

## Competition and Markets Authority investigation into veterinary services for household pets: joint response to the provisional decision report

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. Our mission is to represent, support and champion the whole UK veterinary profession. We are a professional body, and our members are individual veterinary surgeons. We take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues, and employment matters.
2. We welcome the opportunity to respond to the provisional decision report (Parts A and B) which set out the CMA's provisional conclusion that there is an adverse effect on competition in the veterinary services market for household pets in the UK, and the proposed package of remedies to mitigate or prevent any detrimental effects on customers so far as they have resulted from, or may be expected to result from, the AECs.
3. Our response has been compiled jointly with four of our specialist divisions and affiliate organisations, for which the investigation has the most relevance:
  - The British Small Animal Veterinary Association (BSAVA) which has a membership of 11,000 individuals mainly comprised of veterinary surgeons working in small animal practices treating household pets but also includes registered veterinary nurses (RVNs) and student veterinary surgeons and nurses. Its mission is to enable the community of small animal veterinary professionals to develop their knowledge and skills through leading-edge education, scientific research, and collaboration. It works closely with BVA to represent and support the profession in specific areas of relevance to small animal practitioners.
  - The Society of Practising Veterinary Surgeons (SPVS) whose mission is to provide a supportive membership community offering representation and industry-leading guidance for leaders in veterinary practice.
  - The Veterinary Management Group (VMG), who are the UK's leading representative body for veterinary professionals working in leadership and management roles.
  - The British Veterinary Nursing Association (BVNA) is the independent membership organisation providing services to and representing the veterinary nursing community with 6,500 members. We have a strategic alliance, and their mission is to empower veterinary nurses to develop as individuals and increase their impact on the profession and animal welfare.
4. We have greatly appreciated the many opportunities to engage with the CMA as the investigation has progressed, and we welcome the recognition in the summary of the provisional decision that the vast majority of veterinary professionals work hard, act ethically, and put animal welfare first. We strongly agree that veterinary professionals deserve respect, not hostility.
5. We broadly support the Inquiry Group's provisional assessment that there are a number of features of the market for the retail supply of veterinary services for household pets in the UK which, individually or in combination, prevent, restrict or distort competition. We agree that many of these are inherent to some degree in the market, including:

- pet owners' need and want to trust their vets and rely on their professional judgment and advice;
- advances in veterinary medicine which come at increased cost;
- the purchase of some veterinary services at times of urgency or stress.

We also agree that there are other features which exist in the market at the moment which are not inherent and could therefore be changed or modified. These include:

- a lack of easily accessible, timely and clearly comparable information for pet owners about the products and services provided by vet practices, and the associated costs;
- the inadequacy of the current regulatory framework.

6. We are pleased to see that the provisional decision is more measured and proportionate than the proposals that were put forward in the potential remedies working paper earlier this year. We can see that the CMA has listened to our concerns and our constructive criticism of emerging proposals. We are particularly pleased to note that some of the potential remedies which would have, in our view, imposed a very significant and unacceptable burden on veterinary practices – and in turn jeopardised the viability of many veterinary businesses, reduced consumer choice and negatively impacted animal health and welfare - have been modified or dropped entirely. These include the requirement to publish costs for the management of chronic conditions as part of a standardised price list, interim time-limited price control measures on medicines, and price controls on cremations.
7. We understand that the CMA's assessment of potential remedies' effectiveness and proportionality helps to form a judgement on whether they are likely to address the Adverse Effects on Competition (AECs) identified in a way that does not impose more costs and burdens than are necessary to achieve the desired effect. We also understand that impacts, both positive and negative, must be considered in the context of both customers and those veterinary businesses that would be subject to them. We have kept this in mind in our review of the provisional decision and the remedies being proposed.
8. On the whole, we welcome the remedies being proposed, and can support many with little or no further refinement. These include:
  - the measures to increase consumer engagement and choice of most suitable FOP, including requirements to publish ownership information, and clear accessible information about services;
  - the proposed additional clarity around pet health care plans;
  - the proposals around standardised complaints processes;
  - CMA's support for veterinary legislative reform, including practice regulation.
9. However, we do have some significant outstanding concerns in relation to the medicine market opening remedies, in particular the proposed requirement to make pet owners aware they can buy medicines online more cheaply. We consider this is not only disproportionate to the issue identified but could also be considered anti-competitive insofar that it predetermines a route of supply which is limited to a small number of online pharmacies. This would be to the detriment of those veterinary businesses who do not operate online veterinary pharmacies. Focusing on online retailers alone ignores that other routes of supply of veterinary medicines may be appropriate and available (e.g. human pharmacies, other veterinary businesses).
10. We are also unable to support the proposed cap on prescription fees without significant further refinement to help ensure that the access price for veterinary care is not negatively impacted – the very opposite of what many consumers are expecting to see as a key outcome from this investigation. We have significant concerns that distorting the current market in the manner set out

will in fact increase the cost of common and high-volume access point professional services - for example the cost of the standard veterinary consultation and vaccination consultations - to compensate for lost income from reduced medicine sales.

11. We note that the CMA has stopped short of proposing mandatory practice standards in line with the core standards of the RCVS Practice Standards Scheme (PSS). In the absence of practice regulation until such time as we achieve VSA reform, mandating practice standards would appear to be a pragmatic interim measure. Although we recognise that the CMA's proposals must only extend to proportionately addressing the harms associated with the AECs identified, nevertheless, many of the proposals, applied within the confines of the current statutory framework, will simply impose an increased regulatory burden on individual veterinary professionals rather than veterinary businesses. As the RCVS Code already states that '*Meeting Core Standards is a legal requirement for all UK veterinary practices, whether or not they're part of the PSS*'<sup>1</sup>, moving towards mandatory standards does not seem like a huge step and would be one that helps ensure public confidence in the professions.
12. We understand that once the final decision has been made, a number of CMA Orders will be required to define the specific requirements of the above remedies, and we look forward to engaging with that detail in due course. It is essential that veterinary professionals and businesses fully understand the detail of the requirements and the timetable for implementation, and that sufficient time is allowed for them to adapt.
13. We note that many of the remedies will require the RCVS to undertake significant development work in advance of the CMA's final decision and the subsequent CMA Orders, which will inevitably be funded by the RCVS whose existing funds come from individual vets and veterinary nurses. We have previously flagged our concern that funding for remedies for veterinary businesses must not come at the expense of these individual vets and RVNs through spending existing RCVS reserves or increases in their RCVS registration fees, not least given that many are not employed in clinical practice but in other areas including R&D, industry, Government and NGOs.
14. We note that there is a consistent view throughout the provisional decision report that all of the responsibility for delivery/procurement of veterinary care to pets lies solely with veterinary professionals and veterinary businesses. This is not the case, and we would like to robustly challenge this view. Pet owners have a duty of care in law (Section 9 of the 2006 Animal Welfare Act and devolved equivalents) to make suitable provision to ensure they provide protection from pain, suffering, injury, and disease for their pets; in other words, pet owners have the primary responsibility to obtain suitable veterinary care for their pet.

## Summary of views on the provisional decision report

15. We are responding in full to each of the provisional remedies in the table below. However, given the level of detail, we are summarising our views as follows:

### Pet owner empowerment remedies

#### Measures to increase consumer engagement and choice of most suitable FOP (Remedies 1 - 4)

- We fully support the requirement for businesses providing veterinary services, out-of-hours services provision, referral centre services, animal hospital services, diagnostic laboratory services, pet cremation services and online pharmacies to publish information on ownership.

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<sup>1</sup> <https://www.rcvs.org.uk/setting-standards/practice-standards-scheme/pss-accreditation-levels/#core>

- We fully support the CMA's provisional decision to require FOPs and referral centres to publish basic service information. This requirement should include all veterinary businesses as in the bullet above.
- We consider that the proposals relating to standardised price lists need further refinement in order to be meaningful to owners, facilitate like-with-like comparisons, and be workable for practices.
- We support the requirement to publish prices for parasiticide products on websites and in premises. However, we do not support the associated requirement to signpost to online pharmacies, which could lead to market distortion.
- We support the requirement for FOPs offering pet care plans to publish clear, comprehensive information about those plans both online and in-practice.
- We support the requirement for FOPs and referral centres to submit key practice information to the RCVS for publication on Find-a-Vet. We would like to see robust safeguards to protect against paid promotion or placement in comparison rankings, and inappropriate advertising of treatments or services which could bring the profession into disrepute.
- We are yet to be convinced that the proposed pet owners survey will be effective or provide owners with any meaningful information. We are not opposed to a survey per se, but we think the proposed design is flawed.

### **Measures to help consumers choose the most suitable treatments, referrals and diagnostics and to support vets to provide independent and impartial advice (Remedies 5a – 6)**

- We support the requirement for all veterinary businesses to provide pet owners with written estimates and itemised bills for their pet's treatment and other services they receive.
- We support the requirement for veterinary businesses to have in place written policies and processes to ensure that veterinary professionals are able to act in accordance with relevant provisions of the RCVS Codes and Guidance.

### **Medicine market opening remedies**

#### **Measures to open the medicines market to greater competition and help pet owners get the best prices (Remedies 7 – 10)**

- We support the requirement to publicise to pet owners their right to request a written prescription. However, we cannot support a requirement for veterinary practices to proactively promote competitors including online pharmacies to the detriment of their own business, or attest to savings or potential savings elsewhere.
- We do not support the requirement to provide written prescriptions by the 'end of the day' as this fails to take into account the way practices operate and the administrative burden on vets. We also cannot support the requirement to contact customers at specified times to ask for their default preference for repeat prescriptions as this would be burdensome and likely to be largely ignored by pet owners.

#### **Medicines: prescription price controls and medicines price controls (Remedy 11)**

- We cannot support a cap on prescription fees which is significantly lower than the recognised market median of £18.75 + VAT from the 2024 fees survey. Nor can we support the cap being applied per consultation, regardless of the number of products prescribed.

## **Complaints and redress**

### **Measures to improve a pet owner's ability to complain and receive redress if they are unhappy with their pet's care (Remedies 14 – 16b)**

- We welcome the requirement for all vet practices to publish and provide to pet owners an in-house complaints system, and engage in mediation in good faith.
- We support the principle of RCVS collecting, analysing and publishing data and insights on complaints, subject to safeguards to protect individual professionals.

## **Recommendations for future regulatory reform**

### **Measures to provide a replacement statutory regime for the effective regulation of veterinary services (Remedy 17)**

- We warmly welcome the CMA's proposed recommendation to the UK government to reform the Veterinary Surgeons Act 1966 and establish a new statutory regulatory regime. We will respond in detail to the Government's proposals when they are published for public consultation.

## Response to provisional decision remedies

Pet owner empowerment remedies	
Measures to increase consumer engagement and choice of most suitable FOP.	
<p><b>Remedy 1</b> Requirement to clearly display common ownership on websites, in premises and in communications</p>	<p><b>SUPPORT</b></p> <p>We consider that transparency of ownership, whether a vet practice operates independently or is part of a large group, plays an important role in helping pet owners to make an informed choice aligned with their preferences, circumstances and values.</p> <p>In previous submissions to the CMA, including our responses to the Issues Statement and Potential Remedies Working Paper, we have expressed clear support for transparency of practice ownership. As such we fully support the CMA's provisional decision to require businesses providing veterinary services, out-of-hours services provision, referral centre services, animal hospital services, diagnostic laboratory services, pet cremation services and online pharmacies to publish information on ownership.</p> <p>We understand that this requirement will apply to veterinary businesses with more than one FOP or operating a combination of FOPs and premises providing other veterinary services (eg referral service centres) or online pharmacies, and will apply across all business models, including corporate bodies (companies), partnerships, franchises, joint ventures, concessions and shop-in-shop models. We fully support the scope of the requirement as being necessary to achieve the stated aims.</p> <p>We have previously stated, including in the <a href="#">BVA guidance on transparency and client choice</a> (2024), that information about the ownership of a veterinary practice should be provided to clients in the terms of business, readily available on the practice website, and at the practice premises, through clear signage, as an information leaflet for clients and on any branded materials. Clients should not have to search for such information. Where there are third-party services recommended by the practice and owned by the same company, this should be clearly communicated to clients both in the terms of business and on the practice website and should also be verbally communicated when presenting referral options.</p> <p>We welcome the remedy design considerations detailed in the CMA's PDR (Part B) which state that pet owners need relevant and meaningful information at the point they are making relevant choices, and that the communication of that information is in a consistent form. We note the level of potential detail that may be</p>

	<p>required, and we understand that a CMA Order will be required to define the requirements more specifically. We look forward to engaging with that detail in due course. It is essential there is absolute clarity in order to ensure effectiveness, and that requirements are made available as soon as practicable to allow practices to start to move towards implementation.</p> <p>We welcome the further recommendation from the CMA that the measures which relate to veterinary businesses are later included in binding rules set through or following legislation and implemented by the RCVS or relevant regulatory body.</p>
<p><b>Remedy 2a</b> Requirement to publish basic service information including out-of-hours (OOH) provision, staff qualifications and accreditations on websites and in premises.</p>	<p><b>SUPPORT</b> <a href="#">BVA's guidance on transparency and client choice</a> (2024) is clear that transparency around costs and the true value of veterinary care is key to giving clients choice and facilitating informed consent. We already encourage veterinary professionals to think about the way in which the value of veterinary care is communicated, tailoring it to the needs of clients, their animals, and the veterinary practice. We have previously broadly supported the CMA's potential remedy which would require all FOPs and referral providers to publish information on prices, ownership and other basic information on their websites and in their practices. At the time, we suggested that the basic information could reasonably include:</p> <ul style="list-style-type: none"> <li>• Ownership information</li> <li>• Facilities and species treated</li> <li>• Practice Standards Scheme accreditation and awards</li> <li>• Provision for OOHs care</li> <li>• Experience/qualifications of team members</li> <li>• Client testimonials</li> <li>• Weblinks to any standardised price lists</li> <li>• Weblinks to client reviews</li> </ul> <p>As such, we fully support the CMA's provisional decision to require FOPs and referral centres to publish basic service information, including:</p> <ul style="list-style-type: none"> <li>• out-of-hours provider, contact details and address</li> <li>• qualifications held by practice staff including any RCVS professional accreditations (although clarification would be appreciated with regard to locums or other temporary staff)</li> <li>• any current PSS awards and accreditations</li> </ul>

	<p>We fully support the scope of the requirement as being necessary to achieve the stated aim of empowering pet owners to make informed choices when selecting a FOP or a referral centre so they can effectively assess whether the treatments and services offered meet their and their pets' needs. We consider that this proposal will be significantly more effective at equipping owners with the information they need to make decisions than the proposed survey of pet owners (see our response to Remedy 4)</p> <p>There will need to be additional accessible information for clients in order for them to better understand the value of practice standards and post graduate qualifications.</p> <p>We welcome the remedy design considerations detailed in the CMA's PDR (Part B) which state that businesses would need to publish the information on their websites prominently, clearly and in a format that is easily accessible, as well as prominently and visibly in premises (eg through noticeboards, posters, leaflets, or similar materials).</p>
<p><b>Remedy 2b</b> Requirement to publish a list of prices for standard services on websites and in premises</p>	<p><b>PARTIALLY SUPPORT</b></p> <p>As outlined in BVA's guidance for the veterinary profession on transparency and client choice<sup>2</sup>, we consider that publishing a price list for the more routine services can help to build client trust and act as a starting point to prompt and facilitate open conversations about contextualised care, as well as help support the wider veterinary team to discuss costs with clients.</p> <p>In our response to the CMA Potential Remedies Working Paper, we expressed support for the development of standardised price lists, with flexibility for practices to tailor such lists to display those services which are most relevant to their particular client base. However, we also outlined significant concerns that the approach proposed by the CMA in the working paper was too complex and would be unworkable, particularly for chronic conditions, and that practices should not be required to provide a level of detail which was overly burdensome and would not bring increased clarity for clients.</p> <p>We welcome the careful consideration the CMA has given since then to the feasibility of different elements of the remedy and the associated refinements made to reflect our input, and the input from other respondents. In particular, we note that the proposal to include 'Nursing care' has been removed, and that there is no longer a suggestion that practices should be publishing standardised prices for the management of chronic conditions such as diabetes, dermatitis, and arthritis, all of which can only ever reasonably be done on a case-by-case basis (contextualised care) and will always be estimates rather than quotes.</p> <p>However, we do still have concerns that some of the procedures listed are likely to involve a significant number</p>

<sup>2</sup> <https://www.bva.co.uk/media/5766/bva-transparency-and-client-choice-guidance.pdf>

of variables, which would make it extremely challenging, and potentially misleading, to indicate a set price. In some cases, this could be resolved with refinements to the proposal:

- Physio and laser sessions need to be based on time (e.g. 30min).
- Routine bloods need to be specified (for example 'haematology and biochemistry profile')
- TPLO, lateral suture, cataract surgery, patella luxation, hip replacement, total ear canal ablation (TECA), prolapsed nictitating membrane repair (cherry eye) should also state that the price is for unilateral treatment and is specifically for the surgical procedure only not including any work up prior to surgery.

In other cases, the number of component parts and scope for significant variation in cost is such that we consider they should be excluded from the list. Inclusion would require a level of detail which would be meaningless to the vast majority of owners. These include:

- POCUS ultrasound (point of care) could be a multitude of things (abdomen, pleural space, cardiac). Clarity here would require further pricing for more specific examples, perhaps T-FAST (Thoracic Focused Assessment with Sonography for Trauma) scan and A-FAST (Abdominal Focused Assessment with Sonography for Trauma) scan. In addition, the longevity of such detail being enshrined in legislation is questionable given the pace of evolving technology.
- BOAS surgery. This is not a single procedure and to include the variables on a price list would be extremely challenging. There are several procedures that are commonly performed mostly as combinations of procedures depending on case need and surgeon training and experience.

There are also some procedures listed which simply misrepresent how owners purchase veterinary services. These include:

- Anaesthesia. Although this could be expressed as a time period (e.g. induction plus first 30min anaesthesia) owners do not purchase 'anaesthesia' as a service. Anaesthesia is a component part of a surgical procedure, and owners will not 'shop around' for this as a separate service.
- Diagnostic imaging and dental prices are also problematic for similar reasons as anaesthesia. It would be more meaningful for owners if the prices for imaging and dental were for a defined outcome or quantum of treatment. For example, "diagnostic imaging for forelimb lameness" or "dental procedure for diagnosis and cleaning teeth", "dental procedure for diagnosis, cleaning teeth and extraction of up to X teeth". The price includes everything required to achieve the stated outcome at that practice (which could then be itemised). This would create real clarity of understanding on both sides as to the value the owner was deriving.

In light of the refinements made to the detail of the proposal, and subject to clarification and/or further refinement regarding the outstanding concerns listed above, we support the provisional decision that any person carrying

	<p>on a veterinary business operating FOPs, referral centres, or crematoria will be required to publish, for each such FOP, referral centre or crematorium, a standard price list for a defined selection of services (for any of those services that they offer). We support the scope of the requirement as being necessary to achieve the stated aim of improving price transparency across the sector, helping pet owners make informed choices and encouraging more effective competition on price and value. To achieve this, we agree that prices should be expressed in relation to standardised pet characteristic categories. However, as there can be a significant difference in the quantity, and therefore cost, of drugs depending on weight we would suggest that dogs should be categorised as 0-10kg (very small), 11-20kg (small), 21-40kg (medium), 41-60kg (large) and &gt;60kg (very large).</p> <p>For our concerns relating to prescriptions, please see our comments on Remedy 8.</p> <p>We support the proposal that the price list would need to be made available to all existing and prospective customers on the practice website, a maximum of one click from the homepage without scrolling, and easily identifiable by using 'price', 'pricing' or 'fees' in page navigation and page metadata.</p>
<p><b>Remedy 2c</b> Requirement to publish prices for parasiticide (ie flea, tick and worming) medicine products on websites and in premises, along with a link to a list of approved online pharmacies</p>	<p><b>PARTIALLY SUPPORT</b></p> <p>Preventative medications are prescribed medications like many other drugs and as such should be specifically chosen in a contextualised way for an individual pet(s) and owner. In our response to the CMA's Potential Remedies Working Paper, we expressed concerns that requiring practices to publish information about parasiticide products could be misleading for consumers in the event that some businesses might promote poor quality, less effective, or low-cost treatments online in order to attract customers.</p> <p>However, we understand that the provisional decision is that all veterinary businesses operating FOPs that sell parasiticides directly to pet owners will be required to publish the current prices for all preferred parasiticides. As such we support the provisional decision and the scope of the requirement as being necessary to achieve the stated aim of improving transparency and helping pet owners compare costs across providers. However, this requirement is likely to make practices reduce the range of products they carry (so they do not have to list too many) and this will potentially be contrary to efforts to individualise prescribing of these products and reduce unnecessary use of broad spectrum or long-acting drugs, which is contrary to BVA and BSAVA's own policy and advice.<sup>3</sup> The suggestion of 'an indicative standalone price for a year of parasiticides' is also contrary to responsible use of these drugs, when treatment plans should be tailored to both avoid overuse of these products (many pets do not require year round treatment) and ensure adverse environmental impacts are minimised. This is also relevant for the Pet Health Plan calculator proposal as an addition to the Find-a-vet service.</p>

<sup>3</sup> <https://www.bva.co.uk/take-action/our-policies/responsible-use-of-parasiticides-for-cats-and-dogs/>

	<p>We would also urge consultation with the Veterinary Medicines Directorate (VMD) regarding current legislation in relation to advertising of POM-Vs, which this remedy could contravene.</p> <p>We have some concerns regarding the proposal that practices must also prominently publish a link to the RCVS list of VMD-authorized online pharmacies that service household pets as this could lead to market distortion as it fails to recognise that online pharmacies are not the only alternative dispensing option available to consumers. We consider that there should be some refinement of the proposal to ensure that consumers are made aware of alternative dispensing options beyond online pharmacies only such as high street pharmacies or other veterinary practices. We also note CMA's responses to these concerns regarding medicines and online pharmacies in Section 11.</p> <p>We have also heard some concerns from our members that, as three online pharmacies are owned by LVGs, the proposal could push medicine sales towards those groups who are perhaps the most able to adapt to the loss of medicines revenue at an FOP level, as well as directly benefiting from this change. In the longer term, this could lead to market consolidation of medicine supply/data. Although we recognise that Remedy 1 which requires ownership information to be prominently displayed, may go some of the way to proportionately addressing this concern, it is unlikely that owners will consider this when making their decision to purchase medicine online.</p> <p>We understand that a CMA Order will be required to define the requirements specifically, and we look forward to engaging with that detail in due course. It is essential there is absolute clarity in order to ensure effectiveness, and that the frequency with which practices are required to update this information is not unduly burdensome, particularly as the cost to the practice to stock the products will fluctuate.</p> <p>We welcome the further recommendation from the CMA that the measures which relate to veterinary businesses are later included in binding rules set through or following legislation and implemented by the RCVS or relevant regulatory body.</p>
<p><b>Remedy 2d</b> Requirement to publish information about what services are included in pet care plans, how frequently they are typically used, and price if paid separately – on websites and in premises.</p>	<p><b>SUPPORT</b></p> <p>While pet healthcare plans can reduce annual spend for many pet owners, they may not always offer value for money for some pet owners who would otherwise not use many of the routine services included in plans. We consider that a 'one-size-fits-all' approach to pet healthcare plans is no longer appropriate, particularly given the growing imperative to reduce the prophylactic use of parasiticides due to concerns about environmental harms and risk of resistance.</p> <p>We have previously stated our support for further consideration by the CMA of remedies requiring FOPs to publish more information about pet care plans, including comparison with pay-as-you-go and uptake of services</p>

	<p>included in the plan. As such, we support the provisional decision to require businesses operating FOPs offering pet care plans to publish clear, comprehensive information about those plans both online and in-practice. We support the scope of the proposal as being necessary to achieve the stated aim of supporting better evaluation of bundled services versus standalone purchases and encouraging fairer marketing of plans by requiring savings claims to be clearly explained.</p> <p>In our response to the CMA's Potential Remedies Working Paper, we were clear that clients should be responsible for estimating their own likely usage of a plan and determining whether there is a cost-benefit to them. We observed that we were unable to identify other sectors offering membership plans or services where it would be contingent on the provider to make that assessment on behalf of the client, particularly without the client being required to declare pre-existing medical conditions or being assessed by a professional before subscribing to a care plan (eg medical or dental). As such, we welcome the CMA's refinement of this proposal to exclude any requirement on veterinary businesses or individual veterinary professionals to be responsible for calculating usage for individual clients. We consider that the remedy design considerations are appropriate and proportionate to enable pet owners to ascertain whether pet care plans are value for money by comparing the standalone cost of each item with their estimated usage, and in the context of any cancellation terms.</p> <p>We understand that a CMA Order will be required to define the requirements specifically, and we look forward to engaging with that detail in due course. It is essential there is absolute clarity in order to ensure effectiveness, and that subscription-based business models are not inadvertently brought within scope.</p>
<p><b>Remedy 3</b> Requirement to provide the information set out in remedies 2a-d above plus ownership and basic practice information directly to the RCVS; an undertaking from the RCVS to collect the information set out above, make it publicly available on its Find a Vet platform, enhance the platform's functionality and share data with approved third parties</p>	<p><b>PARTIALLY SUPPORT</b></p> <p>In our response to the CMA's Potential Remedies Working Paper, we were clear that we do not support the creation of a costly third-party comparison website and that further development of the RCVS Find-a-Vet website would be comparatively less costly and more trusted by the public. As such we welcome the CMA's provisional decision to require businesses operating FOPs and referral centres to submit key practice information to the RCVS, for it to publish on its Find-a-Vet platform. We consider that the scope of the proposal to include information such as ownership, services offered, type of animals treated, pricing and pet care plan details (subject to our reservations regarding the pet health plan calculator as outlined in Remedy 2c above) is appropriate for achieving the stated aim of making it easier for pet owners to compare practices, treatments and services and make better, more confident choices that help drive competition.</p> <p>We support the remedy design considerations and agree that an option for FOPs to use the web form data collection mechanism should be retained long-term. Even though innovation and integration with Practice Management Systems is to be encouraged, the remedy must be actionable by all practices regardless of their in-house systems and IT capability and capacity.</p>

	<p>There needs to be clarity around when updates, in particular relating to pricing, are required in order to not be overly burdensome but also ensure client confidence in the system.</p> <p>We have previously been clear that we would not support an open data solution for third parties to access. As such, we have some reservations regarding the intention to allow approved organisations to access and use the data to develop comparison tools and guidance. However, we note that this would be subject to certain controls, and we particularly welcome the CMA's assertion that the criteria for the approval process would include the exclusion of business models that distort the presentation or ranking of listed practices, such as those that prioritise paid placements over objective data. We would also like to see safeguards to protect against inappropriate advertising on such sites (ie products or services making unevidenced therapeutic claims) which could bring the profession into disrepute. The ability of 3rd party companies to appeal gives us some concern.</p> <p>We understand that a CMA Order will be required to define the requirements specifically, and we look forward to engaging with that detail in due course.</p> <p>We welcome the further recommendation from the CMA that the measures which relate to veterinary businesses are later included in binding rules set through or following legislation and implemented by the RCVS or relevant regulatory body.</p>
<p><b>Remedy 4</b> Undertaking from the RCVS to commission and publish the results of a pet owner survey which compares each Large Veterinary Group (LVG) and independents (as a group), once every two years; and LVG FOPs to publish results on websites and in premises</p>	<p><b>NEUTRAL</b></p> <p>We recognised the CMA's concern that pet owners do not currently have access to any robust information on how other pet owners' perceptions of quality and cost vary across LVGs and ownership types, which they can then factor into their preferences and choices.</p> <p>In our response to the CMA's Potential Remedies Working Paper, we agreed that quality of service can be a key differentiator between veterinary practices, and we strongly supported the CMA's emerging view that quality may be difficult both to measure and to communicate to consumers. This followed discussion earlier in the CMA's investigation where we raised significant concerns about the suggestion that practices might be mandated to provide information to consumers about quality/outcome related measures. At the time, we were clear that such data are rarely available from clinical practice and, where they are available, they are unlikely to be statistically significant enough to be meaningful. Furthermore, the variability in case complexity, treatment protocols, and patients makes it challenging to standardise such measures across different practices. This variability could lead to misleading comparisons and potentially misinform consumers rather than aiding them in making informed decisions. We urged the CMA to consider these limitations and the potential unintended consequences of mandating the provision of these data.</p>

On that basis, we welcome this significant shift away from mandating the provision of clinical outcomes data to pet owners, towards the stated aim of providing pet owners with a measure of perceived quality and cost which focuses on elements of quality that are observable to pet owners, such as customer service or satisfaction with outcomes. Although we consider that this is an imperfect solution, we recognise the need to identify a remedy which is proportionate in addressing the identified issue. We are yet to be convinced that this proposal will be effective or provide owners with any meaningful information.

We note the intention is to for the RCVS to publish the results and anonymised dataset from the proposed survey on its website, including group-level comparisons between each LVG and with independents as a cohort. We can understand the CMA's view that an FOP-level survey would not be practicable or proportionate as it would require a sufficiently large sample of completed survey questionnaires from customers of each individual FOP to enable robust comparisons. We agree that this would amount to a very large and expensive survey and a high burden on all veterinary businesses.

We have significant reservations as to the real value of survey results which display independents within an LVG in aggregate. Although we understand the need to arrive at a practicable and proportionate remedy aimed at helping to drive one aspect of competition, where currently it is lacking, as part of a package of remedies aimed at improving the overall functioning of the market, we have concerns about the proposed approach. We believe that linking RCVS Find-a-vet to net promoter scores, allowing pet owners to compare these, alongside other practice characteristics, for specific individual practices in their area, would be more beneficial and much less costly.

We note the CMA's provisional decision that the survey should have a similar design to the pet owner survey conducted as part of this investigation, but with a reduced set of questions. In September 2024 we raised a number of issues regarding the CMA's approach to the pet owners survey including concerns that many of the questions were leading and risked creating response bias. We observed that in several cases the wording or structure of questions might influence the answers given by respondents and might inadvertently encourage negative responses. We also recommended ensuring that questions were phrased in a neutral manner and that respondents were provided with a wider range of options to help capture a more balanced and authentic set of views. We consider that gathering accurate and unbiased information is vital to gain meaningful insights into pet owners' experiences and to inform decision-making. As such, it is essential that the survey design is carefully considered to avoid introducing any potential bias that could compromise the reliability of the results.

We note the estimated cost for the survey design and delivery in the region of £400,000 for the first year, and lower for following iterations. We support the proposal that only the LVGs should fund the survey (equating to around £150 in the first year for each FOP owned by the LVGs but incurred at the group level) on the basis that that only the LVGs will be able to benefit from any meaningful benchmarking.

<p><b>Choice of treatments, referrals, and diagnostics</b></p> <p><b>Measures to help consumers choose the most suitable treatments, referrals and diagnostics and to support vets to provide independent and impartial advice.</b></p>	
<p><b>Remedy 5a</b> Requirement to provide pet owners with a written estimate of the total cost of any treatment which is likely to be £500 or more (including VAT) and give them an update if the estimated cost increases by 20% or £500 (whichever is lower), and recommendation for the RCVS to reflect this in Codes and Guidance</p>	<p><b>PARTIALLY SUPPORT</b></p> <p>Although written estimates are covered in the <a href="#">supporting guidance to the RCVS Code</a> we recognise that the requirement could be far more definitively worded, and that it needs to be enforced. As such, we support the CMA's provisional decision that businesses operating a FOP must provide pet owners with a written estimate, and give them an update if the estimated cost increases by 20% or £500 (whichever is lower). A BVA Voice of the Veterinary Profession survey (October 2025) found that 56% of respondents already do this as routine. We consider this should also apply to all veterinary businesses providing services to pet owners, including referral and OOHs services.</p> <p>In our response to the CMA potential remedies working paper, we were clear that we do not consider it appropriate to set a threshold for any mandatory enhanced level of information. Client understanding and experience of 'expensive' is contextual, and fixed thresholds could be open to abuse, jeopardising contextualised care and the VCPR. However, we can understand the CMA's rationale for setting a minimum threshold of £500 (including VAT) as a means of ensuring a consistent approach for pet owners, but also making it easier for vets to apply than alternatives, such as a subjective test based on the nature of the treatment and/or its impact on the animal.</p> <p>We support the provisional decision to recommend to the RCVS that it amends the Codes and Guidance so that they are aligned with the requirements proposed.</p> <p>However, we do not fully support the proposal that the requirement should apply when making a referral, as is currently suggested at 4.2 of Part B. In our response to the CMA's Potential Remedies Working Paper, we explained that it cannot be the responsibility of the FOP vet to provide detailed price information or in some instances, indicative information, when referring to another professional or veterinary business and where the diagnosis, treatment, or prognosis is unknown. It may be possible to provide estimates where the referral is for particular standard surgical procedures such as cruciate ligament surgery or fracture repair. Estimates for complex medical conditions are however much more difficult to determine until the referred patient is seen by the referral vet. Although the CMA's provisional decision acknowledges the difference between an internal and external referral, we still consider the expectation of a "reasonable indication" of cost could be unrealistic or unduly burdensome in many instances and it could be potentially misleading for an owner in the event that diagnostic tests or imaging might be required to ascertain the extent the problem(s).</p>

	<p>We also note that in allowing a pet owner sufficient time to consider whether they wish to proceed with a treatment, the CMA consider that they may wish to seek an alternative written estimate from another source. We would caveat that this could be misleading depending on any co-existing medical conditions or the history of the pet. In the event of a misleading alternative quote, the owner's ability to accurately compare quotes and make an accurate decision may be compromised. The RCVS Code of Conduct provides clear advice on referrals and second opinions, and the communication required between veterinary surgeons in these cases. In most cases an estimate for second opinion treatment is unlikely to be provided without first seeing the pet and relevant records and appropriately charging for this.<sup>4</sup></p> <p>We welcome the provisional decision not to require the provision of written estimates for multiple possible treatment options simultaneously.</p>
<p><b>Remedy 5b</b> Requirement to provide pet owners with itemised bills for their pet's treatments and other services they receive and recommendation for the RCVS to reflect this in Codes and Guidance.</p>	<p><b>SUPPORT</b></p> <p>We fully support the provisional decision that veterinary businesses operating an FOP must give pet owners itemised bills for their pet's treatments and other services they receive. A BVA Voice of the Veterinary Profession survey (October 2025) found that 79% of respondents already do this as routine. We also support the CMA's intention to recommend to the RCVS that it amends the Codes and Guidance to reflect this requirement. We consider this should also apply to all veterinary businesses providing services to pet owners, including referral and OOHs services.</p> <p>We support the CMA's provisional view that the level of itemisation should contain sufficient detail to enable the pet owner to understand the cost of the components of the bill by reference to each service and treatment provided and the associated costs (eg ancillary or associated charges, such as those for medicines/anaesthetics, diagnostic tests, pre- or post-operative care, follow up or routine visits)</p>
<p><b>Remedy 6</b> Requirement to have in place written policies and processes to ensure that vet professionals</p>	<p><b>PARTIALLY SUPPORT</b></p> <p>From the outset of the CMA's investigation, we have been clear the absence of practice regulation means that all the regulatory burden of the veterinary profession is placed on individual veterinary surgeons and vet nurses.</p>

<sup>4</sup> <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/referrals-and-second-opinions/>

<p>are able to act in accordance with relevant provisions of the RCVS Codes and Guidance including giving pet owners independent and impartial advice and a range of treatment options where appropriate.</p>	<p>With no statutory regulation that is specific to veterinary practices, there is no means of recourse when there are failings in the system that do not sit with the individuals regulated by RCVS. We know that this now well understood and recognised by the CMA.</p> <p>We have previously stated that we recognise that vets and RVNs not only work as individuals in a regulated context, but also in the context of a practice selling commercial services to consumers. As the CMA has already recognised, different KPIs work towards different aims, including attempts to consider public health concerns, clinical outcomes, improve business efficiency, or improve customer service. The use of financial KPIs is the norm in many businesses, and application of such an approach in a veterinary setting in our view simply represents standard management practice. However, in our response to the CMA's Potential Remedies Working Paper, we stated that we would be concerned if the setting and monitoring of certain KPIs might put undue pressure on vets and RVNs to change how they recommend treatments to pet owners in a way which might not lead to the best possible animal welfare outcomes.</p> <p>As such, we welcome the CMA's provisional decision to require all veterinary businesses operating a FOP to have in place written policies and processes to ensure their veterinary professionals are able to act in accordance with relevant provisions of the RCVS Codes and Guidance. We consider this should also apply to all veterinary businesses providing services to pet owners, including referral and OOHs services.</p> <p>We understand that the aim of this remedy is to address the CMA's provisional finding that the lack of regulation of veterinary businesses means there is the potential for their commercial incentives, and their policies and practices, to conflict with vets' and vet nurses' professional obligations to provide appropriate and timely information about treatment and referral options. We welcome the clarification in the CMA's PDR (Part B) that the remedy does not come as a result of widespread concerns about vets' or vet nurses' clinical expertise, or concerns that pet owners are offered clinically inappropriate treatment options. For that reason, we would propose slightly amended wording of point (b) to appropriate and timely information regarding contextualised treatment options'.</p>
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## Medicine market opening remedies

### Measures to open the medicines market to greater competition and help pet owners get the best prices

<p><b>Remedy 7</b> Requirement to make pet owners aware they can get a prescription and buy medicines online more cheaply through standardised notices in waiting</p>	<p><b>PARTIALLY SUPPORT / PARTIALLY OPPOSE</b></p> <p>We have previously stated that we recognise that some pet owners are not aware they can purchase veterinary medicines from third-party retailers with a prescription and that lack of effective promotion may be one of the many factors that explain this. In BVA's guidance on transparency and client choice we are clear that there should be a consistent approach which includes:</p>
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rooms and by including standardised messages in a range of communications. Vets would need to tell pet owners about written prescriptions in consultations. Undertaking from the RCVS to produce and distribute standardised notices and information about the written prescription process and for it to host a copy of literature on its website.

- proactively offering a prescription where clinically appropriate and providing clients with dispensing options.
- clear communication regarding the cost of a written prescription, the reasons for the time period of the prescription, and any further charges for repeat prescriptions and associated further examinations.
- a quote for the cost of purchasing the prescribed product directly from the prescribing practice.
- signposting to the Veterinary Medicines Directorate (VMD) Accredited Retailer Scheme where appropriate.

As such, we support the provisional decision that all veterinary businesses operating FOPs must publicise to pet owners their ability to request a written prescription, and ensure that vets working in those FOPs orally inform pet owners of their ability to request a written prescription during each consultation in which medicine is prescribed. We support the scope of the requirement as being necessary to achieve the stated aims of increasing pet owner awareness of their ability to request a written prescription and awareness of alternative dispensing options.

We have previously been clear that in many situations going to an online pharmacy may be clinically inappropriate, potentially compromising animal welfare because of delays in the client's ability to source products. In our response to the CMA's Potential Remedies Working Paper, we also stated that in the event of mandatory prescriptions being introduced, medicines that require administration by a vet (or sometimes an RVN) do need to be excluded. These medications include things such as vaccines, antibiotics, some arthritis treatments and some antiparasitic products. In common with all medications, appropriate controlled transport and storage of these products is required. If these medications were obtained by the client using a prescription the vet would have no control in the handling of these products or confidence in administering them. Vets do already refuse to administer products sourced in this way and for good reason. As such, we welcome the CMA's provisional decision that the remedy applies other than where, for clinical reasons, the medicine is required for immediate administration. We consider that all instances where a vet or RVN is required to administer the product, even if not immediately, should also be explicitly excluded.

We support the key remedy design considerations and the CMA's provisional view that it is necessary to have standardised literature across all a veterinary business's FOPs, so that messaging around the ability to request a written prescription is consistent. We note that the RCVS will develop the standardised literature, to be tested on a series of CMA commissioned focus groups of pet owners. We support this approach.

As noted in our response to Remedy 2c above, we have some concerns regarding the requirement to promote the list of VMD-authorized online pharmacies that service household pets as this could lead to market distortion. We consider this element of the provisional remedy is not only disproportionate to the issue identified but could also be considered anti-competitive insofar that it predetermines a route of supply which is limited to a small number of online pharmacies. It fails to recognise that online pharmacies are not the only alternative dispensing

	<p>option available to consumers. Other possible suppliers in an open market would be high street pharmacies and other veterinary practices.</p> <p>We note the CMA's provisional view that information provided on the scale of potential savings should simply raise awareness that online pharmacies are often cheaper than buying from a FOP, and encourage pet owners to conduct their own research. We warmly welcome this significant shift away from proposals made earlier in the investigation that vets and/or businesses should list in real-time specific retailers where a product can be purchased more cheaply. <b>However, we cannot support a requirement on veterinary businesses to proactively promote competitors to the detriment of their own business, or attest to savings or potential savings elsewhere.</b> There are very few service providers or retailers, if any, who are required by law to act in this way, and we see no reason for veterinary businesses to be required to do so. It should be sufficient that a written prescription is offered/provided – beyond this this responsibility falls on the owner to make their own purchasing decisions based on cost, convenience and any other contextual elements which veterinary professionals cannot reasonably be expected to service. The CMA should be aware that in law the responsibility for seeking appropriate veterinary care for their pet lies solely with the animal owner (Section 9 Animal Welfare Act 2006 and devolved equivalent Acts). Shifting the burden of this responsibility to the veterinary surgeon is unacceptable.</p> <p>In the event that the proposal is progressed, the requirement should, as a minimum, be modified to only express any savings as 'potential' so that vets and RVNs are not being required to communicate a consumer benefit which they cannot reasonably attest to.</p>
<p><b>Remedy 8</b> Requirement to give pet owners written prescriptions by end of consultation (hard copy) or end of day (digital).</p>	<p><b>OPPOSE</b></p> <p>We cannot support this remedy in its current form. The provisional decision to require all veterinary businesses operating FOPs to provide pet owners who request a written prescription with either a hard copy by the end of the consultation, or a digital copy by the end of the same day fails to adequately take into account some key practical considerations.</p> <p>As we have previously explained, when a client requests a prescription, the vet is required to take the time to check the animal is under their care, review the clinical notes, assess the clinical need for ongoing medication, check the dose, and only then if the vet is satisfied that medication is required can they issue the prescription. All of this takes time, and vets need to charge appropriately for their professional time and skill. The RCVS consider veterinary certification, of which a prescription is a form, to be one of the highest levels of professional responsibility and should not be taken lightly or undervalued. The CMA's Potential Remedies Working Paper identified that the implementation of the proposed remedies on written prescriptions is likely to drastically</p>

	<p>increase the volume of prescriptions being issued (up to 27.5 million prescriptions would have been issued had prescriptions been mandatory in 2023).</p> <p>Prescriptions can only be issued by vets (unlike prescribed medication which can be put up by nurses and checked by a vet) and this additional admin burden, accompanied by the challenging deadlines will be unmanageable in many practices and will likely have a detrimental impact on professional time, with a knock-on impact on animal health and welfare and costs for pet owners. Please see the FVE Report regarding the impact of administrative tasks relating to prescriptions on vets <a href="https://fve.org/understanding-the-growing-administrative-burden-in-veterinary-practice/">https://fve.org/understanding-the-growing-administrative-burden-in-veterinary-practice/</a></p> <p>Vets work at all hours and the need for prescriptions to be issued ‘by the end of the day’ is unworkable for late consultations and out of hours practice (and is indeed meaningless in these situations). A deadline of 48hrs “where practicable” would be more appropriate, although some flexibility would still be needed, particularly for smaller practices where the administrative burden is most likely to be felt. It should be noted however, that the greatest delay is in the delivery of drugs by online pharmacies.</p> <p>Although we understand that the CMA has identified that the delayed supply of a written prescription may act as a barrier to some pet owners purchasing medicines online, and the provisional decision aims to address that, we consider that the proposal should be amended to ensure it is practicable for all FOPs - a deadline of 48hrs for providing a digital prescription would go a long way to achieving that.</p> <p>In many cases there will be significant changes to systems needed in order to deliver on the requirement and it will take time for this to occur. Prescriptions are also open to fraud. Better direct electronic communication between the FOP and pharmacies, as is seen between GP surgeries and pharmacies, would clearly be an improvement, but this would again take time to develop. On that basis, we consider that the proposed implementation period should be increased to 12 months for all veterinary businesses.</p>
<p><b>Remedy 9</b> Requirement to be clear that there are alternatives to own-brand medicines and provide information on active ingredients so those alternatives can be found.</p>	<p><b>SUPPORT</b></p> <p>Although own brand products may often be the appropriate product for the particular circumstances, we recognise that consumers may not realise they could obtain a product with the same active ingredient elsewhere. We consider that improved transparency about active ingredients, along with caveats associated with opting for alternative products, may support consumer choice.</p> <p>Vets should always be free to exercise their professional clinical judgement, regardless of the type of practice in which they work. When issuing a written prescription, vets can and should prescribe a licensed veterinary</p>

	<p>medicine by generic name and/or a specific trade name depending on the context and what is best for the animal and owner's circumstances.</p> <p>We support the provisional decision that all veterinary businesses operating FOPs that sell own brand medication must include labelling on the medicine clearly specifying the active ingredients and that branded equivalents are available. Although we support the proposed requirement for vets to inform the pet owner that there are branded equivalent(s) available for sale by third parties we would have concerns if there was a requirement for the prescribing vet to provide all the alternative equivalents with the medication they are prescribing.</p> <p>We welcome the CMA's provisional decision not to pursue a remedy requiring full generic prescribing due to the technical issues raised in responses to the Remedies Working Paper.</p>
<p><b>Remedy 10</b> Requirement to contact customers at specified times to ask for their default preference for repeat prescriptions - whether to buy online or in-clinic.</p>	<p><b>OPPOSE</b></p> <p>We recognise that the aim of the remedy is to provide an additional measure to target repeat prescriptions specifically on the basis that the CMA has identified that the savings from shopping online are largest for chronic and preventative medications, and particularly for repeat prescriptions, where a pet owner may need to purchase a medication for a prolonged period of time.</p> <p>Although we agree that pet owners should be given a chance to choose whether their default for repeat prescriptions is a written prescription or medication dispensed in-clinic, we are yet to be convinced that requiring all veterinary businesses operating FOPs to contact their registered customers at specified times and ask them to choose their default option for repeat prescriptions represents a proportionate or effective remedy.</p> <p>The suggestion that a client with a default for a written prescription would be able to request direct supply from the practice may prove difficult. Practices will adjust stock levels according to expected sales, some medications may only be stocked at very low levels or not at all, this means FOPs are unlikely to have the flexibility to supply drugs to clients who have previously indicated that they always want to source drugs elsewhere.</p> <p>We are concerned that requiring FOPs to contact all registered customers in the first instance, and then remind them of their default on an annual basis could introduce an administrative burden in practice which is largely ignored or misunderstood by pet owners. Although we accept such reminders could be automated through most Practice Management Systems, we are concerned that the proposal may be disproportionately burdensome for some FOPs.</p>

	<p>Remedy 7 already goes a long way to increasing pet owners' awareness of their ability to request a written prescription, irrespective of whether they require chronic or acute medication. In our view, effective implementation of Remedy 7 could negate the need for Remedy 10.</p>
<p><b>Medicines: prescription price controls and medicines price controls</b></p>	
<p><b>Remedy 11</b> Requirement to charge no more than £16 for providing a written prescription and put in place policies and procedures on the duration of prescriptions and charging a single prescription fee per consultation.</p>	<p><b>OPPOSE</b></p> <p>In our response to the CMA's Potential Remedies Working Paper we were clear that the loss of medicine sales and/or a low mandatory prescription fee would undoubtedly lead to FOPs increasing consultation and other fees, so any perceived benefit to clients would likely be lost and some clients, especially those who do not have pets on long-term medication or those who cannot access medication online, would overall be affected negatively.</p> <p>We have previously provided evidence from the SPVS fees survey which found the average prescription fee to be around £18 + VAT in 2023. We suggested that if a remedy to cap prescription fees was progressed, preferably as a trial, a figure based on all available data should be used. We continue to hold this view and cannot support a cap on prescription fees which is significantly lower than the SPVS median from the 2024 fees survey of £18.75 + VAT. SPVS data shows that the proposed cap could see 92% of practices required to reduce their prescription charges.</p> <p>Although we understand that prescription fees, and the level at which they are set, can make a significant difference to whether shopping online for some medicines is worthwhile for pet owners, and we also understand that the proposed price cap of £16 (inc. VAT) aims to reduce existing prescription fees to reasonable levels where they do not currently appear to be constrained by competition, we do not support the proposal that a single prescription fee would apply per consultation regardless of the number of products being prescribed. As a minimum, we would like to see further refinement of this proposal so that the professional time required to prescribe multiple products per consultation and potentially, multiple conditions could be accounted for, perhaps with a percentage increase of the agreed cap permitted for each additional product prescribed. Failure to do so will simply result in practices adjusting approaches to consultations, leading to an increase in the access price for veterinary care. It may also be that Practice Management Systems are currently unable to handle multiple products with multiple intervals for review on the same script.</p> <p>We welcome the provisional decision not to introduce a cap on medicine prices. In our response to the CMA's Potential Remedies Working Paper, we were clear that medicine prices paid by FOPs fluctuate continually for a range of reasons including availability and rebate. Any restrictions placed on FOPs which prevent prices from being adjusted according to changes outside the control of that FOP have the potential to significantly reduce the availability of products, which could harm consumer choice and animal health and welfare. We welcome the</p>

	<p>CMA's recognition that there could be risks of adverse consequences meaning that pet owners might not face lower prices for veterinary services overall, and that veterinary businesses, particularly independent ones, might struggle to be financially viable as a result, making outcomes worse.</p>
<p><b>Out-of-hours contracts</b></p> <p><b>Measures to facilitate FOPs switching Out of Hours provider.</b></p>	
<p><b>Remedy 12</b> Requirement not to use for new (or enforce for existing) out-of-hours contracts notice periods which are longer than 12 months, with no payments required unless a FOP stops using the services before the notice period expires.</p>	<p><b>SUPPORT</b></p> <p>In our response to the CMA's working paper on local competition we supported the CMA's assessment that the nature of outsourced OOH means that its provision is likely to be more highly concentrated than for FOPs due to less local demand, and that OOH care is also more expensive to provide as it depends on staff working unsocial hours. We also agree that it may be the case that concentration is high in a number of local areas, with no likely scope to increase the number of competitors. We strongly advised against any remedies which shift the requirement to deliver OOH back to individual practices. For many practices, this would be commercially unviable to deliver, and could have serious consequences, in particular for more remote and rural areas of the UK.</p> <p>In our response to the potential remedies working paper, we agreed that both notice periods and termination fees should be reasonable and not a deterrent to FOPs choosing to switch between OOHs supplier or choosing to set up their own services, but stressed that the nature of OOH provision must be kept in mind. Setting up of OOH, staffing them and ensuring a critical mass of clients (through contracts with FOPs) is not easy in all areas of the country. Some OOH services will be critically balanced, and sudden changes could result in failure of these businesses. The impact of an FOP pulling out of an OOHs service would potentially extend to other FOPs if the service then became unviable. For that reason, we suggested that the notice period should be long enough for all parties to adjust and to avoid the negative impacts described above, with 6 months an absolute minimum (which is what some providers have already).</p> <p>As such, we support the provisional decision to restrict notice periods in OOH contracts with third party providers to a maximum of 12 months, with no payments required unless a FOP stops using the services before the notice period expires. We agree that the remedy represents a proportionate approach to addressing the identified issue by facilitating switching by FOPs, but also protecting the commercial viability of OOH providers.</p> <p>We understand that these requirements will be brought into effect through a CMA Order in the first instance, and we look forward to engaging with that detail in due course.</p>
<p><b>Measure to facilitate best pet end of life choices for pet owners.</b></p>	

**Remedy 13**

Requirement to offer communal cremations, make pet owners aware of all available end of life options, publish individual and communal prices and observe 'cooling off' periods.

**SUPPORT**

In our response to the CMA's Issues Statement we observed that the CMA commissioned market research found that pet owners felt relieved that their veterinary practice had taken the lead in dealing with cremation arrangements, and they were happy to leave the choice about which cremation provider to use to their vet. In many cases the provider recommended by the vet will be one where the relationship has been built over time and where the vet can feel confident that the service provided will be compassionate and in the best interests of the owner at a distressing time. Most practices will already offer clients a choice between communal and individual cremation, and will explain the difference in fees. Although making clarity mandatory is unlikely to be overly burdensome, in our response to the CMA's Potential Remedies Working Paper we agreed with the CMA's view that such an intervention would have limited effect due to pet owners often being in an emotionally distressed state and therefore not well placed to make the decision even if they have access to the requisite information.

We suggested that, to further support transparency and consumer choice, practices should always be clear that owners can carry out their own research on alternative cremation options. Practices may also choose to provide owners with additional information at this time, such as prices for the practice's normal supplier, alternatives if available, and generic information such as signposting to the APPCC: <https://appcc.org.uk/the-code-of-practice>. Practice websites could also have appropriate information explaining cremation options to which clients could be directed as appropriate. We have also previously suggested that practices should, where space allows, offer to store the cadaver for a defined period of time, to give owners the emotional space to make the decision which is right for them.

As such, we fully support the CMA's provisional decision to require all veterinary businesses operating a FOP or other relevant business (OOHs, referral) to offer the option of a basic communal cremation; make pet owners aware of all the options available to them when their pet reaches the end of its life; publish the prices for the communal and individual cremations which they offer; and, where practicable, allow pet owners a period of two working days to make a decision and provide a one working day 'cooling off' period during which a pet owner can change their mind.

We welcome the decision not to apply price controls on mark-ups for individual cremations, given the potential for this to inadvertently increase the price of communal cremations. As we have previously explained handling fees for communal cremations are currently able to be kept low because of mark-ups on individual cremations and would increase if mark-ups on individual cremations were controlled. For many owners, communal cremations are the only financial option and any significant increase in these would cause unnecessary stress and upset at a difficult time. We fully recognise the need to be fair and proportionate and indeed that some owners may financially stretch themselves to purchase individual cremations. For that reason, we support

	separation of the cost of cremation from any other fees (e.g. euthanasia fees, handling fees for cadaver storage and labelling) to increase transparency in this area.
<p><b>Complaints and redress</b></p> <p><b>Measures to improve a pet owner’s ability to complain and receive redress if they are unhappy with their pet’s care.</b></p>	
<p><b>Remedy 14</b> Requirement to publish and provide pet owners with an in-house complaint process which meets specified minimum criteria, and for a sample of veterinary businesses to share a log of complaints with the RCVS.</p>	<p><b>SUPPORT</b></p> <p>We have previously stated that if a consumer’s complaint can be effectively addressed by their veterinary practice, this is likely to be the best outcome, both for clients and for the veterinary practice concerned, particularly where improvements are implemented in response to the substance of a complaint. However, we recognise that complaints handling processes are not standardised at the practice level, and in some practices may be inadequate or even absent entirely. A standardised process, with appropriate guidance and training, would also better allow for comparisons between practices and identification of areas of specific concern. This should be simple and clear, centred on local resolution, followed by mediation then arbitration as necessary.</p> <p>In our response to the CMA’s Potential Remedies Working Paper we suggested that a formal, agreed and consistent complaints process for the veterinary sector, that is both pragmatic and proportionate, should be introduced as part of Supporting Guidance to the RCVS Code and then made part of requirements of mandatory practice regulation, ensuring that all practices operate complaints procedures of a certain standard.</p> <p>As such, we welcome the CMA’s provisional decision to require all veterinary businesses operating FOPs to publish and provide to pet owners an in-house complaints system for each of its FOPs which meets certain minimum criteria and include a decision tree. We consider this requirement should also apply to referral services, OOHs practices, laboratories and online pharmacies. We support the remedy design criteria as being appropriate and proportionate to achieve the stated aim of creating a consistent minimum level of complaint handling provision across all FOPs where currently in-house complaint handling processes vary in quality and effectiveness. We consider that this should also apply to referral services.</p> <p>We note that FOPs will be required to attest to the regulator, on an annual basis, that they have a written complaint handling process and log, and submit that log if requested. It is likely there will be some concern amongst the profession regarding the submission of a complaints log to the regulator. Although it is clear from the CMA’s PDR (Part B) that this is for the purposes of monitoring of compliance with the remedy and will involve only a sample of practices (the suggestion is 50 per annum), there will nevertheless be a need for some reassurance for veterinary professionals as this remedy is implemented. The suggestion that the process at FOP level could be used as a learning or continuous improvement tool (as per Remedy 16b), may assist to a degree in providing these reassurances.</p>

	<p>We support the suggestion that the regulator, working in cooperation with a group of veterinary professional associations, would be well-placed to develop guidance for veterinary businesses operating FOPs, to help them ensure that their staff, especially those in consumer-facing roles, are supported by their employers when managing complaints involving vulnerable pet owners. We recognise this is not part of the formal remedies package, but would be happy to support the regulator in developing such guidance as required.</p> <p>We understand that implementation of this proposed remedy would be via a CMA Order in the first instance, and we look forward to engaging with the detail in due course.</p> <p>We welcome the further recommendation from the CMA that the measures that the requirements relating to in-house complaint processes should form part of a reformed regulatory framework created by new legislation.</p>
<p><b>Remedy 15</b> Requirement to engage in mediation in good faith where the pet owner's complaint is not resolved in-house and the pet owner wishes to take the complaint to mediation.</p>	<p><b>SUPPORT</b></p> <p>We have previously suggested that the Veterinary Client Mediation Service (VCMS) has an important part to play in redress as a voluntary, independent, and free mediation service. We support the VCMS view that wherever possible local and first-tier complaint resolution is optimal for clients and veterinary practices. When complaints are escalated then a mediation service such as VCMS should be available as part of a standardised process.</p> <p>We fully support the CMA's provisional decision to require all veterinary businesses operating FOPs to engage in mediation in good faith in cases where the pet owner's complaint is not resolved in-house and the pet owner wishes to engage in mediation. We support this as an appropriate means of resolving complaints where resolution has not been possible at a local level, and agree that whilst most practices are likely to select the VCMS as their Alternative Dispute Resolution provider, the remedy should not be limited to that scheme only.</p> <p>We support the stated complaint acceptance criteria detailed in the CMA's PD (Part B) as striking the appropriate balance between minimising the risk of inappropriate claims being mediated and helping ensure that resources required are focused on those complaints which are most likely to benefit from mediation.</p> <p>Regarding funding, the VCMS service is currently paid for by RCVS which means individual vets and RVNs are funding a service which is mediating business-consumer relationships. In our response to the CMA's Potential Remedies Working Paper, we suggested that it would be more appropriate for funding to come from practice regulation, and we were clear that any expansion of this type of service should come from veterinary businesses not individual professionals. As such, we welcome the CMA's provisional view that it would be appropriate for veterinary businesses operating FOPs, as opposed to individual veterinary professionals, to fund the provision of the VCMS. We agree with the provisional view that the most appropriate funding model would require</p>

	<p>veterinary businesses operating FOPs to pay an annual fee, proportionate to the size of their business, to the regulator.</p> <p>We note that the CMA also recommending that government legislates for the introduction of an additional adjudication mechanism, the outcomes of which would be binding on veterinary businesses, to strengthen the incentives on veterinary businesses to resolve legitimate complaints at the earliest possible stage. This is discussed below.</p>
<p><b>Remedy 16a</b> Undertaking from the RCVS (or requirement by CMA Order for it) to develop and publicise a decision tree to help pet owners navigate the different routes to redress.</p>	<p><b>SUPPORT</b></p> <p>We fully support the CMA’s provisional decision to require the RCVS to develop a decision tree of pet owners’ routes to redress, including consumer-friendly explainers of the pet owner’s options when they want to raise a complaint. We agree that veterinary businesses should be required to include this decision tree as part of their complaints process.</p> <p>We agree that careful design and engagement with relevant stakeholders, both those with expertise in the veterinary market and those representing pet owner interests, will be critical. BVA, BSAVA and BVNA would be willing to support RCVS with the development of consumer-friendly language as needed. We also suggest that RCVS seeks input from VCMS and the Veterinary Defence Society, and seeks to test the decision tree with real pet owners against real-life scenarios.</p> <p>We note the CMA’s suggestion that veterinary associations could play a role in the dissemination of information regarding the complaints process to pet owners. Given the target audience for such associations is vets and veterinary nurses rather than owners, we would suggest including a requirement for FOPs to disseminate such information when mandating for Remedy 14. It will be more effective for FOPs to make owners aware.</p>
<p><b>Remedy 16b</b> Undertaking from the RCVS (or requirement by CMA Order for it) to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.</p>	<p><b>PARTIALLY SUPPORT</b></p> <p>We consider that complaints processes can be a rich source of data that may be used to improve services or identify the need to adapt the regulatory framework. In our response to the CMA’s Potential Remedies Working Paper, we welcomed the recognition of the contributions VCMS already makes in this regard, sharing information with the RCVS, including complaints data, quarterly and annual reports, and insights reports. We also welcomed recognition of the VDS online tool VetSafe, which is available to the majority of the practising profession and is designed to drive proactive continuous improvement and clinical risk management through the collection, interpretation and sharing of data insights, which the entire veterinary team can learn from.</p>

	<p>We agreed that there could be scope for the regulator to play a bigger role in using complaints data to drive improvements in services and to ensure that regulation remains appropriately targeted. As such, we support the CMA's provisional decision to require the RCVS to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets. We agree with the CMA's view that this remedy would help the regulatory framework support effective complaint handling and consumer redress across the sector. However, it should also be recognised there is likely to be some degree of concern within the profession that complaints data submitted for this purpose could be used to pursue or support professional conduct investigations by the regulator. As such there should be sufficient safeguards in place to ensure that data is fully anonymised.</p>
<p><b>Recommendations for future regulatory reform</b></p> <p><b>Measures to provide a replacement statutory regime for the effective regulation of veterinary services.</b></p>	
<p><b>Remedy 17</b>  A recommendation to government to establish a replacement statutory regime for the regulation of veterinary services for household pets, including: regulating veterinary businesses and the practices they own; regulating the professional conduct of vets and vet nurses; robust and effective monitoring and enforcement; an effective complaints and redress system; statutory duties to promote competition and further the interests of pet-owners; and an independent and effective veterinary regulator.</p>	<p><b>SUPPORT</b></p> <p>We have long called for reform of the Veterinary Surgeons Act 1966, which is significantly out-of-date and no longer fit for purpose. Alongside the RCVS, BVA and BVNA are lobbying for legislative reform, supporting a raft of RCVS recommendations under the headings of embracing the vet-led team, enhancing the role of RVNs including protection of the veterinary nurse title, fitness to practise, and mandatory practice regulation. We are fully engaged in a Defra-led process to develop policy recommendations for VSA reform, and we understand Defra is planning a public consultation, to which we will submit a full response.</p> <p>We warmly welcome the CMA's proposed recommendation to the UK government, to establish a replacement statutory regime for the regulation of veterinary services for household pets, in particular:</p> <p><u>Business regulation</u></p> <p>We support the CMA's proposed recommendation to government that veterinary businesses (and the practices they run) should be included within the scope of regulation, and should be subject to mandatory minimum requirements ie Standards for Veterinary Businesses (SVBs) with respect to both clinical standards and competition and consumer matters. We agree that the requirements on veterinary businesses should reflect the contents of the proposed CMA Orders as a minimum and should apply at the organisational level to the legal person carrying on that business. We also agree that a core function of regulation should be the effective assurance, monitoring and enforcement of appropriate minimum or baseline standards of competence, quality and conduct of the veterinary services provided by businesses.</p>

We support the CMA's view that the regulatory framework should provide for a system for quality differentiation which recognises and makes consumers aware of those aspects of the service provided by a veterinary business which exceed the baseline requirements, and on that basis, we support the CMA's proposed establishment of an effective voluntary accreditation scheme as part of a reformed regulatory framework. We agree that the existing PSS framework could provide the starting point for the development of those enhanced additional voluntary accreditations, and we would be very willing to engage with RCVS, alongside other veterinary associations, to support the design of a voluntary scheme with the appropriate features.

#### Professional regulation

We support the CMA's proposed recommendation to government that the regulator should have sufficient statutory powers and resources to enable the effective monitoring of compliance with regulation by both veterinary businesses and veterinary professionals, and a wider range of sanctions available (this is in line with our support for a new fitness to practise regime as part of veterinary legislative reform).

#### Complaints and redress

In our response to the CMA's Potential Remedies Working Paper, we stated that we do not support the establishment of a veterinary ombudsman, as this could cause harm to clients by extending complaints processes far beyond what is reasonable and causing further frustration and upset, especially for those who are grieving the loss of their pet. However, we recognise that introducing a statutory binding independent redress scheme would provide pet owners with confidence and certainty that their complaints will be resolved, and would create a strong incentive for veterinary businesses operating FOPs to handle complaints well and at the earliest possible stage. On that basis, and recognising the stated benefits to veterinary professionals, businesses and consumers, we can accept the CMA's provisional recommendation that a binding independent redress scheme should be available, but only once local complaint handling processes have been exhausted and either mediation is not a suitable next step or mediation has been attempted but no resolution has been agreed.

#### Governance and structure of the regulator

We agree with the CMA's assessment that there must be a significant redesign of the internal structure and governance of the regulator, with new legislation in place to provide the regulatory function with a secure, statutory underpinning. We broadly support the operational principles for the governance of a veterinary regulator as outlined at 10.118 of Part B.

We agree with the CMA's view that a single regulatory framework for veterinary services across the four nations of the UK is preferable. A single regulatory regime is likely to be more cost-effective and therefore less expensive for end consumers, ensure consistency of regulatory approach and alignment of service standards across nations, provide predictability and certainty for businesses who own practices across the nations of the UK and minimise trade barriers within the UK internal market.

<b>Additional</b>	
In addition to the remedies set out above, the Inquiry Group also proposes to recommend that the RCVS promptly reviews its Codes and Guidance in relation to some of the remedies.	<b>SUPPORT</b> Although we support this requirement, we would welcome clarification on if the necessary changes to the Code and Guidance will be applied to only those veterinary professionals delivering services for household pets and how this will be done whilst maintaining client confidence in all areas of the professions.
Glossary	Some key definitions are missing such as authorised pharmacy, consultation, condition, composite price, itemised bill etc. This hindered the interpretation of the content of the CMA consultation papers. We would anticipate that such definitions will be included in any CMA orders to ensure clarity and consistent interpretation for all who are expected to comply with the legislation and indeed avoid any penalties for non-compliance that the Orders might include.