
BRITISH EQUINE VETERINARY ASSOCIATION

NOVEMBER 2025 RESPONSE TO THE CMA'S PROVISIONAL DECISION REPORT ON THE
VETERINARY SERVICES MARKET FOR PETS

1. INTRODUCTION

The British Equine Veterinary Association (BEVA) welcomes the opportunity to comment on the Competition and Markets Authority's (CMA) Provisional Decision Report and associated remedies arising from its investigation into the veterinary services market for pets.

BEVA represents some 4,000 equine veterinary surgeons and nurses, providing clinical, educational, and professional leadership for the equine veterinary sector. While the CMA's review focuses on the companion-animal market, its recommendations and proposed regulatory reforms would—if implemented—have consequences across the entire veterinary profession.

BEVA contributed written evidence during the CMA's initial call for input in 2024 and subsequent information-gathering stages. We continue to support the CMA's aims of improving transparency, strengthening consumer confidence, and ensuring proportionate accountability. However, BEVA is concerned that several proposed remedies are derived entirely from the companion-animal sector and, if applied without adaptation, would have unintended and potentially harmful consequences for equine practice, animal welfare, and professional sustainability.

2. OVERARCHING OBSERVATIONS

The equine veterinary market differs fundamentally from the companion-animal model underpinning the CMA's analysis. Equine clients routinely engage multiple practices or clinicians for different services (lameness, reproduction, dentistry, referrals). There is no single 'registered practice' model; horses are often treated by several practices with overlapping clinical records. The majority of equine practitioners operate ambulatory or mobile services, frequently in rural or remote areas, where digital infrastructure is limited.

As a result, many of the CMA's assumptions—particularly those relating to consumer choice, continuity of records, and comparative pricing—are not directly transferable. BEVA therefore urges the CMA, the RCVS, and government to ensure that any remedies flowing from this review are tailored by species sector and subject to targeted consultation with relevant professional bodies.

3. BEVA COMMENTS ON SPECIFIC PROVISIONAL REMEDIES

3.1 PRICE TRANSPARENCY AND PUBLICATION OF PRICE LISTS

BEVA supports the principle of fair and clear communication of likely costs. However, equine work is highly variable, with fees determined by travel time, location, horse size and temperament, case complexity, and the need for specialised equipment. E.g. the costs and complexities associated with castrating a well-handled yearling Shetland pony would be completely different to that of castrating a poorly handled mature Shire horse.

A rigid requirement to publish fixed prices for 'common procedures' would be misleading for clients and administratively burdensome for small ambulatory practices. We recommend that:

- Any future transparency requirements allow indicative price ranges or time-based charging bands rather than fixed procedure fees; and
- The RCVS develops species-specific transparency templates in consultation with BEVA and other species-specific membership bodies.

BEVA supports the publication of ownership and corporate group information to enhance trust, provided this is implemented consistently across all sectors.

3.2 WRITTEN ESTIMATES AND ITEMISED BILLS

BEVA agrees that clients should receive written estimates for treatments likely to exceed £500 wherever practical. Most equine referral hospitals already provide such documentation.

Equine emergency cases (e.g. colic surgery, fractures) often require rapid clinical decisions; strict pre-treatment estimate requirements could delay lifesaving interventions. BEVA therefore recommends that emergency exemptions be explicitly included in any regulatory guidance.

We also support the principle of itemised billing, provided practices retain discretion to group incidental costs where itemisation would become confusing or disproportionate.

3.3 WRITTEN PRESCRIPTIONS, TRANSPARENCY, AND FEE CAP

BEVA supports the objective of transparency in medicines supply and owner choice. However, a single capped fee (currently proposed at £16) fails to recognise the time, professional judgement, and record-keeping requirements associated with equine prescriptions—particularly under cascade regulations. BEVA's own data show median equine prescription fees around £23.

The CMA's small-animal model assumes in-practice digital systems and fixed premises. Equine prescriptions are commonly issued in the field, sometimes offline, with the clinician responsible for full documentation and regulatory compliance.

BEVA therefore recommends that:

- The CMA invites the RCVS to set fair-cost ranges by species, reflecting the legitimate administrative burden;
- Practices be permitted to recover reasonable costs for prescription generation and record maintenance; and
- The sector be supported to develop secure digital prescription tools that facilitate timely issue without increasing risk of prescription fraud.

3.4 INFORMATION SHARING WITH RCVS (“FIND A VET”)

BEVA supports greater public access to accurate practice information. Transparency on ownership and indicative pricing can build trust, provided implementation reflects the realities of equine work—mobile services, variable fees, and no single “registered practice” model.

The CMA proposes that ownership and price data be collated through the RCVS Find a Vet platform and shared with third-party comparison sites. While this may suit the companion-animal sector, the equine model (where multiple practices and clinicians often share responsibility) creates a risk of confusion over accountability and incomplete or misinterpreted data.

Whilst we acknowledge that the CMA is not seeking publication of clinical records, if the CMA unintentionally normalises multi-practice shopping, with no clear boundaries, data-governance safeguards, or responsibility for who holds the full clinical record, then there will be negative impacts on welfare and insurance risks, and pre-purchase examinations (PPEs) will be less reliable. BEVA believes that the CMA outcomes must not facilitate future expansion into areas that could compromise confidentiality, GDPR compliance, or the integrity of PPEs.

BEVA recommends that the RCVS, in partnership with BEVA:

- Develops an equine-specific data-sharing protocol defining what may be published and how privacy is protected; and
- Adopts opt-in, equine-relevant data fields (e.g. ambulatory radius, facilities, 24-hour cover) rather than fixed procedure lists.

This would deliver transparency without undermining professional confidentiality or the collaborative nature of equine practice.

3.5 OUT-OF-HOURS (OOH) SERVICES

BEVA recognises the CMA’s aim of reducing restrictive contract clauses. In equine practice, most OOH cover is delivered internally or through collaborative regional rotas rather than third-party providers.

We support limits on excessive notice periods and penalties, provided the rules acknowledge rural workforce constraints and safety considerations for lone-working clinicians.

3.6 BUSINESS REGULATION AND REFORM OF THE VETERINARY SURGEONS ACT

BEVA strongly supports the CMA's recommendation for modernising the Veterinary Surgeons Act 1966 and introducing business-level regulation. The current legislative framework predates corporate practice ownership and no longer reflects the realities of modern veterinary delivery.

We endorse the principle that veterinary businesses, as well as individuals, should be accountable for fairness, transparency, and professional standards.

However, profitability structures and cost bases in equine practice differ markedly from the companion-animal sector, where cross-subsidy and high-volume models are common. Reform must be developed in close consultation with all parts of the veterinary profession, including the equine sector, ensuring proportionate compliance expectations for ambulatory practices and avoiding duplication with existing quality-assurance schemes.

4. SUMMARY RECOMMENDATIONS

BEVA recommends that the CMA:

1. Recognises sectoral diversity within the veterinary profession and explicitly states that future remedies must be implemented through species-specific guidance developed by the RCVS with professional bodies such as BEVA.
2. Defers setting fixed prescription fee caps and instead empowers the RCVS to determine fair-cost ranges by species.
3. Adapts price-transparency requirements to allow indicative pricing and time-based charging for equine work.
4. Includes emergency exemptions within estimate and billing obligations to avoid welfare risks.
5. Engages BEVA and other sector bodies in designing the future framework for business-level regulation and the modernisation of the Veterinary Surgeons Act.

5. CONCLUSION

BEVA fully supports the CMA's goal of a transparent and trusted veterinary profession. However, equine veterinary services operate within a distinct clinical, economic, and logistical context that differs markedly from companion-animal practice. Direct transposition of small-animal remedies risks unintended consequences for horse welfare, client trust, and practitioner sustainability.

BEVA is ready to work with the CMA and RCVS to develop practical, proportionate, and species-appropriate solutions.

Submitted on behalf of the British Equine Veterinary Association