

## **Response to the CMA Remedies for Veterinary Practices**

We broadly welcome the CMA's focus on improving transparency, fairness, and client understanding within the veterinary sector. Many of the proposed remedies are aligned with the professional values and ethical standards that underpin veterinary practice. However, while we support the overall aims, several remedies raise legitimate practical, proportionality, and implementation concerns that must be addressed if these changes are to benefit clients and avoid harming smaller, independent practices or reducing consumer choice.

### **Remedy 1 - Ownership Transparency**

We strongly support greater transparency over ownership structures. Pet owners should clearly understand who owns and controls their veterinary practice.

However, we believe the CMA's proposals do not go far enough. Ownership information must be unequivocally visible, and large veterinary groups (LVGs) should present their corporate brand as the primary, not secondary, identity.

Wording such as "part of a group" or similar euphemisms should be replaced by the more accurate "owned and controlled by." Historically, owner names were displayed publicly at the practice entrance - this simple approach made accountability clear and should inform modern transparency requirements.

### **Remedy 2 - Transparency of Services and Pricing**

We are supportive of transparency in principle. Clients deserve clear information about services and fees. However, we note several risks and implementation challenges:

- **Price List Publication (2b):** There is a risk of price.gamification by LVGs through the use of loss leaders. The CMA's confidence that competition will self-regulate this appears optimistic.
- **Complexity of Care:** Veterinary treatment is often nuanced and simplified online price comparisons may mislead rather than inform clients.
- **Administrative Burden:** Publishing, maintaining, and automating this data will be time-consuming and currently exceeds the capability of most practice management systems (PMS).
- These same challenges apply to **parasiticide pricing (2c)** and **pet care plan information (2d)**, which are supported in principle but require careful phasing and realistic technological support.

### **Remedy 3 - RCVS “Find a Vet” Data Publication**

We support data transparency but strongly oppose any manual data entry requirements. Integration must be automated through secure data transfer or API connections. Manual uploads are inefficient, prone to error, and disproportionately burdensome for small practices.

### **Remedy 4 - Pet Owner Satisfaction Survey**

Transparency through client feedback is positive, but care must be taken to ensure fair representation. Independent practices vary widely, and aggregated results could misrepresent individual practice performance if sample sizes are too small or inconsistent.

### **Remedies 5a & 5b - Estimates and Itemised Billing**

We fully support written estimates for high-cost treatments and itemised billing. However, referring practices should not be held responsible for estimates provided by referral centres over which they have no control.

### **Remedy 6 - Ensuring Clinical Independence**

We fully endorse this measure. Clinical autonomy is central to professional veterinary ethics and must remain protected across all ownership models.

### **Remedy 7 - Information About Prescriptions and Online Pharmacies**

While we support informed choice, we have serious concerns about proportionality and practicality:

- Requiring veterinarians to discuss this in every consultation risks undermining client trust and clinical focus.
- Mandating lengthy SMS text additions would impose significant, recurring costs.
- Medicines are not always cheaper online, and suggesting otherwise may mislead clients.
- Fundamentally, the CMA must consider whether directing clients to large online retailers could unintentionally accelerate market consolidation - the very outcome these remedies aim to prevent.

### **Remedy 8 - Faster Written Prescriptions & Remedy 11 - Prescription Fee Cap**

We agree clients should have timely access to prescriptions. However, the proposed £16 cap is not proportionate to the time and professional scrutiny required, especially where multiple medications are involved.

Additionally:

- PMS systems currently lack the automation to produce prescriptions efficiently.
- Increased prescription volume will raise fraud risk and administrative workload.
- Reduced medicine revenue will force other fees (such as consultation or OOH costs) to rise.

Overall, clients may not experience the cost savings intended.

### **Remedy 9 - Own-Brand Medication Clarity**

We strongly support this - long overdue for transparency and consistency.

### **Remedy 10 - Default Choice for Repeat Prescriptions**

Supportive in principle, but automation is again essential. Manual processes would add significant administrative burden and cost.

### **Remedy 12 - Out-of-Hours (OOH) Contract Notice Periods**

We strongly support this measure, which will improve continuity of care and client communication.

### **Remedy 13 - Cremation Transparency and Options**

We already provide transparent cremation options, and we support consistency across the sector. However, this must be handled sensitively - mandatory wording at moments of grief risks damaging client trust and should remain at the clinician's discretion.

### **Remedy 14 - Standardised Complaints Process**

We support effective client redress and the professional learning that follows. The process must remain constructive rather than punitive.

## **Remedy 15 - Mandatory Mediation Participation**

We are broadly supportive but note variable experiences with VCMS.

- “Resolution by money off” should not be the default outcome.
- Clients should settle outstanding fees before mediation proceeds.
- Mediator quality and capacity must be audited and scaled appropriately.
- Cost allocation should reflect actual usage, not practice size.

We suggest the CMA explore whether independent practices already resolve complaints more efficiently through direct ownership engagement.

## **Remedies 16a & 16b - RCVS Decision Tree and Complaints Data Publication**

We support both measures, provided data collection is automated to avoid additional manual work.

## **Remedy 17 - Recommendation for a New Statutory Regime**

We agree a statutory framework could bring long-term consistency and accountability. However, any new regime must be outcomes-based, proportionate, and avoid the pitfalls of overly bureaucratic inspection systems seen elsewhere.

## **Conclusion**

We share the CMA’s goal of ensuring fairness, transparency, and client confidence in veterinary services.

However, implementation must be realistic, technology-enabled, and proportionate - otherwise, these remedies risk burdening independent practices, accelerating consolidation, and inadvertently reducing consumer choice.

With collaborative refinement and phased introduction, these proposals can enhance transparency without compromising care quality, professional integrity, or client trust.