not the limiting factor when ordering medications online.

Single prescription fee for all drugs capped at £16. This is unworkable. I would also be concerned that there would be significant pressure from clients on vets to prescribe for lengths of time they are uncomfortable with (6-12 months) and unrealistic requests that all that pet's drugs to be prescribed in a single annual consultation.

Currently our practice management system does not allow for multiple drugs to be put onto a single prescription; this would need to be modified by the programme writers to allow this. We currently use BVA stickers to increase traceability and reduce fraud of written prescriptions. These cost us £27.60 for a book of 100 so 28p per prescription before any time, printing, copying, scanning or emailing takes place. If we are also responsible for explaining risks and possible side effects to the owner prior to them obtaining the medication, this will take more time.

I live in Wales where NHS prescriptions are free, but I believe the NHS in England charges point of dispensing fees per drug?

I think a standard prescription fee could be accepted by vets, but it must be per drug, not per consultation.

I would also like consideration to be given to the responsibility of aftercare. Who is responsible for the medication follow up questions? The written prescription constitutes a recommendation for a specific drug, but I feel the dispenser should take some responsibility for follow up regarding questions relating to the administration and side effects of that medication. For liquid preparations we frequently physically demonstrate the amount to be given or mark the syringe to ensure safety. This step will be missed with increased online dispensing. I propose that all online pharmacies should be mandated to have a vet available to discuss medication concerns on a 24hr basis.

Unless actively publicly promoted, there is likely to be client confusion regarding written prescriptions for medicines used under the cascade. A good example is chloramphenicol eye drops. We frequently use these first line for bacterial conjunctivitis as part of antibiotic guardianship; veterinary preparations contain antibiotics that should be safeguarded and not used unless essential. Chloramphenicol eye drops are available over the counter to humans from a pharmacist. However, under current VMD legislation, we would have to write a prescription for these eye drops to be legally given to a pet. Owners don't understand why they might need a prescription for a pet, when a medication is easily available to a human.

The same applies to paracetamol tablets, available without prescription to humans older than 16 years, but require a prescription for you to legally obtain them and give them to your pet. Perhaps an overhaul of the VMD cascade regulations could be recommended alongside reform of the Veterinary Surgeons Act?

I will conclude by noting that the savings afforded by buying groups still do not allow FOP to compete with online pharmacy prices and that the income to veterinary practices must come from somewhere. If the sale price of medicines is to be reduced or limited in FOP the resultant deficit will mean an increase in consultation prices. It would be a change in client mindset to pay £100 for their consultation and then take away a prescription and purchase their medication elsewhere for £20 than to spend £60 on the consultation and £60 on the medication dispensed at the time. This also unfairly impacts those clients who DO choose to buy their medication at the practice. Would there be anything to stop practices from offering discounted consultations to those who chose to purchase their medication in branch?

I worry that higher consultation fees might put owners off seeking advice from their vets and instead push them into looking for it from less reputable sources or putting off taking the animal until they are more unwell.

As a final thought on the changes to veterinary practice that this reform will bring, I wonder how it will affect pet insurance, on which many clients rely to help them with vets fees. If policies change to limit what will be covered in terms of medicine fees, e.g. covering online costs only even for medication that is required to start immediately, then this may affect patient welfare and treatment. Clients are also most likely unaware that they would have to make separate claims if they wished to claim for the cost of consultation and prescription from the vet and then medications costs from the online pharmacy. I also imagine that most online pharmacies will not allow direct insurance claims in the way that many veterinary practices will, leaving the client to pay the bill out of pocket, and recover the funding at a later date.

Thank you for taking the time to consider my response,

Kind regards,

A black rectangular redaction box covering the signature of the sender.