

VETERINARY SERVICES FOR HOUSEHOLD PETS MARKET INVESTIGATION

Summary of the Competition and Markets Authority (CMA) hearing with the British Veterinary Association (BVA), British Veterinary Nursing Association (BVNA) and British Small Animal Veterinary Association (BSAVA) held on 26 November 2025

Introduction

1. The BVA, the BVNA, and the BSAVA noted their appreciation for the opportunity to meet with the Group, and for the multiple opportunities to engage over the course of the market investigation, including the CMA's attendance at multiple veterinary events.
2. The BVA, the BVNA, and the BSAVA said they were pleased that the provisional decision contained a more measured, proportionate list of proposals as compared with working papers published earlier in the year.
3. The BVA, the BVNA, and the BSAVA said they were particularly pleased that some potential remedies had been modified or removed in the provisional decision, such as price controls on medicines.
4. The BVA, the BVNA, and the BSAVA expressed support for many of the proposed remedies and explained that their main concerns were related to the supply of medicines.

Information for pet owners

5. The BVA, the BVNA, and the BSAVA expressed their support for publishing clear ownership information across first opinion practices, out-of-hours services, referral centres, hospitals, diagnostic laboratories and pet crematorium services. They indicated that this remedy was straightforward to implement and that a consistent application across the relevant businesses should be adopted to ensure full and effective transparency.
6. The BVA, the BVNA, and the BSAVA expressed support for basic service information being published at first opinion practices and referral sites. They

also expressed their belief that this requirement should extend to those types of businesses required to publicise clear ownership information.

7. The BVA, the BVNA, and the BSAVA expressed their support for requiring first opinion practices (FOPs) offering pet care plans to publish clear information (online and in clinic) about those plans. The BVA, the BVNA, and the BSAVA noted that caution should be applied to ensure subscription-based business models were not inadvertently brought within the scope of the remedy.
8. The BVA, the BVNA, and the BSAVA expressed caution over parasiticide pricing and pet care plans. Parasiticides are prescription-only medicines and an overly standardised approach to their inclusion in pet care plans may reduce tailored prescribing, encourage broad-spectrum use, and conflict with responsible use guidance. Additionally, in relation to requiring parasiticide pricing information, the BVA, the BVNA, and the BSAVA stated that marketing of parasiticides risks running counter to prescription-only medicine advertising regulations.
9. The BVA, the BVNA, and the BSAVA expressed support for better use of the RCVS Find a Vet platform and asked for reassurances that third-party comparison sites would have safeguards against paid placements and distorted rankings.
10. The BVA, the BVNA, and the BSAVA expressed broad support for the CMA's proposals relating to written estimates and itemised bills, noting that the majority of providers already adhered to such practices. They reiterated previous concerns over a universal threshold for providing written estimates, given that pet owners' perception of cost is contextual in nature, but agreed that this approach was necessary for consistency.
11. The BVA, the BVNA, and the BSAVA expressed support for requiring the option of a basic communal cremation, stating that they thought it was more proportionate than applying price controls on markups for individual cremations.
12. The BVA, the BVNA, and the BSAVA explained that offering communal cremations and thinking time for end-of-life options was very common across the sector, and that they were surprised that an obligation to provide these was even considered necessary as a remedy. They suggested it would be useful to make sure every practice offered these.
13. The BVA, the BVNA, and the BSAVA agreed in principle to the general requirement for a price list but suggested that refinements were needed. Some items (eg anaesthesia or point-of-care ultrasound) were too broad or

varied greatly by patient, species, size, and clinical context, risking misleading comparisons and encouraging price-only decisions.

14. The BVA, the BVNA, and the BSAVA suggested that standardised price lists could be designed around defined outcomes (eg recovery from a broken limb) rather than the constituent parts of veterinary care. This could be more understandable and usefully comparable for pet owners.
15. The BVA, the BVNA, and the BSAVA said they were not convinced of the usefulness of a national pet owner survey, given that competition existed at a local level between veterinary practices. The BVA, the BVNA, and the BSAVA suggested net promoter score (NPS) mechanisms as alternative indicators of quality to aid pet owners' ability to compare practices, acknowledging the need to mitigate manipulation risks.

Supply of veterinary medicines

16. The BVA, the BVNA, and the BSAVA expressed their support for clearer awareness for pet owners that they could request written prescriptions and source veterinary medicines from alternative suppliers.
17. The BVA, the BVNA, and the BSAVA welcomed the CMA's recognition that some medicines required immediate administration or professional handling (eg vaccinations), making mandatory prescriptions inappropriate in those cases.
18. The BVA, the BVNA, and the BSAVA welcomed the move away from proposals to maintain real-time price lists for specific retailers and the provisional decision not to introduce a cap on medicines prices, which they considered would be burdensome given wholesale price variability.
19. The BVA, the BVNA, and the BSAVA said that, in broad terms, they very much supported more information sharing around the supply of veterinary medicines. They said they could not support them in their current format given their concerns about feasibility and the potential for unintended consequences.
20. The BVA, the BVNA, and the BSAVA shared concerns about the proactive promotion of competitors implied by an obligation to refer to potential savings elsewhere or promote specific channels (eg online pharmacies). The BVA, the BVNA, and the BSAVA argued this was not required in other professional services.
21. The BVA, the BVNA, and the BSAVA explained that they were not opposed to providing clearly worded information that was sufficiently effective for

consumers to make informed choices about written prescriptions and the purchase of medicines; their opposition was to proposals that would lead to vets feeling like they were actively promoting their competitors.

22. The BVA, the BVNA, and the BSAVA expressed concerns that, if medicines income declined significantly, practices might raise high-volume fees (eg consultations, vaccinations), potentially increasing the cost to access care for pets. They highlighted particular concern about the potential impact this would have on smaller, independent practices.
23. The BVA, the BVNA, and the BSAVA said they could not support the level of the proposed prescription fee cap as it was below the market median. They argued that a single prescription fee per consultation regardless of the number of medicines did not reflect the legally mandated, time-consuming certification process. Only veterinary surgeons could complete prescriptions and therefore the proposals could create workload constraints.
24. The BVA, the BVNA, and the BSAVA explained that requiring physical prescriptions at the end of a consultation and electronic prescriptions by the end of the day would be operationally onerous, especially after long clinical days. Practice management systems often lack streamlined prescription modules, and replacing systems is expensive and not quickly feasible. The BVA, the BVNA, and the BSAVA expressed their desire for better practice management systems where incremental, affordable upgrades to the technology could be made (such as the ability to send prescriptions directly to third-party pharmacies). They cautioned against remedies that assumed it was practicable for practices to quickly upgrade their systems.
25. The BVA, the BVNA, and the BSAVA suggested adjusting the deadline to 'within 48 hours where practicable' rather than end-of-day.

Complaints and redress

26. The BVA, the BVNA, and the BSAVA expressed support for requiring practices to publish and provide pet-owners with in-house complaints procedures and to engage in mediation in good faith. They expressed a desire for these proposals to extend to the entire consumer journey and therefore include referral services, out-of-hours providers, laboratories and online pharmacies.
27. The BVA, the BVNA, and the BSAVA expressed support for the RCVS collecting, analysing and publishing data and aggregated insights on complaints to support quality improvement across the sector. To help

reassure professionals, anonymity should be safeguarded in data collected for sector learning.

28. The BVA, the BVNA, and the BSAVA suggested that a statutory, independent, binding redress scheme could provide pet owners with confidence that their complaints would be resolved and would create a strong incentive for veterinary businesses operating first opinion practices to handle complaints well at earlier stages. They considered that such a redress scheme should be a last resort and only used once local handling was exhausted and mediation was either not suitable or proven unsuccessful.
29. The BVA, the BVNA, and the BSAVA considered that mediation providers could play a role in building the sector-wide picture from trends in anonymised complaints data.

The regulatory framework

30. The BVA, the BVNA, and the BSAVA warmly welcomed the provisional recommendation to government for reform of the Veterinary Surgeons Act 1966, including business regulation with mandatory minimum requirements and wider enforcement powers.
31. The BVA, the BVNA, and the BSAVA expressed support for a voluntary accreditation scheme above the mandatory minimum standards. They added that the existing Practice Standards Scheme framework could provide the starting point for the development of those enhanced additional voluntary accreditations.
32. The BVA, the BVNA, and the BSAVA agreed with the provisional recommendation that the internal structure and governance of the regulator should be redesigned, if its role were to expand under a new framework.
33. The BVA, the BVNA, and the BSAVA said there was significant confusion among veterinary professionals about the role of the regulator; on one hand it was there to support veterinary surgeons and nurses as a Royal College, and on the other hand it had a duty, as a regulator, to hold veterinary professionals to account. This has led to a sense of tension and a loss of trust from professionals.
34. The BVA, the BVNA, and the BSAVA expressed support for clearer separation between professional leadership and professional regulatory functions, with distinct funding and distinct objectives and measurable service standards (eg number of cases being resolved). Clearer articulation of these two functions could help diffuse that confusion and make for better clarity.

Veterinary nurses

35. The BVA, the BVNA, and the BSAVA expressed strong support for a recommendation to government to protect the title of veterinary nurse in law, to enhance transparency, consumer confidence, and comparability between practices.
36. The BVA, the BVNA, and the BSAVA welcomed the recognition that there could be an expansion in the range of tasks Registered Veterinary Nurses may undertake, with appropriate training and supervision. This could improve access to care and free up veterinary surgeons to focus on other cases.
37. The BVA, the BVNA, and the BSAVA suggested that the role of nurses should be more prominently emphasised within the final remedies package, to help consumers understand nurse-led pathways and follow-up care.

Final considerations

38. The BVA, the BVNA, and the BSAVA raised concerns around the timing of the funding which would be required to implement the CMA's remedies as currently proposed. Many of the proposed remedies were targeted at businesses and would require significant development work from a regulator currently funded almost entirely by professional fees. The BVA, the BVNA, and the BSAVA indicated their strong preference for transparent accounting from the regulator to show how compliance had been funded. This includes clearly highlighting whether reserves had been used to prepare for compliance and how those reserves would be recovered in future.
39. The BVA, the BVNA, and the BSAVA suggested that care must be taken around amending the RCVS Code and Guidance, given these apply to vets working across multiple sectors (for example, farm and equine) and in mixed practices rather than just in small-animal veterinary services.
40. The BVA, the BVNA, and the BSAVA cautioned that some proposed three- and six-month implementation timelines may be undeliverable for practices, particularly where IT changes are needed, and suggested engaging representative bodies and large groups to design realistic schedules.