

## **RVC Response to the CMA Preliminary Recommendations, 14<sup>th</sup> November 2025**

### **General Introduction**

The Royal Veterinary College (RVC) welcomes the opportunity to respond to the Competition and Markets Authority's (CMA) preliminary recommendations. We offer this response not only in our capacity as a leading provider of veterinary education delivering both first opinion and referral independent clinical services to the public, but also as a long-standing institution responsible for introducing hundreds of new veterinary surgeons and veterinary nurses into the profession each year.

We broadly welcome the CMA's aim to improve transparency and competition for pet owners and fully support measures that promote high-quality animal care, fairness, and informed client decision-making. These principles align with the profession's commitment to uphold the highest standards of professionalism, clinical excellence, and animal welfare. We also recognise the importance of supporting the pet-owning public as they navigate challenging ethical and financial decisions regarding their animals' treatment.

However, we are concerned that certain proposed remedies may have unintended consequences. In particular, some may substantially increase administrative burdens, reduce appointment availability, and inadvertently disadvantage smaller or independently run practices compared with large corporate groups.

Our specific comments on individual proposed remedies are outlined below:

### **Remedy 1 – Requirement to clearly display common ownership on websites, in premises and in communications.**

#### **Comment:**

Clarity is needed regarding the scope of this requirement, particularly in relation to the proposed facilitation of pet owner choices between service providers which might include third-party services such as crematoria and pharmacies. Practices typically allow clients to select their preferred provider for such services; it is not the role of the veterinary team to recommend specific companies. Once a client has made a choice, we facilitate communication with their chosen provider—for example, forwarding prescriptions to a selected pharmacy.

## **Remedy 2b – Requirement to publish a list of prices for standard services on websites and in premises.**

### **Comment:**

While we support transparency, there are significant practical challenges and risks of misinterpretation associated with publishing comprehensive and detailed price lists.

- **Complexity and practicality:** Veterinary services are highly variable and dependent on patient weight, condition, and complexity. Producing, maintaining, and publishing comprehensive price lists across weight brackets (e.g., 10–20 kg dogs) would be administratively burdensome and time-intensive, with no automated mechanisms available in most practice management systems (PMS).
- **Consistency with RCVS rules:** The CMA proposal to publish bracketed prices appears inconsistent with the RCVS requirement that practices must charge only for items actually used. We suggest allowing indicative ranges or “up to” prices to resolve this inconsistency.
- **Referral settings:** In referral cases, it must be clearly acknowledged that estimates may change due to complications or revised diagnoses, which can legitimately alter the treatment plan and associated costs.
- **Risk of misleading comparisons:** Superficial price comparisons risk misleading the public, as procedures of the same name may differ vastly in complexity, risk, and standard of care. For example, a “mass removal” or “dental procedure” may vary significantly depending on the individual case and inclusions (e.g., anaesthetic monitoring, pain management, imaging).
- **Practicalities and effectiveness of publication:** the precise nature of the proposed remedy regarding the website location of the published price lists (one-click) does not reflect the status of those practices that sit within a multi-faceted organisation with a more complex website linking to practice pages and content.

We suggest that, to make the proposed remedy more workable, consideration should be given to allowing flexibility in published pricing, including the use of ranges and explanatory context; requiring clear definitions of what is included in each listed service; providing accompanying educational material for clients on the Veterinary Medicines Cascade, clinical standards, and factors influencing cost; and ensuring that PMS providers are supported or incentivised to facilitate these requirements.

## **Remedy 2c – Requirement to publish prices for parasiticide (i.e. flea, tick and worming) medicine products on websites and in premises, along with a link to a list of approved online pharmacies**

### **Comment:**

A tailored approach to parasite prevention is essential for patient welfare, as treatment choice depends on species, weight, health, and lifestyle. Publishing set prices for every parasiticide across all weight brackets would be cumbersome, confusing, and potentially misleading.

Furthermore, independent practices cannot compete with large-scale online retailers, which often sell products at prices below independent purchase cost. This risks creating the false perception that independent practices are profiteering, when in fact they operate under tighter margins.

We also note that the proposal to publish a link to a list of “approved” online pharmacies and agree the Veterinary Medicines Directorate list should be signposted by the Royal College of Veterinary Surgeons (RCVS).

**Remedy 2d – 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.**

**Comment:**

Pet care plans are inherently individualised, reflecting lifestyle, risk, and life-stage (e.g., frequent changes during puppy growth). Publishing standardised frequencies or inclusive prices would therefore be misleading. Some PMS platforms cannot automatically extract or display this data, so manual updates would impose substantial administrative costs.

**Remedy 4 – 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.**

**Comment:**

We question the validity of aggregating all independent practices into a single category for comparison. The diversity and autonomy of independent practices mean their results cannot reasonably be considered representative of each other. This approach risks oversimplification and misinterpretation.

**Remedy 5a – 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.**

**Comment:**

While we support transparency in treatment costs, requiring written estimates and updates in all cases over £500 or with a 20% variation would be impractical in emergency or referral contexts. Treatment plans often evolve rapidly, and repeated consent requests could delay care and frustrate clients.

Clarification is needed as to whether an “updated estimate” replaces the original or supplements it. In our experience, clients can become confused if multiple estimates are presented without clear explanation.

**Remedy 7 – Requirement to make pet owners aware they can get a prescription and buy medicines online more cheaply through standardised notices in waiting 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.**

**Comment:**

We agree that clients should be informed about their right to request written prescriptions. However, requiring this information across communication channels such as SMS would significantly increase administrative and messaging costs. A simple link to a practice's price list and prescription policy would be sufficient.

**Remedy 8 – Requirement to give pet owners written prescriptions by end of consultation (hard copy) or end of day (digital).**

**Comment:**

Requiring written prescriptions to be issued during the consultation or by the end of the same day presents logistical and security challenges. Based on our assessment, this change would extend the duration of a standard consultation by at least 25%, resulting in increased staffing costs and a proportional decrease in the number of pets that could be seen per day, along with the associated reduction in revenue. Many practices currently send prescriptions directly to pharmacies to prevent fraud. For those without e-signature capability, this requirement would necessitate manual printing, signing, and scanning—imposing significant time and labour costs.

**Remedy 10 – Requirement to contact customers at specified times to ask for their default preference for repeat prescriptions - whether to buy online or in-clinic.**

**Comment:**

We strongly oppose this proposal. Recording and annually verifying each client's default preference would be time-consuming and duplicative, with no clear benefit to transparency or client experience. Implementing this in current PMS systems would also require costly modifications.

**Remedy 11 – 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.**

**Comment:**

We disagree with a fixed cap. Transparency, rather than price control, should be the goal. The proposed £16 cap does not cover the cost of producing, verifying, and securely issuing prescriptions, especially where multiple products are involved. Restricting practices to a single prescription fee per consultation ignores the per-product workload and would further disadvantage smaller practices. Our current pricing structure would mean this proposal represents a reduction in price of approximately 20 – 36%, depending on the number of items being prescribed. Furthermore, the proposed single national price cap does not reflect the differences in the cost of delivering care in different locations where practice costs such as salaries, land and buildings will vary significantly.

## **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.**

### **Comment:**

We support transparency in end-of-life options and pricing but caution against imposing mandatory “cooling-off” periods once a client has made a decision. Delays can be distressing for owners and increase the risk of logistical errors. Crematoria collection schedules already introduce unavoidable delays, so further mandatory waiting periods could prolong the process unnecessarily.

### **Conclusion**

The RVC supports the CMA’s objectives of improving transparency and fairness for pet owners. As such, we broadly agree with the proposed measures to improve pet owners’ ability to complain and receive redress if they are unhappy with their pets’ care. We note the comments regarding governance and regulation which we are aware is the subject of a review by Department for Environment, Food and Rural Affairs (DEFRA) as it considers updating the Veterinary Surgeons Act (VSA). It will be important to recognise that any new arrangements that see an increase in governance and regulation costs - such as creating two bodies - would ultimately see these costs being passed on to the client base.

It will be important to recognise that any new arrangements that see an increase in governance and regulation costs - such as creating two bodies - would ultimately see these costs being passed on to the client base. However, we urge the CMA to consider the practical implications of these proposals, particularly for independent and smaller practices that lack the administrative capacity or bespoke IT systems available to large corporate groups.

Without appropriate flexibility and technological support, several remedies risk increasing costs, reducing clinical time, and inadvertently undermining patient care and client choice. Many of the proposed changes will require PMS system modifications; we therefore encourage the CMA to explore mechanisms to require or incentivise PMS providers to support implementation. It will be important to recognise that any new arrangements that see an increase in governance and regulation costs - such as creating two bodies - would ultimately see these costs being passed on to the client base.

Independent practices are essential to maintaining diversity, accessibility, and quality within the veterinary sector. A framework that unintentionally amplifies their administrative or financial burden will not serve the long-term interests of clients, competition, or animal welfare.