

VETERINARY SERVICES FOR HOUSEHOLD PETS

Final decision report: Part B

24 March 2026

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The Competition and Markets Authority has excluded from this published version of the final report information which the inquiry group considers should be excluded having regard to the three considerations set out in section 244 of the Enterprise Act 2002 (specified information: considerations relevant to disclosure). The omissions are indicated by [X]. Some numbers have been replaced by a range. These are shown in square brackets. Non-sensitive wording is also indicated in square brackets.

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1. Introduction to Part B (remedies)

- 1.1 In the first part of this report (part A) we set out our finding that there is an adverse effect on competition (**AEC**) in the supply of veterinary services for household pets by First Opinion Practices (**FOPs**) and an AEC in the supply of outsourced out-of-hours (**OOH**) provision to FOPs. In this part, we set out the remedies we have decided to take forward to address these findings.
- 1.2 This document (part B) is structured as follows:
- (a) In this section we summarise our remedies package, noting to whom each remedy will apply and the timing for compliance;
 - (b) In section 2 we explain the framework we use for making decisions on remedies, including how we assess effectiveness and proportionality. We set out our position on various elements of an Order, including monitoring and enforcement, timing, the scope of the remedies and the role we anticipate that the Royal College of Veterinary Surgeons (**RCVS**) will play;
 - (c) In sections 3 to 9 we set out our remedies package in detail, including the design of each remedy, how it addresses the concerns we have identified and why we consider it to be effective and proportionate;
 - (d) In section 10 we present some points for government (Defra and VMD) and the RCVS to consider, beyond our core remedies package;
 - (e) In section 11 we present our assessment of the package of remedies as a whole, considering whether it is effective and proportionate.
- 1.3 In the course of our investigation, we received submissions calling on the CMA to implement a range of remedies. Where these proposals engaged with our proposed remedies, we discuss them in the relevant sections. Some of these suggested remedies went beyond the AECs we have identified or were outside the scope of our investigation. We discuss these proposals in Appendix M.

Summary of remedies

- 1.4 We provide here a high-level overview of our remedies. This is intended to introduce the main themes and requirements. Detailed obligations, scope and implementation are set out in the following sections as indicated.
- 1.5 Our remedies mostly apply to veterinary businesses that operate one or more FOPs but some also apply to referral centres, online pharmacies, out-of-hours providers and crematoria.¹ There are differences in the time these businesses have to implement our remedies. We distinguish between larger veterinary

¹ The ownership remedy applies to all veterinary businesses operating one or more FOPs, or a combination of FOPs, online pharmacies and other veterinary services, and, where those businesses are owned, controlled or under high level of influence by another entity, it also applies to that entity.

businesses, which are those with 15 or more FOPs, and smaller veterinary businesses which have fewer than 15 FOPs.

- 1.6 We recognise that changes by veterinary businesses on their own would not be sufficient to address the issues we have identified. In addition to the remedies set out below, we therefore set out recommendations to the RCVS (for example, that it review its Codes of professional conduct and the supporting Guidance to these Codes)² in relation to some of the remedies. The recommendations are set out in the relevant sections. We also recommend that government reforms the statutory framework in particular to include veterinary businesses.

Pet owner empowerment

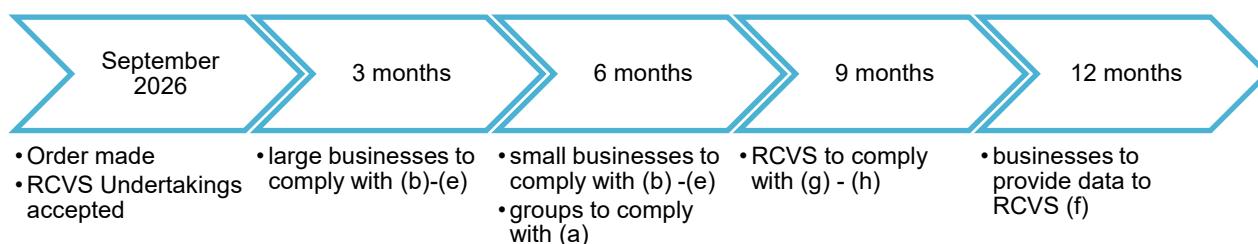
- 1.7 These remedies improve transparency so that pet owners can easily compare practices, services and prices. Part B, section 3 sets out the detail of these remedies. The key requirements introduced are:
- (a) Clear display of ownership information, online, in signage, in premises and in communications;³
 - (b) Clear and accessible information about their out-of-hours care, qualifications held by practice staff and any RCVS accreditations or awards, published online and in premises;
 - (c) Standardised price lists published online and in premises;
 - (d) Prices for common flea, tick and worm products published and a link to the Veterinary Medicines Directorate (**VMD**) Register of Online Retailers made available;
 - (e) Clear explanation of what is included in pet care plans and the prices of items when bought outside the plan;
 - (f) Key practice information (ownership, services, pricing, pet care plans), shared with the RCVS for publication via an enhanced Find a Vet platform and for sharing with approved third parties;
 - (g) The RCVS to establish and maintain a web form for collecting key practice information as required by (f) above, provide user support and guidance, publish the information on Find a Vet, and share it with approved third parties;

² This includes both the RCVS Code of Professional Conduct for Veterinary Surgeons (the **Code**) and the supporting guidance to the Code (the **Guidance**), and the RCVS Code of Professional Conduct for Veterinary Nurses (the **Nurses Code**) and the supporting guidance to the Nurses Code (the **Guidance for Nurses**). The Code and the Nurses Code are referred to collectively as 'the **Codes**'.

³ This remedy applies to all veterinary businesses operating one or more FOPs, or a combination of FOPs, online pharmacies and other veterinary services.

- (h) The RCVS, in relation to point (g), to develop criteria that third parties must meet to be eligible to access the data, in relation to standards of security, reliability, transparency and fair competition.

Figure 1.1 Implementation timeline pet owner empowerment remedies

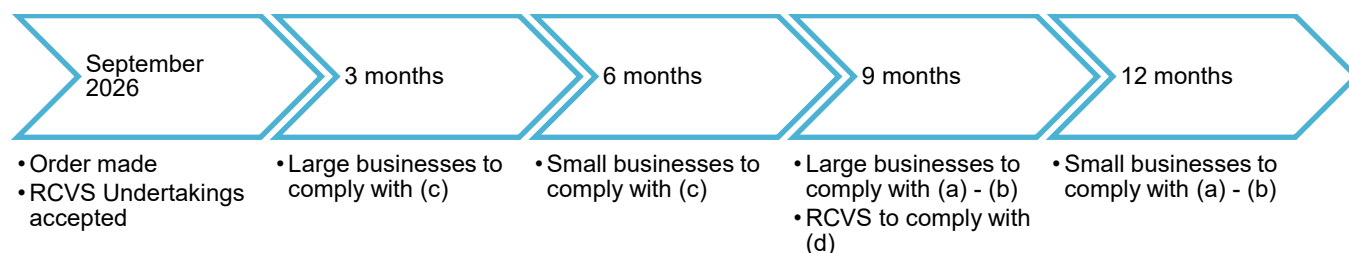


- 1.8 Larger veterinary businesses must comply with many of these requirements within three months of our Order being made. For those requirements, smaller veterinary businesses have six months to comply from when our Order is made. Businesses to which the ownership remedy applies have six months to comply. The RCVS has nine months to enhance the Find a Vet platform and veterinary businesses must provide data within three months from the RCVS compliance.

Pet owner choice of treatments and referrals

- 1.9 These remedies ensure pet owners receive clear, impartial information on treatments and costs so they can make informed decisions about treatments, referrals and diagnostic services offered, including whether pet care plans may be right for them. Part B section 4 sets out the detail of these remedies. Key requirements introduced in this remedy area are:
- (a) Pet owners receive written estimates for treatment pathways over £500 (including VAT) and updates on cost increases;
 - (b) Pet owners receive itemised bills for treatments and services received;
 - (c) Veterinary businesses must have written policies and processes in place to ensure professionals provide impartial advice and appropriate options in line with the RCVS Codes and Guidance;
 - (d) The RCVS to publish the level of monetary threshold above which a written estimate required under point (a) must be provided to pet owners.
- 1.10 A recommendation for the RCVS to reflect (a) written estimates and (b) itemised bill requirements in Codes and Guidance further strengthens these remedies.

Figure 1.2 Implementation timeline pet owner choice remedies



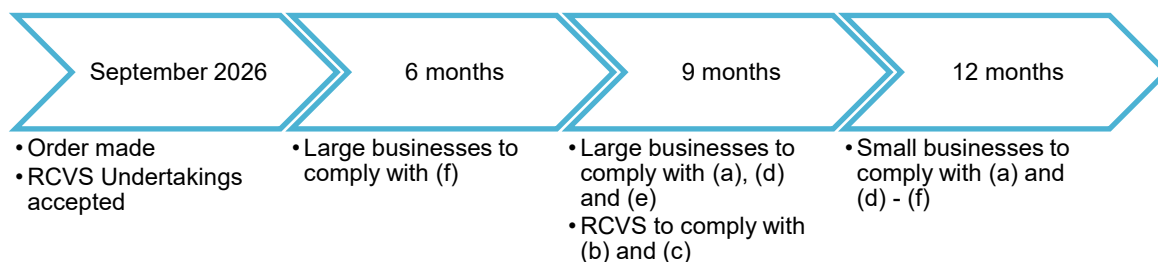
1.11 Smaller veterinary businesses have six months to have in place written policies and processes and 12 months to provide written estimates and itemised bills. For larger businesses these periods shorten to three and nine months respectively.

Veterinary medicines

1.12 These remedies promote greater competition in the sale of veterinary medicines and put downward pressure on high medicine prices. Part B section 5 sets out the detail of these remedies. Key requirements in this remedy area are:

- (a) Raise awareness that a written prescription is available and medication may be cheaper if bought elsewhere;
- (b) The RCVS to produce distribute and publish on its website standardised literature on the written prescription process to be used by veterinary businesses to raise awareness among pet owners required by point (a);
- (c) The RCVS to produce and distribute a digital version of a flyer to be provided to pet owners receiving long term medication;
- (d) Written prescriptions issued by end of consultation (hard copy) or within 48 hours (digital);
- (e) Clear information on availability of alternatives when prescribing and dispensing own brand medication;
- (f) Charges for written prescriptions are capped at £21 (incl. VAT) for the first medication prescribed within a consultation and capped at £12.50 (incl. VAT) for additional medication prescribed in the same consultation and policies and procedures on the duration of prescriptions must be in place to prevent circumvention of the fee cap.

Figure 1.3 Implementation timeline veterinary medicines remedies

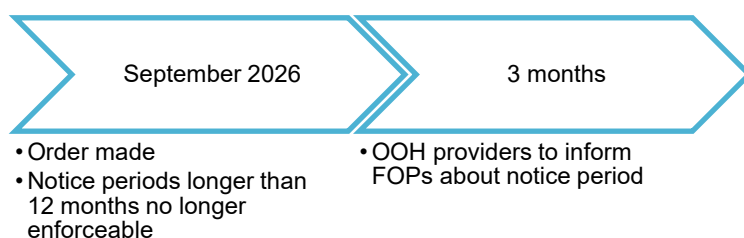


- 1.13 Smaller veterinary businesses have 12 months from our Order being made to comply with these remedies. For larger businesses the prescriptions fee cap applies after six months of our Order being made and they have nine months to comply with the remaining remedies in this category. The RCVS has nine months to meet its obligations.

OOH provision

- 1.14 This remedy makes it easier for FOPs to switch OOH provider, so they can obtain better prices and services for their customers. OOH contracts between FOPs and their OOH providers will have a maximum notice period of 12 months. Part B, section 6 sets out the detail of this remedy.

Figure 1.4 Implementation timeline OOH remedy



- 1.15 OOH providers will have three months from our Order being made to inform FOPs about the change in notice period.

Cremation choices

- 1.16 This remedy ensures pet owners are aware of all cremation options and have clear information on available services and prices. Part B, section 7 sets out the detail of this remedy. Key requirements under this remedy are:
- (a) Raised awareness of all end-of-life options;
 - (b) Communal cremations are offered to pet owners as an option;
 - (c) Clear pricing information on services offered.

Figure 1.5 Implementation timeline cremation choices remedy

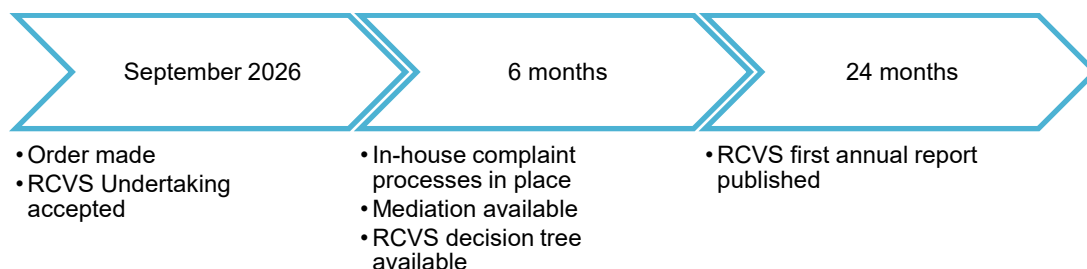


- 1.17 Larger veterinary businesses have three months from the Order being made to comply with these remedies, while smaller businesses have six months to comply.

Complaints and redress

- 1.18 These remedies strengthen complaint handling and access to mediation to improve outcomes for pet owners and competitive discipline in the market. Part B section 8 sets out the detail of these remedies. Key requirements are:
- (a) Minimum standard in-house complaint process accessible to pet owners, with complaint log for learning and sharing with the RCVS;
 - (b) RCVS to contract an Alternative Dispute Resolution provider which offers mediation services to veterinary businesses operating FOPs;
 - (c) Availability of mediation, via RCVS contracted mediation services in point (b), where a complaint is not resolved in-house;
 - (d) Decision tree published by the RCVS to help pet owners navigate routes to redress;
 - (e) Collection and annual publication by the RCVS of insights on complaints in the veterinary market for household pets.

Figure 1.6 Implementation timeline complaints and redress remedy



- 1.19 Veterinary businesses have six months from the Order being made to comply with (a) and (b). The RCVS is required to comply with remedies (b) and (c) within six months of the Undertaking being accepted and needs to publish its first annual report within 24 months.

Our recommendations and points to consider

- 1.20 Core to our remedies package are recommendations to UK government for regulatory reform (these are set out in part B, section 9). We make additional recommendations to government, Defra, the VMD and the RCVS to further support our remedies (these are set out alongside the relevant remedies). Throughout our investigation we noted further points that we would like government (Defra, VMD) and the RCVS to consider. We provide below a brief summary of these recommendations and further considerations.

Regulatory reform

- 1.21 Our recommendations to government to propose reforms to modernise the statutory framework are a core part of our remedies package. We recommend that government replace the statutory regime with one covering regulation, enforcement, redress and duties to promote competition. Specifically, we recommend that regulatory reform:
- (a) includes veterinary businesses (not just individuals) within the scope of regulation and imposes mandatory minimum standards for these veterinary businesses;
 - (b) establishes a comprehensive, binding statutory redress scheme building on in-house complaint processes and mediation;
 - (c) strengthens regulation of veterinary professionals, including lower thresholds for enforcement and broader sanctions;
 - (d) adds statutory duties for the veterinary regulator to promote competition and further the interests of pet owners in the discharge of its statutory functions; and
 - (e) provides for a structure of the veterinary regulator that is appropriate to ensure its effectiveness and independence.
- 1.22 These reform recommendations are set out in part B, section 9.

Remedy supporting recommendations

- 1.23 To support our remedies, we recommend that:
- (a) government establishes a smart data scheme to place Find a Vet and price comparison tools on a statutory footing in support of the Find a Vet remedy⁴.

⁴ This is set out in part B, section 3.

- (b) the RCVS (or future regulator following reform of the statutory regulatory framework) supports specific remedies and the wider reform of the sector by:
- (i) engaging with providers of practice management systems to review and facilitate solutions for automated data sharing on behalf of businesses; and exploring and where appropriate approving, alternative data capture methods for sharing information with the RCVS;⁵
 - (ii) carrying out appropriate user testing of Find a Vet enhancements to help ensure it is developed in a user-friendly way; exploring additional functionalities following initial enhancements being introduced; and conducting activities that increase awareness and use of Find a Vet;⁶
 - (iii) exploring the possibility of a practice-level survey that could be used to gauge pet owner satisfaction and provide signals of perceived quality that help drive competition;⁷
 - (iv) amending its Codes and Guidance to reflect written estimate requirements, itemised billing and prescription related obligations;⁸
 - (v) carrying out a review of the relative medicine prices of FOPs and online pharmacies three years after the medicines remedies have been implemented;⁹
 - (vi) clarifying guidance on prescription duration, including for flea, tick and worm medicines;¹⁰
 - (vii) engaging with Defra, RCVS-K and consumer groups to improve the Practice Standards Scheme pending wider reform; and engaging with veterinary sector associations to support the design of a voluntary accreditation scheme as part of a reformed regulatory framework.¹¹
- (c) The VMD considers ways to improve the usability and accuracy of its online retailer lists.¹²

Points for consideration

- 1.24 The regulation of veterinary nurses and veterinary medicines have an impact on competition and outcomes for pet owners but also bring in clinical considerations

⁵ Set out in part B, section 3.

⁶ Set out in part B, section 3.

⁷ Set out in part B, section 3.

⁸ Set out in part B, section 4.

⁹ Set out in part B, section 5.

¹⁰ Set out in part B, section 5.

¹¹ Set out in part B, section 9.

¹² Set out in part B, section 5.

and trade-offs between wider policy objectives. We set out in Part B section 10 and summarise here key points for consideration in these two areas.

Veterinary Nurses

1.25 As part of the wider regulatory reform:

- (a) government should consider the protection of the veterinary nurse title and expansion of the scope of the tasks that can be performed by veterinary nurses;
- (b) The RCVS should consider the scope for further guidance on tasks that may be delegated to veterinary nurses and it should publish further guidance where it identifies such scope.

Veterinary medicines

- 1.26 Defra, the VMD and the RCVS should consider the balance between animal welfare, public health objectives, environmental protection and the need to ensure veterinary services in the UK can deliver competitive prices, innovation and growth in step with technological change and consumer demand. In this context a review of the Cascade rules to ensure appropriate weighting between welfare, public health and competition should be considered.
- 1.27 The VMD and the RCVS should provide clarification, under existing rules, of the circumstances in which cost may be taken into account when prescribing according to the Cascade.
- 1.28 The VMD should consider a review of the advertising restriction to minimise impacts on competition and consumer information.
- 1.29 Defra, the VMD and the RCVS should consider adjusting the regulatory framework to encourage more widespread and responsible use of innovative business models such as Telemedicine.
- 1.30 The VMD should consider ways to stimulate further reclassification of veterinary medicines to increase access to these products outside a FOP.

Funding

- 1.31 Veterinary businesses will be required to fund the additional activities that the RCVS is required to undertake under our remedies package. For this purpose we require:

- (a) The RCVS to estimate relevant costs on a periodic basis and consult on that estimate. The first such estimate will need to be in place by the time the RCVS invoices veterinary businesses for their payment of the levy;
- (b) Veterinary businesses to pay a levy to fund the activities and actions we require the RCVS to undertake;
- (c) The RCVS to account for how the funds were spent and carry over any underspend.

1.32 The detail on the costs of our remedies package and how these could be met is set out in the next section.¹³

¹³ Part B, section 2

2. Remedies: framework, form and implementation

2.1 In this section we cover:

- (a) the framework we apply to assess remedies; and
- (b) issues which are relevant across the remedies package, including the form the remedies will take and to whom they will apply, the timing of their implementation, how they will be monitored and enforced, and how the costs will be met.

Framework for assessing our remedies

Relevant legislation

2.2 Where we find that there is an AEC, we are required to decide these questions:¹⁴

- (a) whether we should take action to remedy, mitigate or prevent the AEC or any detrimental effect(s) on customers so far as it has resulted from, or may be expected to result from, the AEC;¹⁵
- (b) whether we should recommend that others take action for those purposes; and
- (c) in either case, if action should be taken, what is to be done and what is to be remedied, mitigated or prevented.

2.3 In coming to a view on remedies, we must ‘...in particular have regard to the need to achieve as comprehensive a solution as is reasonable and practicable to the adverse effect on competition and any detrimental effects on customers so far as resulting from the adverse effect on competition’.¹⁶ To satisfy that requirement, we consider how comprehensively remedies (or a package of them) address the AEC and/or its detrimental effects on customers, as well as whether the remedies are effective and proportionate.¹⁷

2.4 We usually classify remedies as either structural or behavioural:

¹⁴ [Enterprise Act 2002](#), section 134(4).

¹⁵ A detrimental effect on customers is one that results, or may be expected to result, from any AECs and takes the form of: (a) higher prices, lower quality, or less choice of goods or services in any market in the UK (whether or not the market(s) to which the feature or features concerned relate); or (b) less innovation in relation to such goods and services. [Enterprise Act 2002](#), section 134(5).

¹⁶ [Enterprise Act 2002](#), section 134(6).

¹⁷ Competition Commission, [Guidelines for market investigations: Their role, procedures, assessment and remedies](#) (CC3 (Revised)), paragraph 329.

- (a) Structural remedies in market investigations are generally one-off measures that seek to increase competition by altering the competitive structure of the market.
- (b) Behavioural remedies are generally ongoing measures that are designed to regulate or constrain the behaviour of parties in a market and/or empower customers to make effective choices.¹⁸

2.5 There are three ways remedies of either type may be implemented. We can impose CMA Orders on relevant parties; we can accept Undertakings from them; and we can make recommendations that others take action (for example, government or other organisations, including regulators such as the RCVS).

2.6 The CMA's clear preference is to adopt remedies – of whichever type and by whichever means – that deal comprehensively with the cause or causes of AECs wherever possible and, by doing so, significantly improve competitive conditions in a market in a reasonable period of time. However, while generally preferring to address the causes of the AEC, the CMA will consider introducing measures which mitigate the harm to customers created by competition problems, for example if other measures are not available, or as an interim solution while other measures take effect.¹⁹

Our role

2.7 Speaking broadly, our role, guided by the relevant statutory provisions described above, is to make a judgement about solutions for the competition problem(s) that we identify, and its (or their) effects, that work and do not intervene in the market any more than necessary, and to make decisions about what remedial action should be taken and by whom. That involves:

- (a) an assessment of how any remedies could be expected to achieve their aims and of the costs and burdens they impose on businesses; and
- (b) practical considerations about how any remedies should be designed and implemented.²⁰

¹⁸ CC3 (Revised), paragraph 371.

¹⁹ CC3 (Revised), paragraphs 330 to 333.

²⁰ In our RWP we welcomed comments on the remedies (if any) we should put in place and how we should implement them. Key points made to us were that any remedies put in place should be proportionate, not be overly complex, minimise costs and burdens on veterinary businesses (particularly smaller independent ones) and vets, be compatible with the protection of public and animal health and welfare, be practically workable for the veterinary sector, reflect the differences between corporate veterinary businesses, and build on the existing Practice Standards Scheme (PSS) or Find a Vet platform. Some said that an updated legislative framework was needed. (See, for example, RCVS response to the RWP, pp4-5. CVS' response to the RWP, pp4-5. Medivet's response to the RWP, pp8-11. XL Vet's response to the RWP, p3. Which? response to the RWP, p2. Respondent 12's response to the RWP, p2. Thrums Vet's response to the RWP, pp1-2.) This section sets out some considerations that apply across our package of remedies, taking account of points that were made to us.

- 2.8 We consider both elements in the rest of this section. We describe the former first, because that helps provide an analytical framework for our decisions about remedies, but both elements are related and there is often no bright line between them. For example, it is obviously important, practically, to work out what a remedy requires parties to do, to whom it should apply and when, and how any associated costs would be met. The ability clearly to specify what any remedy requires, and of whom, is also key to its effectiveness, and the costs – alongside the benefits – are relevant to assessing the necessity and proportionality of the remedy.

Effectiveness and proportionality of our remedies

- 2.9 Our assessment of remedies' effectiveness and proportionality enables us to judge whether they are likely to address any AECs that we have found in a way that does not impose more costs and burdens than are necessary to achieve that effect. It also helps us assess whether the benefits outweigh the costs.
- 2.10 In reaching a judgement about whether to proceed with a particular remedy, we consider its potential effects – both positive and negative – on those parties most likely to be affected by it. We have had particular regard to the impact of remedies on customers, as well as on those businesses that will be subject to them.²¹
- 2.11 Beneficial effects can include consumers being able to make better choices, lower prices, higher quality products and services and/or greater innovation. The potential negative effects of a remedy may arise in various forms, for example:
- (a) unintended distortions to market outcomes, which may reduce economic efficiency (including dynamic incentives to invest and innovate) and adversely affect the economic interests of customers over the longer term;
 - (b) implementation costs, ongoing compliance costs, and monitoring costs (for example, the costs to the CMA or other agencies in monitoring compliance); and
 - (c) if remedies extinguish Relevant Consumer Benefits (**RCBs**), the amount of RCBs foregone may be considered to be a relevant cost of the remedy.²²
- 2.12 In the following paragraphs we outline our approach in principle to the assessment of remedies' effectiveness and proportionality. In part B, sections 3 to 10²³ of this

²¹ [CC3 \(Revised\)](#), paragraph 348.

²² The CMA may have regard to the effect of any remedial action on any RCBs of the feature(s) of the market(s) concerned (section 134(7)) EA02. For these purposes, a benefit is an RCB if: (a) it is a benefit to customers or future customers in the form of lower prices, higher quality or greater choice of goods or services in any market in the UK, or greater innovation in relation to such goods or services; and (b) the CMA believes that the benefit has accrued, or may be expected to accrue within a reasonable period, as a result of the feature(s) concerned and the benefit was or is unlikely to accrue without the feature(s) concerned (section 134(8)) EA02. [CC3 \(Revised\)](#), paragraph 352.

²³ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price

report, where we consider the design and implementation of each remedy, we set out our assessment of their effectiveness and proportionality. In part B, section 11, we draw those assessments together and consider the effectiveness and proportionality of the overall package of proposed remedies (considering them in combination).²⁴

Effectiveness

- 2.13 To assess the effectiveness of remedies, we consider four elements. We describe these below and explain how we take them into account.

How the remedy will work with other remedies to address the AECs and resulting customer detriment

- 2.14 We consider the risks associated with different remedies and tend to favour remedies that have a higher likelihood of achieving their intended effect.²⁵ We generally look for remedies that prevent an AEC by extinguishing its causes, or that can otherwise be sustained for as long as the AEC is expected to endure. We also tend to favour remedies that are expected to show results within a relatively short time.²⁶
- 2.15 Where more than one measure is being introduced as part of a package of remedies, we consider the way in which the measures are expected to interact with each other.²⁷

The extent to which the remedy is capable of effective implementation, monitoring and enforcement

- 2.16 A remedy should be capable of effective implementation, monitoring and enforcement. To facilitate this, the operation and implications of the remedy need to be clear to the parties to whom it is directed and also to other interested persons, such as customers, other businesses that may be affected by the remedy, sectoral regulators, and/or any other body which has responsibility for monitoring compliance.²⁸

controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

²⁴ Part B, section 11: Effectiveness and proportionality of our remedies package as a whole.

²⁵ [Market Studies and Market Investigations: Supplemental guidance on the CMA's approach](#), January 2014 (revised July 2017) (CMA3), paragraph 4.16.

²⁶ CMA3, paragraph 4.18.

²⁷ CMA3, paragraph 4.24. We can review remedies later on (as set out below), but we strongly value setting the remedy package appropriately at the outset.

²⁸ CMA3, paragraph 4.17.

The timescale over which the remedy will take effect

2.17 In assessing the timescale over which a remedy will take effect, we consider:

- (a) the time that it is likely to take to implement the remedy following publication of our final report; and
- (b) the time that it is likely to take for the measure, once implemented, to remedy the AECs and resulting customer detriment.

The consistency of the remedy with existing and anticipated future laws and regulations

2.18 Remedies need to take account of existing laws or regulations either currently applicable or that the CMA expects to come into force in the near future.²⁹ Such laws and regulations could cover any aspect of, for example, competition law, health and safety, or data protection law.³⁰

Proportionality

2.19 To assess the proportionality of our remedies, we have considered for each remedy and the package as a whole, whether it:

- (a) is effective in achieving its aims;
- (b) is no more onerous than necessary to achieve its aims;
- (c) is the least onerous if there is a choice between several effective measures; and
- (d) produces disadvantages³¹ which are disproportionate to its aims.³²

2.20 This exercise involves a clear identification of what the remedy is intended to achieve, and an assessment of the likelihood and extent of that achievement and of the costs involved. It also involves a comparison of any different means by which the aims of the remedy could be achieved and the selection of that judged to be the least costly and onerous, as well as careful consideration of any adverse effects or unintended consequences that might outweigh the benefits expected to result from the remedy.

²⁹ Such an expectation could arise where a Bill is passing through Parliament at the time, or where it has been passed but its provisions are yet to take effect. It may also arise because of the CMA's engagement with government or regulators, or because of proposals they have made.

³⁰ [CMA3](#), paragraph 4.23.

³¹ Such as costs or adverse effects.

³² [CC3 \(Revised\)](#), paragraph 342 to 344.

Practical design and implementation considerations

2.21 We have set out the remedies which we have decided to adopt in part B, section 1.³³ In this subsection, we consider:

- (a) the implementation of our remedies (mainly by Order), how any Order will be monitored and enforced, and the role of the RCVS in this;
- (b) how the ownership or control of, and level of influence over, businesses providing veterinary services affects the responsibility for compliance with the remedies;
- (c) the costs on businesses of the Order;
- (d) costs that will be incurred by the RCVS and who will bear them;
- (e) whether certain types of veterinary businesses will be excluded from the Order;
- (f) timing and when businesses will need to comply with the Order;
- (g) the longer-term implications for our remedies of our recommendation to government for future reform of the statutory regime for the regulation of the provision of veterinary services for household pets;
- (h) when and why we will review the Order; and
- (i) why we have decided not to conduct trials of any of our remedies.

Implementation, monitoring and enforcement of remedies

Implementation

2.22 We have decided that, where possible, our remedies will be imposed in a legally binding way. That is either, where we have the power to do so, by us making an Order, or by relevant parties giving the CMA an Undertaking.³⁴ Recommendations play an important role in areas where we do not have power to act (as set out below). In forming this view, we have taken into account the following six points.

2.23 First, our duty, where we find there is an AEC, is to have regard to the need to achieve as comprehensive a solution as is reasonable and practicable to the AEC and any resulting detrimental effects on customers. That points to a need for a binding set of provisions that would change behaviour and outcomes.

³³ Part B, section 1: Introduction to part B (remedies).

³⁴ An Undertaking would be given to the CMA via us.

- 2.24 Second, our Orders and Undertakings are binding. If they are not complied with, they can be enforced by the CMA and the subject of action for damages by other interested parties, including pet owners. The CMA could also impose financial penalties. The CMA's preference is not to have to take such action, but the possibility of it should operate as an incentive for compliance.
- 2.25 Third, following its market investigation in 2003, the Competition Commission (**CC**) sought to impose remedies in relation to veterinary medicines. In some cases, the government agreed these would be implemented by the RCVS. The changes the RCVS made are now reflected in its Guidance. We find an AEC which derives in part from the same or similar features, and in the same or similar respects, as the CC. Those features include a lack of pet owner awareness of their ability to obtain written prescriptions and to buy medicines from third parties. The persistence of the AEC in that regard suggests a need for an alternative, and binding, approach.
- 2.26 Fourth, where we think that the relationship between pet owners and veterinary businesses needs changing, that can be achieved by imposing requirements on veterinary businesses.³⁵ Veterinary businesses can control a number of the aspects of the relationship with which we are concerned (such as the information given to pet owners that empowers their decision making) and, through contractual employment relationships, they set policies and direct the behaviour of the vets and nurses who work for them.
- 2.27 Imposing requirements on veterinary businesses will require, and enable, them to set and ensure compliance with policies, processes and practices across their FOPs, out of hours services, referral centres, animal hospitals, diagnostic laboratories, crematoria and online pharmacies (as the case may be). That, generally, is the approach we have decided to take in respect of the remedies described in part B, sections 3 to 10 of this report.³⁶ It will provide a mechanism for changing behaviour and outcomes that incentivises, and holds to account, the relevant business organisation, rather than micro-managing by the CMA (or an external regulator) of each FOP or other service within an organisation.

³⁵ By which we mean the person or entity carrying on or operating a relevant vet business, whatever the legal structure or size: be they, for example, a multi-practice corporate entity, a joint venture, a partnership, or a sole trader. We treat 'carrying on' and 'operating' a business as the same thing. See 'Ownership, control and influence' below.

³⁶ In each of part B, sections 3 to 10 we identify the parts of a vet business's operations and services (eg its FOPs) in respect of which we have decided to impose requirements. Where we are imposing requirements on a business in respect of its FOPs those will also generally apply (i) to its retail provision of out of hours services in those FOPs and (ii) to those centres, premises or locations in which the business provides retail OOH services (including where it does so having entered into a contract under which a FOP business outsources its OOH provision), unless we specify otherwise (or the context requires otherwise). This is on the basis that the services provided OOH are often the same as FOP services, just provided at different times. Similar competition concerns often apply. See Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

- 2.28 Fifth, by contrast with our Orders (or Undertakings), any recommendations we make are not binding. While the government has undertaken to respond to any recommendations within 90 days, those to whom they are addressed may not always follow them. Recommendations are, accordingly, more likely to be an appropriate remedy where the CMA does not have power to make Orders, and Orders are likely to be preferred where the relevant powers exist. Here, where we are concerned with changing the way relevant commercial businesses operate, those powers are available and should, in our view, be used.³⁷
- 2.29 Sixth, we have taken into account that our Orders can apply to all veterinary businesses or all businesses of a certain type, whereas Undertakings bind only the parties who give them. Given that our finding is that there is an AEC which derives from some features that are inherent to the market and some that, while not inherent, apply across the market (eg a lack of information transparency), we have decided to impose remedies that apply to veterinary businesses by way of an Order. That Order will apply across the market, whereas the obtaining of market-wide Undertakings from several thousand veterinary businesses would be impractical.
- 2.30 The position as far as the RCVS is concerned is slightly different. It has indicated to us that it is willing to offer the CMA an Undertaking in relation to the various activities we require it to carry out. We return to that point below, in relation to the monitoring by the RCVS of veterinary businesses' compliance with the Order we will impose on those businesses and other actions that we consider the RCVS must take in order comprehensively to address the AECs we have found.
- 2.31 In addition to our decisions to require certain actions by veterinary businesses and by the RCVS, which will be implemented by our Order on veterinary businesses and an Undertaking offered by the RCVS³⁸, there is an important role for recommendations in our package of remedies, to help ensure that the AECs we have found are comprehensively addressed. For example, in part A, section 14 we describe our views that the market for veterinary services is one in which effective regulation is required and is currently lacking.³⁹ Remedying the AEC we identify will also require changes to the regulatory framework that need to be achieved through changes to legislation, and by steps taken by the regulator, that fall outside the scope of our powers.
- 2.32 Our package of remedies therefore includes a series of important recommendations, to the RCVS, the VMD and to government, as set out in part B, section 1 and described in detail in part B, section 10.⁴⁰ We urge those to whom

³⁷ CC3 (Revised), Annex B, section 3: Recommendations.

³⁸ Or an Order if necessary.

³⁹ Part A, section 14: Regulatory framework for veterinary services.

⁴⁰ Part B, section 1: Introduction to part B (remedies) and part B, section 10: Recommendations for future regulatory reform.

they are addressed to act on them promptly. We welcome, in this regard, that Defra recently launched a consultation on the reform of the Veterinary Surgeons Act 1966.⁴¹

- 2.33 We have also identified areas, particularly in relation to veterinary medicines, where current regulation does not give adequate weight to competition and consumer interests (for example, the prescribing Cascade). In respect of each area, we have put forward points for consideration by government (or relevant government bodies).⁴²

Monitoring

- 2.34 We have considered carefully how compliance with the Orders we will impose on veterinary businesses should be monitored. We have taken into account our view that the relevant market is one that, to function well, requires effective regulation (as set out in part A, section 14).⁴³ We have also taken into account that there is, in the RCVS, already a regulator with sectoral expertise (and which plays a standard-setting and inspection role in the voluntary PSS that applies to 70% of the market). As one of the current sectoral regulators, and one which may well form part of the regulatory framework in future, the RCVS is well placed to take on the monitoring function.
- 2.35 With those points in mind, we have decided that the RCVS will have a key role in helping to monitor compliance with the remedies we impose on veterinary businesses through an Order.
- 2.36 In considering the design of our remedies, we have thought about what that monitoring role should be. The remedies are mainly designed such that:
- (a) the onus is on veterinary businesses to ensure their operations comply across their FOPs and other veterinary services they provide;
 - (b) those businesses will be able to put in place relevant policies and processes (building where appropriate on existing ones) that apply across those FOPs and other veterinary services; and
 - (c) the monitoring of compliance can be as light touch as possible.

⁴¹ Defra consultation, [Reform of the Veterinary Surgeons Act 1966](#), January 2026

⁴² These areas include those set out in part B, section 10: Considerations for regulatory reform: veterinary nurses and veterinary medicines (the cascade, under care provisions, classification of medicines and advertising restrictions, and veterinary nurses), the inclusion of parasiticides in pet healthcare plans in part B, section 3, Pet owner empowerment remedies and the regulation of those providers which carry out limited services in Appendix K.

⁴³ Part A, section 14: Regulatory framework for veterinary services.

- 2.37 On the last point, veterinary businesses with more than one FOP⁴⁴ will be required to attest to the RCVS that they have complied with their obligations. The remedies to which that attestation requirement would apply are outlined in part B, section 11.⁴⁵ The RCVS will assess those attestations, conduct spot-checks⁴⁶ and be able to report cases of possible non-compliance to the CMA. It will also be open to the RCVS to undertake more in-depth monitoring in certain areas.⁴⁷ This approach will, in our view, provide for effective and proportionate monitoring that will add to the incentives on veterinary businesses to comply (or face the ready identification of their non-compliance).
- 2.38 The RCVS has indicated to us that it will offer an Undertaking to perform the monitoring role (while noting that it has not yet seen our final decision setting out our remedies package). We will work with the RCVS to enable this. As an alternative, we could impose the relevant monitoring obligations on the RCVS by Order. If necessary, we will do so.

Enforcement

- 2.39 The design of our remedies is intended not only to facilitate their implementation and monitoring but also to ensure that, if they are not complied with, they can be readily enforced. Enforcement⁴⁸ will be a matter for the CMA.⁴⁹
- 2.40 The CMA takes the nature of any non-compliance, and the reasons for it, into account in deciding whether to take action. It has a range of steps it could take, and powers it can use (and would use in appropriate cases). It can:
- (a) issue warning letters and directions (to take any necessary action) to parties;
 - (b) enforce compliance with CMA Orders and Undertakings in the courts;^{50 51}
and

⁴⁴ Minimising the administrative burden on the smallest veterinary businesses (which would nonetheless have to comply with the substantive requirements of any remedies we impose).

⁴⁵ Part B, section 11: Effectiveness and proportionality of our remedies package as a whole, subsection The remedies are no more onerous than necessary to achieve their aims.

⁴⁶ For example, of the existence and contents of processes that veterinary businesses attested they had in place.

⁴⁷ For example, if it had concerns that a certain business or group of businesses were not complying or if there was evidence of wide-spread non-compliance with one or more remedy. The frequency with which it did so would be a matter for it, based on an assessment of risk, rather than something we recommend or require.

⁴⁸ Including of any obligations imposed on or undertaken by the RCVS.

⁴⁹ As set out in the [Enterprise Act 2002](#), section 162, and amendments made to the [Enterprise Act 2002](#) by the [Digital Markets, Competition and Consumers Act 2024](#), section 138 and Schedule 8.

⁵⁰ If a person fails to comply with any Undertakings that it has given or any Order imposed by the CMA, compliance may be enforced by means of civil proceedings brought by the CMA (under the [Enterprise Act 2002](#), section 167).

⁵¹ In addition to enforcement by the CMA, any person affected by the contravention of Undertakings or a CMA Order who has sustained resulting loss or damage may also bring an action against the relevant party.

- (c) impose financial penalties⁵² on parties which breach CMA Orders or Undertakings without reasonable excuse.⁵³

2.41 In the longer term, our recommendation to government is that the obligations we impose on veterinary businesses should form part of a reformed statutory regulatory framework. Within that framework, the regulator would have an effective set of powers to monitor and enforce compliance and would, in our view, be best placed to perform that role.

Implementation, monitoring, enforcement and effectiveness

2.42 As well as being important practical matters, considerations relating to the implementation, monitoring and enforcement of remedies are an important part of the assessment of their effectiveness. To work, remedies we impose need to be capable of effective implementation, monitoring and enforcement.

2.43 The three points are linked. The remedies need to be clear about what relevant parties must do to comply. This also needs to be clear to pet owners and the sectoral regulator, so that those parties can play a part in monitoring compliance (and reporting non-compliance) and that, if necessary, the CMA can readily enforce them. Each of these things encourages businesses to comply and enhances the prospect of competition working better and improving outcomes for pet owners and their pets.

2.44 Our assessment, described more specifically in respect of each remedy in part B, sections 3 to 10 and, in respect of the package of remedies, in section 11,⁵⁴ is that the remedies will be capable of effective implementation, monitoring and enforcement:

- (a) they are designed to impose clear requirements on veterinary businesses, which can put in place relevant policies and processes (building where appropriate on existing ones)⁵⁵ that apply across their FOPs,⁵⁶ so they are capable of effective implementation by those businesses;

⁵² Of up to 5% of their turnover.

⁵³ As set out in [Enterprise Act 2002](#), sections 167A-167C and [Administrative Penalties: Statement of Policy on the CMA's Approach](#) (CMA4).

⁵⁴ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress, section 10: Recommendations for future regulatory reform and section 11: Effectiveness and proportionality of our remedies package as a whole.

⁵⁵ For example, requiring the publication of information on websites and in practice literature that often already exists and, in cases such as the remedy relating to the Find a Vet website, building on existing RCVS functions.

⁵⁶ And any other relevant veterinary services they provide.

- (b) a number of the requirements are open to ready observation,⁵⁷ so they can effectively be monitored by way of attestations made to, and checks made by, the RCVS, as well as by pet owners making reports and complaints; and
- (c) the clarity of the obligations and the observability of their performance lend them to effective CMA enforcement if necessary.

Ownership, control and influence

- 2.45 We have decided to impose the obligations to comply with most of the remedies in part B, sections 3 to 10 of this report on the person or entity carrying on or operating a relevant veterinary business.⁵⁸ One exception is the remedy relating to the identification of the ‘main entity’ in a group or network of veterinary businesses. In that case, the obligation to disclose the main entity’s identity will rest with that entity but it may be an obligation that rests jointly on it and other members of the group or network.⁵⁹
- 2.46 Whether a person or entity is carrying on or operating a business, or is the main entity in a group or network, will depend on the circumstances in each case. The way a business provides its services, the ownership or control of it, and the degree of influence a person or entity has over it, are relevant. The CMA will consider these in determining which party is responsible for complying with our remedies. So, too, should veterinary businesses.⁶⁰
- 2.47 Generally speaking, the person or entity which is carrying on or operating a veterinary business, and so is responsible for complying with our remedies, will be the person or entity in the UK which owns or controls that business. The main entity in a group or network of businesses may be the person or entity in the UK which owns or controls each member of the group or network, or it may be the person or entity⁶¹ which has a high level of influence over each member.
- 2.48 Factors that indicate a person or entity owns or controls a business include that:
- (a) they operate as a sole trader on their own account;

⁵⁷ For example, the setting of a straightforward cap on prescription fees, the placing of standardised signage in visible locations in the FOP and the publication of information online.

⁵⁸ In each of part B, sections 3 to 10 we identify the parts of a vet business’s operations and services (eg its FOPs) in respect of which we have decided to impose requirements.

⁵⁹ See the first of the remedies described in part B, section 3.

⁶⁰ Some LVGs made submissions to us that the business models they adopt, which involve joint venture companies or partnerships with individual FOPs, affect the identity of the person or entity that can be said to be carrying on or operating the relevant veterinary businesses. The position set out in this report does not determine the questions of fact as to the identity or identities of the persons or entities carrying on the businesses in those cases.

⁶¹ Again, in the UK.

- (b) they operate in a partnership and the terms of the partnership agreement say so (or, for example, make each partner jointly and severally liable for the business);
- (c) in the case of a corporate body, like a limited company, it directly owns, controls and/or determines the use of the assets employed in the business, controls or determines the services provided to pet owners and contracts with them to provide those services;⁶²
- (d) alternatively, in the case of a corporate body, it does not fall within (c) but is a person or entity which has a controlling interest (a shareholding conferring more than 50% of the voting rights) in the company referred to in (c) and can or does direct or determine the way that company operates; or
- (e) as a different alternative in the case of a corporate body, it does not fall within (c) or (d), but is a person or entity which has *de facto* control over the company referred to in (c), for example, because:
 - (i) although its shareholding is less than 50%, it has practical control over more than half of the voting rights in the company; or
 - (ii) it has expertise or influence that gives it the ability to determine the business' policy or commercial behaviour of the company.

Which if any of these applies is a question of fact in each case.

2.49 Factors that indicate a person or entity may have a high level of influence over a business, or the members of a group or network, include where it:

- (a) provides advice, guidance, policies, instructions, training, financial or administrative support and/or a brand identity which that business or those members are required or encouraged to adopt;
- (b) has rights of veto or step-in where the matters in (a) are not complied with, or where management or financial obligations or targets are not met;
- (c) has a shareholding which confers the right to block special resolutions where such resolutions relate to commercially significant matters;
- (d) has rights to appoint members of the board(s);
- (e) has rights to require the business to submit financial or business plans for approval or the right to veto those plans;

⁶² For example, it develops and enforces policies on issues including staffing levels, pay and other employment matters, clinical policy and quality assurance, governance, health and safety, and procuring supplies, and it provides the relevant veterinary services to pet owners.

- (f) has the right to make employment decisions concerning employees who support the delivery of veterinary services; or
- (g) offers guarantee of bank finance.

Again, which if any of these applies, and whether one person or entity has a high level of influence over another is a question of fact.

Costs of our remedies package and how these could be met

- 2.50 The remedies we are imposing will result in some costs and burdens for businesses. The following paragraphs describe our approach to identifying and assessing those costs and burdens, consideration of which has shaped the design and implementation of the remedies and our assessment of their likely effectiveness and proportionality.

Costs to businesses of the CMA Order

Direct costs of compliance

- 2.51 The remedies package summarised in part B, section 1 includes various actions that veterinary businesses will need to take to comply with a CMA Order, such as providing certain information on their websites and in premises or issuing a written prescription within a certain timeframe.⁶³
- 2.52 We have identified some costs that are likely to arise from complying with our remedies and have grouped these into four categories.
- (a) **Capital expenditure.** This is the cost of acquiring, upgrading, and maintaining durable assets. Within this category, we have considered separately the cost of digital assets such as websites, and physical assets such as FOP signage.
 - (b) **Materials cost.** This includes the cost of materials such as the printer ink and paper used to create new posters and leaflets. Materials costs are different from capital expenditure as materials costs are the costs of inputs that are used up in the process of providing services.
 - (c) **Labour cost.** This captures the cost of any additional time taken by staff to comply with our remedies, such as undergoing training or collating information. Within this category, we have considered separately the cost of vet and support staff time.

⁶³ Part B, section 1: Introduction to part B (remedies).

- (d) **Indirect costs.** These include any opportunity costs arising from the implementation of our remedies, for example where they may divert resources, such as labour, from other areas. There is also the potential for impacts on the business from pet owners changing their behaviour as a result of our remedies. Veterinary businesses could incur costs – that might be labour costs, for example – in adapting, or seeking to adapt, their business models and processes in response to the competitive circumstances that we would expect to flow from those remedies.

- 2.53 In part B, sections 3 to 10, where we consider the remedies in detail, we discuss the specific costs that may arise from complying with each remedy using the categories set out here.⁶⁴ In some cases, we have been able to estimate these but, in most cases, this has not been possible because of the likely large variability between FOPs both in starting points and how they might choose to comply, based on the current way the business is run. In the latter case, we have nonetheless sought to make a qualitative assessment of the anticipated magnitude of the costs. We pull together the estimates of likely costs – including additional costs that could be incurred by the RCVS – in part B, section 11.⁶⁵
- 2.54 Where we can, we have sought to design our remedies in ways that could build on existing systems and processes that many veterinary businesses likely already operate, rather than require the development of new ones. For example, we found that 98% of FOPs have a website to communicate information to pet owners and most use practice management systems to maintain pet owner records. In thinking about the design of remedies to address shortfalls in information to empower good decision making (by publishing price lists), or to open up medicines to more effective competition, we have considered how these could be used in ways that generate synergies and limit the incremental costs for businesses.
- 2.55 We generally take into account that, for some businesses, complying with our remedies will require less work than for others. Those which already communicate information effectively to pet owners and have a good system for managing complaints, for example, will need to make fewer changes. Other measures, such as the requirement to give a written estimate of likely costs of more expensive treatments, will apply only in a minority of instances: around 20% of consultations (and likely fewer).⁶⁶ Accordingly, the expected burden will be limited.

⁶⁴ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

⁶⁵ Part B, section 11: Effectiveness and proportionality of our remedies package as a whole, subsection Proportionality of the remedies package.

⁶⁶ Based on our analysis of a dataset of insurance claims.

Other impacts on businesses

- 2.56 Some of the submissions we received in responses to our RWP and our PDR suggested that the ability of more informed pet owners to exercise choice would have a negative impact on veterinary businesses. Those submissions included that, for example, were pet owners to make choices like purchasing medicines more cheaply online, there would be financial consequences for FOPs.
- 2.57 Our view is that it is right, in a well-functioning market, that customers are made aware of their options and how they could individually save money. If better informed pet owners make choices which have an impact on veterinary businesses, and those businesses need to adjust their approach in response, this is the market working well.^{67 68}
- 2.58 That said, we have decided to draw a degree of distinction between (a) the effects of a remedy on the competitive process, and (b) the costs to some veterinary businesses of steps they take in seeking to adapt to those effects. Some smaller businesses may have fewer administrative (and potentially financial) resources to devote to making necessary changes and may need to adjust their ways of working. That is a relevant cost to which, in seeking to give them the opportunity to compete in a well-functioning market, we have had regard to in deciding how long they should have to implement certain of our remedies (as set out below).

Additional costs that may be incurred by the RCVS

Costs of monitoring the CMA remedies

- 2.59 The monitoring role we have decided on for the RCVS will require it to undertake activities it does not currently perform and to incur costs it does not currently incur. The legal power we would use were we to make an Order for the RCVS to perform the role would require us to ‘...make provision as to the terms of [an appointee's] appointment’. Such terms would include those covering relevant costs, and we have considered how those costs would be met.
- 2.60 The monitoring activities relate to obligations that are to be performed by veterinary businesses in order that competition operates more effectively. That being so, we have decided that the additional costs must be met by those

⁶⁷ This view is consistent with [CC3 \(Revised\)](#), paragraph 353, which says: ‘To avoid imposing unnecessary burdens on business, the CMA will seek (as stated in paragraph 344) to ensure that its remedies are no more onerous than is necessary to remedy the AEC it has identified. In selecting and designing remedies, the CMA will also have regard to the potential for more competitive markets to create profitable opportunities for new and innovative competitors as well as the cost of remedial measures on established businesses. However, where businesses have been found to be earning profits persistently in excess of their cost of capital as a direct result of a feature of the market (as set out in paragraphs 114 to 126), and are likely to continue to do so in the absence of intervention, the CMA will not usually give any significant weight to the anticipated reduction of such profits as a negative effect of a remedy.’

⁶⁸ We discuss the potential consequences of our package of medicines remedies in more detail in part B, section 5, Medicines market opening remedies and prescription price control, subsection Effects of the medicines remedies.

businesses (rather than, for example, from individual veterinary professionals' subscription fees). This aligns the subject of the substantive obligations and the responsibility to pay for their administration.

Other costs that will be incurred by the RCVS

- 2.61 Our remedies package comprises other activities we are requiring the RCVS to carry out. These include: improving the functionality of the Find a Vet website; gathering information from veterinary businesses to present on that site and operating it on an ongoing basis; contracting with and funding the VCMS; gathering and sharing data on complaints; and developing and sharing materials to allow pet owners to engage with processes on complaints and redress.
- 2.62 As with monitoring, and for the same reasons, we have decided that the costs incurred by the RCVS in carrying out these activities will generally be paid by veterinary businesses.
- 2.63 There are some activities which we have decided to recommend that the RCVS carries out, such as making amendments to the Code and Guidance. We anticipate that these activities relate to veterinary professionals' core activities and closely align with the RCVS's central functions, and should therefore be covered by the RCVS's existing funding mechanisms and budget.

Levy on veterinary businesses to fund RCVS activities

- 2.64 The Orders we are imposing on veterinary businesses shall accordingly include a requirement that they pay a levy to fund the RCVS's monitoring activities and the other actions that we consider the RCVS should take in order comprehensively to address the AECs we have found. That levy will be in proportion to each business's size, and, as explained in part B, section 11, we have decided that it would be best to apportion the fees on a per (small animal) FOP basis.⁶⁹
- 2.65 It is common for regulators to be funded by those they regulate, including by businesses which are the regulated parties. For example, Ofcom is partly funded by a levy on the telecoms businesses that it regulates, and the Care Quality Commission (**CQC**) is mainly funded through annual fees charged to registered providers. The RCVS itself operates a similar model in relation to the PSS, which it describes as 'self-funding' on the basis that it is funded by the participating veterinary businesses.⁷⁰
- 2.66 The mechanism we will adopt for setting the levy will be one designed on a cost-recovery basis. The RCVS will be required to estimate relevant costs on a periodic

⁶⁹ Part B, section 11: Effectiveness and proportionality of our remedies package as a whole, subsection Proportionality of the remedies package.

⁷⁰ And separately from activities funded by individual professionals' registration fees.

basis and consult on that estimate. The first such estimate will include relevant set-up costs, including those incurred since the publication of our final report, and will need to be in place by the time the RCVS invoices veterinary businesses for their payment of the levy. Once set, the levy fund will be reserved to cover the RCVS's relevant activities, including those incurred in monitoring the CMA's remedies and the RCVS will need to account for how the funds were spent and carry over any underspend.

The timing of an Order for veterinary business to fund the RCVS's activities

- 2.67 We are minded to make an Order to enable the payment of relevant monies to the RCVS by veterinary businesses as soon as possible. This should be in advance of making an Order to put in place the substantive requirements on veterinary businesses.
- 2.68 Putting in place such an enabling Order as soon after publication of our final report as possible will mean that the RCVS will be in receipt of funds earlier than would otherwise be the case. This means that the RCVS can minimise the extent to which it will need to use its reserves, funded from fees paid by veterinary professionals, to fund necessary expenditure as it takes forward its preparatory work for the various actions that our decisions require of it. The alternative, of introducing the enabling funding provisions alongside the substantive Order, could mean that the RCVS would need to delay its preparatory actions, which could delay the timely introduction of various CMA remedies.
- 2.69 We will commence the statutory consultation on such an enabling Order soon after publication of this final report. This will likely be in early May 2026. The minimum period for consultation is 30 days. We would then make the Order, subject to our consideration of the responses to the consultation, by the end of July 2026.
- 2.70 We are minded to include these main elements in such an Order:
- (a) the types of veterinary businesses required to contribute to the RCVS funding levy – as noted in the next sub-section, this will exclude registered charitable organisations providing veterinary services;
 - (b) the basis of calculation of the contributions to be made by these businesses;
 - (c) provisions for the reimbursement of expenditure already incurred by the RCVS and paid out of its professional fees reserve, following publication of the final report in relation to the actions that the CMA is requiring it to take;

- (d) provisions for (i) the requirement of additional payments in the event of overspend against the RCVS's expected budget requirement,⁷¹ and (ii) the carryover to subsequent years' budgets of any underspend by the RCVS;
- (e) the timings of payments by veterinary businesses to the RCVS, including the timing of initial payments and then ongoing annual additional payments; and
- (f) the method for payment by veterinary businesses, following the receipt of an invoice issued by the RCVS.

- 2.71 The Undertaking to be offered by the RCVS will include requirements for the RCVS to provide estimates of the costs that it expects to incur in carrying out the actions that the CMA requires it to take.⁷² These estimates would be required to be in relation to efficiently incurred costs and in the first instance include the costs of associated up-front set up activities.
- 2.72 The initial estimate will also require, to the extent relevant, information on the costs incurred from the date of this report or expected to be incurred from that date by the RCVS and funded from its professional fee contingency fund and which are to be refunded from the levy payable by veterinary businesses. These estimates will be the basis of the calculation of the initial levy fee payable by each veterinary business.
- 2.73 We provide some estimates of the costs that the RCVS might incur in part B, section 11.⁷³ These estimates will be further refined following publication of our final report, once the RCVS has a full understanding of the actions required of it. They will be consulted upon as part of the consultation on the Order requiring veterinary businesses to pay a levy to the RCVS.

Scope of a CMA Order – we have decided to include all veterinary businesses, with the exception of registered charitable organisations

- 2.74 In assessing the effectiveness and proportionality of our remedies, both individually and as a package, we have considered the implications of the requirements for the affected parties. Those include the costs and burden the remedies would impose on veterinary businesses relative to their size and the way in which they operate.
- 2.75 In response to our RWP and to the PDR, we heard from smaller veterinary businesses that some of our proposed remedies would impose proportionately

⁷¹ On the basis that the expenditure was reasonable and necessary for the RCVS to perform activities required by our Orders or its Undertakings.

⁷² We will seek this undertaking from the RCVS as soon as possible after the publication of this report.

⁷³ Part B, section 11: Effectiveness and proportionality of our remedies package as a whole, subsection Proportionality of the remedies package.

greater burdens on them. They noted that they have fewer resources to dedicate to administrative tasks and compliance than larger groups.

- 2.76 We have decided that our Order, and the package of remedies for which it would provide, should apply to all veterinary businesses, rather than exclude the smallest ones.⁷⁴ The competition concerns we have identified derive from some features that are inherent to the market and from some, such as the lack of information available to pet owners, that apply across the market. That points to a need for market-wide remedies.
- 2.77 Those remedies which are aimed at giving pet owners the information they need to make more informed choices of FOP, treatments, cremation options and where to buy medicines, for example, are about empowering pet owners to make comparisons that drive competition across the market. They need to apply to all providers. Pet owners cannot usefully compare prices across FOPs, and competition on that footing would be less effectively spurred, if only those 60% of FOPs which belong to the LVGs are required to display pricing information.
- 2.78 All the remedies will achieve important improvements for pet owners whichever FOP they choose. Those improvements include opening up the prices of medicines at all FOPs⁷⁵ to competition, ensuring FOPs having a good complaint process and ensuring that their vets follow the RCVS Code and Guidance. This points, in our view, to a need for the remedies to apply to all veterinary businesses, even the smaller ones.
- 2.79 Where we consider that there is a risk that a remedy, or combination of remedies, would impose an undue burden on certain businesses, such risks could be managed in other ways. We heard in a significant number of the responses to our RWP and our PDR that many independent veterinary businesses would need longer than LVGs to comply with any requirements in a CMA Order (although some LVGs made the opposite point, saying larger businesses would need longer than independents).⁷⁶ For example:
- (a) FIVP told us that it was concerned that the proposed implementation timeline set out in the PDR did not take into account 'additional compliance and IT burdens on small practices'.⁷⁷

⁷⁴ With the exception of remedy 1 on ownership transparency which only applies to veterinary businesses with more than one FOP (80% of all veterinary businesses).

⁷⁵ Which are often significantly higher than those at online pharmacies.

⁷⁶ Owing to the greater number of FOPs in which they would need to make changes. For example, CVS Response Hearing transcript, 4 December 2025, page 104, lines 11 to 17 and Linnaeus Response Hearing Transcript, 1 December 2025, page 7, lines 2 to 7.

⁷⁷ FIVP response to the PDR, paragraph 1.11.

- (b) One respondent suggested that there should be longer implementation timelines for smaller veterinary businesses to ensure that changes could be made without undermining their day-to-day operations.⁷⁸
- (c) A small veterinary business told us that a timeline of 24 to 36 months was appropriate to, 'allow technology in the vet world and especially the independent vet world time to catch up'.⁷⁹
- (d) The BVA, BSAVA, BVNA, SPVS and VMG said they were concerned that, '...this package of remedies would disproportionately negatively impact on smaller independent veterinary business where in many cases veterinary professionals will find their time diverted away from providing veterinary services for the animals under their care...';⁸⁰ and
- (e) An individual respondent noted that, 'In most independent practices there is currently not sufficient staff nor the appropriately trained staff to take this on' while 'Large corporate practices with entire administrative departments are likely to be able to perform such tasks more easily'.⁸¹

2.80 In deciding whether a longer implementation period would be appropriate for a specific remedy, we have asked ourselves the following questions in respect of the remedies:⁸²

- (a) will the remedy enable pet owners to compare services and prices and, if so, would it be materially less effective if initially it covered only some of the market;
- (b) what are the benefits to pet owners that are likely to arise from the remedy, and what is their likely scale;
- (c) what are the likely costs of implementing the remedy, and to what extent will its requirements cause affected parties to incur substantial costs relative to their size; and
- (d) to what extent will the requirements of the remedy materially interfere with the business model of the affected parties and require substantial changes to their operations in order to adapt to more competitive pressure?

2.81 Important considerations include whether implementing the remedy will involve substantial fixed costs that bear more heavily on some veterinary businesses than others because they do not have the scale over which to spread those costs. They

⁷⁸ MerlinVet-cel LTD, response to the PDR, section 3.1.

⁷⁹ Scott Veterinary Clinic, response to the PDR, page 4.

⁸⁰ BVA, BSAVA, BVNA, SPVS and VMG's response to the RWP, p2.

⁸¹ Respondent 17's response to CMA RWP, p1.

⁸² As part of our assessment of their effectiveness and proportionality.

also include whether implementation, or any other changes they need to make to their operations to adapt to a more competitive market, will justifiably take longer for smaller businesses that are likely to have fewer centralised administrative functions and personnel to devote to those matters. We describe in the relevant sections of this document relating to specific remedies where and how we think these considerations are particularly relevant.

- 2.82 Taking account of the questions and considerations identified, we have decided that in general, smaller veterinary businesses (those with fewer than 15 FOPs) should have longer to implement many of the remedies. The period they will have to implement each of them will be at least six months (in addition to up to six months between the date of our final report and the making of our Order setting out the detailed requirements of each of the substantive remedies), compared to at least a three-month implementation period for larger veterinary businesses, as set out in the sub-section below on the timescales over which the remedies will take effect. There are some remedies (publication of information on ownership, in-house complaint processes and mediation participation) where smaller and larger veterinary businesses have the same six-month period to implement the requirements. For the remedy requiring veterinary businesses to provide information to the RCVS for its Find a Vet website, all businesses have 12 months to comply.⁸³

Charities will be exempt from the scope of the Order

- 2.83 A few respondents to the PDR submitted that charity organisations providing small animal veterinary services should not be subject to the requirements of our remedies.
- 2.84 The PDSA said that FOPs which ‘deliver veterinary care as a charitable benefit by a registered charity’ are not operating in the same commercial free ‘market’ which is the subject of the CMA’s investigation and their compliance with the remedies should be voluntary.⁸⁴ It told us that charitable services should not be subject to the RCVS levy.
- 2.85 The Dogs Trust has stated that it primarily provides veterinary services to the dogs within its care but, under certain circumstances, its rehoming centre veterinary facilities will be used for owned dogs. It highlighted that these facilities are not accessible to the general public but would fall within the CMA’s definition of a veterinary business and, therefore, would need to comply with remedies.⁸⁵

⁸³ Formally speaking, the RCVS would have nine months to implement changes to Find a Vet, and veterinary businesses would have a further three months to comply with the requirement to submit information for inclusion on that website.

⁸⁴ PDSA response to the PDR

⁸⁵ By way of example, the Dogs Trust has stated that it would need to consult the trustees and executive board to consider whether it is an appropriate use of charitable donations on resolving pet owners’ complaints via mediation, in view of what it argues is an existing thorough complaints process. Dogs Trust response to the PDR.

- 2.86 Having considered these responses, we have decided that charitable organisations providing small animal veterinary services should not be subject to the requirements of our remedies. Those organisations do not generally offer services that are made available to all pet owners and they do not, as a result, compete with commercial veterinary businesses. On that basis, it is not necessary to include such organisations within the scope of the remedies in order to address the AECs we have identified.⁸⁶
- 2.87 We would expect such charities to conduct themselves in manner consistent with the obligations in the Order. That would include, for example, having robust complaint and redress processes. It would also mean, to the extent that such charities require payment in relation to the veterinary services they provide, making pet owners aware of the possible savings from obtaining medicines online and setting prescription fees at or below the level of the prescription fees cap.
- 2.88 We are aware that there are some non-charitable veterinary organisations or veterinary professionals which provide only very limited services, for example only euthanasia or neutering services. We have decided that they should be required to comply with our remedies to the extent that these are applicable to the services supplied by the provider or individual veterinary professional. Such providers and professionals compete for pet owners' custom with other veterinary businesses that offer the same services.

Timescales over which the remedies will take effect

- 2.89 Where we take action through an Order, the implementation of remedies following the publication of our market investigation final report typically involves two stages.
- 2.90 In the first stage following publication of the report, we⁸⁷ make the relevant Order. This usually involves a period of informal consultation with relevant parties, followed by a formal public consultation.⁸⁸ We must make a final Order with six months of the date of the publication of the final report.⁸⁹ In the second stage, the parties subject to any Order take the action required within the period specified in that Order.

⁸⁶ This exemption would be limited to organisations that are registered charities in any part of the UK and which do not provide veterinary services to pet owners on a commercial basis. Those charities which have any connected commercial entities (for example, trading companies) could make formal applications to the CMA for those entities to be excluded on a case by case basis.

⁸⁷ On behalf of the CMA.

⁸⁸ As specified in the [Enterprise Act 2002](#), section 164 and Schedule 10.

⁸⁹ The Group may extend this six-month period by up to a further four months if it considers that there are special reasons why a final CMA Order cannot be made within the statutory deadline ([Enterprise Act 2002](#), section 138A. These time limits do not apply to any further implementation required after Undertakings have been accepted or a CMA Order made).

2.91 Taking account of these statutory timescales, and the matters described in paragraphs above,⁹⁰ we have decided⁹¹ that, in the second stage (once our Order has been made):

- For all remedies applying to FOPs – except those listed below – larger businesses (those with 15 FOPs or more)⁹² will have **three months** to take the necessary steps and smaller businesses will have **six months**.
- For the requirement to ensure the transparency of common ownership groups and networks, all businesses will have **six months** to comply.
- For the requirements to ensure that each FOP has an in-house complaint process which meets specified criteria and to engage in mediation where a pet owner wishes to do so in respect of an unresolved complaint, all veterinary businesses will have **six months** to comply.
- For the requirement to supply information to the RCVS for its Find a Vet website, all veterinary businesses will have **twelve months** to comply.⁹³
- For the requirement to provide written estimates and itemised bills to pet owners, larger businesses will have **nine months** to comply and smaller business will have **twelve months**.
- For the medicines market opening remedies, the requirements related to: (i) the provision of standardised notices about potential price savings and alternative sources of medicines; (ii) the provision of written prescriptions within certain time periods; (iii) the provision of information on Own Brand medicines and (iv) the provision of information to pet owners with pets requiring long-term repeat medicines, larger businesses will have **nine months** to comply and smaller business will have **twelve months**.
- For the requirement to comply with the prescription price cap, larger businesses will have **six months** to comply and smaller businesses will have **twelve months**.
- For the requirement to restrict notice periods in out of hours contracts with third party providers to a maximum of 12 months, while most providers of

⁹⁰ As set out in subsection Scope of a CMA Order – we have decided to include all veterinary businesses, with the exception of charity organisations providing small animal veterinary services.

⁹¹ As explained more fully in part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies and prescription price controls, section 6: Out-of-hours contracts, section 7: Cremations and section 8: Complaints and redress.

⁹² This includes the six LVGs, plus one other medium-sized group. The smaller businesses, which have longer to comply, account for 40% of practices and over 99% of veterinary businesses.

⁹³ As discussed in part b, section 3: Pet owner empowerment remedies, the RCVS would have nine months to implement the system, and veterinary businesses would have a further three months to comply with the requirement to submit the information. If the RCVS implementation is delayed, then businesses would have three months from when the RCVS has completed implementation.

such services already operate in a manner compliant with the obligations, all such businesses will be required to be compliant from **the day after** the Order is made.

- For the requirement to share information on complaints with the RCVS, all veterinary businesses will have **18 months** to comply.

2.92 These timelines are shown in the table below:

Remedy number	Remedy name	Larger veterinary businesses	Smaller veterinary businesses
1	Ownership	6 months	6 months
2a	Basic information	3 months	6 months
2b	Price lists	3 months	6 months
2c	Prices for parasiticides	3 months	6 months
2d	Services included in pet care plans	3 months	3 months
3	Find a Vet	12 months	12 months
4a	Written estimates	9 months	12 months
4b	Itemised bills	9 months	12 months
5	Written policies and processes	3 months	6 months
6	Standardised notices	9 months	12 months
7	Written prescriptions	9 months	12 months
8	Alternatives to own brand	9 months	12 months
9	Ongoing medication information	9 months	12 months
10	Prescription price cap	6 months	12 months
11	OOH contracts	Day after Order	Day after Order
12	Communal cremations	3 months	6 months
13	In-house complaint process	6 months	6 months
14	Mediation	6 months	6 months

2.93 We have decided⁹⁴ that in this second stage the RCVS should be subject to an Undertaking (or requirements by Order) that will require it (once an Undertaking has been accepted or an Order made) to:

- Enable the provision of and process the information shared by veterinary businesses operating FOPs or referral centres, make it available publicly on Find a Vet and provide users with the functionalities to navigate the information effectively within **nine months**.
- Develop criteria for making the data made available on Find a Vet accessible to third parties within **nine months** and develop a technical solution to enable data sharing with external parties within **twelve months**.

⁹⁴ As explained more fully in part B, section 3: Pet owner empowerment remedies, section 5: Medicines market opening remedies and prescription price control and section 9: Complaints and redress.

- Publish on its website the level of the monetary threshold for a written estimate to be provided and updated within **twelve months**.
- Produce, distribute and publish on its website standardised literature and information about the written prescription process within **nine months**.
- Produce and distribute a digital flyer, which will provide pet owners receiving long term medications with additional information about written prescriptions within **nine months**.
- Develop a decision tree setting out pet owners' routes to redress and contract an Alternative Dispute Resolution (**ADR**) provider which offers mediation services to veterinary businesses within **six months**.
- Collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets will need to be delivered upon such that the first annual report will be published within **24 months**.

2.94 We will also require the RCVS (by giving us an Undertaking or by our making an Order) to:

- (i) monitor veterinary businesses' compliance with the various requirements included in the Orders, which requirement will come into effect within **three months** of the Order on veterinary businesses being made; and
- (ii) produce and consult on budget estimates for the costs it has incurred and expects to incur in taking the various actions we are requiring of it, to enable the calculation of the funding levy on veterinary businesses. The initial budget will be required shortly after the levy funding Order being made to enable RCVS to begin to invoice veterinary businesses for payment of the levy.

Recommendation for regulatory reform

2.95 In part B, section 10 we recommend to the UK Government that it establish a replacement statutory regime for the regulation of veterinary services for household pets. In doing so, we recommend that new regulatory requirements to be imposed on veterinary businesses and introduced by a future reformed regulator, pursuant to primary legislation, should incorporate each of the CMA's substantive remedies as set out in this final report. If acted upon, these would be translated into binding rules, set through or following legislation and implemented by the RCVS or alternative relevant regulatory body.

- 2.96 We also recommend to the UK Government that the regulation of individual veterinary professionals should be strengthened to better promote competition by ensuring that pet owners have information that enables them to make appropriate choices between providers and services. To support these outcomes, we recommend that provisions applying to veterinary professionals under new regulation should, as a minimum, reflect so far as practicable the requirements that would be imposed on veterinary businesses under a new regulatory framework.

Review of our remedies package

- 2.97 The CMA has a statutory duty to keep Undertakings and Orders under review. That duty includes these two aspects:
- (a) The CMA must consider whether, by reason of any change of circumstances:
 - (i) any Undertakings are no longer appropriate and need to be varied, superseded or released; or
 - (ii) any Order is no longer appropriate and needs to be varied or revoked.⁹⁵
 - (b) It must also, for 10 years after issuing a market investigation report, keep the effectiveness of any Undertakings or Orders under review and, if they are ineffective, vary or revoke them.⁹⁶
- 2.98 These provisions are designed to ensure the ongoing effectiveness of remedies, in consumers' and businesses' interests, and that unnecessary or inappropriate regulation does not remain place. In February 2026, the CMA introduced revised guidance in relation to how it is likely to exercise the relevant powers. The provisions in relation to the review of Orders and Undertakings apply to those remedies that are made after 1 January 2025, so will apply to the remedies set out in this Final Report.⁹⁷
- 2.99 In relation to the requirement for publication of standardised notices about written prescriptions in practice waiting rooms and consultation rooms, we recommend that the veterinary sector regulator undertake a review of the relative prices of FOPs and online pharmacies three years after the remedy is implemented, to determine whether there has been a significant decrease in the price differential that would justify a change in this remedy.

⁹⁵ [Enterprise Act 2002](#), section 162.

⁹⁶ [Enterprise Act 2002](#), section 162A – though the requirement to vary or revoke the remedy does not apply if it has been in place for less than two years or was amended in the preceding two years.

⁹⁷ Markets regime Guidance [CMA3]: Guidance on CMA market reviews, market studies, market investigations and the monitoring and review of markets remedies.

Trials

- 2.100 In our RWP, we described the statutory powers to trial the implementation of information remedies⁹⁸ that were given to the CMA by the Digital Markets, Competition and Consumers Act 2024 (**DMCCA**). Any such trials would occur in the period between the publication of our final report and the formal end of the investigation (when we make a final CMA Order or accept final Undertakings).
- 2.101 We said in the paper that we may have been more likely to use trials in respect of the content, format and/or channel for information remedies relating to:
- (a) pet owners being told about and offered written prescriptions; and
 - (b) the transparency of medicine prices.
- 2.102 There was some support for such trials in the responses to the paper. The BVA BSAVA, BVNA, SPVS and VMG, among the main parties, for example, said that information (and other) remedies should be trialled and their impact on practices of all types and sizes assessed before we make any final remedy decisions.⁹⁹
- 2.103 The other main parties, however, expressed significant opposition. LVGs which commented on trials said they would cause uncertainty, delay and additional burden. The six-month period between our final report and the deadline for final CMA Orders and Undertakings was said to be adequate to test remedies without the need for formal trials. The RCVS expressed similar concerns and suggested that the cost of trials may have a disproportionate impact on smaller practices in particular.¹⁰⁰
- 2.104 Taking account of what we had been told, we proposed in our PDR that we would not conduct trials in this investigation. A very small number of respondents commented on that proposal. They expressed opposing views:
- (a) A very small minority told us that some remedies should be piloted with LVGs in the first instance so that their impact could be assessed and to limit any market distortions.¹⁰¹
 - (b) Another very small minority expressed the view that the CMA should not trial remedies. One submitted that ‘any further review should be targeted and limited in scope so as to avoid causing fresh uncertainty’¹⁰².

⁹⁸ Defined in [Enterprise Act 2002](#), section 161B(3)(a) ‘as remedial action in respect of a matter concerning the provision or publication of information to consumers’.

⁹⁹ For example, BVA, BSAVA, BVNA, SPVS and VMG’s response to the RWP, p 2. XL Vets response to the RWP, p 3. Vets4u response to the RWP, p 2. The George Vet Group response to the RWP, p 2.

¹⁰⁰ For example, RCVS response to the RWP, p5. Linnaeus response to the RWP, p 7. Medivet’s response to the RWP, p42. IVC response to the RWP, p7. VetPartners response to the RWP, p 4.

¹⁰¹ Pet People Vets response to the PDR, p 15.

¹⁰² VetPartners response to the PDR, paragraph 103.

- 2.105 We have considered these responses. We have taken into account that the information remedies we are imposing in relation to medicines prices have been simplified from those we had in mind (at the RWP stage) when we contemplated the possible use of trials.
- 2.106 We have decided, therefore, not to conduct any statutory trials. The powers to trial remedies are important and likely to be valuable in many market investigations. Balancing that point with a consideration of the remedies setting out what pet owners must be told about the availability of written prescriptions and about medicines prices, we are not using them in this case.

3. Pet owner empowerment remedies

We have decided that:

Remedy 1: Ownership remedy. Where a group of veterinary businesses, operating one or more FOPs, or a combination of FOPs, online pharmacies and/or other veterinary services, is owned, controlled or is subject to a high level of influence by the same entity, that entity (or the trading name it adopts for the purposes of the group) must be clearly and prominently identified on websites and in online data, in premises and in communications. This obligation will apply across all business models and services, including in respect of any FOPs, online pharmacies, referral centres, out-of-hours (OOH) practices, animal hospitals, diagnostic laboratories, pet crematoria, and related services in the group of veterinary businesses.

Remedy 2a: Basic information remedy. All veterinary businesses operating one or more FOPs (including services offered in an out-of-hours premises) or referral centres must publish clear, accessible information about their out-of-hours care, qualifications held by practice staff and any RCVS accreditations or awards to support informed decision making by pet owners, published online and in premises.

Remedy 2b: Price list remedy. All veterinary businesses operating one or more FOPs (including services offered in an out-of-hours premises) or referral centres, and crematoria, will be required to publish clear, standard price lists for a defined set of services they offer. Prices will need to be easily accessible online and in premises, up to date, and presented in a consistent, transparent and understandable format.

Remedy 2c: Parasiticide price list remedy. All veterinary businesses operating one or more FOPs will be required to publish the prices of their most commonly sold flea, tick, and worming medicine products on their websites, along with a prominent link to the VMD Register of Online Retailers. They must make the same information available in practices.

Remedy 2d: Pet care plan remedy. All veterinary businesses operating one or more FOPs offering pet care plans will be required to publish clear, comprehensive information about those plans both online and in premises. This involves listing all included services, the relevant frequency of their provision and the standalone price of each, and details about parasiticides. They must explain how any claimed savings are calculated, enabling pet owners to assess whether a plan offers them value for money.

Remedy 3: Find a Vet remedy. All veterinary businesses operating one or more FOPs or referral centres will be required to submit key practice information to the RCVS. This includes information such as ownership, services offered, type of pets treated, pricing and pet care plan details. The RCVS will collate this information by developing a webform, publish the information on its Find a Vet platform and share it with approved third parties.

The RCVS will be required to:

- set up and maintain a web form which businesses will be required to complete with the key practice information;
- provide user support and develop guidance for completing the web form;
- make the information from the form available to the public on Find a Vet; and
- share the information with approved third parties so that they can create comparison tools and guidance.

We recommend that the RCVS works with industry to support the development of, and increase the awareness and use, of Find a Vet.

We recommend that government establishes a smart data scheme to place Find a Vet and price comparison tools on a statutory footing.

We have decided not to require the RCVS to commission a national survey of pet owners. Rather, we recommend that the regulator continues to explore the possibility of a practice-level survey mechanism.

Introduction

- 3.1 We have found that some pet owners are not consistently being given, or do not have, as much information in relation to the characteristics and offerings of veterinary businesses and online pharmacies as we would expect in a well-functioning market and which they can use to:
 - (a) choose a FOP that offers good value and aligns with their preferences on price and quality of services, and ownership;
 - (b) help them to understand the likely costs for different veterinary services;¹⁰³
 - (c) choose between preventative treatments, medicines and services; and
 - (d) compare the offerings of different providers.
- 3.2 It is important that pet owners have access to relevant information on matters such as the ownership of a practice and the services and treatments available, to help them make choices that align with their preferences. This in turn can lead to increased pressure on veterinary businesses to reduce prices and improve quality of services as FOPs have an incentive to compete through the price and quality of their offering.

¹⁰³ Veterinary services in this context means FOP services, out-of-hours services, referral centre services, animal hospital services, diagnostic laboratory services, pet cremation services and pet care plans.

- 3.3 Greater price transparency can lead to changes in pet owner behaviour by making it easier for pet owners to make comparisons between providers when (a) choosing a FOP or a treatment and (b) considering whether to switch. Greater price transparency can lead to changes in businesses' behaviour; for example, they may improve their price offerings so that their products appear more attractive in pet owner comparisons in order to retain customers and to win new customers from their rivals. It also matters that pet owners are able to understand and compare quality to the extent possible. Where pet owners face barriers to making informed choices, such as a lack of price and quality information, veterinary businesses may be able to exercise greater market power and raise prices more, or offer a lower level of quality, than they would otherwise.
- 3.4 As set out in part A, section 8: Competition between FOPs, we have found that pet owners often lack access to the kind of information needed to make informed choices about veterinary services and online pharmacies.¹⁰⁴ This includes information which would enable them to understand who owns a practice, compare service offerings, assess treatment costs, and calculate the value of pet care plans. These gaps limit the effectiveness of pet owner engagement with these choices and weaken competition on price and quality.
- 3.5 There is, in our judgement, a need for impactful remedies that empower pet owners by ensuring they are able to access, assess and act on information and make better-informed choices that will drive competition between veterinary businesses.¹⁰⁵ The remedies we have decided to impose are centred around the provision of information that any business in a well-functioning market would expect its customers to have, such as who owns and controls it, what services it offers and what it charges for them, and which will make it easier for those customers to compare what is on offer in the market.
- 3.6 We summarise the requirements in the tables below:¹⁰⁶

	1 Ownership	2a Basic information	2b Price list
Parties required to comply	All veterinary businesses operating one or more FOPs, or a combination of FOPs, online pharmacies and other veterinary services, and, where those businesses are owned, controlled or can be influenced by another entity, that entity.	All veterinary businesses operating one or more FOPs or referral centres, including services offered in an out-of-hours premises.	All veterinary businesses operating one or more FOPs or referral centres, including services offered in an out-of-hours premises, and crematoria.

¹⁰⁴ Part A, section 8: Competition between FOPs.

¹⁰⁵ [Helping people get a better deal](#): learning lessons about pet owner facing remedies, FCA and CMA, Oct 2018, p8.

¹⁰⁶ Further transparency remedies required of businesses are detailed in part B, sections 4 and 5.

Information required	Clearly indicate that each veterinary business is under common ownership, control or influence, and whose ownership, control or influence that is.	• OOH provider, contact details and web and premises address, and information about the service. • Qualifications and RCVS professional accreditations held by practice staff. • PSS awards and accreditations.	Prices for a defined list of services across the following categories: • Consultation and preventative care • Prescription, dispensing and administrative fees • Surgeries and treatments • Diagnostics and lab tests • End of life care Prices can be provided for six pet categories. Prices should be final and accurate prices for all mandatory components.
Location of information required	Prominently on, for example, webpages and in online data, signage and marketing materials.	• Prominently on website (where a business has a website) • Prominently in premises	• Prominently on website (where a business has a website) • Prominently in premises
Timeline to meet requirements	Within six months of the Order.	• <i>All businesses with 15 or more FOPs</i>: within three months of the Order • <i>All businesses with fewer than 15 FOPs</i>: within six months of the Order.	• <i>All businesses with 15 or more FOPs</i>: within three months of the Order • <i>All businesses with fewer than 15 FOPs</i>: within six months of the Order.

2c Parasiticide prices

2d Pet care plan comparison

Parties required to comply	All veterinary businesses operating FOPs that sell parasiticides directly to pet owners	All veterinary businesses operating FOPs offering pet care plans
Information required	• Publish the current prices for most commonly sold parasiticide (ie flea, tick and worming) medicine products on their website • Prominently publish a link to the VMD Register of Online Retailers	For each pet care plan offered: • The services included • Total price of the plan • Standalone price of each service included Where parasiticides are included in plans, the FOP must: • Provide a link to the parasiticide product price list • Identify which parasiticides are included in the plans

		Where a FOP indicates that savings can be made on a pet care plan in comparison to services being purchased separately, it must: • Support users to understand how claimed savings were calculated, • Where parasiticides are included, include an indicative standalone price for a year of treatment and state that any savings claimed are based on in-FOP, not online pharmacy, prices • Use reasonable estimates for discounts
Location of information required	• On website (where a business has a website, through an accessible spreadsheet, table, or database) • In premises	• Prominently on website (where a business has a website) • Prominently in premises
Timeline to meet requirements	• <i>All businesses with 15 or more FOPs:</i> within three months of the Order • <i>All businesses with fewer than 15 FOPs:</i> within six months of the Order.	• <i>All businesses with 15 or more FOPs:</i> within three months of the Order • <i>All businesses with fewer than 15 FOPs:</i> within six months of the Order.

	3 Enhanced Find a Vet			
	Data submission	Data collection	Data processing and publication	Data sharing
Parties required to comply	All veterinary businesses operating FOPs or referral centres, including services offered in an OOH premises	RCVS		
Activities required	• Submit all relevant information required by Remedies 1 and 2a-d, and practice name; address; opening hours; contact details; types of pets treated • Confirm the information submitted is true and complete	• Create web form for data collection • Contact practices to request data • Provide guidance/support • Monitor submissions • Follow up with non-compliant practices • Work towards PMS integration	• Process, clean and store data • Provide front-end functionality to access, navigate, filter, search all information • Undertake appropriate user testing to ensure ease of use • Conduct activities to maximise pet owner uptake	• Develop an approval process for third parties and agree with the CMA • Develop a technical solution to share data with third parties • Make decisions on applicants to the approval process
Location of information required	RCVS web form	RCVS Find a Vet website		

Timeline to meet requirements	Submission within three months of RCVS implementation Information updated as soon as reasonably possible after changes	Set up and launch within nine months of Order

Remedy 1: Require businesses providing veterinary services and online pharmacies to publish information on ownership

Where a group of veterinary businesses operating one or more FOPs, or a combination of FOPs, online pharmacies and/or other veterinary services, is owned, controlled or is subject to a high level of influence by the same entity, that entity (or the trading name it adopts for the purposes of the group) must be clearly and prominently identified on websites and in online data, in premises and in communications. This obligation will apply across all business models and services, including in respect of any FOPs, online pharmacies, referral centres, OOH practices, animal hospitals, diagnostic laboratories, pet crematoria, and related services in the group of veterinary businesses.

Description of the remedy

- 3.7 Where a group¹⁰⁷ of veterinary businesses are owned, controlled or is subject to a high level of influence by the same entity,¹⁰⁸ that entity (or the trading name it adopts for the purposes of the group¹⁰⁹) must be identified on websites and in online data (eg website metadata, search engine and map results), in premises (eg on signage) and in communications.
- 3.8 The requirements of the remedy will apply across all business models, including corporate bodies (companies), partnerships, franchises and joint ventures, concessions and shop-in-shop models. Meeting the requirements is the responsibility of (i) the entity which has the relevant ownership, control or influence (which we call the ‘main entity’ for the purposes of this remedy and which we describe further in the Remedy design considerations below); and (ii) any entity which the main entity owns, controls or influences. They will need to ensure that the required information is published in the required way in respect of each FOP and other relevant service providers.

¹⁰⁷ Or more than one group.

¹⁰⁸ The entity could take any form such as a corporate body like a company, a partnership or an individual.

¹⁰⁹ Or groups.

- 3.9 In some cases, there will just be a single entity (ie the main entity) whose identity must be displayed and which is responsible for compliance with the remedy. In other cases, there will be one entity whose identity must be displayed (the main entity) but more than one entity which is jointly responsible for ensuring that happens.¹¹⁰
- 3.10 For example:
- (a) Some groups, including some LVGs such as IVC and CVS, operate what we might call a 'direct ownership model'. A corporate entity, usually a company, is the main entity which owns and controls the operation of a number of FOPs. That entity's identity - which may be its corporate name or a trading name that it adopts across the group - must be clearly and prominently disclosed in line with this remedy. Sometimes the relevant FOPs will themselves be separate legal entities (eg subsidiary companies). In that case, both the main entity and the subsidiary entities (the FOPs) will be jointly responsible for compliance.¹¹¹ In other cases, the FOPs will just be branches of the main entity, rather than separate subsidiaries. Where that is the case, (only) the main entity will be responsible.
 - (b) Other groups, including LVGs such as Pets at Home, use a model in which a central entity and one or more other entities operate FOPs (or other relevant services) as joint ventures or partnership entities. These may, for example, be joint venture companies in which the main entity and one or more others (who may be individual vets) hold shares. Where the main entity is a common presence across a number of joint ventures or partnerships, and it owns, controls or has a high level of influence over them, its identity (which, again, may be its corporate name or a trading name that it adopts across the group) must be disclosed in line with the requirements of the remedy and it, and the joint venture or partnership entities, are responsible for making sure that happens.^{112 113}
- 3.11 Put another way, groups of veterinary businesses can be thought of as ownership groups or common networks. This remedy requires that the identity of the group or network is clear to pet owners.

¹¹⁰ In legal terms, they will be jointly and severally liable.

¹¹¹ Ie ensuring that the main entity's identity is properly disclosed.

¹¹² Groups may use the direct ownership model for some FOPs and a joint venture or partnership model for others. In that case, the positions in (a) and (b) may each apply to different parts of that group.

¹¹³ It is possible that, in some ownership groups or common networks, there are what might be thought of as 'sub-groups.' That is, where the main entity and a subsidiary entity or a joint venture or partnership entity operate more than one FOP that is part of the overall ownership group or common network. In that case, the remedy requires the main entity and the other entity to disclose the former's common identity.

- 3.12 The factors that are relevant in determining whether one entity owns, controls or has a high level of influence over another are described in part B, section 2.¹¹⁴

The aim of the remedy

- 3.13 This remedy is intended to:

- (a) ensure that pet owners are aware of the choices of FOP and other related veterinary services¹¹⁵ available to them and whether they are competitors (to one extent or another, including whether they are part of an LVG operating one ownership model or another (an ownership group or a common network), in a smaller group or are independent); and
- (b) facilitate informed pet owner choices between service providers, especially FOPs, and about the services they buy from or via them.

How the remedy addresses the AEC and resulting customer detriment

- 3.14 As discussed in part A section 8, we have found there to be ineffective competition between FOPs on price and quality due to pet owners' inability to place significant demand-side constraints on veterinary businesses. A contributing factor is that some veterinary businesses do not make it sufficiently clear that their services are under common ownership or control, limiting pet owners' awareness of these matters.¹¹⁶

- 3.15 Our analysis found the following:

- (a) Some pet owners consider business ownership in their choice of FOP.¹¹⁷ This may be due to a number of factors including the pet owner's perceptions of the benefits that different business models and sizes offer. For example, our pet owners survey indicated that, on average, pet owners at independent FOPs were more satisfied with the quality of vet services than pet owners at LVG-owned FOPs. This result holds true even when comparing pet owners who were unaware that the practice they had attended was LVG-owned to those who were aware that their FOP was LVG-owned (effectively a 'blind' comparison).¹¹⁸
- (b) Only two LVGs market their brand in FOPs on a national or regional basis,¹¹⁹ and as a result, pet owner awareness of FOP ownership is low, reducing

¹¹⁴ Part B, section 2, Remedies: framework, form and implementation, subsection Ownership, control and influence.

¹¹⁵ Such as cremations, online medicines, out-of-hours or referral treatments.

¹¹⁶ Further details are set out in part A, section 8, Competition between FOPs, subsection Ownership information.

¹¹⁷ 21% of pet owners in our pet owners survey considered the ownership model of their FOP before registering. Pet owners survey, Q13.

¹¹⁸ Further details are set out in part A, section 7: Evidence relevant to post-acquisition price increases at certain LVGs.

¹¹⁹ [X] and [X] use national or regional marketing.

demand-side pressure on the market. 53% of those pet owners that attended an LVG practice did not know that their vet practice was part of a group and only a minority of respondents at practices owned by Linnaeus (36%), CVS (33%), IVC (22%) and VetPartners (19%) were aware that they attend an LVG practice.¹²⁰ Further detail on the analysis summarised here is set out in part A, section 8.¹²¹

- (c) We have observed a lack of accessible information on the ownership of referral centres. The RCVS supporting Guidance says that FOPs should disclose ownership of referrals within the same group. Despite this, many pet owners are not aware of the ownership of their referral centre.¹²²
- (d) The lack of accessible information on ownership has implications for services such as cremations, diagnostic laboratories, out-of-hours services, and online pharmacies, where pet owners might be unaware that these services have been recommended by a FOP or other business with ownership ties.¹²³

3.16 Without clear information about the sorts of matters described in the preceding paragraph, pet owners cannot make informed choices about the FOPs they choose and the services they buy from or via them. They may unknowingly compare practices owned, controlled or is subject to a high level of influence by the same group or network, undermining the value of shopping around. Where they have preferences for the businesses with which they deal based on the models those businesses operate, they cannot effectively exercise them. This remedy will address that lack of transparency, enabling pet owners to make more informed choices that increase the competitive pressure relevant veterinary businesses face based on their ownership and on pet owners' perceptions of the quality and value they offer.

Remedy design considerations

3.17 This remedy has received wide general support. Many respondents to our PDR – independent veterinary businesses and LVGs – expressed support for it,¹²⁴ as did pet owners in our qualitative consumer research on remedies. There was broad

¹²⁰ Pet owners survey, Q33, Q34.

¹²¹ Further details are set out in part A, section 8: Ownership information.

¹²² 42% of pet owners who were referred to a practice other than their main practice did not know who owned the practice to which they were referred. Pet owners survey, Q74.

[RCVS supporting Guidance](#), chapter 1, paragraph 1.7.

Further details are set out in part A, section 10: Pet owners are not routinely given appropriate and timely information about referral providers.

¹²³ We have seen some evidence of self-preferencing in the use of diagnostic laboratories. Further details are set out in part A, section 10: Choice of treatments and referrals.

Of the 3,704 eligible FOPs that responded to the information request, 1,134 FOPs stated that they outsource OOH to an external provider. Further details are set out in part A, section 12: Outsourced out-of-hours (OOH) provision to FOPs.

Three online pharmacies in the UK are owned and operated by LVGs and several others are not part of groups that own FOPs. Further details are set out in part A, section 11: There are many online pharmacies that pet owners can choose from when looking to purchase prescribed veterinary medicines.

¹²⁴ Summary of response to PDR.

consensus across all groups that requiring veterinary businesses to disclose their ownership status will help pet owners make informed choices.¹²⁵

3.18 Some respondents to the PDR, though, said that the remedy as we had proposed it did not go far enough and may be ineffective in achieving its aims:

- (a) Medivet submitted that the remedy was too narrow, was vague and insufficiently prescriptive, and at risk of easy circumvention.¹²⁶
- (b) Pets at Home and some independent veterinary businesses said that the remedy must require that any LVG or group identity be presented as the main name of a FOP (ie before any other name, not after it).¹²⁷
- (c) Some respondents said that the phrase ‘owned and controlled by’ must be included in the required disclosure.¹²⁸
- (d) Others said groups should be required to change their trading name.¹²⁹
- (e) Some respondents suggested that group or network names must be disclosed in search engines, internet domain names, and on the RCVS register.¹³⁰
- (f) Some respondents such as the PVA and some independent stakeholders suggested that the information groups and networks must disclose should include details of their private equity owners, their parent company’s global headquarters, and their main shareholders, and a list of all vertically integrated businesses.¹³¹
- (g) Some respondents told us that words and phrases such as, ‘independent’, ‘part of a group’, ‘part of a family’, ‘part of a collective’ could mislead pet owners and should be prohibited.¹³²

¹²⁵ Participants expressed significant concern that some LVG practices do not make clear that they are owned by a group and a few participants spontaneously suggested that practices should be required to display their ownership status. Qualitative research with consumers, Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

¹²⁶ Medivet response to the PDR, p 6.

¹²⁷ Pets at Home response to PDR, p 7; Summary of response to PDR. (Anonymous Respondent 31 [REDACTED], Anonymous Respondent 13 [REDACTED], Pets at Home, Anonymous Respondent 14 [REDACTED], Builth Wells Veterinary Practice, individual [REDACTED], Anonymous Respondent 12 [REDACTED], XL Vets, individual [REDACTED], Portland Vets).

¹²⁸ Summary of response to PDR. (Anonymous Respondent 26 [REDACTED], Anonymous Respondent 13 [REDACTED], Anonymous Respondent 4 [REDACTED], Anonymous Respondent 12 [REDACTED], Portland Vets, South Moor Vets).

¹²⁹ Summary of response to PDR. Anonymous Respondent 18 [REDACTED].

¹³⁰ Summary of response to PDR Bay Tree Veterinary Centre, Anonymous Respondent 18 [REDACTED], XL Vets).

¹³¹ Summary of response to PDR. PVA response to the PDR, p 12.

¹³² Summary of responses to PDR. (Anonymous Respondent 9 [REDACTED], Dalehead Veterinary Group, Town Vets, Anonymous Respondent 31 [REDACTED], Anonymous Respondent 4 [REDACTED], vet business or practice [REDACTED] – Independent is misleading-; individual [REDACTED], Vet collection misleading (Northvet Veterinary Group, Anonymous Respondent 31 [REDACTED], Anonymous Respondent 13 [REDACTED], Anonymous Respondent 4 [REDACTED]), Armour Veterinary Group Ltd, Builth Wells Veterinary Practice, Anonymous Respondent 12 [REDACTED], individual [REDACTED], Hilltop Vets, individual [REDACTED].

- 3.19 Participants in our qualitative consumer research on remedies, meanwhile, said that they would like to see ownership disclosure on websites, invoices, letters, emails, general communications and promotional and advertising materials.¹³³
- 3.20 We have considered these responses carefully. Our judgement is that the characterisation of some businesses as being in ownership groups or common networks is an important one. Depending on the nature of the group or network, a FOP (or other service provider) which is part of one of these groups or networks will likely compete in a different way or to a lesser extent with other members of it than with FOPs (or other service providers) that are independent of it. The rivalry may well not be as intense.
- 3.21 What pet owners need to make informed choices that drive effective competition is information that signals to them whether a FOP (or other service provider) is part of an ownership group or common network and, if it is, which one. They need a clear identification of the ‘main entity’ as we describe it. That information tells pet owners whether they are comparing and choosing between competitors (to some extent or other). They need that information in a way that is (i) meaningful to them, and (ii) at the point they are making relevant choices.
- 3.22 Pets at Home, FOPs in whose ownership group and common network are uniformly branded, agreed in its response to our PDR, saying:
- Pets at Home would support requirements for FOPs to display their ownership and network information clearly, both on their websites and at the practices to help pet owners make informed decisions based on transparent ownership.
- 3.23 We have thought about the design of this remedy with its aims, the shortfalls in relevant information for pet owners, and the above points, in mind. We have considered how the remedy should be designed in terms of to whom the obligations should apply, what they are required to do and how they are required to do it.
- 3.24 Given that the rivalry between FOPs and other services that are part of ownership groups and common networks is likely to be more muted, pet owners need clear and consistent indications of the identity of the group or network. They need to know this in a way that is recognisable, familiar and which facilitates the comparisons and choices between the groups, networks and other businesses, at which the remedy is aimed.
- 3.25 There can, in the groups and networks, be several levels of corporate ownership that pass through holding companies to ultimate owners whose identities may

¹³³ Qualitative research with consumers, Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

mean little to pet owners. What is important for pet owners is that a relevant form of identity, linked to the ownership or control of, or influence over, the group or network, and that is commonly understood and associated with the business at retail level, is communicated to them. That is how the identity of the ‘main entity’ should be understood.

- 3.26 We have decided that groups and networks will need to use a commonly-understood name (and, if they have one, a logo, and any other elements of common branding) before, after or directly next to, or instead of, any specific name of the relevant FOP or other service. The name they use must be recognisable to pet owners and unambiguously denote the commonality of ownership, control or influence of the main entity. It could be the main entity’s corporate name or a trading name that entity adopts for the purposes of its group or network. What it may not be is something which is understood or perceived to be a mere marketing statement.¹³⁴
- 3.27 The requirement can be illustrated by reference to the way some LVGs have until now operated. Pets at Home and Medivet have both used a group-level name and branding (with shared logos and colour schemes) reflecting the identities of the main entities involved. Pets at Home has done so by the common adoption of the ‘Vets4Pets’ trading name. Medivet has done so by the common identification of its FOPs as ‘Medivet.’¹³⁵ These identities are familiar to pet owners.¹³⁶ That is what the remedy requires.
- 3.28 Other LVGs do not currently use a common name and branding across their ownership groups or common networks. The remedy will require them to do so.¹³⁷
¹³⁸ The same requirements apply to other (non-LVG) groups and networks of veterinary businesses.

¹³⁴ For example, a description of a type of service offering, tagline, strapline, catchphrase or motto.

¹³⁵ We note that on or around 10 February 2026, Medivet announced the adoption of new branding ([New look unveiled for Medivet and Partners](#)). What we say in this paragraph relates to the way it presented its practices and services prior to any such new branding. We express no view on its new branding (which, like all veterinary businesses’, must comply with this remedy).

¹³⁶ Rather than those of holding companies or shareholders further up a corporate chain and that are more likely to be obscure to pet owners choosing retail services.

¹³⁷ They will need to use a commonly-understood name (and, if they have one, their logo, and any other elements of common branding) before, after or directly next to, or instead of, any specific name of the relevant FOP or other service. The name they use must be recognisable to pet owners and unambiguously denote the commonality of ownership, control or influence of the main entity. It could be the main entity’s corporate name or a trading name that entity adopts for the purposes of its group or network, and may not be something which is understood or perceived to be a mere marketing statement.

¹³⁸ Businesses are free to adopt the corporate and trading names they choose. To illustrate the requirements of this remedy based on the way those LVGs that do not currently have common branding have operated their businesses to date, this would involve using the names ‘IVC,’ ‘CVS,’ ‘VetPartners’ and ‘Linnaeus’ (rather than, for example, the different names of any ultimately controlling entities). If they choose to adopt different corporate or trading names for their ownership groups or common networks in future, that is a matter for them, but they will need to comply with this remedy in relation to those names. We note that some LVGs have announced their intentions to make changes to their branding. These will need comply with this remedy. [CVS unveils new dual branding scheme](#). [IVC Evidensia introduces new unified UK brand](#).

- 3.29 The information must be provided to pet owners in places and at times at which common ownership, control or influence is relevant to their choices. The most obvious example is when they are choosing a FOP, either for the first time or when considering switching. In those cases, their searches will likely be made online and through reading advertising literature and may involve viewing physical premises (at least in terms of observing the locations of FOPs in their area).
- 3.30 Businesses will need, for example, to place the required name (and, if they have one, their logo and any other elements of common branding) in a prominent and clear place on at least the FOP's or other service provider's website homepage (in the top banner), in the website metadata (including page titles and descriptions), in search engine results (with the group name appearing first)¹³⁹, in map results¹⁴⁰, in premises (including on the storefront signage), in advertising and marketing materials, when referring pet owners between services under common ownership, and on other pet owner communications.
- 3.31 The presentation of information about the ownership or control of each FOP or other service must be prominent, consistent and uniform in its design and styling. That is, the same name and branding must be used when presenting this information across businesses, however the business has chosen to design or style its marketing. Otherwise, the common ownership or control risks being obscured rather than clear.
- 3.32 The requirements for clarity and prominence will be based on legibility, proximity to the practice's (or other service provider's) name, the relative hierarchy of the text that is used and the absence of visual minimisation such as small or hard to read fonts and colour. An identification of the main entity that is next to (above, below or beside), and of at least equal size and prominence to, any name of the individual FOP (or other service provider) will suffice.
- 3.33 Trademarks, branding, straplines and the like must not be used in a way that risks obscuring the clear and prominent disclosure of the main entity's identity.
- 3.34 These requirements will enable pet owners to make comparisons and choices that drive competition. They will enable veterinary businesses to plan with certainty the ways in which they distinguish themselves and compete for pet owners' business on the basis of who those businesses are and the proposition they offer.
- 3.35 As to the application of the obligations of the remedy, we have taken account of the different ways in which an ownership group or common network may be

¹³⁹ Although search engines choose what appears as the 'title link', veterinary businesses (or their webmasters) can take steps to influence the 'title link' by updating the <title> within their web pages. If a veterinary business uses blog website services there is usually a way to do this.

¹⁴⁰ In map services, for example, the map service provider is ultimately responsible for what appears for a specific business. However, veterinary businesses (or their webmasters) can verify and request that map service providers update their name and information.

structured (this is set out in the Description of the remedy above). There will be some cases in which a single main entity owns and controls all the FOPs and other relevant services in an ownership group. In that case, the obligations and will be placed on the main entity only.

- 3.36 There will be other cases – which may involve an ownership group or a common network – where the main entity and the other entities involved are separate in legal terms. In those cases, the main entity may have different levels of control or influence that do not involve an ability wholly to dictate the operations of the other entities. To ensure that both entities' incentives align, and that the remedy is complied with, its obligations should and will lie on both entities.

Remedy implementation considerations

Method of implementation

- 3.37 We have decided, as described above, to implement this remedy via an Order on:
- (a) all veterinary businesses operating one or more FOPs or operating a combination of FOPs and premises providing other veterinary services (for example referral service centres, diagnostic laboratories, OOH centres, pet crematoria) or online pharmacies which they own or control or over which they have a high level of influence; and
 - (b) if a different entity from that in (a), each veterinary business operating a FOP, referral service centre, diagnostic laboratory, OOH centre, pet crematorium and online pharmacy which is under the ownership or control, or subject to the influence, of the entity in (a).
- 3.38 This final report sets out the principal requirements and substance of the remedy. Our Order will specify the precise requirements. That Order will be accompanied by an Explanatory note.

Cost of implementation

- 3.39 In response to our PDR, several stakeholders told us that updating signage to meet the requirements of this remedy could be costly, and that greater specificity in the requirements may further increase these costs.
- 3.40 CVS said that it was planning to implement joint branding across its sites, and that this would cost over £4.2 million to update its signage.¹⁴¹ If that figure relates just to its FOPs, it would equate to over £8,571 per site (and a smaller amount if it includes other sites). We did not otherwise receive substantial new stakeholder

¹⁴¹ CVS Response Hearing [38].

evidence from other LVGs or smaller vet groups on the expected costs of compliance.

- 3.41 We anticipate that businesses which are not currently transparent about their ownership groups or common networks will incur implementation costs including:
- (a) Capital expenditure: There will be some one-off capital costs and negligible ongoing costs for updating websites with the appropriate information and branding. There will be one-off capital costs for updating signage, marketing material, in-practice posters and own-brand medicines, depending on the premises and existing materials.
 - (b) Labour costs: We expect there will be some labour costs from non-veterinary professionals, as clinical staff are unlikely to be involved in implementation of this remedy. We anticipate some one-off recurring labour costs for updating branding and materials.
- 3.42 The level of investment required will likely relate to the existing degree of transparency, and the size of the business. For businesses with a single site, there will be no cost. For businesses in ownership groups or common networks with consistent ownership disclosure across sites, services and products, we expect the implementation costs to be minimal, if anything. For businesses that are not currently transparent about their ownership group or network, the costs will be higher. The cost to a small group of FOPs is likely to be lower in total than the cost to a large group that owns a large number and range of veterinary sites and products.¹⁴²

Implementation timeframe

- 3.43 In the PDR, we suggested that all veterinary businesses would be required to comply with this remedy within three months of the Order. It was put to us in response by some parties that three months would not be sufficient for making all the necessary changes, particularly in relation to external signage.
- (a) Linnaeus submitted that it could update websites and communications within the proposed three months but would need six months to update the internal and external signage and could require 12 months if the Order prescribed the form and dimensions of external signage.¹⁴³

¹⁴² In this regard, though, we also that two LVGs that do not currently operate using a common brand – CVS and IVC – have announced their intentions to adopt common branding across their groups. That, we consider, reflects what should be happening in a WFM and some of the costs at least are costs they should incur in any event.

¹⁴³ Linnaeus response to the PDR, p 10.

- (b) CVS told us that six months would be required to update its signage. It proposed temporarily using stickers on signage if timelines were not negotiable.¹⁴⁴
- (c) VetPartners submitted that it would need 12 months to implement all required changes. It said the same timelines should apply regardless of business model.¹⁴⁵

3.44 Taking account of these responses, we have decided that all relevant veterinary businesses must comply with these requirements within six months of the Order.

Monitoring of compliance

3.45 In part B, section 2, we set out that the RCVS has indicated to us that it will offer an Undertaking to perform the monitoring role for a number of remedies, including this one. The role would require the RCVS to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

Remedy 2a: Require FOPs and referral centres to publish basic information

All veterinary businesses operating one or more FOPs (including services offered in an out-of-hours premises) or referral centres must publish clear, accessible information about their out-of-hours care, qualifications held by practice staff and any RCVS accreditations or awards to support informed decision making by pet owners, published online and in premises.

Description of the remedy

3.46 Any person¹⁴⁶ carrying on a veterinary business operating one or more FOPs or referral centres is required to publish, for each such FOP or referral centre, basic information about their out-of-hours provision, qualifications and accreditations to support pet owner choice. This includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out-of-hours centre, premises or location.¹⁴⁷ The remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

3.47 The required information is:

¹⁴⁴ CVS response to the PDR, p 1.

¹⁴⁵ VetPartners response to the PDR, p 29.

¹⁴⁶ Any entity – whether a legal person like a company, in a joint venture or partnership, or an individual.

¹⁴⁷ This includes where it does so having entered into a contract under which a FOP business outsources its OOH provision.

- (a) where the out-of-hours service is outsourced, the identity of the out-of-hours provider, their telephone number(s), premises and web addresses, and information about when the provider is available and the nature of the service provided;
- (b) qualifications held by practice staff, including any RCVS professional accreditations;¹⁴⁸ and
- (c) any current PSS awards and accreditations, including a link to RCVS supporting information for pet owners.¹⁴⁹

The aim of the remedy

3.48 The aim of this remedy is to help pet owners make informed choices when selecting a FOP or a referral centre,¹⁵⁰ so they can effectively assess whether the treatments and services offered meet their and their pets' needs.

How the remedy addresses the AEC and resulting customer detriment

3.49 We have found that some types of basic non-price information, such as practice capabilities and clinical staff qualifications, are not provided to pet owners in a timely or consistent way across veterinary services.

3.50 This type of information plays an important role in helping pet owners differentiate between providers, especially when multiple practices are available and clinically appropriate for a pet's needs.¹⁵¹ They provide some signalling of the quality of services that different businesses provide. That differentiation should drive greater competition between providers, where it is currently inhibited owing to the lack of information.¹⁵²

Remedy design considerations

Information to share

3.51 Responses to our PDR were supportive of this remedy, with many considering that it would support pet owner empowerment. Some veterinary businesses told us that they already met at least some of the proposed requirements. A minority of

¹⁴⁸ Staff qualifications can be non-attributable to specific staff members if deemed appropriate for safeguarding and privacy reasons.

¹⁴⁹ [About the Practice Standards Scheme - Animal Owners](#).

¹⁵⁰ Including by supporting vets in FOPs to provide information and advice about referrals and cremations.

¹⁵¹ Further details are set out in part A, section 10: Choice of treatments and referrals: The current regulatory framework is not effective at ensuring that vets routinely provide pet owners with appropriate and timely information about treatment options and prices.

¹⁵² We note that the current RCVS Supporting Guidance covers FOPs providing information about their OOH provider – this is set out in part B, section 10. However, that is not part of a coherent set of information requirements with which veterinary businesses must comply.

respondents said that, to ensure the effectiveness of the remedy, information should be presented in a meaningful way for pet owners, such as providing explanations about the PSS.¹⁵³ We received a small number of responses raising concerns about staff privacy and safeguarding in relation to the publication of full staff details.¹⁵⁴ We have amended the remedy's requirements to reflect some of these suggestions and concerns.

- 3.52 In particular, we have decided that businesses need to provide a link to RCVS information about the PSS, to support pet owner understanding of the scheme. We have clarified that details of the qualifications held by staff at a practice need to be published, but the identities of those who hold them need not be included unless the relevant individuals wish to be identified. What is important to inform pet owner choice is that they have an indication of the expertise and the quality of service that is on offer, not necessarily the identity of the individuals who provide it.

Channel of communication

- 3.53 To help pet owners make choices, businesses will need to publish the information described above on their websites prominently, clearly and in a format that is easily accessible. Businesses also need to provide this information prominently and visibly in premises (for example, on noticeboards, posters, leaflets, or similar materials). The information needs to be accurate and updated as soon as reasonably possible after any details change.
- 3.54 A very small number of responses to our PDR suggested the requirement to produce paper copies of the information in this basic information remedy was contrary to waste-reduction efforts.¹⁵⁵ The key point is basic information should be made available and accessible to all pet owners, including non-screen users. Information may be displayed on digital screens in premises, but non-digital formats must be made available to pet owners on request.

Remedy implementation considerations

Method of implementation

- 3.55 Implementation of this remedy will be via an Order on veterinary businesses operating one or more FOPs (including services offered in an out-of-hours premises) or referral centres.

¹⁵³ For example, BVA, BSAVA, BVNA, SPVS, VMG joint response to the PDR, p 8.

¹⁵⁴ Hook Norton Veterinary Group response to PDR, p 2, and CVS response to the PDR, p 2.

¹⁵⁵ VetPartners response to the PDR, p 32; and Linnaeus response to the PDR, p 12.

Cost of implementation

- 3.56 We expect that many businesses will incur negligible costs to comply, as they already publish this information or would be conducting similar activities in the course of business-as-usual that can be adapted. Some businesses may incur low one-off and negligible recurring capital, materials and administrative labour costs to compile and verify staff qualifications, out-of-hours details, and PSS status, then to update websites and produce physical materials for premises.
- 3.57 The level of cost is likely to relate to the existing degree of transparency, and the size of the business. We expect that the majority of businesses already publish some of this information, and the remaining information would be straightforward to assemble and publicise.

Implementation timeframe

- 3.58 We do not consider that this remedy will be unduly burdensome for most veterinary businesses. Many already maintain websites for their FOPs or referral centres, with basic information about their services.
- 3.59 We received one response to our PDR on the implementation period of this specific remedy, in relation to the difference in requirements between large and small businesses.¹⁵⁶ We consider that the centralised administrative resources more likely to be available to large businesses will enable faster implementation. We have decided that, once the Order has been made, larger businesses (those with 15 FOPs or more) will have three months to comply with these requirements and smaller businesses will have six months.

Monitoring of compliance

- 3.60 In part B, section 2, we set out that the RCVS will undertake the monitoring function for a number of remedies, including this one. The role will require the RCVS to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

¹⁵⁶ CVS response to the PDR, Annex 1, p 2.

Remedy 2b: Require all FOPs, referral centres and crematoria to publish a standard price list for a defined selection of services

All veterinary businesses operating one or more FOPs (including services offered in an out-of-hours premises) or referral centres, and crematoria, will be required to publish clear, standard price lists for a defined set of services they offer. Prices will need to be easily accessible online and in premises, up to date, and presented in a consistent, transparent and understandable format.

Description of the remedy

- 3.61 We have decided that any person¹⁵⁷ carrying on a veterinary business operating one or more FOPs or referral centres, and 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). This includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out-of-hours centre, premises or location.¹⁵⁸ The remedy would also apply in those FOPs or other places in respect of those out-of-hours services.
- 3.62 The businesses will be required to make this information available to all pet owners on the websites for each such FOP, referral centre or crematorium, where they have a website, and in their physical premises, in an easily accessible and comprehensible format.

The aim of the remedy

- 3.63 The remedy will improve the availability of price information for pet owners. Our analysis shows that while some pet owners consider prices when choosing FOPs and other services, many do not, often because such information is not readily available or accessible. By increasing price transparency, this remedy will enable more pet owners to consider prices and support more effective price competition.

How the remedy addresses the AEC and resulting customer detriment

- 3.64 In part A, section 8, we found there to be ineffective competition between FOPs on price and quality due to a weak pet owner response (including that only some pet owners take price into account when making choices about veterinary services).

¹⁵⁷ Again, any entity – whether a legal person like a company, in a joint venture or partnership, or an individual.

¹⁵⁸ This includes where it does so having entered into a contract under which a FOP business outsources its OOH provision.

This is linked to poor information provision, including of prices, which undermines the ability of pet owners to shop around between FOPs.¹⁵⁹

- 3.65 In our website review, we found that 41% of websites reviewed had no published service and treatment prices, including 32% of LVGs and 51% of independent practices. Of those websites with prices, the range of treatments covered on price lists varied widely and often did not cover treatments or services that are commonly taken up by pet owners. Prices were presented in a variety of formats. For example, some were presented as fixed prices or ranges, and some cases varied by species and pet weight. In addition, we observed presentational inconsistencies including instances of prices being presented on the homepage on some websites, while on others prices were hidden under unrelated headings like 'FAQs' or 'Visiting Us'.¹⁶⁰
- 3.66 We found that FOPs do not always provide price information when a referral visit is recommended.¹⁶¹ In addition, our website analysis indicated that pricing information is not always available on referral provider websites, and is often not comprehensive.¹⁶² A desktop review of 30 independent crematoria businesses in the UK indicated that many, but not all, publish prices on crematoria websites.¹⁶³
- 3.67 Our remedy will mean that pet owners can use prices alongside other information to inform their choice of FOP (or where else to buy competing services).
- (a) Pet owners will be better able to respond to differences in price and quality, strengthening the incentive on FOPs to reduce prices and increase quality to attract new customers.
 - (b) Pet owners will be able to use this information to sense check the value of services provided by their FOP.
 - (c) FOPs will be able to be more responsive to changes in rivals' prices through increased transparency.
 - (d) Third parties and pet owner groups will be able to make use of price information to help pet owners assess the treatment options offered by different providers.
 - (e) Evidence suggests there is an appetite among pet owners for greater engagement with pricing information: 40% of respondents to our pet owners

¹⁵⁹ Further details are set out in part A, section 8: Price information.

¹⁶⁰ CMA analysis. Further details are set out in part A, section 9: CMA research of online pricing information.

¹⁶¹ Pet owners survey, Q63r2 and Q63r3.

¹⁶² CMA analysis of referral-only provider websites. Further detail is set out in part B section 4, Choice of treatments and referrals: There are generally referral provider options available to pet owners, though some local areas have limited potential options.

¹⁶³ CMA desktop review of publicly available prices at 30 independent crematoria businesses, representing around a third of such businesses in the UK. Price lists were found on 21 of these websites.

survey reported finding out pricing information before registering with their FOP;¹⁶⁴ and 73% of respondents who considered pricing before choosing their FOP compared prices across various FOPs, while 19% did not.¹⁶⁵

- 3.68 Pet owners will be able to use such information provided by practices to make choices about treatment:
- (a) Where pet owners understand the price of treatments on the standard price list, they will be better able to use this information to make an informed choice. They will be better equipped to evaluate how a FOP's prices compare to other providers and to ask their vet more informed questions about treatment options.
 - (b) Post-consultation, pet owners will be able to use this information retrospectively to assess the value of the treatment relative to other providers.
- 3.69 The publication of price information by referral centre providers will help vets in FOPs provide advice and price estimates for treatments.¹⁶⁶ To the extent that referral centres provide some of the same services as FOPs, the publication of these prices will support informed pet owner decision making and increase the competitive constraint on aspects of FOP services that compete with services offered by referral centres.

Remedy design considerations

- 3.70 A minority of respondents to our PDR challenged the utility of a standard price list as a tool for comparing practices. They put to us that some of the treatments on the list proposed at the PDR stage are difficult to standardise because practices differ in what they include in the price;¹⁶⁷ that clinical standards vary according to staff experience and qualifications, and the use of specialist equipment;¹⁶⁸ and that comorbidities and other pet characteristics can affect treatment outcomes and price.¹⁶⁹ A small number of respondents offered suggestions of additional detail for inclusion in the price list.
- 3.71 We have considered the points put to us and discussed them with our Veterinary Advisory Panel and at our industry price list roundtable. We have taken them into account in the final design of the remedy and have amended the standard price list and implementation requirements in some respects.

¹⁶⁴ Pet owners survey, combination of Q15 and Q17. Base size - 1,757 pet owners who had been with their FOP for less than 10 years.

¹⁶⁵ Pet owners survey, Q19. Base size – 421 pet owners who gave more than one reason for choosing their FOP.

¹⁶⁶ Our written estimate remedy is discussed in part B, section 4, of this report.

¹⁶⁷ For example, VetPartners response to the PDR, p 32; Royal Veterinary College, p 2.

¹⁶⁸ For example, Blue Cross response to PDR, p 1.

¹⁶⁹ For example, St George's Veterinary Centre response to PDR, p 2, Royal Veterinary College, p 2.

Relevant businesses

- 3.72 We have decided that the remedy will apply to veterinary businesses operating one or more FOPs or referral centres, and to crematoria. This includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out-of-hours centre, premises or location. They are the persons or entities who can control and are responsible for the information published in respect of each of those FOPs, referral centres, and crematoria. Their publication of their prices for a defined list of services will enable pet owners to compare their offerings and make informed choices about the FOPs they use and the services they buy from them (or elsewhere).

Requirements for the price list

Defined services, treatments and procedures for inclusion

- 3.73 We have:
- (a) revised and shortened the list we consulted on at the PDR stage, so it includes the most common or most standardisable procedures and treatments;
 - (b) refined the customer-facing descriptions of individual items on the price list, to improve pet owner comprehension; and
 - (c) created internal-facing descriptions of some individual items to support practice implementation.
- 3.74 Table 3.1 sets out the defined services that will be required in a price list. At the end of this section, we provide more detail for practices when implementing the price list, including the internal-facing descriptions we have created.¹⁷⁰
- 3.75 All variants delivered by the practice for any of the items in the list should be published. For example, if a practice applies different insurance administration fees in different situations, or it offers multiple levels of pet care plans for pets within a given category, it must publish all of those as separate line items, making clear the distinction in the item name.

Table 3.1 Defined services in price list (customer-facing)

Category	Service, product, treatment or procedure (36 total)
1. Consultation and preventative care (12)	First consultation, including standard appointment duration in minutes.
	Repeat consultation
	Out-of-hours consultation, including name of third-party provider if used, and hyperlink to provider's website.
	Nurse consultation, including standard appointment duration in minutes.
	Nail clipping

¹⁷⁰ This is set out in section: Indicative price list with definitions for line items to support practice implementation.

		Anal gland expression
		Microchipping
		Animal health certificate, including any relevant charges for additional animals included on the certificate.
		Vaccinations primary course (including consultation)
		Vaccinations booster (including consultation)
		Vaccination for kennel cough (including consultation)
		Pet care plan(s) (monthly cost), and a link to further information on the practice website about plan inclusions
2.	Prescription, dispensing and administration (6)	Prescription fee
		Fee for additional items prescribed in same consultation
		Prescription fee (repeat)
		Dispensing fee
		Medicine administration fee - injection to the skin or muscle
3.	Surgeries and treatments (6)	Insurance administration fees
		Dental assessment (initial examination of mouth, scale and polish)*
		Castration*
		Spay (traditional/open)*
		Spay (laparoscopic/keyhole)*
		Physiotherapy session
4.	Diagnostics and laboratory tests (9) (All include interpretation)	Laser therapy session
		X-ray (including sedation/general anaesthesia and three images)
		Ultrasound (abdominal, single organ)
		Ultrasound (echocardiogram)
		Cytology test (ear swab)
		Cytology (fine needle aspiration)
		Basic urine screen (including urine dipstick, and measurement of specific gravity)
		CT scan per body part (including general anaesthetic and images)
5.	End-of-life care (3)	MRI scan per body part (including general anaesthetic and images)
		Pre-surgical/pre-anaesthetic blood test
		Euthanasia
		Cremation: communal
		Cremation: individual
Items with an asterisk (*) require practices to indicate additional information about how they price these services, which is described in more detail in <i>How information about price list items should be presented</i> , below, and illustrated at the end of this section. ¹⁷¹		

Services removed since the PDR

3.76 We have decided to remove some items from the price list proposed in our PDR:

- (a) A small number of PDR respondents questioned the relevance of some of the diagnostic and laboratory tests in category 4 of the list to most pet owners when choosing FOPs.¹⁷² Having discussed these at the industry roundtable,¹⁷³ we have removed POCUS ultrasound scans and ECG scans from the price list.
- (b) Respondents highlighted challenges with listing prices for sedation and anaesthesia, including that prices vary considerably depending on factors such as the duration of immobilisation or the pet's characteristics, and because these are rarely sold as standalone procedures.¹⁷⁴ We have taken into account that those factors mean that the inclusion of standard prices for them is unlikely to help pet owners make comparisons and choices.
- (c) We proposed that the price list should include a category of more advanced treatments and procedures so that pet owners could observe and compare a

¹⁷¹ This is set out in subsection: Indicative price list with definitions for line items to support practice implementation.

¹⁷² For example, Anonymous Respondent 6 [X] response to PDR, p 2.

¹⁷³ Price list roundtable summary, p 5.

¹⁷⁴ For example, CVS response to the PDR, Annex 1, p 3, and Anonymous Respondent 15 [X] response to PDR, p 2.

broader range of services and prices offered by FOPs.¹⁷⁵ The responses to our PDR, and our engagement with stakeholders across a range of businesses and organisations, have led us to conclude that including these prices on the list would not assist pet owners. These treatments vary considerably in price and complexity depending on the clinical context. A (hypothetical) standard price would likely in many cases be lower than is realistic for many pets' cases. The complexity means that it would be difficult for businesses to provide standard price information. More detailed price information commensurate with the complexity that could apply in many cases would be challenging for pet owners to comprehend. Their ability to make effective comparisons and decisions on price and quality would be limited.¹⁷⁶ The prices for such treatments and procedures will in any event be the subject of more bespoke written estimates that help pet owners make informed choices (this is set out in the written estimate remedy, in part B, section 4).

- (d) We have decided not to require price lists to include discretionary add-ons for cremation services owing to the number of options offered by some businesses, and our assessment of the usefulness of this information as part of the price list. Instead, practices will need to provide price information about add-ons to pet owners separately.¹⁷⁷

Requirements relating to OOH provision and cremations

- 3.77 Businesses will only be required to publish prices for such of the defined services as they offer to pet owners. For example, crematoria may only offer services from category 5 of the list and some FOPs may not offer all services in category 4. Other services a business offers that are not in the defined list can be included on its price list (in addition to the defined services), provided that in each case the extent of the service and the relevant charge is clear to the pet owner.
- 3.78 A very small number of respondents to our PDR and attendees at our industry roundtable noted challenges with relying on the co-operation of third parties such as OOH providers and crematoria to comply with requirements relating to prices for services provided by those parties (such as outsourced OOH providers).^{178 179}

¹⁷⁵ This category included tibial plateau levelling osteotomy (TPLO); lateral suture; cataract surgery; patella luxation; hip replacement; lateral condylar fracture surgery; total ear canal ablation; brachycephalic obstructive airway syndrome (BOAS) surgery; and prolapsed nictitans gland repair ('cherry eye').

¹⁷⁶ We are aware that some practices already provide standard prices for some of these more complex treatments. We encourage practices to start or continue making this information available where it is realistic and meaningful to pet owners.

¹⁷⁷ Further detail on this decision is set out in part B Section 8, Cremations: Discretionary add-ons.

¹⁷⁸ For example, CVS response to the PDR, Annex 1, p 3 and Wrights Veterinary Services response to PDR, p 1.

¹⁷⁹ Price list roundtable summary, p 3.

- 3.79 FOPs are required by regulation to provide OOH care and may choose to provide this directly or to outsource provision to a third party. FOPs and OOH providers also outsource cremation services. In either case, pet owners need to know the cost of those services, which they are likely often to obtain via their FOP, so that they can make informed choices.
- 3.80 Accordingly, where OOH services are provided directly by the FOP, these prices must be displayed on the FOP's own price list, alongside in-hours prices if they differ. Where a FOP directs customers to a third party for OOH services and cremations, it must include the prices for OOH consultations (only) and the relevant cremation services on its own price list. Its list must include links to the OOH and cremation providers' price lists. This will give pet owners access to the full price list on the provider's website without imposing an undue burden on the FOP.

Requirements relating to other services which are partly or wholly outsourced

- 3.81 There may be some services or treatments on the defined list – other than OOH services and cremations – that a FOP or other relevant service provider does not offer itself, but for which it may direct pet owners to a third party, for example, where a FOP does not have access to an in-house MRI scanner. In those cases, the FOP would not be required to include a price for that service on its published price list. Where a FOP does not provide a service on the list in house but as a matter of course directs pet owners to one or more third parties for such service, it must mention that on its website and other materials.
- 3.82 A FOP or referral centre may offer some services of which essential elements are provided by a third party. This could include where a CT scan or blood test is performed at a FOP but the images produced or blood samples taken are interpreted or analysed by an external expert. In those cases, the third-party fees must be included in the overall, published price. They are mandatory charges pet owners must pay to obtain the service via the FOP.

How information about price list items should be presented

- 3.83 All published pricing information must comply with the Digital Markets, Competition and Consumers Act 2024 (the DMCCA). The DMCCA came into force in April 2025, strengthening the rules on price transparency. Published prices must not be misleading and must include any fees, taxes, charges or other payments that the pet owner will necessarily incur if they buy a service or product.¹⁸⁰

¹⁸⁰ For further information, go to [CMA209: Price transparency guidance](#).

- 3.84 In PDR responses and stakeholder engagement, we heard a range of views about how price lists might help or hinder pet owner choices, depending on how prices were presented:
- (a) A minority of PDR respondents expressed concern that price lists could oversimplify pet owner choices and lead them to focus on price over quality.¹⁸¹ A few recommended the inclusion of additional information that could help mitigate this risk, and support pet owners' comparisons between FOPs, by incorporating some indications of quality;¹⁸² others suggested the level of information required to enable comparison would be too complex for pet owners to understand or use.¹⁸³
 - (b) A small number of respondents suggested that items included on price lists should be standardised to enable direct comparison between practices.¹⁸⁴
 - (c) A similarly small number of parties commented on the use of standardised weight categories to show prices for services for different pets.¹⁸⁵ They raised concerns about the administrative burden associated with practices adjusting the existing categories of services they offer in line with any such requirements, and about the burden associated with updating prices for a number of pet weight categories.¹⁸⁶ On the other hand, some suggested that our proposed definitions were not granular enough.
 - (d) We heard concerns that the use of free text to describe services could create an uneven playing field in which businesses with greater marketing resources could attract customers through persuasive wording rather than through presenting clear, comparable categories of price information.¹⁸⁷ Some responses to our PDR told us that the average pet owner did not have the technical knowledge to understand the relative value of staff qualifications and descriptions of equipment that might be used as quality indicators for certain treatments.¹⁸⁸ Additionally, factors like advanced equipment were considered by some vets to not necessarily be indicative of quality.¹⁸⁹
 - (e) We received submissions that the variability of individual cases, and the range of factors that can affect the cost of some treatments and services, mean that their prices cannot accurately be provided. For example, general anaesthesia might be priced based on the length of a procedure, the volume

¹⁸¹ For example, Pet People Vets response to the PDR, p 6, and Hook Norton Veterinary Group response to the PDR, p 2.

¹⁸² For example, Medivet response to the PDR, p 6, and The Pet Vet response to the PDR, p 4.

¹⁸³ For example, CVS response to the PDR, p 9 and Hilltop Vets response to the PDR, p 3.

¹⁸⁴ For example, Hook Norton Veterinary Group response to the PDR, p 3.

¹⁸⁵ For example, Anonymous Respondent 18 [X] response to the PDR, p 2 and BVA, BSAVA, BVNA, SPVS, VMG joint response to the PDR, p 10.

¹⁸⁶ Where some practices do not currently use weight categories for some services.

¹⁸⁷ Discussion with the CMA's Veterinary Advisory Panel, 17 December 2025, p 3.

¹⁸⁸ For example, CVS response to the PDR, Annex 1, p 2.

¹⁸⁹ Discussion with the CMA's Veterinary Advisory Panel, 17 December 2025, p 4.

and type of medications involved, and the number of staff required for delivery and monitoring.

- 3.85 With our Veterinary Advisory Panel and at the industry roundtable,¹⁹⁰ we have explored at length how best to balance the considerations that parties raised with us. In the following paragraphs, we set out our decisions relating to the standardisation of services on the price list, how prices for different types of pets and weight categories must be presented and the need for prices to reflect typical prices pet owners can expect to pay (and how). The requirements we have decided to impose will support pet owners to compare services and understand why and how prices may vary between practices.
- 3.86 We have decided not to wholly standardise any of the items on the price list. That is, not to require that practices must publish prices for a uniform version of a given treatment or service that is specified by us.
- 3.87 We have made that decision because practices take different approaches to providing some of the relevant services and treatments. Some of these differences reflect clinical judgements by veterinary professionals, and it is not for us to define the specific treatment approaches that practices must take. Prices for such standardised services would not provide useful information for pet owners if the service were not available in the specified form at a given practice.
- 3.88 We have decided that prices for the relevant treatments and services need to be provided in relation to six revised standardised pet characteristic and weight categories: cat, small dog (<10kg), medium dog (10-25kg), large dog (25-40kg), extra-large dog (40-60kg), and giant dog (>60kg). Where a practice's prices do not vary with pet characteristics (species or weight), the categories may be combined or consolidated. Our approach takes account of the way prices for some treatments and services vary according to a pet's species and weight, while placing a limit on the number of prices that must be provided and kept updated.¹⁹¹
- 3.89 For all the services and treatments on the list, the prices shown must represent the typical price a pet owner would pay at the relevant practice or provider.¹⁹² It must include any cost that is an unavoidable part of the treatment or service, and should not otherwise mislead consumers, as required by the DMCCA.¹⁹³ Services that

¹⁹⁰ Discussion with the CMA's Veterinary Advisory Panel, 17 December 2025; Price list roundtable summary.

¹⁹¹ Where a practice treats other species of household pets, they can, subject to complying with consumer protection legislation ([CMA209: Price transparency guidance](#)), publish these prices. But they will not be required by our Order to do so.

¹⁹² Where businesses provide alternatives to the treatments or procedures within a category in the defined price list, but these alternatives are not defined in the list, for example, different types of diagnostic laboratory tests to those listed, they can provide these prices in additional rows.

¹⁹³ The requirements of this remedy relate to when a price must be shown to pet owners. They do not change existing legal obligations about what a price must include. [CMA209: Price transparency guidance](#).

involve a particular duration (such as a consultation) must include this detail – described as a ‘standard duration’ – alongside the price.¹⁹⁴

- 3.90 The prices must be based on a standard case with minimal complexity or complications. The prices need to be realistic, informative and easily understood for the owner of a typical pet in the relevant category, reflecting what they can reasonably expect to pay for the treatment or service. They should reflect the full price a pet owner would pay (including VAT). Where prices change, price lists must be updated before new prices are charged to pet owners (in line with the requirements of the DMCCA).
- 3.91 We understand that, for some of the items on the price list, different practices will have different views on whether particular elements are required for a typical pet. That may have a significant impact on the cost of treatment. Specifically, for dental assessments, castration, spay (traditional/open) and spay (laparoscopic/keyhole), different practices may take different clinical approaches to whether general anaesthesia, local anaesthesia, sedation,¹⁹⁵ post-operative pain relief, hospitalisation and monitoring, pre-operative blood tests and post-operative check-ups, are typically required.¹⁹⁶
- 3.92 In the cases in the preceding paragraph, standard checkboxes must be used to indicate whether or not the relevant elements are included in the prices shown. Where a practice considers that one of these elements is necessary for a typical case for any of the listed treatments or services, it must indicate that this is included in the price. A practice must leave a checkbox unmarked where any of these elements are not included in the price (and only if that element is not typically provided as part of that specific treatment). Free text must not be used to describe items on the defined list of services, so that pet owners are shown price lists by all businesses that are comparable.¹⁹⁷
- 3.93 For example, if a practice typically provides general anaesthesia during an open spay, the published price must include this cost (and that of any other unavoidable element of the treatment, for example hospitalisation and monitoring as necessary following anaesthesia). If a different practice does not typically provide general

¹⁹⁴ During our industry roundtable, we heard that providing a fixed appointment duration could lead to unhelpful expectations from pet owners, Price list roundtable summary, p 3. As a result, we have decided that practices should refer to a ‘standard’ duration.

¹⁹⁵ As discussed above in Services removed since the PDR, we have decided to remove sedation and anaesthesia as standalone items from the list due to challenges with implementation and potential usefulness for pet owners. We consider a total price including the cost of these elements may be feasible given the specific and common treatment context. We note that some practices already provide fixed prices, inclusive of sedation and anaesthesia, for these services.

¹⁹⁶ These treatment elements were discussed in a Discussion with the Veterinary Advisory Panel.

¹⁹⁷ This is a change from our proposal in the PDR that practices may use free text to provide information about what is included on their price list. Practices must use areas of their website and/or premises other than the price list to communicate other details of service delivery they wish to share with consumers, such as the qualifications or experience of their staff members, or any specialist equipment they use.

anaesthesia during an open spay, then it may exclude it from the price and leave the box unmarked.¹⁹⁸

3.94 We recognise that, owing to a range of clinical factors, there may be cases that require atypical delivery of the service or treatment. These may include, for example, where a procedure leads to unforeseen complications, or where a specific pet requires additional intervention due to a comorbidity. These factors may affect the final price a pet owner is charged, but the published price list need not reflect them.

3.95 Instead, pet owners need to be informed clearly via the price list that the price for any of the listed treatments or surgeries may be adjusted upwards in more complex or complicated cases.¹⁹⁹ A standard caveat must be used, such as:

Prices shown relate to delivery of the treatment or service listed for a typical case. In some cases, complications or clinical factors may mean the pet needs additional or more costly intervention and this may affect the final price charged. Your vet will update you on your options and the costs as diagnosis and treatment progresses.

3.96 An example of the form a price list could take is provided below.²⁰⁰ We acknowledge that the decisions we have made about the form and contents of the list mean that it does not account for every possible element of treatments and services that could affect their price. That reflects their potential variation and complexity in particular cases.

3.97 The treatments and services whose inclusion we require, and the way in which we require their prices to be shown, reflect stakeholders' submissions to us and expert input from our Veterinary Advisory Panel. They are a set of relatively frequently encountered treatments and services whose typical elements are commonly understood across the veterinary profession, and where the variation between them in most cases is small. In other words, they are fairly standard, if not wholly standardised. They can, on that basis, be reasonably expected to provide an indicative price for all elements required for a typical pet. That will allow pet owners to compare prices effectively and make choices that drive competition between practices.²⁰¹

¹⁹⁸ Whether a particular element is included in the published price may feasibly differ between items on the price list. For example, a practice may include hospitalisation in delivery of a traditional spay but not in delivery of a dental assessment. The checkboxes facilitate indication of each element for each relevant service.

¹⁹⁹ In complex or complicated circumstances, as the treatment or diagnosis progresses and the vet better understands the pet's clinical requirements, the pet owner should be provided with an updated price as soon as reasonably possible, in line with the [RCVS Guidance](#) (including paragraphs 11.23-11.25 on Discussion of Fees).

²⁰⁰ This is set out in subsection: Indicative price list template for optional use by practices.

²⁰¹ And, where practices wish to highlight the specific approach they take to certain services, they are free to explain this elsewhere on their websites and in their practices.

Where the price list should be published

- 3.98 The price list needs to be made available to all existing and prospective customers:
- (a) on the practice²⁰² website (where they have one), a maximum of one click from the homepage without scrolling, and easily identifiable by using 'price', 'pricing' or 'fees' in page navigation information and page metadata, and displayed in a prominent, legible format;^{203 204}
 - (b) on in-practice materials, such as posters or leaflets, which should be prominently visible in the reception or waiting area, available to prospective customers visiting the practice without an appointment, and displayed in a prominent, legible format;²⁰⁵ and
 - (c) when booking an appointment, any digital communication confirming the booking should contain price information for the consultation fee and any pre-booked standard treatments, plus a direct link to the price list on the website.²⁰⁶
- 3.99 Veterinary businesses are free to use in-house styles to present the price list, so long as the defined items and categories of information are presented as required by the remedy. We have provided an indicative template below that practices may use for implementation (for example, by uploading an image or PDF file) if they do not have, or choose not to use, web design resources.²⁰⁷ We may update this template when we make the final Order to reflect any adjustments and ensure it is sufficiently clear to pet owners.
- 3.100 At the time of our analysis, a small proportion of practices (2%) did not have a website or equivalent social media page.²⁰⁸ We do not require them to create one. Instead, these businesses are required to publish a list of prices in their premises, such as on leaflets or posters, and for practice staff to have access to the price list in the event customers contact the practice to request price information for any of the treatments and services listed.²⁰⁹

²⁰² FOP, OOH centre, referral centre or crematorium, as the case may be.

²⁰³ During our review of online pricing information on vet practice websites, we found that 6% of all websites that displayed prices provided pricing information on a page that would not be obvious for a pet owner to locate, for example by using headings such as 'Frequently Asked Questions' or 'Visiting us'. Further details of our website pricing review is in part A, section 8: CMA research of online pricing information.

²⁰⁴ For practices within multi-faceted organisations that use the parent organisation website, price lists should be displayed within one click of the landing page for the FOP.

²⁰⁵ If practices make use of the weight categories described to differentiate pricing, they could consider producing separate lists for each band to make the information, including relevant supporting information, comprehensible.

²⁰⁶ Practices are free to include a caveat that additional fees will apply to any additional treatments recommended following consultation with the vet or vet nurse.

²⁰⁷ This is set out in subsection: Indicative price list template for optional use by practices.

²⁰⁸ Further details are in part A, section 8: CMA research of online pricing information, of our RWP.

²⁰⁹ Details of how businesses without a website or social media page will be expected to comply with requirements in the Find a Vet remedy are described below.

- 3.101 A very small number of responses to our PDR highlighted concerns with the production costs of non-digital price lists for in-premises display.²¹⁰ As described for remedy 2a (provision of basic information), businesses will be able to comply with this remedy by using digital displays, but paper copies of the price list for non-digital users must be made accessible, on request.

Remedy implementation considerations

Method of implementation

- 3.102 This remedy will be implemented via an Order on veterinary businesses operating one or more FOPs or referral centres, and crematoria.

Cost of implementation

- 3.103 We received similar responses to both the RWP and our PDR about the costs and burdens of publishing price information. Respondents said that implementing the price list remedy would require additional administrative work,²¹¹ including the need to align prices with defined pet weight categories. However, none provided specific estimates of the cost or labour involved.
- 3.104 A small number of PDR responses drew attention to the limited capability of PMS to support implementation of, and ongoing updates to, price lists.²¹² From consultation with our Veterinary Advisory Panel, we understand that there is a wide range of functionality in different PMS, so the capability of these systems to support practices to meet the requirements of this remedy will differ.²¹³
- 3.105 Our judgement is that, even without such functionality, the processes that will be required for practices to publish and maintain price lists will not be unduly burdensome:
- (a) The adjustments we have made to the treatments and services required to be listed (as outlined in Table 1.1) reduces the total number to 35 (from the 48 proposed in the PDR).
 - (b) Businesses will already hold the price information (in many cases in their PMS) and, to charge their prices, they need in any event to disclose them to pet owners in advance of billing.
 - (c) We heard in responses to the RWP and in our engagement with stakeholders, and have observed in our review of websites, that many

²¹⁰ For example, Anonymous Respondent 18 [§] response to the PDR, p 2.

²¹¹ For example, Hilltop Vets response to the PDR, p 4, and Linnaeus response to the PDR, p 14.

²¹² For example, Anonymous Respondent 13 [§], p 1, and Armour Veterinary Group, p 1.

²¹³ Discussion with the CMA's Veterinary Advisory Panel, 14 January 2025, p 2.

veterinary businesses already publish prices (and need to keep them updated). For those which need to expand their existing price list, the burden would not increase proportionally with the number of prices that must be included, and they will be able to update their price lists following their existing internal processes.

- (d) In any event, it is reasonable to require businesses to publish information about the prices pet owners can expect to pay for the most commonly used services and treatments, and it is important for pet owners to have access to prices when making decisions about the practices they use and the treatments and services they buy. That is little different from what we would expect in any well-functioning market and the costs involved are part of the ordinary course of business in such a market.

3.106 We expect businesses will incur costs relating to:

- (a) Capital expenditure: We anticipate low one-off capital costs to update websites. Many businesses already have websites for their FOPs, referral centres and crematoria that include price lists. For those that do not include price lists, the addition of a page to a website is likely to be a simple and quickly implemented change. Recurring capital costs would be negligible.
- (b) Materials costs: Given the limited work involved, we foresee low one-off materials costs to create or reprint a physical price list for premises.
- (c) Labour costs: We anticipate some one-off administrative labour costs to align pricing to services and pet characteristic categories as required by the remedy and to collate price information from practice management systems or from practice staff. We expect low one-off administrative labour costs to design and implement the price list on the practice website, on the basis it would be a relatively straightforward data inputting exercise (with the option to adopt the CMA-provided template to reduce design costs). We foresee low recurring administrative labour costs in the data inputting required to update price lists on an ongoing basis (before new prices are charged).²¹⁴

3.107 We expect that the costs of implementing the price list will be higher for businesses whose FOPs, referral centres or crematoria:

- (a) use local pricing, compared to groups of practices with uniform pricing;

²¹⁴ A small number of responses to our PDR suggested that ongoing updates to prices as they change could be implemented at fixed time periods, for example bi-annually. Such practice would contravene price transparency provisions of the Digital Markets, Competition and Consumers Act 2024, and as such it is important prices are kept up to date.

- (b) do not have dedicated resource for marketing and website maintenance or have not automated website updates from PMS, compared to those that do; or
- (c) have limited dedicated administrative support beyond clinical staff, compared to those that have more.

3.108 As far as independent crematoria are concerned, our desktop review of the websites of 30 independent crematoria businesses found 21 of these websites published price lists. The fact that a high proportion already publish their prices suggests that this would not be an onerous requirement for the remainder. We received no PDR responses from independent crematoria about implementing the price list.

Implementation timeframe

- 3.109 In response to our PDR, some LVGs said that they would require as long as independent practices (six months) to implement a price list (because services and prices differ at individual practices).²¹⁵ Given the administrative resources the LVGs would likely be able to devote to the task, we disagree. This final report sets out which treatments and services should be included on price lists, and how. Veterinary businesses can begin planning to implement the requirements of the remedy from this point on.
- 3.110 We have therefore decided to require compliance by large businesses (those with 15 FOPs or more) within three months of the Order being made, and within six months by small veterinary businesses.

Monitoring of compliance

- 3.111 In part B, section 2, we set out that the RCVS will undertake the monitoring function for a number of remedies, again including this one. In this case, the role will require the RCVS, or other monitoring body, to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

Remedy 2c Require FOPs to publish prices for commonly prescribed parasiticides

All veterinary businesses operating one or more FOPs will be required to publish the prices of their most commonly sold flea, tick, and worming medicine products on their

²¹⁵ Linnaeus response to the PDR, p 14; CVS response to the PDR, Annex 1, p 8; VetPartners response to the PDR, p 33.

websites, along with a prominent link to the VMD Register of Online Retailers. They must make the same information available in practices.

Description of the remedy

3.112 We have decided that all veterinary businesses²¹⁶ operating one or more FOPs²¹⁷ that sell parasiticides directly to pet owners must for each such FOP:

- (a) publish the current prices for their most commonly sold²¹⁸ pet parasiticide medicine products (ie flea, tick and worming treatment) on the FOP's website;²¹⁹ and
- (b) prominently publish a link to the [VMD Register of Online Retailers](#) that service household pets.²²⁰

3.113 They must make the same information available in an easily accessible and comprehensible physical format in the relevant practices.

The aim of the remedy

3.114 The remedy aims to increase the transparency of FOP parasiticide medicine prices, to help pet owners to compare between FOPs and assess the value of pet care plans, and to facilitate third-party benchmarking.

How the remedy addresses the AEC and resulting customer detriment

3.115 Many pet owners purchase parasiticides for their pets to treat fleas, ticks and worms. They account for [30-40%] of POM-V products for household pets purchased by FOPs and third-party retailers in 2024.²²¹ Our analysis has indicated that parasiticides may be [X] cheaper at online pharmacies than at FOPs.²²²

3.116 We have found that only some pet owners are able to take advantage of the potential savings available to them by purchasing parasiticides from third-party retailers. In part, that is because the specific recommended parasiticides for a

²¹⁶ That is, again, any entity whether they are a legal person like a company, in a joint venture or partnership, or an individual.

²¹⁷ Not including in this case parts of a business which offers retail out-of-hours services in an out-of-hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The remedy would not apply in those places in respect of those out-of-hours services.

²¹⁸ 'Most commonly sold' is defined as any pet parasiticide medicine products for which the FOP sold at least 100 units in the previous 12 months, or if the number of products meeting this threshold is less than 10, then the top 10 parasiticide medicine products by sales in the previous 12 months.

²¹⁹ FOPs without a website must have printed copies of the same information accessible in premises.

²²⁰ As required in our Medicines market opening remedies outlined in part B, section 5.

²²¹ Parasiticides represent [30-40%] of POM-V products for household pets purchased by FOPs and third-party retailers in 2024. Further information is in part A, section 11: Retail of veterinary medicines to pet owners.

²²² Our analysis, detailed in Appendix G of our PDR found that [X] and [X] sold their flea and worm parasiticide treatments online at an average discount of [X] and [X] per year respectively compared to the FOP price. Our analysis therefore used a [X]% discount on FOP prices to analyse potential savings on top-selling LVG pet care plans.

given pet varies by the clinical context and by the preferred products of the vet or FOP prescribing them. A pet owner is unlikely to know in advance of a consultation with their vet which parasiticides might be recommended and how their price may compare with prices online.

- 3.117 That inability is linked to a weak pet owner response driven by limited transparency around the relative cost of parasiticides across retailers. In part A, section 8, we set out the finding of our review of website pricing information: that most FOPs did not publish prices for parasiticides.²²³
- 3.118 Our review of LVG pet care plan marketing found that information about pet care plans was often presented in ways that made it difficult for pet owners to assess the value of the services and treatments included in those plans. While most such plans offer good value if all the services and treatments are used, savings are reduced and sometimes eliminated when the cost of purchasing parasiticides from online retailers is compared to the relative FOP prices of parasiticides included in plans.²²⁴
- 3.119 Requiring FOPs to publish the prices of commonly prescribed pet parasiticides will improve transparency, enable more effective pet owner engagement with the market and increase competitive pressure on FOPs:
- (a) pet owners who know which parasiticides their pet needs will be better able to compare prices across retailers;
 - (b) pet owners who do not know which parasiticide product(s) their pet needs, or whether they need them at all, will be better able to understand the range of prices charged by retailers for some of the commonly prescribed products;
 - (c) pet owners will be better able to assess the value of pet care plans that include parasiticides relative to standalone purchases, which will support more informed decision making at the point of purchase of the plan;
 - (d) intermediaries may provide guidance or benchmarking, to help pet owners, on both what constitutes a 'good' price for parasiticides, and on whether pet care plans provide value for money; and
 - (e) businesses operating FOPs will face stronger incentives to price parasiticides competitively.

3.120 The requirement to publish the price information will support:

²²³ 2% of FOPs that displayed prices on their website included prices for flea, worm or tick treatment. CMA analysis. Further detail is in Part A, section 8: Table 8.3: Type of treatment prices available on FOP websites.

²²⁴ Further detail is in part A, section 9: Choice of pet care plans, and Appendix G: Whether LVG pet care plans provide value for money.

- (a) the pet care plan and Find a Vet remedies which, respectively, require FOPs to publish information about their pet care plans, and to share price information with the RCVS to publish on Find a Vet; and
- (b) the prescription awareness remedy which requires FOPs to introduce information measures to increase pet owners' awareness of online pharmacies and of the amounts that can be saved by purchasing medicines from a third party rather than a FOP.²²⁵

3.121 The parasiticide price list remedy and the pet care plan remedy prompted some stakeholders to express concerns about current parasiticide prescribing behaviour in the market for household pets, particularly linked to their inclusion in pet care plans. Concerns relate to the environmental impact and disease resistance in animals of over-prescription of these medicine products.^{226 227} These impacts are outside the remit of our investigation, but we have raised this with the VMD as a point for it to consider.

Remedy design considerations

Which parasiticide medicine products must be included on the price list

- 3.122 A small number of respondents to our PDR raised concerns that the length of price lists made up of all preferred parasiticide products, as we proposed, could be unhelpful for pet owners and burdensome for practices to update.²²⁸ Some of them told us that long lists could confuse people rather than help, as many items would not be relevant or available for purchase without a consultation or prescription.²²⁹
- 3.123 A significant minority of respondents referred to the need for any remedy to be consistent with the prohibition on medicines advertising in the VMRs.²³⁰ Some suggested the remedy as proposed in the PDR would not be.
- 3.124 With those points in mind, we have discussed this remedy with the VMD and our expert Veterinary Advisory Panel. We have also taken into account our knowledge of the way veterinary businesses purchase medicines.²³¹
- 3.125 We are concerned to ensure that any price list:

²²⁵ The prescription awareness remedy is outlined in detail in part B, section 5.

²²⁶ For example, BVA, BSAVA, BVNA, SPVS, VMG joint response to the PDR, pp 10-11.

²²⁷ We discuss parasiticides within the context of Under Care guidance in part B, section 10: Considerations for regulatory reform: veterinary nurses and veterinary medicines.

²²⁸ For example, IVC response to the PDR, p 19; Anonymous Respondent 9 [redacted] response to the PDR, p 4.

²²⁹ For example, Royal Veterinary College response to PDR, p 2; Anonymous Respondent 28 [redacted] response to the PDR, p 1.

²³⁰ Regulation 11 of the VMRs.

²³¹ As set out in part A, section 11 of this report.

- (a) does not contravene the VMRs' prohibition on advertising specific veterinary medicines; and
- (b) contains sufficient parasiticides that most pet owners are likely to be able to compare the prices of those they need; but
- (c) is not so lengthy that it is confusing or unhelpful to pet owners or unduly burdensome for veterinary businesses to produce and keep updated.

3.126 We have decided to make some adjustments to the design of this remedy.²³² Businesses operating FOPs will need to publish, for each FOP, price lists²³³ containing their 'most commonly sold' pet parasiticide products. Those are products of which the FOP sold at least 100 units²³⁴ in the previous 12 months or, if the number of products meeting this threshold is less than 10, the top 10 parasiticide medicine products by sales in the previous 12 months. The listed prices must be for individual medicine products (with separate prices for products with different formulations, sizes and dosages).

3.127 Relevant businesses will need to review prescriptions generated over the last 12 months to identify the products to include on their price list. Volumes of parasiticide product prescriptions must be reviewed on an ongoing basis, at least every 12 months, and relevant updates to the products in the list should reflect any changes in commonly prescribed products.

3.128 Our assessment is that a price list meeting the criteria we have set is likely to:

- (a) cover a breadth of parasiticide medicines that will enable most pet owners to compare the prices of the medicines they need – this opinion is shared by our Veterinary Advisory Panel, who estimate based on their experiences in the practices where they work, or have worked,²³⁵ that the sales threshold we have set will mean that the price list will include the parasiticides prescribed for between 85% and 95% of dog and cat owners;²³⁶
- (b) exclude those medicines sold only to very small numbers of pet owners – on the basis that FOPs' parasiticide sales are likely to be concentrated in a limited number of products, owing to the high proportion of FOPs that are part of an LVG or buying group (often one with preferred products),²³⁷ and

²³² And to the pet care plan remedy, which is detailed in the next sub-section of this report).

²³³ Including VAT and any dispensing fees.

²³⁴ That is, the smallest stock-keeping unit for however the product is sold (eg by package or individual dose), and for which the associated price is relevant.

²³⁵ These experiences are from a range of LVG and independent practices across England and Wales.

²³⁶ Discussion with the CMA's Veterinary Advisory Panel.

²³⁷ Further discussion in section A, part 11, Veterinary Medicines: Some buying groups appear to support the purchase of comparable volumes of medicines to some LVGs.

the fact that many offer a single brand where clinically equivalent alternatives are available;²³⁸

- (c) limit the burden on veterinary businesses in keeping the price list updated, because it is likely (taking account of our Veterinary Advisory Panel's experiences and guidance) to require businesses to list around 10-35 stock-keeping units; and
- (d) comply with the VMRs – which view is shared by the VMD.²³⁹

How prices must be presented

- 3.129 The prices listed must be accurate and comprehensive. For each product they must include any charges, such as dispensing or administration fees, that are unavoidable when purchasing the product from the practice, and VAT.²⁴⁰ Practices can, but are not required to, provide a breakdown alongside the overall price. Where prices change, these must be reflected on the price list before new prices are charged.
- 3.130 The price list must include all information required for a pet owner to be able to identify each medicine on it, including the full, authorised product name, the brand name, whether it is an own-brand medicine, the active ingredient(s), the amount (volume or number of tablets), the strength and the dosage size. Information about instructions and other ingredients is not required. The list must also include a prominent link to the VMD Register of Online Retailers.²⁴¹
- 3.131 The business must include with the list a notice that pet owners should consult their vet about whether their pet needs parasiticide product(s), and if they do, that the vet will prescribe a specific medicine product based on their clinical judgement of what is best for the pet. This information should be prominently displayed alongside the price list, to make clear that it is a list of the prices charged where a medicine is prescribed, not a menu of options for the pet owner nor an exhaustive product range.
- 3.132 As to its location and availability, the price list must be clearly identifiable on the relevant FOP's website and easily accessible. For example, the data must be provided in a downloadable file, a static table on the website or a searchable database. It must be available in physical form in practices.

²³⁸ Further discussion in section A, part 11, Veterinary Medicines: The medicines retailed by FOPs depends on the recommended treatment of the vet as well as the stocking and procurement decisions of a FOP.

²³⁹ And which has told us that it will amend its published guidance on the VMRs accordingly. Veterinary businesses must continue to act in accordance with the VMRs and with the VMD guidance.

²⁴⁰ In line with the DMCCA. Further detail at [CMA209: Price transparency guidance](#).

²⁴¹ It must also comply with the requirements of the Own Brand medicines remedy. Details on this remedy are in part B, section 5: Medicines market opening remedies.

Remedy implementation considerations

Method of implementation

- 3.133 This remedy will be implemented via an Order on veterinary businesses operating one or more FOPs that sell parasiticides directly to pet owners.

Cost of implementation

- 3.134 In response to our PDR, around a third of those who commented on this remedy raised concerns about the administrative burden of updating the price list. Some of their concerns related to the capabilities of businesses' PMS.²⁴² A small number raised concerns about the frequency with which medicine product manufacturers change their prices and the lack of notice they give retailers.²⁴³ Their concerns appear to relate to the fact they are retailers whose prices are set by their PMS adding a fixed margin to whatever manufacturer list prices apply at the relevant time.
- 3.135 We anticipate that the costs of implementing and complying with the remedy will relate to:
- (a) Capital expenditure: Businesses that choose to continue to set retail prices using their PMS to add a fixed margin to manufacturer list prices will incur some one-off costs relating to the integration of their PMS with their practice website (to pull through relevant prices and keep their price list up to date). This cost will be negligible where the business chooses to use a manual process for setting prices. In these cases, low anticipated costs will be associated with the manual updating of prices on the FOP website.
 - (b) Materials costs: We anticipate that businesses will incur low recurring costs from the in-premises publication of information.
 - (c) Labour costs: We estimate there will be low recurring administrative labour costs relating to the collation of relevant parasiticide product information and prices,²⁴⁴ and low recurring administrative labour costs relating to the publication and updating of this information on the practice website or on physical sources. At most, these costs will relate to a limited amount of data entry, and the costs will be lower where automated IT systems are used.

²⁴² For example, Anonymous Respondent 14 [redacted] response to the PDR, p 3; Anonymous Respondent 12 [redacted] response to the PDR, p 2.

²⁴³ For example, Anonymous Respondent 9 [redacted] response to the PDR, p 4; Anonymous Respondent 18 [redacted] response to the PDR, p 3.

²⁴⁴ We understand that many FOPs already have the relevant information collated in a central database so that it should be relatively straightforward to publish.

- 3.136 The costs are likely to be higher for those businesses that choose to continue to use their PMS automatically to apply a markup to manufacturer list prices than for those that set and review prices at less frequent intervals. Businesses could engage with manufacturers to improve the latter's communication of price changes, in order that they can publish their price list, and keep it updated, in the most efficient way.

Implementation timeframe

- 3.137 We do not anticipate that this remedy will be unduly burdensome for most of the businesses to which it applies. It will relate to parasiticide products that those businesses frequently sell to pet owners, and for which they should be able to readily access the prices. Businesses will need to review sales at least every 12 months to identify the relevant parasiticide products for which prices must be published.
- 3.138 One LVG responded to the PDR consultation suggesting the implementation timelines should not differ between LVGs and independent businesses because the product list would relate to individual practices.²⁴⁵ Practices owned by LVGs can, however, benefit from centralised resources such as IT systems and website templates. This will facilitate their meeting of the requirement of this remedy.
- 3.139 We received a very small number of responses proposing that published price lists could be updated less frequently (for example annually or quarterly), and a note on the list could highlight when it was last updated, to reduce the burden on businesses.²⁴⁶ We do not consider that appropriate. Information about prices that will be charged must be accurate, in line with consumer law.²⁴⁷ Businesses will be free to update their prices as frequently or infrequently as suits their business priorities, but the published price list must correspond to the prices they charge.
- 3.140 Taking those points into account, we have decided that larger businesses (those with 15 or more FOPs) will have three months to comply with these requirements and smaller businesses, which may have fewer administrative resources to implement the package of remedies, will have six months.

Monitoring of compliance

- 3.141 In part B, section 2, we set out that the RCVS will undertake the monitoring function for a number of remedies, including this one. The role would require the RCVS, to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

²⁴⁵ Linnaeus response to the PDR, p 14.

²⁴⁶ For example, Anonymous Respondent 18 [X] response to the PDR, p 3.

²⁴⁷ [CMA209: Price transparency guidance](#).

Remedy 2d: Require FOPs to publish information about pet care plans

All veterinary businesses operating one or more FOPs offering pet care plans will be required to publish clear, comprehensive information about those plans both online and in-premises. This involves listing all included services, the relevant frequency of their provision and the standalone price of each, and details about parasiticides. They must explain how any claimed savings are calculated, enabling pet owners to assess whether a plan offers them value for money.

Description of the remedy

3.142 We have decided that any veterinary business²⁴⁸ operating one or more FOPs²⁴⁹ that offer a pet care plan will be required to publish clear and comprehensive information about those plans on the website for that FOP and in the practice. This includes presenting the standalone prices alongside the services comprised in the plan, providing information about the parasiticides included, and information that allows pet owners to evaluate claims about savings offered by the plan.

Aims of the remedy

3.143 The aim of this remedy is to provide pet owners with clearer, more comprehensive pricing information about pet care plans and the standalone prices of items contained in them (such as consultations and parasiticides). This will make it easier for pet owners to assess value for money of pet care plans and compare offerings across different FOPs. As a result, pet owners will be better equipped to choose a plan that best suits their needs or decide to buy services separately.

3.144 Many of the respondents to our PDR that commented on this remedy were generally supportive.²⁵⁰ A small number did not support it, noting that pet owners would be confused by full itemisation of the contents of the plans, or be discouraged from uptake of preventative healthcare, and that pet owner comparison between practices would not be possible because plans differ between businesses.²⁵¹

3.145 We do not share those latter views. While pet care plans can provide a range of benefits beyond potential financial savings, plans that claim to offer savings may not always deliver this financial benefit to all pet owners. Such savings are an important part of how some businesses market their plans, so transparency about what is included in them is essential. This will enable pet owners to understand to

²⁴⁸ Again, any entity whether they are a legal person like a company, in a joint venture or partnership, or an individual.

²⁴⁹ Not including in this case parts of a business which offers retail out-of-hours services in an out-of-hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The remedy would not apply in those places in respect of those out-of-hours services.

²⁵⁰ For example, RCVS Response to the PDR, p 7; XL Vet UK Ltd response to PDR p 9.

²⁵¹ For example, Pet People Vets response to PDR, p 12.

what degree the plans (both the services they include and the frequency with which those services are offered) align with their needs. With more transparent information, pet owners can assess the relative value of plans and compare them on more than their headline price or the potential savings they offer, supporting better informed decision-making and strengthening the competitive pressure on FOPs.²⁵²

How the remedy addresses the AEC and resulting customer detriment

- 3.146 Our analysis has found that pet care plan information is frequently presented in a way that obscures an assessment by pet owners of the true value of such plans and hinders effective comparison across FOPs.²⁵³ Marketing materials often emphasise potential annual savings without providing a breakdown of individual treatment or product costs or explaining how these savings have been calculated. Pet owners are unable to estimate the value to them of a plan based on their expected usage, making it difficult to compare offerings between providers.
- 3.147 The remedy will address these information deficiencies. It will enable pet owners to ascertain whether pet care plans are value for money by comparing the standalone cost of each item they include, and their estimated usage of those services, with the cost of the plans.²⁵⁴ It will help pet owners distinguish between costs relating to one-off treatments that they may have taken up in previous years and will not need again, such as neutering or micro-chipping, from potential annual costs, such as vaccinations. It will support meaningful comparison of plans across different providers. This will support more confident and informed decision making that in turn drives competition between providers on the range, quality and price of their offering.

Remedy design considerations

- 3.148 We have considered carefully how to design this remedy in order to achieve the aims described above and to address the AEC and its detrimental effects. One particular aspect that a small number of respondents to our PDR commented upon was the way we proposed that practices should be required to present information about any claimed savings offered by pet care plans.²⁵⁵ We said that, where plans offer unlimited consultations, any savings claimed should be based on the standalone price assuming pet owners paid for two consultations. A few of the

²⁵² A detailed assessment of pet care plans is in part A, section 9: Information about pet care plans is not always comparable and does not always enable consumers to assess value.

²⁵³ Further details are in part A, section 9: Choice of pet care plans.

²⁵⁴ Note that in part A, section 9: Choice of pet care plans, we did not find evidence indicating that providing personalised information on the actual usage or the savings that pet owners have achieved by subscribing to a pet care plan would have any material impact on pet owners' choice of FOP.

²⁵⁵ For example, Anonymous Respondent 18 [X] response to the PDR, p 3; IVC response to the PDR p 20.

respondents gave us data from their practices showing an average take up, under their pet care plans, of more than two consultations.²⁵⁶

- 3.149 We have decided that, for each pet care plan its FOPs offer, businesses will need to publish on the pet care plan webpage relating to each FOP, and in information available in FOP premises:
- (a) a list of all services included in the plan, including free text with further information of what each service entails where that is not clear from the description of the service alone;
 - (b) the number of times each service can be accessed, including making clear if an included service is typically used once in a pet's lifetime;
 - (c) the time frame during which each service is available (for example per month, or per year);
 - (d) the total price of the plan stated both as a monthly and annual rate;
 - (e) the standalone price for each service included; and
 - (f) information on cancellation terms.
- 3.150 In addition, where a FOP includes flea, tick and worming treatments (parasiticides) in a plan, the business will need to:
- (a) provide a link (online) and a signpost (offline) to the FOP's parasiticide product price list as published in accordance with remedy 2c (Parasiticide price list remedy);²⁵⁷
 - (b) identify which parasiticides are included in the pet care plan, or confirm that any parasiticides on the price list are included (subject to the vet's recommendation); and
 - (c) include a caveat that pet owners should speak to their vet to understand which parasiticides, dosages and frequency are likely to be appropriate for their pet.
- 3.151 Where the business indicates that a pet owner could save money on a pet care plan in comparison to purchasing services separately, it will need to:

²⁵⁶ For example, Anonymous Respondent 18 [X] response to PDR, p 3; Priory Veterinary Group response to the PDR p 1.

²⁵⁷ As defined in Parasiticide price list remedy.

- (a) indicate where savings relate to purchases that will only be required once during a pet's lifetime,²⁵⁸ and provide a comparison to later years;
- (b) indicate to users how the savings were calculated, including in relation to parasiticides, making clear if in-house parasiticide prices are used in savings calculations;²⁵⁹
- (c) provide an indicative standalone price for a year of parasiticides, making clear this is the business's in-house price and including dispensing fees if these represent an unavoidable charge which cannot be waived. The price should relate to a specific example that reflects typical pets covered by each plan, but without naming the specific product.²⁶⁰ This example should include commonly prescribed products for the relevant category of pet. The example should be realistic, attainable and broadly representative to ensure its relevance to a large proportion of pet owners;
- (d) not include potential savings from discounts²⁶¹ on optional products and services, such as pet food or neutering (although these could be highlighted separately); and
- (e) where services are offered on an 'unlimited' basis (for example, an unlimited number of consultations), calculate savings using a reasonable declared estimate of the mean usage, rounded to the nearest whole number, by the relevant client group of those services in the past 12 months. For consultations, if the practice cannot evidence mean usage, any claimed saving must be calculated using no more than two consultations a year.

3.152 All the information businesses are required to publish under this remedy must be easily accessible and clearly presented:

- (a) Online, where it must be directly accessible through a link included on the price list that businesses are required to publish under the price list remedy, described above. That link must take pet owners straight to the webpage where pet care plans are presented.
- (b) In practices – businesses have some choice about how they present the information, as long as it is easily accessible to pet owners. They can present it on a single poster or document that pet owners can see or access in the reception area or leaflets that pet owners could take away with them. They

²⁵⁸ For example, if savings estimates include take up of, for example, puppy core vaccination courses or services such as microchipping which are only used once in a lifetime.

²⁵⁹ For example, by making clear which prices are used in calculations; indicating the number of each treatment used in a savings calculation; and being clear that realised savings will differ based on individual take-up of inclusions.

²⁶⁰ The requirement to provide an indicative standalone price for a year of parasiticides, should not name a specific medicinal product, in order to comply with the VMRs. This represents a change from our provisional decision, following engagement with the VMD.

²⁶¹ Of less than 100%.

may also present it on a digital screen (provided paper copies are available on request).²⁶²

3.153 An illustration of the information a business could provide in respect of one of its FOP's pet care plans is in Figure 3.1 below.

Figure 3.1 Example of implementation of the pet care plan remedy requirements where practice makes savings claims and includes parasiticides in plan offered.

Service included	Standalone price
Annual health check and vaccinations	Initial £85 Booster £67
Microchipping	£50 (one-off)
Unlimited consultations	£60 per consultation
Year-round flea, tick and worming treatment	£90 (a common example, but may vary) See our price list here to find the treatments relevant to you
10% discount on neutering	£150 (one-off)
10% discount on food	-
Total price £20 per month £240 per year	
Save up to £105 On the basis of initial vaccinations, microchipping (one-off procedure), 2 consultations, our example for FTW treatment = £345 Save up to £37 On the basis of booster vaccinations, 2 consultations, our example FTW treatment = £277	

3.154 Pet care plan pricing and standalone service pricing information needs to be updated when any prices change. Businesses will also be required to send pet owners a reminder if annual pet care plans automatically renew.²⁶³

Remedy implementation considerations

Method of implementation

3.155 Implementation of this remedy will be via an Order on businesses operating one or more FOPs which offer pet care plans.

²⁶² Where relevant businesses currently use marketing materials relating to pet care plans that include price comparisons or savings estimates, they will need to update these to include the required information.

²⁶³ All businesses must comply with provisions for subscription contracts as set out in the Digital Markets Competition and Consumers Act 2024.

Cost of implementation

3.156 We received no responses to our PDR relating specifically to the costs associated with this remedy. We anticipate that the implementation costs will be low and proportionate to the level of transparency a business currently displays.

Specifically:

- (a) Capital expenditure: For businesses with existing websites, we estimate a low one-off cost to create a new webpage or section containing pet care plan information – to the extent one does not exist already. The recurring cost of maintaining this content is expected to be small. Any updates are likely to be infrequent data entry tasks and can be integrated into routine website maintenance.
- (b) Materials costs: We estimate a low one-off cost for printing new in-practice materials, such as posters or informational leaflets. We expect that, in many cases, businesses will already produce such materials and update them from time to time in any event.
- (c) Labour costs: We estimate low one-off and recurring administrative labour costs to compile, format, and publish pet care plan information. For online publication, we anticipate that the costs for most businesses will be absorbed into existing digital infrastructure and marketing workflows. We therefore expect only minor administrative effort will be needed to consolidate and publish information that is already available within those businesses.

Implementation timeframe

3.157 We do not anticipate that this remedy will be unduly burdensome for most FOPs that offer pet care plans. Many already maintain websites with service pricing and plan details. On that basis, we have decided that, once the Order has been made, larger businesses (those with 15 or more FOPs) will have three months to comply with these requirements and smaller businesses, which likely have fewer administrative resources for implementing our package of remedies, will have six months.

3.158 In this connection, two LVGs responded to the PDR suggesting the period for implementation should not differ between LVGs and independent businesses. They said that price lists relate to individual practices which use multiple PMS,²⁶⁴ and alignment between businesses would support price competition.²⁶⁵ Practices owned by LVGs can, however, benefit from centralised resources, such as IT

²⁶⁴ [X] response to the PDR.

²⁶⁵ CVS response to the PDR, p 9.

systems and website templates, that will help them implement this remedy quickly, for the benefit of pet owners.

Monitoring of compliance

- 3.159 In part B, section 2, we set out that the RCVS will undertake the monitoring function for a number of our remedies, including this one. The role will require the RCVS, to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.

Remedy 3: Find a Vet remedy. Require FOPs and referral centres to submit information to the RCVS for the RCVS to publish on an enhanced Find a Vet platform and share with approved third parties

All veterinary businesses operating one or more FOPs or referral centres will be required to submit key practice information to the RCVS. This includes information such as ownership, services offered, type of pets treated, pricing and pet care plan details. The RCVS will collate this information by developing a webform, publish the information on its Find a Vet platform and share it with approved third parties.

The RCVS will be required to:

- set up and maintain a web form which businesses will be required to complete with the key practice information;
- provide user support and develop guidance for completing the web form;
- make the information from the form available to the public on Find a Vet; and
- share the information with approved third parties so that they can create comparison tools and guidance.

We recommend that the RCVS works with industry to support the development, and increase the awareness and use, of Find a Vet.

We recommend that government establishes a smart data scheme to place Find a Vet and price comparison tools on a statutory footing.

Description of the remedy

- 3.160 We have decided that veterinary businesses operating one or more FOPs or referral centres must provide practice information to the RCVS (as well as providing it to pet owners as required by each of remedies 1 – 2d above) and the RCVS must make this information publicly available on its Find a Vet platform.

This includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out-of-hours centre, premises or location.²⁶⁶

3.161 To implement the enhanced Find a Vet platform we have decided on the following set of requirements:

- (a) **Data collection:** businesses operating FOPs or referral centres will be required to share the information referred to in the preceding paragraph by filing a RCVS web form, or through alternative methods subject to RCVS implementation and approval.
- (b) **Data processing and publication:** The RCVS will be required to process the relevant information, make it available publicly on Find a Vet and ensure users can navigate the information effectively, for example, by being able to filter, sort and compare FOPs and referral centres.
- (c) **Data sharing:** The RCVS will be required to make the processed data accessible to approved third-parties,

The aim of the remedy

3.162 The remedy aims to enable pet owners to easily and more directly compare the services of FOPs and referral centres. It will support informed decision making by providing centralised, consistent, and trusted information, with further benefits likely to emerge over time through third-party innovation. In doing so, it will enhance the effectiveness of the other remedies described in this section of our report.

3.163 Our findings indicate that competition between FOPs on price and quality is limited, due to weak pet owner engagement. By consolidating and facilitating access to practice information, the remedy seeks to improve pet owners' ability to distinguish and choose between providers and stimulate competition on price and quality. By ensuring there is a central and standardised platform to access information, and that third parties can access the data to create innovative pet owner-facing platforms, the remedy seeks to ensure pet owners are able to fully engage with the published information.

How the remedy addresses the AEC and resulting customer detriment

3.164 As discussed in part A, section 8: Competition between FOPs, pet owners face barriers to comparing the price and quality of FOPs. There are shortcomings in the information available to them. Where it is provided, it is presented inconsistently. Many pet owners do not compare practices or seek out relevant price information

²⁶⁶ This includes where it does so having entered a contract under which a FOP business outsources its OOH provision.

when choosing a FOP. Only 22% of those who registered with a FOP in the past ten years both considered multiple practices and accessed pricing information. Among all respondents, 51% considered only one practice and just 15% considered three or more.²⁶⁷

- 3.165 While 24% of those who considered only one practice felt they had no choice, the majority (66%) of pet owners reported having a choice but not comparing FOPs. Reasons included assumptions that practices were broadly similar (18%) or had similar pricing (14%), or simply not thinking to compare (15%).²⁶⁸
- 3.166 An enhanced Find a Vet service will be a visible and reliable platform that improves the accessibility, consistency, and comparability of key pricing and other information across veterinary practices. By requiring practices to submit standardised data in a clear format, the remedy addresses gaps in the availability of information for pet owners. It addresses the variation and ambiguity in the information that is currently available,²⁶⁹ enables pet owners to easily make more direct comparisons between a number of practices,²⁷⁰ and exposes the differences in prices across practices. It increases transparency around the range of services offered by veterinary businesses and includes some signals of their quality, such as PSS accreditations, helping pet owners make more meaningful direct comparisons between them.
- 3.167 The improvement in the clarity and comparability of pricing and other information across practices will increase the competitive pressure on veterinary businesses. When pet owners can easily compare practices and the prices of common veterinary services, those businesses face stronger incentives to price their services competitively or to improve service quality. Over time, that competitive intensity should increase as other parties seek to use the information to develop third-party comparison tools and services alongside the Find a Vet platform.
- 3.168 It is our judgement that Find a Vet will provide advantages over general search engines and AI options since it is a trusted and centralised platform. We also consider that there are important benefits for pet owners in having access to the services of a group of reputable third-party providers approved by the RCVS.²⁷¹ We cover this in more detail later in this section's Proportionality subsection.
- 3.169 This remedy will support referring vets in making better decisions about which referral centres to use. When clear, comparable data on services, prices and clinical capabilities are more readily available and easily comparable, vets can

²⁶⁷ Pet owners survey, Q12b, Q13 and Q15 part A, section 8: Competition between FOPs.

²⁶⁸ Pet owners survey, Q12B, Q12C and Q12E part A, section 8: Competition between FOPs.

²⁶⁹ That makes it difficult for pet owners to understand and compare prices.

²⁷⁰ Where it will help them to be able directly, on one platform, to compare a number of practices in their area.

²⁷¹ Our view is in line with the position taken by the CMA in the discussion paper Smart data and price transparency schemes (CMA, August 2025), paragraph 22 (a).

more confidently identify the referral centre that best meets pets' clinical needs, enabling them to provide better quality advice.

- 3.170 Some respondents to our RWP and PDR agreed that an enhanced Find a Vet platform will help pet owners make informed choices and improve competition. A minority of responses were fully supportive of the remedy, and another minority offered conditional support.²⁷² ²⁷³ Some respondents acknowledged that the RCVS was a trusted body within the industry, and that its position would be critical in ensuring that the information available to pet owners is not distorted by commercial incentives.²⁷⁴ Which? responded to the PDR encouraging the RCVS to move at pace in making the data available to approved third parties, noting the considerable benefits competing price comparison services could generate.²⁷⁵
- 3.171 Some pet owners in our qualitative research on remedies recognised the benefits of a veterinary services comparison site. They referred to its value in helping them choose a new practice, for checking prices, and for budgeting for their pet's care.²⁷⁶

Remedy design considerations

- 3.172 Below we set out the data collection, processing, publication and sharing activities that will be required of the RCVS, and of the businesses operating FOPs and referral centres. We consider how the remedy could most effectively be implemented.

Prices and quality

- 3.173 Some respondents to our RWP and our PDR submitted that our proposals for the Find a Vet platform lacked measures that signal the quality of services veterinary businesses offer and unduly focussed on, or biased pet owners' choices towards, price.²⁷⁷ Some raised concerns about the presentation of decontextualised price information. Others told us that there would be no need to include price lists on the platform – a link to the individual business's website and price list would suffice.²⁷⁸

²⁷² Subject to suggesting amendments to specific aspects of the remedy design (such as automating data collection, as discussed further below).

²⁷³ Summary of responses to PDR.

²⁷⁴ Responses to PDR, for example: IVC response to the PDR, p 34, Linnaeus response to the PDR, p 15, CVS response to the PDR, p 9, VetPartners response to the PDR, p 36. CMA summary of RWP responses, for example Linnaeus response to RWP, p 18.

²⁷⁵ Which? response to the PDR, p 3.

²⁷⁶ Qualitative research with consumers, Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

²⁷⁷ Responses to PDR, for example: Anonymous Respondent 5 [§], Anonymous Respondent 9 [§]; FIVP response to the PDR, p 4; CVS response to the PDR, pp 9-10; Linnaeus response to the PDR, pp 15-16.

²⁷⁸ Responses to PDR, for example: CVS response to the PDR, p 10; IVC response to the PDR, paragraph 3.2, p 16.

Some pet owners in our qualitative research on remedies questioned whether the site could adequately reflect service quality.²⁷⁹

- 3.174 In a well-functioning market, the price and the relative quality of service are key dimensions of the choices pet owners make and of the competition that should occur between veterinary businesses. Our design of the remedy for the Find a Vet platform seeks, where we can, to provide for both.
- 3.175 The basic level of professional competence required of individual vets is high. We have heard very few material concerns about the clinical quality of services provided by individual vets. The remedies we are putting in place and recommending will ensure that veterinary businesses are appropriately regulated.²⁸⁰ Any increase in the intensity of price competition will not change this. We nevertheless recognise the value of indicators of relative quality above the high baseline and we have considered at length how the quality of veterinary services can be gauged and signalled to pet owners, and noted the difficulty with both.²⁸¹ Those difficulties do not remove the need for pet owners to have clear, consistent and reliable price information of the kind we require veterinary businesses to publish and provide to the RCVS for inclusion on Find a Vet. Such information is important for pet owners and for effective competition in any event. Its collection and consolidation on the platform will enable pet owners to more easily and directly make important comparisons between practices and expose the differences in their prices than if they had to visit a number of individual websites.
- 3.176 Where we have identified information that can signal to pet owners the range of services businesses offer and some indication of their quality,²⁸² we are requiring businesses to publicise those. They include information about staff qualifications and professional accreditations and about PSS awards and accreditations.
- 3.177 As set out in part B, section 10, we recommend that, in addition to mandatory minimum requirements for veterinary businesses, a reformed regulatory framework should include a voluntary accreditation scheme under which veterinary businesses may seek additional quality accreditations and awards for aspects of their service which exceed the baseline standard. In the immediate term, and ahead of wider regulatory reform, we recommend in part B, section 10 that the RCVS works with relevant stakeholders to improve the current PSS as a quality signal.

²⁷⁹ Qualitative research with consumers, Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

²⁸⁰ For example, part B, section 10: Recommendations for future regulatory reform.

²⁸¹ For example, section below on why we are not proceeding with a national survey of pet owners.

²⁸² Albeit an imperfect one like the PSS.

Data collection

Information requirements and frequency of submission

- 3.178 The practice information to be shared by the businesses (for each FOP and referral centre they operate) and published by the RCVS (for each such FOP and referral centre) will include much of the information each business is required to provide to pet owners in accordance with remedies 1 and 2a-d: ²⁸³
- (a) Information about membership of any ownership group or common network and the main entity of any group or network to which it belongs. ^{284 285}
 - (b) Basic information: ²⁸⁶
 - (i) the practice name;
 - (ii) its address;
 - (iii) its opening hours;
 - (iv) its contact details;
 - (v) the types of pets treated (eg cats, dogs, exotics);
 - (vi) the qualifications and RCVS professional accreditations held by practice staff;
 - (vii) any current PSS awards and accreditations held by the practice;
 - (viii) URL links to the price lists required as part of the price list remedy and the parasiticide price list remedy; and
 - (ix) where OOH provision is outsourced, the identity of the OOH provider, its contact details, premises and web addresses, and information about the availability of its services.

²⁸³ The requirements of the Find a Vet remedy apply to businesses in the same way as the requirements of each of the ownership remedy and the basic information remedy, price list remedy, parasiticide price list remedy, and pet care plan remedy. For example, a business to which the ownership remedy applies is required to comply with the Find a Vet remedy insofar as the Find a Vet remedy requires the provision to the RCVS of information about ownership groups and common networks. The small proportion of practices without a website, as with all practices, is equally required to share their information to the RCVS.

²⁸⁴ 'Ownership group,' 'common network' and 'main entity' have the same meaning in the Find a Vet remedy as in the ownership remedy.

²⁸⁵ Which will be denoted by the business selecting the name of the main entity from a list of options or, if their group is not listed, by entering the name of the main entity in the 'other' field as free-text, in a submission to the RCVS.

²⁸⁶ We note that the current RCVS Supporting Guidance covers FOPs providing some of this basic information – discussion in part B, section 10. However, that is not part of a coherent set of information requirements with which veterinary businesses must comply.

- (c) Each practice's published price list, as required by the price list remedy (and set out above in Table 1.1.
- (d) Each FOP's parasiticide price list, in the form required by the parasiticide price list remedy.
- (e) For each FOP's pet care plan offered:
 - (i) the services included, and alongside each item:
 - (1) free text with further information of what each service entails where that is not clear from the description of the service alone;
 - (2) the number of times each service can be accessed, and specifying where a service is typically used once in a pet's lifetime;²⁸⁷
 - (3) the time frame during which each service is available (for example, per month or per year);²⁸⁸ and
 - (4) the standalone price for each service;
 - (ii) where parasiticides are included, which ones are included;
 - (iii) the total price of the plan, stated both as a monthly and annual rate; and
 - (iv) the cancellation terms.

3.179 Relevant businesses will be required already to have created the information and published it on their own websites, pursuant to other elements of our remedies package.²⁸⁹ The public URLs for these pages will be included in the data submitted to the RCVS.

3.180 The businesses will need to ensure that all the information they submit to the RCVS remains accurate and up to date.²⁹⁰

- (a) The prices they publish must reflect what they charge pet owners. That is equally true of the prices they make available for publication on Find a Vet. If

²⁸⁷ Via a selection box in the submission form the RCVS will make available.

²⁸⁸ Which again the business would denote via a selection box in the submission form the RCVS will make available.

²⁸⁹ While all practices will be required to produce the information, the small proportion of practices (2%) that do not currently have a website or equivalent social media page will not be required to publish this information on a website. However, this group, like all practices, will still need to meet the Find a Vet remedy requirement of sharing this information with the RCVS.

²⁹⁰ Some of the participants in our qualitative research with consumers raised concerns about the accuracy of the information that will be hosted on Find a Vet. Qualitative research with consumers, Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

they intend to change their prices, businesses must first provide details of their updated prices to the RCVS for inclusion on Find a Vet.²⁹¹

- (b) For any other (non-price) information, businesses will be required to inform the RCVS as soon as reasonably possible following any changes they make.
- (c) They will be required to review and confirm to the RCVS, through a formal attestation every twelve months, that all the information they have submitted is correct, even if no changes have occurred.

3.181 Some respondents to our PDR suggested that the need to update the RCVS when prices change would impose an undue burden on veterinary businesses.²⁹² However, they already have an obligation to ensure their pricing information is accurate, in order to comply with consumer law.²⁹³ The frequency with which businesses change their prices is a matter for them, but it may well be that they only need to update their pricing information a small number of times a year in any event, with minimal impact on their day-to-day operations.

Data transfer mechanism

Secure online web form

- 3.182 Some respondents to our PDR made submissions about the costs of implementing this remedy and suggested that any data collection should be automated.²⁹⁴ We have decided that the relevant businesses will be required to submit the required information to the RCVS using a secure online web form, or through alternative methods approved by the RCVS.
- 3.183 The RCVS has told us that it currently operates a secure online portal which enables FOPs and referral centres to submit information for inclusion on Find a Vet. It told us that this existing data collection method could be used for a wider range of data fields, and that this would integrate directly with its Customer Relationship Management system or CRM.²⁹⁵ ²⁹⁶ This approach means the RCVS can control the exact format of data submitted through the form, ensuring compatibility and data completeness. We have decided that the RCVS will be required to set up a new secure web form, including a data input template, to capture the data fields which businesses operating FOPs and referral centres must complete.

²⁹¹ The DMCCA 2024 has strengthened the rules on price transparency. In particular, prices must not be misleading and should include any fees, taxes, charges or other payments that the pet owner will necessarily incur if the pet owner purchases the product. Further information at [CMA209: Price transparency guidance](#).

²⁹² Responses to PDR, for example: Anonymous Respondent 6 [redacted]; Medivet response to the PDR, paragraph 70, p 32.

²⁹³ In particular, the price transparency requirements of the DMCCA.

²⁹⁴ Responses to PDR, for example: Armour Veterinary Group Ltd [redacted], Anonymous Respondent 14 [redacted].

²⁹⁵ RCVS meeting.

²⁹⁶ CRM is software that helps organisations manage their relationships and interactions with clients and stakeholders.

- 3.184 This method of data collection offers opportunities for efficiencies. Most businesses operating FOPs and referral centres already submit data to the RCVS. They can use the web form to capture the information they will have compiled in order to comply with remedies 1 and 2a-2d. The RCVS could find opportunities to limit duplication. For example, where information or prices have not changed since their last submission, businesses could confirm so by declaration. Where a business charges the same price for all pet categories, it could confirm so and need only submit the price once. The businesses themselves would have an incentive to streamline and automate their data collation and entry processes.
- 3.185 The RCVS will need to monitor submissions, provide user support, including guidance for completing the web form, and update the web form as required to support complex data inputs.

Possible future methods of data transfer

- 3.186 The use of the web form will be mandatory as a minimum requirement for all FOPs and referral centres. However, as third-party innovation develops, the RCVS may consider other data transfer methods provided that they are suitable, feasible, and capable of maintaining data integrity. Alternatives include:
- (a) *Web scraping.*²⁹⁷ Veterinary businesses could allow the RCVS to use a web crawler to extract data published by them pursuant to remedies 1 and 2a-d at regular intervals and upload it to the Find a Vet platform. This approach would depend on consistent formatting across websites and unrestricted crawler access, which some hosting services may block.
 - (b) *API integration.*²⁹⁸ Veterinary businesses may integrate with a documented API to push updates to the RCVS programmatically. This would require some technical capability and development resource for both the businesses and the RCVS.
 - (c) *CSV/Excel Uploads.*²⁹⁹ *CSV/Excel Uploads.* Veterinary businesses could download a spreadsheet template, fill it in offline, and upload it to the RCVS via a secure portal.
- 3.187 Alternative data collection methods could offer several advantages. Web scraping would allow for passive data collection, reducing effort for veterinary businesses as they need only to maintain their own websites. API integration would provide real-time updates in a standardised format, lowering the administrative burden for both the RCVS and veterinary businesses. CSV or Excel uploads would offer a

²⁹⁷ Web scraping refers to the automatic extraction of data from websites.

²⁹⁸ Application Programming Interface (API) integration refers to an interface that two computer systems use to exchange information securely over the internet.

²⁹⁹ The comma-separated values (CSV) file format is widely used for sharing and receiving data.

simple, low-cost option that would not require technical expertise, making them accessible to all providers.

- 3.188 These three data collection options may not be currently technically feasible for all relevant businesses and would carry more risk in terms of data integrity issues. That risk could arise if data is not structured consistently, is incomplete or has not been submitted in accordance with any agreed data update schedules. It could result in the Find a Vet platform providing pet owners with inaccurate information. These alternatives could place additional administrative and technical burdens on the RCVS, which would face additional development and operational costs. For those reasons, we are not requiring their use.
- 3.189 Third-party organisations such as PMS providers and independent contractors could offer services to support businesses operating FOPs and referral centres in submitting the required information to the RCVS. We want to encourage innovation, so we recommend that the RCVS explores, and where appropriate approves, alternative data capture methods proposed by relevant parties.
- 3.190 Automated transfer of data from PMS to the RCVS would reduce the need for veterinary businesses to submit manual updates. It would enable FOPs to generate instant updates to the RCVS when they make changes to their own PMS. Receiving the data directly from PMS would reduce the burden on the RCVS to perform data quality checks (as these would be handled by the PMS at point of transmission).
- 3.191 Integration with PMS is unlikely to be feasible for all businesses, however, at least in the short term. One respondent to our PDR told us that PMS are not flexible enough to support easy provision or updating of relevant information.³⁰⁰ Medivet submitted that PMS are not homogeneous and outputs from them are not easily comparable.³⁰¹
- 3.192 Existing third-party comparison services which have the technical capacity for integrating with PMS, do not currently have universal coverage of the veterinary market. VetHelpDirect, for example, [redacted].³⁰²
- 3.193 For these reasons, we are not requiring the use of automated data transfers (and have instead decided that the use of a web form for data collection is necessary to ensure complete coverage of FOPs). Instead, we recommend that the RCVS engage with providers of PMS so that the latter can standardise data types and formats and develop a mechanism for PMS to submit data directly to the RCVS on

³⁰⁰ Response to PDR, for example: Anonymous Respondent 31 [redacted], Armour Veterinary Group Ltd, Anonymous Respondent 14 [redacted].

³⁰¹ Medivet response to the PDR, paragraph 71.

³⁰² [redacted].

behalf of businesses which use them. The RCVS has indicated to us that it would be willing to explore alternative data transfer methods in future.³⁰³

- 3.194 Over time, the introduction of multiple data-submission pathways – including automated options once they become technically feasible – would help address stakeholder concerns by making the data collection process more streamlined and automated, reducing administrative burdens and improving efficiency.
- 3.195 Veterinary businesses and PMS providers should consider, including their interactions with the RCVS in relation to Find a Vet, how pet owners could be better supported to assess the value-for-money they receive from pet care plans, for example by providing them with annual statements of their actual usage alongside a comparison of standalone costs.

Data processing and publication

- 3.196 The RCVS will be required to process the information it collects from veterinary businesses. It will be required to make the information available publicly on the Find a Vet platform and enable pet owners to navigate that information (for example, by being able to filter, sort and compare FOPs and referral centres). The RCVS will be required to ensure that the information on Find a Vet reflects the prices and non-price information it receives from the veterinary businesses.
- 3.197 In its current form, the Find a Vet platform already allows users to search for those practices that are listed. It provides basic information about them, including their contact details, location, opening hours, the types of pets they treat, whether the practice is accredited under the PSS or participates in development programmes, and the qualifications and RCVS professional accreditations of the vets who work there.
- 3.198 The RCVS is in the process of delivering several upgrades to the Find a Vet platform, including improvements to the presentation of the information it holds about practices. We have decided to require the RCVS to increase the range of information shown to pet owners³⁰⁴ and to give them additional means of comparing practices.
- 3.199 The Find a Vet platform will need to offer the following front-end functionalities to users:
- (a) directly displaying, in an accessible format, all the information described in the subsection above³⁰⁵ in relation to each FOP and referral centre, including

³⁰³ RCVS response to CMA questions on costs and feasibility of transparency remedies.

³⁰⁴ Including ownership and price information.

³⁰⁵ On Information requirements and frequency of submission.

public URLs to the pages on which businesses operating those FOPs and referral centres have published the same information; and

- (b) the ability to filter and sort search results by key data fields, including location, pet characteristics, practice characteristics, service provision and price.

- 3.200 The platform must be designed in a user-friendly way and so that it avoids information overload.³⁰⁶ To achieve this, we recommend that the RCVS carries out appropriate user testing as part of its implementation process, within nine months of the Order.
- 3.201 Over time, the platform could include additional functionalities such as side-by-side FOP comparison and distance or travel time radius filters. These would likely be relatively low-cost additions, as they would reflect common website features and involve manipulation of existing data. They would, however, take more time to implement, so we encourage, but do not require, the RCVS to adopt them within 12 months of the Order. The platform will need to evolve as the industry develops and as further evidence emerges about consumers' needs.

Uptake and further pet owner research

- 3.202 The value of the Find a Vet platform to pet owners, and its contribution to driving effective competition, will be greater where it is well-known and well-used by them. We recommend that the RCVS conducts activities that increase such awareness and use. For example, it should engage in marketing with relevant stakeholders, such as consumer agencies, broadcast media, and veterinary practices. It should also ensure that any online content is optimised for discovery by web crawlers.³⁰⁷

Data sharing with approved third parties

- 3.203 We have decided that the RCVS will be required to make the processed data accessible to third-party organisations, subject to appropriate safeguards.
- 3.204 Making the relevant data accessible to third parties will be a key component of this remedy. It will help to amplify the transparency, and the competitive effects, we aim to achieve.
- 3.205 Third-party entities are already offering their own comparison services, such as VetHelpDirect, which offer alternative functionalities, information, and search tools at no cost to pet owners, though currently with limited coverage. The implementation of this remedy will create further opportunities for existing services

³⁰⁶ For example, presenting commonly used services more prominently than those less commonly used; and allowing users to click hyperlinks or dropdown menus to find further information about specific services.

³⁰⁷ A web crawler is a software tool that automatically browses and collects data from websites.

and new entrants, and stimulate further innovation. Other third parties, such as existing comparison or review platforms, could develop their own offerings that help pet owners make informed choices and drive competition, if they are given access to high quality and standardised data.

- 3.206 Market-led solutions can contribute to the development of competition in several other ways, too. They can, for example, improve pet owner engagement with veterinary services or develop technical solutions that reduce the administrative burden on veterinary businesses in complying with our package of remedies.
- 3.207 Important safeguards will need to apply to the development of third-party services that make use of the Find a Vet data. Many respondents to our PDR raised concerns about third parties seeking to commercialise the data (for example, by developing applications including paid for or promoted ranking of veterinary businesses)³⁰⁸ and failing, in any applications they develop, to provide adequate context for pricing information or accurate information about quality.³⁰⁹ Some stakeholders told us that the development of third party applications would unduly benefit the LVGs.³¹⁰
- 3.208 Some respondents thought that the risks identified can be mitigated, and the benefits of sharing the data with third parties realised, by the development of appropriate requirements for the sharing of that data.³¹¹ That is our view too.³¹²
- 3.209 To this end, we have decided that the RCVS will be required³¹³ to, and the RCVS has agreed that it will, develop:
- (a) Within nine months of the Order, criteria, that will be subject to CMA approval, for making the data accessible to third parties who can meet standards of security, reliability, transparency and fair competition. These will need to provide for an approval process administered and determined by the RCVS,³¹⁴ and include requirements that preclude approved third parties using the data in applications that show paid for or promoted rankings.
 - (b) Within 12 months of the Order, a technical solution developed by the RCVS, or by a third party commissioned by the RCVS, and overseen by the CMA, to

³⁰⁸ There was broad support for prohibiting commercialised use of the data. Responses to PDR, for example: BVA, BSAVA, BVNA, SPVS, VMG joint response to the PDR, p 13, CVS response to the PDR, p 20, Linnaeus response to the PDR, p 15.

³⁰⁹ Responses to PDR, for example: Medivet response to the PDR, paragraph 66, Linnaeus response to the PDR, pp 15-16.

³¹⁰ Response to PDR, for example: Anonymous Respondent 9 [REDACTED], PVA, pp 7-8.

³¹¹ Response to PDR, for example: Anonymous Respondent 9 [REDACTED], BVA, BSAVA, BVNA, SPVS, VMG joint response to the PDR, p 13.

³¹² We note Linnaeus's response to the PDR which suggested that a total ban on commercial use of the data could reduce incentives for third parties to develop useful tools. Linnaeus response to the PDR, p 15.

³¹³ Either by Order or by giving us an undertaking.

³¹⁴ With the possibility of appeals of the RCVS's decisions to the CMA.

enable data sharing with external parties. That solution will include one or more of the following:

- (i) providing a secure API that allows approved third parties to request the Find a Vet data directly;
- (ii) generating regular data extracts (eg CSV or JSON files)³¹⁵ and sharing them via secure channels like SFTP³¹⁶ or cloud storage;
- (iii) sharing live datasets with third parties through governed access controls on data platforms;
- (iv) provision of data through any existing channels or infrastructure that the RCVS already manages and maintains.

3.210 Our judgement is that such criteria and such a technical solution, both of which will be specified in the Order or an undertaking from the RCVS, will facilitate the development of secure third-party applications that enable pet owners to make informed choices and increase the competitive pressure on veterinary businesses. Those third parties will be able to access a single, standardised source of data. They will be able to supplement the information with their own methods of data collection (for example, to offer more detailed or tailored information). This could lead to the development of a broader ecosystem of comparison tools and services that would be consistent with the operation of a well-functioning market.

Remedy implementation considerations

Method of implementation

3.211 This remedy will be implemented via an Order on veterinary businesses operating one or more FOPs or referral centres and an Undertaking from the RCVS.³¹⁷

3.212 While we consider that an Order is necessary now, as an important element of the remedy package, we recommend to government that, in due course, it places this remedy on a statutory footing as a smart data scheme under the Data (Use and Access) Act 2025 (the DUAA). This remedy shares many features of the schemes envisaged by the DUAA. The CMA recently published a discussion paper about where it might be appropriate to implement price transparency schemes under that legislation.³¹⁸ Such a step would help ensure that future adjustments to the

³¹⁵ JSON is an open standard file format and data interchange format that uses human-readable text to store and transmit data.

³¹⁶ SFTP (Secure File Transfer Protocol) is a secure, encrypted protocol for transferring and managing files over a network.

³¹⁷ Or, in respect of the RCVS, by an Order we make.

³¹⁸ [Smart data and price transparency schemes: Discussion paper. CMA. 18 August 2025.](#)

scheme can best reflect changes to the market and government's wider regulatory approach.

Cost of implementation

FOPs and referral providers

- 3.213 There will be some additional time costs to businesses in completing the web forms to supply the RCVS with the information required by this remedy. To mitigate the costs, we have decided that the RCVS must provide them with a data input template, related guidance and support.
- 3.214 In some respects, the process might be expected to be relatively straightforward for most businesses. They would already be required to publish most of the same information on their own websites. It comprises either basic information about their practice(s), or price information that they already access and use when charging pet owners.
- 3.215 Some businesses may already have systems or processes in place that would limit the time and cost required to comply (as set out above). Those which can export information from their PMS will likely face a one-off capital and labour cost of updating their IT systems to gather the required information and adjust it into the format of the RCVS web form. This may already be feasible for some of them.³¹⁹
- 3.216 For some businesses, however, the relevant information may be held across a variety of PMS and other systems.³²⁰ Some of these systems may make it more difficult to collate or export data efficiently, and these businesses may need to solve some technical challenges to assemble the information and provide it to the RCVS.
- 3.217 Businesses may choose to outsource the necessary processes for data collation and export to their PMS providers or other contractors.³²¹ If they do so, that would involve the time and costs of putting the outsourcing arrangements in place. If they do not outsource, we expect the additional financial cost businesses will incur will be concentrated on labour costs and not require new IT systems, physical assets, or materials costs. That is because the RCVS webform will be designed to require only basic technological capability that practices are already likely to have, such as a computer and an internet connection, and will draw on information that practices already have access to and have produced to comply with the earlier remedies.

³¹⁹ Or, they may have to create a manual process where information is copied from a PMS into another location such as a spreadsheet.

³²⁰ This is something we were told in response to our RWP. CMA summary of RWP responses, for example [✂] response to RWP.

³²¹ And one consequence of PMS integration may be an added incentive for businesses operating FOPs and referral centres to choose PMS which include functions for exporting data to the RCVS.

- 3.218 Once the processes have been set up, businesses will need to collate the required information and enter it into the web form for submission to the RCVS. They will need to do so once the requirements of the remedy come into force and when they change their prices (and if other parts of the relevant information change).
- 3.219 We anticipate that the administrative time and labour costs required for completing (and in relevant cases updating) the required data fields would be relatively low (though the costs will depend on the frequency of price and other changes). Many of the data fields will not need to be updated often.³²² We would expect many of the businesses, in the interests of efficiency, to create more automated processes for submitting the information over time.
- 3.220 We do not expect the administrative and labour costs to be substantially higher for independent or smaller practices. The processes require limited technical expertise (entering relatively simple information into a standardised form).

RCVS

- 3.221 The RCVS will need to carry out several activities to deliver this remedy. The costs involved will range from negligible to more substantial.
- 3.222 Activities which more likely involve minimal additional costs to the RCVS include:
- (a) *Developing a data input template.* We expect this to be a simple form, requiring a one-time low-cost investment.
 - (b) *Creating guidance for completing the web form.* On the basis that vet practices would understand from our other remedies what information they are required to publish on their own website, we expect this to be straightforward.
 - (c) *Purchasing additional data storage.* The RCVS will need to store more data, which could incur additional financial costs. It told us that the cost of storing data is negligible.³²³
 - (d) *Maintaining and troubleshooting systems and processes.* The data processes, storage and transfer systems will likely require expert oversight to check they are working as expected, and to fix any problems that arise, either by internal staff or a third-party contractor. The RCVS already has to conduct some of these activities in relation to Find a Vet and we expect any additional cost to be low.

³²² In some cases, not even every 12 months.

³²³ RCVS Taskforce meeting on Find a Vet.

- (e) *Monitoring compliance.* We expect this to be a low cost, likely automated, activity, checking whether each veterinary business has submitted the required information.
- (f) *Contacting businesses operating FOPs and referral centres for data requests and about possible non-compliance.* The RCVS already writes to practice managers and head offices of veterinary businesses to confirm statutory information required for Registered Veterinary Practice Premises under the Veterinary Medicines Regulations or required from members of the PSS.³²⁴ The RCVS asks practices to update their information using an online portal. Once the RCVS has set up a process for escalating communications with businesses that are not in compliance, this activity could be automated and is likely to involve only small additional costs.

3.223 Activities for which the RCVS will more likely incur greater additional time costs for existing staff, or costs in hiring additional staff, purchasing additional data capacity or software, or outsourcing to third-party contractors include:

- (a) *Setting up a new web form to capture the data fields for submission by veterinary businesses.* The RCVS is already introducing a web form to capture a range of other information from vet practices and individual professionals and has told us that expanding this form to capture more data fields would be feasible.
- (b) *Creating a data processing pipeline.* This would likely be a one-off cost requiring expert technical input, either by internal staff or a third-party contractor. This may include compliance with data handling and retention policies and any processes required to support monitoring and reporting (for example, storing historical data submissions).
- (c) *Developing and implementing new front-end functionalities.* The RCVS's planned Find a Vet upgrades do not include the ability to compare or filter vet practices by specific data fields. Designing and implementing these extra functionalities likely involves additional costs.³²⁵ In particular, the RCVS will be drawing upon external advisers and contractors where necessary in order to expand its existing planned upgrades so that they can incorporate our requirements.
- (d) *Developing suitable criteria and approving third parties to access the data.* The RCVS will need staff to make a one off investment, working with the CMA to develop appropriate criteria for making the data accessible to third

³²⁴ RCVS meeting on 12 June 2025.

³²⁵ For example, of contracting third-party software providers to integrate existing plug-ins into the platform, or to build custom software.

parties, and considering and approving applications for third parties to gain access to the relevant data.

- (e) *Developing a technical solution for third parties to be able to access the data.* For example, the RCVS will need to develop an API for third parties to be able to securely access and transfer the data, which would likely incur additional internal staff time or costs in procuring a third-party contractor.
- (f) *Individually contacting practices that remain non-compliant.* Where businesses remain non-compliant following initial communications, RCVS staff may need to engage more directly with those businesses.

3.224 The RCVS, [X], has provided us with an updated cost estimate [X] to set up the required processes and systems to collect, host, and organise the required data (including RCVS staffing and other internal costs), and [X] of ongoing IT costs relating to these requirements.³²⁶ The RCVS indicated that these costs could be reduced should it competitively tender [X].³²⁷ The CMA will keep working with the RCVS to finalise a process that delivers effectively and efficiently on the requirements of this remedy.

Implementation timeframe

- 3.225 We have decided that the RCVS must set up the data collection, processing and publication processes described above before businesses are required to submit information to it. Together with its [X], it has estimated that setting up the required processes will take seven to nine months from the point that their specification has been finalised.³²⁸
- 3.226 On that basis, we have decided that implementation by the RCVS of its obligations will be required within nine months of our making an Order or accepting an undertaking from the RCVS.
- 3.227 As to the period within which relevant veterinary businesses must comply with their obligations, respondents to the PDR told us that they would need longer than three months from the point that the RCVS had met its obligations. They told us that most PMS providers would need time to develop the technological infrastructure required to automate data sharing and that veterinary businesses may be unable to start implementing any requirements placed on them until the RCVS specified the precise information it required from them.³²⁹

³²⁶ RCVS response to CMA request for updated costs of transparency remedies.

³²⁷ RCVS response to CMA questions on costs and feasibility of transparency remedies.

³²⁸ RCVS response to CMA questions on costs and feasibility of transparency remedies.

³²⁹ Response to PDR, for example: Medivet response to the PDR, paragraph 71; Anonymous Respondent 15 [X], Anonymous Respondent 9 [X], Veterinary Voices Template Response.

3.228 We have decided, however, that a three-month period, from the point the RCVS has met its obligations, is sufficient for the veterinary businesses³³⁰ to comply with theirs. There are six reasons:

- (a) It means they will have up to 12 months in total to comply.
- (b) They will already be collating and preparing much of the information in order to comply with other parts of our remedies package.
- (c) The substance of many of their obligations relating to the submission of that information to the RCVS is clear from the date of this report.
- (d) The RCVS has indicated that it may be possible for it to give businesses guidance on the data-sharing process in advance of the revised Find a Vet platform going live.³³¹
- (e) They have an incentive to submit their information to the RCVS promptly, to avoid their competitors gaining a first-mover advantage.
- (f) Even if businesses later develop automated solutions for submitting their data, they will be able to submit their data manually in the meantime, using a webform.

Monitoring of compliance

3.229 In part B, section 2, we set out that the RCVS will undertake the monitoring function for a number of remedies, including this one. In this case, the role will require the RCVS to monitor attestations and use spot checks to examine businesses' compliance.

We have decided not to implement a pet owner survey remedy

We recommend that the regulator continues to explore the possibility of a practice-level survey mechanism.

Group-level survey

3.230 In the PDR, we proposed to implement a pet owner survey remedy at group level, across LVGs and independent FOPs. Our provisional view was that this would be an effective and proportionate way to support our broader remedies package. It

³³⁰ Of all types and sizes.

³³¹ RCVS response Hearing [X].

would help to address the lack of transparency around business ownership, perceived quality and price in the market.

- 3.231 Having considered the responses to the PDR, we have decided not to adopt that remedy. There are five reasons: (i) the potential to mislead pet owners; (ii) the heterogeneity of practices; (iii) pet owners' use of existing review platforms; (iv) the infrequency with which a survey would be conducted; and (v) the costs and burdens involved.
- 3.232 We considered whether to replace the proposed remedy with a survey conducted at local practice level. We decided that this would not currently be feasible or proportionate. Such a survey would involve significant difficulties in generating sufficient sample sizes, would not be technically feasible and would be too costly. It would risk unduly discriminating against smaller veterinary businesses and is liable to produce unintended consequences.
- 3.233 Instead, we recommend that in the future the regulator continues to explore the possibility of a practice-level survey mechanism that could be used to gauge pet owner satisfaction and provide signals of perceived quality that help drive competition.

Misleading information for group-level survey

- 3.234 Respondents put to us that a group-level survey would not provide results that were representative of local – LVG and independent practice – performance.³³² ³³³ They said that this is due to the nature of the veterinary market, which is geographically and locally segmented, meaning pet owners typically choose between practices in their immediate area. As products and services are tailored to local demand, and competitive dynamics play out at a local level, a group-level measure that did not capture the variation between individual practices even within the same corporate group would not generate a meaningful or useful metric for pet owners or industry practitioners. Such information if used by pet owners would lead to distortions in their choices. We see some merit in these submissions.
- 3.235 CVS, for example, said that a national average survey at a group level would not capture the quality offered to pet owners at individual FOPs. That would undermine its utility as a mechanism for helping pet owners make an informed choice about the specific practice they use.³³⁴ Another LVG [X] referred to its FOPs' varied Net Promoter Scores (NPS), and its FOPs' varied results in pet

³³² Summary of responses to PDR. Summary of round table with independent vets.

³³³ We discuss below the implications of placing all independent practices into one category.

³³⁴ CVS response to the PDR, p 2.

owners' 'warmth of welcome' assessments and in other customer satisfaction metrics.³³⁵

- 3.236 Pet owners in our qualitative consumer research on remedies made similar points. They noted the lack of local-level detail in the proposed group-level survey and expressed a preference for practice-level reviews and information.³³⁶

Practice heterogeneity, particularly among independent FOPs

- 3.237 The proposed group-level survey would have placed all independent practices into one 'independent' category. We heard from independent businesses and LVGs that this aggregation would 'punish' the higher performing independent businesses and reward the lower performers. Unlike practices under the common ownership or control of an LVG, independent practices would be unable to collaborate in order to improve their performance and boost their survey results.³³⁷ These, too, are submissions in which we see some force.
- 3.238 CVS, for instance, noted that independent practices with high-quality offerings would risk finding their reputation tarnished by survey responses relating to entirely unrelated practices that did not offer the same quality of service. Their own contributions to the average score would be insignificant and they would have no ability to influence the performances of others.³³⁸ An independent vet, to take another example, told us that, to be assessed as part of a group of other independent veterinary businesses with which they have no involvement, would be hugely misleading to pet owners and undermine trust.³³⁹

Pet owners' reliance on existing review platforms

- 3.239 Some respondents noted that pet owners already rely on existing online review platforms, such as Google reviews. These are free and provide locally relevant feedback for practices without imposing an additional administrative burden on them.³⁴⁰
- 3.240 Pets at Home, for example, put to us that the information that pet owners find useful in assessing FOP quality of care and service level consists of a combination of local Google reviews, customer sentiment information, information on PSS accreditation, and information on local pricing.³⁴¹ Linnaeus said that publishing the results of a nationwide group-level survey could mislead pet owners into making

³³⁵ [REDACTED] response to the PDR, p 22.

³³⁶ Qualitative research with consumers, Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

³³⁷ Summary of responses to PDR.

³³⁸ CVS response to the PDR, p 2.

³³⁹ Ferndown Family Vets Template Response, Anonymous Respondent 26 [REDACTED], Anonymous Respondent 31 [REDACTED], Anonymous Respondent 13 [REDACTED] Summary of response to PDR.

³⁴⁰ A small minority – Anonymous Respondent 18 [REDACTED] - Summary of responses to PDR.

³⁴¹ Pets at Home response to the PDR, p 39.

decisions based on inaccurate or irrelevant comparisons, while overlooking more meaningful indicators such as local reviews or the clinical accreditations of local practices.³⁴² We have decided to focus on a package of remedies that looks to some of these points of information to empower pet owners to make informed choices.

Proposed biennial frequency of survey

- 3.241 We proposed that the group-level survey be conducted every two years. Respondents told us that a biennial survey would not be the best choice for three reasons. First, two years is a long time for accurate pet owner recall.³⁴³ Second, some practices might strategise their efforts around the survey period.³⁴⁴ Third, the information from the survey would be out of date most of the time³⁴⁵ (and more frequent assessment of performance would be more useful).³⁴⁶ We have taken these submissions into account.

Costs and burdens

- 3.242 Among other concerns respondents put to us³⁴⁷ was that a group-level survey would create an additional administrative burden for businesses and increase their costs. It was said that these were not justified given the existing signals of quality, such as NPS, PSS accreditations and online reviews, which businesses already use to assess their performance and promote themselves in their local areas.³⁴⁸ Our view is that, given the points set out in the preceding paragraphs, we should not impose on businesses the burden and costs of a group-level survey.

Local survey

- 3.243 Some respondents told us that a locally run, FOP-level, version of the survey would be an effective and proportionate remedy to address some of our concerns.³⁴⁹
- 3.244 Some of the LVGs suggested that such a local survey might be practicable. Their submissions were focused on the feasibility of a FOP-level survey designed around the existing arrangements used by veterinary businesses to survey their customers.

³⁴² Linnaeus response to the PDR, p 16.

³⁴³ IVC response to the PDR, p 59. VetPartners response to the PDR, p 40.

³⁴⁴ IVC response to the PDR, p 5.

³⁴⁵ Medivet response to the PDR, p 36.

³⁴⁶ Anonymous Respondent 4 [X]. Summary of response to PDR.

³⁴⁷ Other points raised included concerns about the survey's methodology, its coverage and the potential for sampling bias.

³⁴⁸ Anonymous Respondent 15 [X]. Summary of response to PDR.

³⁴⁹ For example, IVC response to the PDR, pp 24-26.

- 3.245 Linnaeus, for example, said that a more straightforward solution would be to publish standardised NPSs collected by local veterinary practices.³⁵⁰ IVC submitted that the vast majority of FOPs already have the ability to send emails and text messages to pet owners via their PMS, or could obtain this functionality at low cost. This would allow them to issue post visit surveys to those pet owners.³⁵¹
- 3.246 We have considered whether it would be practicable and proportionate to design a survey that could be undertaken at practice level by all veterinary businesses operating FOPs (LVGs and others). If it were, that could provide a useful indicator of price and quality to inform pet owner choice and drive competition between all different types of businesses and the FOPs they operate.
- 3.247 We conducted additional evidence gathering with LVGs,³⁵² representatives of independent veterinary businesses,³⁵³ market research agencies,³⁵⁴ and a provider of vet communications software.³⁵⁵ Our assessment is that such a survey would neither be practicable nor proportionate.
- 3.248 Such a survey would require a sufficiently large sample of completed survey questionnaires from customers of each individual FOP to enable robust comparisons. This would amount to a very large and expensive exercise, that is unlikely to be feasible and would impose a heavy burden and cost on all veterinary businesses in respect of each of their FOPs.³⁵⁶ It also risks unduly discriminating against smaller veterinary businesses and producing unintended consequences.

Sample size

- 3.249 To obtain a sufficient sample from customers of small FOPs, we consider it would be necessary to send pet owners survey questions each time they visited their FOP, to ask about their satisfaction with that visit. Such an approach would likely increase the number of achievable responses in two ways:
- (a) because there are more vet visits than pet owners (our pet owners survey found that dog and cat owners made an average of 2.9 and 2.3 visits to their FOP per year);³⁵⁷ and

³⁵⁰ Linnaeus, response hearing summary, paragraph 15.

³⁵¹ [REDACTED].

³⁵² As well as hearing from all LVGs in response hearings, we spoke to VetPartners [REDACTED] and CVS [REDACTED] about their NPS surveys and [REDACTED], VetPartners [REDACTED] and CVS [REDACTED].

³⁵³ Including XL Vets [REDACTED], FIVP [REDACTED], and SPVS [REDACTED] and members of our the CMA's Veterinary Advisory Panel [REDACTED].

³⁵⁴ We received information from a market research agency [REDACTED] with experience conducting NPS-style surveys for businesses.

³⁵⁵ Call with [REDACTED].

³⁵⁶ Either in sending out survey invitations to all their customers or sending customer lists and contact details to a market research agency so it could contact all those pet owners.

³⁵⁷ [Pet owners survey](#), Q8, p21, table 5.

- (b) because survey requests sent closer to the visit are more salient to customers and will elicit higher response rates.

3.250 Without conducting a survey in this way, there would be a significant risk that many smaller FOPs (for example, those with under around 2,000 registered pet owners) would not receive enough responses for the results to be robust and statistically significant.

Technical feasibility and cost

- 3.251 We doubt that it would be technically feasible for small veterinary businesses, using the systems they currently have, to send survey questions on a recurring basis to all pet owners that have recently visited their FOP. We have heard from a vet communications provider that there are over 30 PMS in the UK. These, we understand, include a number of platforms with limited or no functionality to send out emails and text messages to pet owners, nor to integrate with vet communications software.³⁵⁸
- 3.252 To ensure the comparability of the results, the survey would need to be implemented consistently across all FOPs.³⁵⁹ It would be necessary for a third-party independent provider to run the survey, including sending out the emails and/or texts and collating responses. This would have significant cost implications.
- 3.253 Evidence indicates that it would be very costly for third-party providers to partner with a large number of small independent businesses, many of which use different, legacy PMS that would need to integrate or interact with the third-party provider. Some indicative estimates we heard suggested that the cost of a basic veterinary communications package can be around £4,000 per FOP per year for small businesses.³⁶⁰ This does not include initial set-up costs, which could be significant, particularly for businesses that currently use cheaper or legacy PMS.³⁶¹

Potential discrimination against smaller veterinary businesses

- 3.254 Given the cost and technical feasibility concerns described above, an alternative could be to impose a local survey remedy on larger businesses only and make it voluntary for smaller businesses to participate. However, this could have the effect of unduly discriminating against those smaller businesses.
- 3.255 To participate, smaller veterinary businesses would likely incur the kind of outsized administrative costs compared to large businesses to which we refer above. Many

³⁵⁸ Call with [REDACTED].

³⁵⁹ For example, by standardising survey questions and applying the same criteria to decide which customers are sent the survey invitation.

³⁶⁰ Call with [REDACTED].

³⁶¹ And the vet communications software provider with whom we discussed this matter ([REDACTED]) told us that there are some PMS that it would have no incentive to integrate with, given their size or their limited functionality.

of them would likely be unable or unwilling to participate, which would result in their not receiving a quality rating at all and being likely, in effect, to compare very unfavourably with those businesses that were part of any survey and did receive a rating.³⁶²

Unintended consequences

- 3.256 The process of refitting veterinary businesses' existing customer satisfaction surveys to develop an external-facing rating could have some unintended adverse consequences.
- 3.257 A market-wide satisfaction survey would need to meet certain requirements to be effective. The questions would need to be standardised to ensure comparable results. The responses would need to be anonymous to ensure pet owners felt able to answer honestly. The survey would need to be sent to pet owners on a regular basis to obtain sufficient responses.
- 3.258 These limitations have the potential to curtail businesses' ability to run customer surveys for different purposes, including complaints gathering, customer engagement, or seeking views on specific quality issues or proposals. We have seen evidence that businesses obtain value from these internally conducted consumer surveys.³⁶³ Not only would revising those surveys to meet the strictures described in the preceding paragraph impose additional costs on veterinary businesses, they would risk giving pet owners a sense of 'survey fatigue'. That may, in turn, mean they respond to fewer, if any, surveys the businesses run (limiting their ability to monitor and take their own measures to improve the quality of their services).³⁶⁴

Recommendation

- 3.259 While we do not consider a group or local-level survey to be a remedy we should impose, we recognise that a well-designed local-level survey could, in principle, provide valuable information for pet owners and veterinary businesses. There would, in our view, be merit in the regulator, in future, examining whether a local survey mechanism could be developed in a way that is meaningful, proportionate, capable of supporting informed consumer choice and helping further to drive effective competition in the market.

³⁶² That is, given the relatively high levels of customer satisfaction with veterinary businesses across the market, the likely effect of these mixed levels of participation would be to promote those FOPs that receive a quality rating and penalise those FOPs that do not. For example, if a pet owner choosing a FOP was presented with a choice of four options, two of which had a high customer satisfaction rating, and two of which did not have a rating at all, they might well make assumptions that the latter providers were lower quality.

³⁶³ For example, each of the LVGs submitted that they run detailed customer satisfaction surveys with their entire customer base, for a variety of reasons.

³⁶⁴ For example, CVS submitted that if a survey was fully standardised, it might take away its ability to enquire about things that it wants to enquire about. CVS response hearing, p 65, line 9.

Effectiveness and proportionality

- 3.260 In the following sub-sections we consider the effectiveness and proportionality of our remedies aimed at empowering pet owners to make decisions.

Effectiveness

How the remedies would work with other remedies to address the AEC and resulting customer detriment

- 3.261 The remedies will address the AEC we have found relating to weak pet owner engagement. That weakness is linked to the shortfalls and inconsistencies in the information available to pet owners, and to the fact that many of them do not compare practices and prices when making decisions about the services they use. The remedies will provide pet owners with essential information in simple and accessible formats at crucial points over the lifetime of their pets.
- 3.262 The increased provision of information about ownership, practice details and prices, together with some signals of quality, by relevant veterinary businesses to pet owners, in a transparent and consistent format, will support pet owners in (i) comparing veterinary providers and services; and (ii) choosing those that meet their needs, preferences and budgets. Together, these remedies form a coherent package that empowers pet owners to make more informed choices and strengthens competition on price and service quality.
- 3.263 Not all pet owners may be willing or able to engage with all the information provided to them, but the remedies will support many more of them to make better informed choices about veterinary services, particularly where price and service quality are important considerations. They may still include in their decision-making factors such as location or personal recommendations, but we have designed the remedies to complement, rather than replace, these and other important factors. The effectiveness of these remedies will rely on a degree of engagement by pet owners, so we have developed them to support the provision of clear, accessible and usable information likely to facilitate that engagement. Other organisations may use the information made available as a result of our remedies package to support consumers in this market.
- 3.264 The remedies may have more limited impact on competition in the small number of areas with low practice density. However, they will still promote informed pet owner choices and create the potential for competitive pressure through increased transparency and reputational incentives, particularly where practices are part of ownership groups or common networks, or offer differentiated services.
- 3.265 We have used the responses to the RWP and the PDR to adapt the design of the remedies, refining the scope of the required information, and simplifying the

implementation processes, in order to enhance their effectiveness (as well as the proportionality of the burden they place on veterinary businesses). Below we set out considerations in relation to each remedy that support our conclusion that they will be effective.

Remedy 1 (ownership)

- 3.266 This remedy has received wide support from most industry stakeholders, though some hold different views regarding how effective it will be. For example pet owners in our qualitative research on remedies noted that, although the disclosure of a practice's ownership is important and should be required, many did not consider that this information would strongly influence their decisions compared to factors like location, quality of care and cost.³⁶⁵
- 3.267 In our judgement, the numbers of pet owners for whom practice ownership is important and who do not know, or are mistaken about, the owner of their practice is striking. The remedy directly addresses the lack of information available to pet owners about many practices' membership of ownership groups (or common networks). It will support pet owners to act on any preferences they have for dealing with different types of businesses. It will help them to avoid inadvertently choosing between practices from the same group or network, and to dispel the illusion of competition. This, in turn, will promote stronger competition between groups of businesses providing veterinary services and online pharmacies on the basis of reputation, perceived quality and value.

Remedy 2a (basic information)

- 3.268 Respondents to the PDR generally supported the adoption of this remedy. It directly addresses the lack of consistent, accessible and timely non-price information for pet owners about service providers. By requiring relevant veterinary businesses to publish a defined set of basic details, that include some signals of quality like PSS accreditations, pet owners will be better equipped to assess whether a practice meets their needs, particularly when multiple providers are available and are clinically appropriate.³⁶⁶

Remedy 2b (price list)

- 3.269 This remedy directly addresses the lack of accessible price information, and the inconsistency of its provision where businesses do make it available. These shortcomings weaken pet owner engagement with, and competition in, the market.

³⁶⁵ Qualitative research with consumers, Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

³⁶⁶ Increasing the prominence of the PSS, through this requirement, should also help to address some of our concerns about it, relating to the level of take-up by veterinary businesses (which may feel a greater incentive to join the scheme) and the low levels of pet owner awareness of the scheme.

By requiring businesses to publish a standard price list for commonly offered services, pet owners will be better equipped, and encouraged, to compare costs, assess value and make informed choices.

- 3.270 In designing the remedy and taking our view of its effectiveness, we have taken into account the responses to our PDR which said that the price list would not be effective, owing to the complexity and variability in pricing between practices.³⁶⁷ We have excluded non-routine treatments from the required list on the basis of their complexity and the potential for simplified information about them to mislead pet owners when choosing a FOP, and we have introduced requirements for the presentation of prices that will increase their clarity for pet owners.
- 3.271 We have considered concerns raised about a ‘race to the bottom’ resulting from the requirement to publish prices. We consider that existing professional standards regulation, including the RCVS Code and Guidance, mitigate against a decline in clinical standards. Our recommendation for regulatory reform, including a baseline quality standard, is discussed in section B9.

Remedy 2c (Parasiticide price list remedy)

- 3.272 The parasiticide price list remedy directly addresses the lack of transparency in parasiticide pricing, which currently limits pet owners’ ability to compare costs across providers and assess the value of pet care plans.
- 3.273 Parasiticides are widely used and often bundled into pet care plans, yet pet owners typically do not know which products will be recommended to them or how prices vary between FOPs and online pharmacies. By requiring FOPs to publish the prices of commonly prescribed parasiticides on their websites, and prominently to link their list to a list of approved online retailers, this remedy will enable the vast majority of pet owners to make price comparisons once a product has been recommended to them. They will be able to make an informed choice about where to buy it. That increases the competitive pressure to which FOPs third party retailers are subject.³⁶⁸
- 3.274 The remedy will have less effect for pet owners who have yet to be prescribed a specific parasiticide (and so do not know which of the listed products they need). Even so, the price list will provide useful information about the range of prices charged by a FOP. Third parties will be able to benchmark prices, identify outliers, and provide guidance to pet owners on what constitutes reasonable prices.

³⁶⁷ For example, Anonymous Respondent 9 [X] response to PDR, p 3; CVS response to the PDR, Annex 1, p 2.

³⁶⁸ This remedy will support the effectiveness of the pet care plan remedy and the Find a Vet remedy, ensuring that parasiticide prices are visible and comparable across providers.

Remedy 2d (Pet care plan remedy)

- 3.275 The pet care plan remedy builds on the increased price transparency of services and parasiticides from the price list remedy and the parasiticide price list remedy, to directly address the lack of transparency in pet care plan pricing and composition. That shortfall undermines pet owners' abilities to assess value and compare offerings across providers.
- 3.276 By requiring businesses operating FOPs that offer pet care plans to publish comprehensive information about the services included in their plans, alongside the standalone pay-as-you-go prices for each item and reasonable estimates for any savings subscribers can make, pet owners will be better equipped to evaluate whether a plan meets their needs and offers them genuine savings.
- 3.277 Most pet care plans include services (such as vaccinations, health checks, nail clipping) that are included in the price list remedy, and many include parasiticides that are required as part of the parasiticide price list remedy. By linking pet care plan disclosures to published parasiticide prices and requiring indicative pricing based on pet type and weight, the remedy will enable pet owners to make realistic and informative price comparisons. That will help them make decisions about which services they buy from their FOP and, if they choose to buy them there, whether they do so as part of a pet care plan.

Remedy 3 (Find a Vet remedy)

- 3.278 This remedy will be an effective complement to the information veterinary businesses will be required to publish themselves pursuant to remedies 1 and 2a-d.
- 3.279 Competition in this market is adversely affected not only by the shortfalls and inconsistencies in the information available to pet owners but also by the limited numbers of pet owners who do not compare providers or check prices when choosing a FOP in particular. That is not least because, in a significant number of cases, they think FOPs are broadly similar or charge similar prices (when that is often not the case). This indicates that not only do they need more and better information from and about veterinary businesses, but they need it to be delivered in ways that make more direct comparisons easy and encourage them to make those comparisons.
- 3.280 This remedy will provide that forum for more direct comparison. It collates information from veterinary businesses into a single, comprehensive dataset and enables pet owners to access and navigate it on Find a Vet (and possibly on other third-party platforms). They will be encouraged and able to make choices based on information provided to them by veterinary businesses and by making direct

comparisons of accurate and consistent information across different businesses. They may, but will not have to, search multiple websites.

- 3.281 The role of the RCVS, as the recognised regulator, will enhance the effectiveness of the remedy by strengthening trust from pet owners and facilitating compliance by veterinary businesses. Giving third parties access to the collated dataset will enable innovation and further stimulate pet owner engagement with relevant information. That could lead to the development of an ecosystem of price comparison tools, some or all of which may include features such as advanced search and filter tools, personalised formats, and integration with complementary services.

Effective implementation, monitoring and enforcement

- 3.282 We have developed the relevant remedy requirements taking into account extensive stakeholder feedback, to ensure that, where possible, they reflect commonly used terminology and that they are sufficiently clear for businesses and pet owners to understand. They will be supplemented by explanatory notes and guidance when we make our Order.
- 3.283 The consistency between the information required to be published as part of remedies 1 and 2a-d and the information required to be shared with the RCVS as part of the Find a Vet remedy will reduce barriers to veterinary businesses complying, as the same information can be used for both sets of requirements. It means the RCVS can more effectively monitor compliance, such as by conducting spot checks on the websites and premises of businesses which have not shared the required information with it.
- 3.284 We expect that the RCVS will need to use random spot-checking to monitor compliance with remedies 1 and 2a-d. This monitoring will be effective where it employs sufficient resources and engages in carefully designed spot-checking of a sample of businesses.
- 3.285 The public-facing nature of the requirements means pet owners, veterinary professionals, businesses providing veterinary services and other third parties will be able to identify non-compliance. It will be important to minimise barriers to reporting any concerns about non-compliance to the CMA and to the RCVS.
- 3.286 Strong public and media engagement during the market investigation means that many businesses providing veterinary services are already likely aware of, and in the process of preparing to comply with, a set of transparency and pet owner empowerment remedies, at least to some extent. We note that during the course of our investigation the proportion of vet practices displaying price lists has risen from 14% to 59%, though there is room for improvement as many display prices for only a few routine services and these are not always easy to find.

- 3.287 We expect enforcement to be effective, with the CMA able to take action in respect of businesses that are non-compliant.

Timescale over which the remedies would take effect

The time taken to implement the remedy

- 3.288 All relevant businesses will be required to comply with the ownership remedy within six months of the order being made. This requirement reflects that the burden of compliance should be proportionate to both the size of the group or network (and the resources available to it) and its existing level of transparency.
- 3.289 Remedies 2a–2d will apply to the veterinary businesses as specified in the relevant parts of this section of this report. FOPs which are part of groups with 15 practices or more will be required to comply within three months of the order being made, while smaller practices will be required to comply within six months. This phased approach reflects our understanding that current practices relating to these remedies often do not differ significantly between larger and smaller firms. However, larger businesses are likely generally to have greater operational capacity, centralised resources and digital infrastructure to meet transparency requirements within a shorter timeframe. Smaller and independent veterinary businesses may require additional time to implement the necessary changes and satisfy the requirements in full.
- 3.290 The Find a Vet remedy will require all relevant veterinary businesses to share specified information with the RCVS, and for the RCVS to establish the necessary systems and processes to collect, manage and publish that information. This process will take up to 12 months, comprising:
- (a) a nine-month period following our Order during which the RCVS will develop the infrastructure required for data collection, processing, and publication; and
 - (b) a subsequent three-month period during which all relevant veterinary businesses will be expected to submit the required information to the RCVS.
- 3.291 The phased timeline for the Find a Vet remedy is designed to ensure that both the RCVS and veterinary businesses have sufficient time to prepare and comply effectively with the remedy requirements.

The time for the remedies to take effect

- 3.292 We expect that our transparency and pet owner empowerment remedies will begin to take effect immediately upon compliance, with the benefits to pet owners emerging as soon as the relevant information is made available to them. In our

view, it is reasonable to anticipate that some more engaged pet owners will immediately start to incorporate this information into their decision making, and others will do so over time, using it to compare providers, assess value and make more informed choices about their pets' veterinary care.

- 3.293 We expect pet owner engagement with the remedies to drive meaningful outcomes over time. As awareness of the newly disclosed information grows, pet owners are likely to be encouraged to compare providers and make more informed choices, leading to increased competitive pressure across the sector. Our assessment is that veterinary businesses of all kinds, faced with more informed and engaged pet owners, will respond to the resulting incentives to improve service quality or lower prices, reinforcing the remedies' effects on pet owner choice and competition.

Proportionality³⁶⁹

- 3.294 We conclude that our remedies will be proportionate (as part of a package of measures) to address the AEC and resulting customer detriment that we have found.

Whether the remedies are effective in achieving their aims

- 3.295 Our assessment is that, for the reasons set out above, the remedies will be effective in helping to address the AEC and resulting customer detriment.

Whether the remedies are no more onerous than necessary to achieve their aims, and the least onerous if there is a choice between several effective measures

- 3.296 In our consideration of the range of potential remedies, we identified or had suggested to us, we have not identified alternatives that would be less onerous but equally effective in addressing the aspect of the AEC relating to the weak consumer response, and the resulting customer detriment, that we have found.
- 3.297 Below we set out our considerations in relation to the proportionality of the remedies, including the account we have taken of responses to our RWP and our PDR and where there were alternative options that we have decided against adopting.

³⁶⁹ This reflects the approach to assessing the proportionality of remedial measures as set out in paragraph 344 of CC3 and *Tesco v Competition Commission* (4 March 2009).

Remedy 1: Ownership information

- 3.298 Evidence shows that pet owners are interested in, but often unaware of, the identity of the veterinary businesses with which they deal, and most stakeholders were supportive of this remedy in their responses to both the RWP and the PDR.³⁷⁰ Many of them submitted that it was important for ownership to be disclosed accurately and effectively to ensure that pet owners can make informed decisions about where their pets receive veterinary care.³⁷¹
- 3.299 The remedy builds on existing RCVS guidance and would require limited operational change for most practices. It will be no more onerous than it needs to be. It will require relevant veterinary businesses which are not already doing so to provide important information to pet owners about the main entity in their ownership group or common network. They will be required to do so in contexts where those pet owners are choosing providers and in order to ensure that pet owners can choose between them in light of their preferences for the types of business with which they deal and without an illusion that competition exists. A requirement to tell consumers in any market who they are dealing with is far from exceptional. It is the norm.
- 3.300 The action required of businesses will depend on the extent to which, having reviewed the detail of this report and the Order, they find that their branding activities already comply with our requirements. They will retain flexibility in how they brand themselves and present information about the main entity in their ownership group or common network, provided that such information is prominent, clear and meaningful to pet owners. They will not, some responses to our PDR notwithstanding,³⁷² be required to do more than that. Where they need to act, the scale and cost of the steps small and large businesses will need to take would be proportionate to their size and their existing level of transparency.

Remedy 2a: Basic information

- 3.301 The information veterinary businesses will be required to publish pursuant to this remedy is already held by them. It can be published using existing channels, such as websites. This targeted approach ensures that the remedy is no more onerous than necessary to achieve its aim of supporting informed pet owner choice and enhancing competition. The requirement to make paper formats of this information available is no more than is required to ensure accessibility for non-digital users.

³⁷⁰ CMA summary of RWP responses, for example Medivet response to RWP, p 12.

³⁷¹ Summary of responses to PDR.

³⁷² Some respondents suggested that the information groups and networks must disclose should include details of their private equity owners, their parent company's global headquarters, and their main shareholders, and a list of all vertically integrated businesses. Summary of response to PDR. PVA response to the PDR, p 12.

Remedy 2b: Price list

- 3.302 Some pet owners consider prices when choosing FOPs and other service providers, but many do not, often because such information is not readily or consistently available to them. Greater price transparency will enable more of them to take price into account and support more effective price competition between veterinary businesses. The standard price list has been designed to reflect a careful balance between this benefit to pet owners, and for the competitive process, on the one hand, and the burden its compilation and publication would impose on businesses on the other.
- 3.303 We have made changes to the required price list (as described above) in light of concerns by some PDR respondents about: (i) the complexity, comparability and utility of including certain treatments and services on the price list; and (ii) the administrative burden that a requirement to publish an extensive price list would impose on veterinary businesses, particularly independent ones.³⁷³ ³⁷⁴ It is in principle, however, entirely reasonable to require businesses to publish information about the prices pet owners can expect to pay for the most commonly used services and treatments. That is what the revised remedy requires.³⁷⁵
- 3.304 To charge those prices, businesses have to, in any event, hold the information and tell pet owners. Many businesses already use PMS that hold the information, and our review of a sample of websites shows that a significant number of businesses already publish some or all of it voluntarily. These factors suggest that the remedy would build on existing practices, making it a targeted and feasible intervention that avoids unnecessary cost or disruption.

Remedy 2c: Parasiticide price list remedy

- 3.305 Our analysis of the veterinary medicines market shows that parasiticides make up a large proportion of it. We have estimated that pet owners could make significant savings when purchasing medicines, including parasiticides, online (compared to at a FOP).³⁷⁶

³⁷³ For example, Mounts Bay Veterinary Centre response to PDR, p 3; Northvet Veterinary Group response to PDR, p 2.
³⁷⁴ And taking into account that many of the responses to our RWP and our PDR supported greater price transparency to help pet owners make more informed decisions. For example, RCVS response to the PDR, p 6; VetPartners response to the PDR, p 31; lechyd Da response to PDR, p 1. CMA summary of RWP responses, for example IVC response to RWP, p 12.

³⁷⁵ We take into account that one LVG [X] submitted that the 48 services that we proposed in our PDR should be included in the price list, accounted for around 50% of total revenue or around 72% of revenue attributed to services (excluding medications and consumables) in the financial year ending March 2025 (Pets at Home response Hearing follow-up (12/01) and Annex 02). We estimate from this data that the removal of one category of services from the list proposed in the PDR (category 6), would reduce the list's coverage of total revenue by about 0.5%. Accordingly, the final list likely covers a substantial part of the treatments and services pet owners most commonly use.

³⁷⁶ Our analysis, detailed in Appendix G of our PDR found that [X] and [X] sold their flea and worm parasiticide treatments online at an average discount of [X] and [X] per year respectively compared to the FOP price.

- 3.306 The remedy we are imposing will apply only to the parasiticides that veterinary businesses commonly prescribe in their FOPs.³⁷⁷ The information they will be required to publish is readily available to them through their existing PMS. Publishing these prices will be a low-cost intervention that builds on current practice, with many FOPs already disclosing some parasiticide pricing to pet owners during consultations
- 3.307 We have considered, but decided not to pursue, more extensive remedies that would require publication of more medicines prices or which would require businesses manually to compare their medicines prices with online pharmacies. Our assessment is that effective competition in medicines prices can be driven by other, less onerous, means.
- 3.308 Other remedy options that we considered but decided not to pursue include:³⁷⁸
- (a) *Full medicines price lists and benchmarking.* The likely effectiveness of this remedy is unclear but the burden it would impose on veterinary businesses is much greater. Pet owners receiving a one-off prescription would often not know what prices to check in advance, to help them make choices, and pet owners with a repeat prescription would have already received and paid for medicine once and would therefore know the price (and so derive little or no assistance from the remedy). Comparisons would require matching between FOPs which could use different medicines or different dosages to treat the same condition.
 - (b) *FOPs providing pet owners with the price of recommended parasiticides from an online pharmacy.* This would require vets in FOPs to look up prices across the market manually, which would appear to be an onerous requirement when pet owners can search for online prices themselves.

Remedy 2d: Pet care plan remedy

- 3.309 This remedy has been carefully designed to require only the publication of information that veterinary businesses operating FOPs already hold and, in many cases, already make available online or in practice materials. They will be required only to provide indicative standalone prices for parasiticides if they make savings claims in the marketing of their pet care plans. The remedy will not require them to generate new data or track individual pet owner's plan usage patterns.

³⁷⁷ The sales thresholds we have set for the inclusion of parasiticides on the relevant price list mean that those bought by the vast majority (85%-95%) of pet owners will be included, but the list set by reference to that threshold will not require the production and updating by veterinary businesses of a long, burdensome and potentially unhelpful (to pet owners) list.

³⁷⁸ These remedies were excluded from the remedies consulted on in our PDR.

- 3.310 By focusing on clear, accessible publication of existing plan details and prices, the remedy strikes a balance between transparency and feasibility. It will ensure pet owners can assess pet care plans with confidence, without imposing unnecessary complexity or cost on veterinary businesses.

Remedy 3: Find a Vet remedy

Pet owner benefits in addition to remedies 1 and 2a-d

- 3.311 Remedies 1 and 2a–d will increase the availability and consistency of information for pet owners. They will help them make informed choices about providers and services that will significantly enhance the competitive pressure on veterinary businesses.
- 3.312 We take into account that competition is adversely affected by the limited numbers of pet owners who compare providers and prices, especially when choosing a FOP, and not just by the lack of information available to them (or its inconsistency when it is available). A significant number of them do not compare FOPs because they think all practices are similar or charge similar prices (when there are often significant differences). That points to a need not just for more and better information from and about veterinary businesses, but for its provision in a forum that makes more direct comparison easy and encourages pet owners to undertake it.
- 3.313 Remedies 1 and 2a-d will help pet owners make some of those sorts of comparisons. In the response to our PDR, Pets at Home said that these remedies alone would be sufficient, as they would increase the availability of information for pet owners who would then carry out online research and shop around using search engines and AI systems.³⁷⁹
- 3.314 We take the view, however, that online research by pet owners using search engines and AI systems can have significant limitations:
- (a) Search engines may not support direct comparisons between FOPs or referral centres. Their use would require pet owners to navigate multiple websites presenting information differently, which involve higher search effort than consulting a single location at which the information is collated in a standard form and can be compared.³⁸⁰

³⁷⁹ Pets at Home response to the PDR, p 37, paragraph 6.17.

³⁸⁰ Our view is in line with the position taken by the CMA in the discussion paper [Smart data and price transparency schemes](#) (CMA, August 2025), paragraph 22 (a): ‘With traditional price transparency remedies, consumers are still likely to have to shop around multiple supplier websites to assess offers – that is, while prices are made available, effective comparison can still entail high search costs. Although third parties could in theory obtain and compile available data to create comparison services (eg by scraping from business websites), this is likely to be a costly exercise, lead to only partial coverage, and suffer from a lack of accuracy due to inconsistencies in how firms meet the transparency requirements. By contrast, ... schemes can be designed (eg through centrally aggregated data, common standards and

- (b) AI tools may produce unreliable results, including outputs that may be false or may vary even when identical prompts are used. AI systems may draw on limited or inaccurate sources, for example by not filtering out untrusted and outdated information, or because they lack access to any practice websites that block AI crawlers.

3.315 The comparisons that pet owners could make when using tools, including those driven by AI, would likely be more reliable when:

- (a) there is a trusted source for the information on which those tools draw; and
- (b) that source is underpinned by a series of binding requirements on veterinary businesses and the RCVS.

3.316 Our judgement is that, in this market, there is a need for pet owners to compare services and prices more actively, and substantial scope for them to do so. In that context, an additional remedy, providing for such a centralised comparison resource, is necessary to address the AEC we find. That remedy is complementary to other parts of our remedies package in at least two senses. First, it uses the information veterinary businesses will need to collate and publish on their own account anyway. Second, it adds to pet owners' ability to use that information to make informed choices and drive competition.

Data collection by the RCVS

3.317 Using the RCVS as the single party collecting data from veterinary businesses operating FOPs or referral centres:

- (a) Will be efficient. If left to the market, third-party comparison service providers would need to conduct their own data collection activities and might do so in ways that did not facilitate comparison across the sector.
- (b) Reflects that the RCVS is in a stronger position than third parties to collect data from veterinary businesses. As the industry regulator it already interacts with those businesses and carries out data collection and monitoring activities.
- (c) Offers greater security. The data collected from veterinary businesses will be securely held in a central and trusted organisation.

Publication on Find a Vet

3.318 Having the RCVS publish the data on Find a Vet has the following advantages:

- (a) The RCVS being a trusted body within the industry (as acknowledged by many stakeholder responses to our RWP and PDR).³⁸¹ It is well placed to ensure that the data on Find a Vet is presented in a balanced way, in context with other relevant information and not distorted by commercial incentives. The regulator's standing will likely support compliance with the remedy by veterinary businesses.
- (b) Find a Vet's existing system and infrastructure. The RCVS is in the process of delivering several upgrades to the Find a Vet platform, including improvements to the presentation of veterinary practice information. This existing infrastructure substantially reduces the implementation costs compared to building new infrastructure.
- (c) The ability to present the data alongside other relevant information such as clinical qualifications, and FOPs' PSS awards and accreditations, helping pet owners interpret information with appropriate context and make decisions that take account of price and some signals of quality.

Data sharing with third parties

3.319 We received some responses to our RWP and our PDR on this element of the remedy, many of which were concerned about third parties commercialising the data and developing comparison services using paid rankings. The specific concerns included that:³⁸²

- (a) information could be presented unfairly or misleadingly (such as through paid or sponsored rankings);
- (b) large veterinary groups would be able to promote themselves irrespective of whether they have higher clinical or service quality; and
- (c) there might be limited coverage or presentation of a biased selection of veterinary businesses, because practices resist sharing their data with commercial platforms (for example, by blocking web scraping).

³⁸¹ Responses to PDR, for example: IVC response to the PDR, p 34; Linnaeus response to the PDR, p 15; CVS response to the PDR, p 9; VetPartners response to the PDR, p 36. CMA summary of RWP responses, for example Linnaeus response to RWP, p 18.

³⁸² Responses to PDR, for example: Linnaeus responses to the PDR, pp 14-15; VetPartners responses to the PDR, p 36; PVA responses to the PDR, p 7-8. CMA summary of RWP responses, for example IVC response to RWP, pp 22-23.

- 3.320 These concerns relate to any third party that chooses to provide a comparison service.³⁸³ Such services already operate in the market. We recognise that Remedies 1 and 2a–d may lead to the emergence of additional third-party services that use alternative methods of gathering information directly from veterinary business websites, such as web scraping.
- 3.321 Consumer and competition law require that no third-party platforms, whether approved by the RCVS or operating using their own data-collection methods, may present information in a misleading or unfair manner. This offers some measure of protection against the concerns that were raised with us.
- 3.322 Existing consumer and competition law, sets a minimum standard for what third parties are able to offer consumers. It does not regulate their quality. Our judgement is that pet owners would particularly benefit from having access to a group of platforms that are approved by the RCVS and that meet a standard of quality set by it. This group would consist of those third parties that applied to receive access to Find a Vet's data, incentivised by the cheaper, reliable, up-to-date, and comprehensive access to practice information, as well as the ability to market themselves as reputable and approved by the veterinary regulator.

Data collection mechanism

- 3.323 There will be some additional administrative burden for veterinary businesses in sharing the required information with the RCVS.³⁸⁴ We have, however, sought to limit those.
- 3.324 The use of a web form for data collection will enable businesses to submit information, that they will already be collating to comply with other parts of our remedies package, via the secure online portal through which some of them already submit data for inclusion on the existing Find a Vet platform. As well as representing a low barrier to businesses to providing information to the RCVS and building on existing processes and infrastructure, the use of that form will give the RCVS control over data integrity. The RCVS will be subject to the majority of the administrative burden of the remedy, but it will retain full control of the structure and type of data submitted.

³⁸³ Our view is in line with the position taken by the CMA in the discussion paper Smart data and price transparency schemes (CMA, August 2025), paragraph 22 (a): 'third parties could in theory obtain and compile available data to create comparison services (eg by scraping from business websites), this is likely to be a costly exercise, lead to only partial coverage, and suffer from a lack of accuracy due to inconsistencies in how firms meet the transparency requirements. By contrast, PT schemes can be designed (eg through centrally aggregated data, common standards and API access) in a way that supports effective third-party comparison services that in turn can significantly reduce consumer search costs'.

³⁸⁴ A minority of responses to the PDR suggested these burdens would be excessive. Response to PDR, for example: Anonymous Respondent 12 [REDACTED]; Anonymous Respondent 14 [REDACTED]; Northvet Veterinary Group; Pets at Home response to the PDR, paragraph 6.18 p 37; FIVP response to the PDR, p 5; Medivet response to the PDR, paragraph 71, pp 32-33.

Pet care plan calculator

- 3.325 We have decided not to require the RCVS to include a pet care plan calculator on the Find a Vet platform (nor to require veterinary businesses to include one on their own websites). This decision reflects discussions with the RCVS as well as a small number of responses to the PDR, which highlighted limitations to its effectiveness and the complexities of developing and maintaining the functionality of a calculator.³⁸⁵
- 3.326 In addition, pet owners in our qualitative research on remedies expressed limited interest in this aspect of our proposed remedies. They suggested that they would not generally be interested in using the calculator to check potential savings and would only do so if they were unhappy with the treatment from their current practice and considering switching.³⁸⁶
- 3.327 Our assessment is that the challenges put to us are realistic. They are, in our judgement, likely to outweigh the benefits of requiring the RCVS (or individual veterinary businesses) to publish a calculator. Greater benefit for pet owners, and to competition, are likely to result from requiring businesses to publish pet care plan information pursuant to the pet care plan remedy.

Composite price measure

- 3.328 We have decided not to require the inclusion on Find a Vet of a composite price measure. There are significant challenges to developing a measure that balances comprehensiveness (which would drive usefulness for pet owners by covering a wide range of services and reduce the risk of incentivising price rises for services not included in the calculation) with the feasibility of developing a weighting for different services that reflects variation between businesses and different pet owner needs. Our judgement is that these challenges would outweigh the benefits of requiring the RCVS to implement such a measure on Find a Vet.
- 3.329 That said, composite prices can effectively help pet owners compare costs, especially when combining multiple services or for pet owners unfamiliar with specific treatment needs. While we are not requiring publication of such a composite price, the RCVS may choose to develop and include one on Find a Vet. Commercial providers which decide to innovate in this space may include this feature in their offering.

³⁸⁵ Responses to PDR, for example: RCVS Response to the PDR, p 8; Medivet response to the PDR p 30; IVC response to the PDR, p 16; and in particular the RCVS response to PDR, where it noted in page 8 that such a calculator could be 'extremely complex, costly and time-consuming' to develop and maintain on Find a Vet.

³⁸⁶ Qualitative research with consumers, Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

Whether the remedies produce disadvantages which are disproportionate to their aims

- 3.330 We have carefully considered the disadvantages that may be caused by the remedies described in this section. Some of these relate to the package of remedies as a whole. Some relate to specific remedies within that package.
- 3.331 One possible consequence of the package as a whole relates to the impact on pet owners through price adjustments. While a substantial part of the market earned profits exceeding the cost of capital and have no need to pass on any cost, veterinary businesses may respond to new regulatory or compliance costs by passing these costs to pet owners. However, we expect that any costs to businesses will be concentrated at the initial setup stage and reduce over time. The remedy package will create greater competitive pressure on businesses generally, and we anticipate that this will constrain their prices. Costs would be spread across multiple services, further limiting the likely impact on pet owners.
- 3.332 A second possible consequence of the package as a whole is a risk of information overload. Giving pet owners too much information may make it harder for them to interpret and act on what they are told.
- 3.333 In developing the remedies, we have considered the potential value of each category of information, prioritising these according to their likely positive impact on pet owners' decision making and on competition. The greater standardisation and centralisation of information (for example, on Find a Vet) aims to support effective engagement and comparison by pet owners. Sharing the Find a Vet data with approved third parties would facilitate innovation that helps tailor information to different user needs.
- 3.334 A specific risk we have considered, particularly in respect of remedies 2b (price list remedy), 2c (parasiticides price list remedy) and 3 (Find a Vet remedy), is that pet owners focus unduly on price over quality. Some respondents to our PDR told us that price lists can result in businesses using loss leader strategies or engaging in a 'race to the bottom' in service delivery, and to the erosion of trust in vets.³⁸⁷
- 3.335 These would be damaging adverse consequences were they to materialise, but our judgment is that safeguards exist to prevent them:
- (a) The professional qualifications required of individual veterinary professionals, and the professional obligations to which they are subject, set high minimum levels of competence and clinical quality.
 - (b) Where we have identified them, we have required the publication of quality indicators, such as staff qualifications and practices' PSS awards and

³⁸⁷ For example, Medivet response to PDR, pp 26-28.

accreditations, on veterinary businesses websites and pet owner-facing materials. The RCVS may also in future identify additional quality measures that could be added to the Find a Vet platform, and we have recommended that it explores whether a local-level survey mechanism could offer further indications of the quality of the services practices offer.

- (c) Some veterinary businesses may position themselves as lower cost providers, by offering less complex treatment options which some pet owners may prefer. Others would be able to explain to pet owners the quality of their services together with their pricing, if they sought to compete with a proposition offering higher-priced services. Both such offerings would be characteristic of a well-functioning market, and we would welcome competition to produce firms with different marketing positioning as long as all businesses are above the (high) minimum level of quality required by regulation.

3.336 Some PDR respondents put to us other concerns specifically about the parasiticide price list remedy. They told us that the remedy could create risks:

- (a) to responsible prescribing, as businesses might reduce the range of products they carry, so as not to have to publish and maintain long price lists;³⁸⁸ and
- (b) to reduce the burden of updating their price lists, businesses would choose to change their parasiticide prices less frequently, exposing them to fluctuations in manufacturers' prices.³⁸⁹

3.337 As to the first of those points, we note that the prescribing and sale of parasiticides is likely in most practices to be concentrated in a relatively small number of products in any event (further detail is set out above in Parasiticide price list remedy and in part A, section 11). The price lists the relevant businesses will need to create and maintain are unlikely to be so excessive as to give rise to material risk to responsible prescribing.

3.338 As to the second, it is a point that is generally true in any market where input costs change. That risk is generally one that businesses, which in a well-functioning market will be transparent about their prices, must manage.

3.339 In other words, we do not judge this to be a particular or undue risk of an adverse consequence of our remedy. The remedy could in any event prompt improved engagement between parasiticide manufacturers and retailers, so as to manage the risk between them.

³⁸⁸ For example, Anonymous Respondent 14 [X] response to PDR, p 3; BVA, BSAVA, BVNA, SPVS, VMG joint response to the PDR, p 10.

³⁸⁹ That is, their costs might change but they might not be able to easily reflect this in updated prices.

Indicative price list with definitions for line items to support practice implementation

Category	Service, product, treatment or procedure (35 total)	Definition to support practice implementation
1. Consultation and preventative care (12)	First consultation, including standard appointment duration in minutes.	A first consultation with a vet surgeon for all new conditions, or general check-ups for the standard appointment length.
	Repeat consultation	A consultation with a vet surgeon for any follow-up assessment or care following a First consultation, or for prescription reviews.
	Out-of-hours consultation, including name of third-party provider if used, and hyperlink to provider's website.	Consultation with a vet surgeon using the practice's OOH provision
	Nurse consultation, including standard appointment duration in minutes.	Consultation with an RVN or supervised SVN for the standard appointment length.
	Nail clipping	Appointment with the vet surgeon or RVN.
	Anal gland expression	Appointment with the vet surgeon or RVN.
	Microchipping	Appointment with the vet surgeon or RVN, microchip implantation and database registration.
	Animal health certificate, including any relevant charges for additional animals included on the certificate.	Consultation/clinical examination with a vet surgeon, preparation and completion of health certificate.
	Vaccinations primary course (including consultation)	Consultation/clinical examination by vet surgeon, administration of vaccine by vet surgeon or RVN. Inclusive of all core vaccines (link to BSAVA guidance).
	Vaccinations booster (including consultation)	Consultation/clinical examination by vet surgeon, administration of vaccine by vet surgeon or RVN. Inclusive of all core vaccines (link to BSAVA guidance).
	Vaccination for kennel cough (including consultation)	Consultation/clinical examination by vet surgeon, administration of vaccine by vet surgeon or RVN.
2. Prescription, dispensing and administration (5)	Pet care plan(s) (monthly cost), and a link to further information on the practice website about plan inclusions	
	Prescription fee	
	Fee for additional items prescribed in same consultation	
	Prescription fee (repeat)	
	Dispensing fee	
	Medicine administration fee - injection to the skin or muscle	
3. Surgeries and treatments (6)	Insurance administration fees	If the practice has different insurance charges, they should list these as separate line items.
	Dental assessment (initial examination of mouth, scale and polish)*	
	Castration*	Scrotal testicles castration
	Spay (traditional/open)*	Midline ovariectomy
	Spay (laparoscopic/keyhole)*	Laparoscopic ovariectomy
	Physiotherapy session, including standard appointment duration in minutes.	
4. Diagnostics and laboratory tests (9) (All include interpretation. Price to include third-party fees if used for some elements.)	Laser therapy session, including standard appointment duration in minutes.	
	X-ray (including sedation/general anaesthesia and three images)	Production of up to three images for a non-complex case, eg GI or foreign body diagnosis. Price to include third-party fees if used in part.
	Ultrasound (abdominal, single organ)	Non-complex, single organ diagnostic ultrasound.
	Ultrasound (echocardiogram)	
	Cytology test (ear swab)	
	Cytology (fine needle aspiration)	
	Basic urine screen (including urine dipstick, and measurement of specific gravity)	

5. End-of-life care (3)	CT scan per body part (including general anaesthetic and images)	
	MRI scan per body part (including general anaesthetic and images)	
	Pre-surgical/pre-anaesthetic blood test	Chem10 blood test, or equivalent.
	Euthanasia	
	Cremation: communal, including name of third party provider, and hyperlink to provider's website.	
	Cremation: individual, including name of third party provider if used, and hyperlink to provider's website.	
Items with an asterisk (*) require practices to indicate additional information about how they price these services, which is described in more detail in <i>How information about price list items should be presented</i> .		

Indicative price list template for optional use by practices

Note we may update this template when we make the final Order to reflect any adjustments and ensure it is sufficiently clear to pet owners.

Price list for [Cats / Small dogs / Medium dogs / Large dogs / Extra-large dogs / Giant dogs]			
Prices shown relate to delivery of the treatment or service listed for a typical case. In some cases, complications or clinical factors may mean the pet needs additional or more costly intervention and this may affect the final price charged. Your vet will update you on your options and the costs as diagnosis and treatment progresses. Checkboxes indicate where an element of the treatment is typically provided and is included in the price shown, or unchecked where it is not typically provided and not included in the price shown. Items without a price are not offered by this practice.			
Category	Service, product, treatment or procedure	Inclusions	Price
Consultation and preventative care	First consultation	[Standard duration] mins	£
	Repeat consultation		£
	Out-of-hours consultation	[Name of third party provider if used, and link to provider's website]	£
	Nurse consultation	[Standard duration] mins	£
	Nail clipping		£
	Anal gland expression		£
	Microchipping		£
	Animal health certificate (including consultation)	[£ charge for additional animals on the same certificate]	£
	Vaccinations primary course (including consultation)		£
	Vaccinations booster (including consultation)		£
	Vaccination for kennel cough (including consultation)		£
	Pet care plan(s) (monthly cost)	Link to further information on the practice website about plan inclusions	£
Prescription, dispensing and administration	Prescription fee		£
	Fee for additional items prescribed in same consultation		£
	Prescription fee (repeat)		£
	Dispensing fee		£
	Medicine administration fee - injection to the skin or muscle		£
	Insurance administration fees		£
Surgeries and treatments	Dental assessment (initial examination of mouth, scale and polish)*	☐ General anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ Post-treatment pain relief ☐ Hospitalisation & monitoring ☐ Pre-operative blood tests	£
	Castration*	☐ General anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ Post-treatment pain relief ☐ Hospitalisation & monitoring ☐ Pre-operative blood tests	£

		☐ Post-operative check-ups	
	Spay (traditional/open)*	☐ General anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ Post-treatment pain relief ☐ Hospitalisation & monitoring ☐ Pre-operative blood tests ☐ Post-operative check-ups	£
	Spay (laparoscopic/keyhole)*	☐ General anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ Post-treatment pain relief ☐ Hospitalisation & monitoring ☐ Pre-operative blood tests ☐ Post-operative check-ups	£
	Physiotherapy session, including standard appointment duration in minutes.	[Standard duration] mins	£
	Laser therapy session, including standard appointment duration in minutes.	[Standard duration] mins	£
Diagnostics and laboratory tests (All include interpretation)	X-ray (including sedation/general anaesthesia and three images)		£
	Ultrasound (abdominal, single organ)		£
	Ultrasound (echocardiogram)		£
	Cytology test (ear swab)		£
	Cytology (fine needle aspiration)		£
	Basic urine screen (including urine dipstick, and measurement of specific gravity)		£
	CT scan per body part (including general anaesthetic and images)		£
	MRI scan per body part (including general anaesthetic and images)		£
	Pre-surgical/pre-anaesthetic blood test		£
End-of-life care	Euthanasia		£
	Cremation: communal, including name of third party provider, and hyperlink to provider's website.		£
	Cremation: individual, including name of third party provider if used, and hyperlink to provider's website.		£

4. Choice of treatments, referrals and diagnostics

We have decided:

Remedy 4a:

- that all veterinary businesses operating one or more FOPs must provide a pet owner with a written estimate which gives them an indication of the reasonably likely costs of the treatment pathway which the veterinary professional, using their judgment and exercising reasonable care and skill, recommends, if those costs are reasonably likely to be £500 or more including VAT;^{390, 391}
- that the veterinary businesses must give a pet owner a further written update if the total estimated cost of the treatment pathway is reasonably likely to increase by 20% or £500 including VAT³⁹² (whichever is lower); and
- that the RCVS will publish on its website the level of the monetary thresholds for a written estimate to be provided and updated.

We recommend to the RCVS that it amends the Codes and Guidance³⁹³ to reflect the above requirements.

Remedy 4b:

- that all veterinary businesses operating one or FOPs must give pet owners itemised bills for their pet's treatment and other services they receive; and
- to recommend to the RCVS that it amends the Codes and Guidance to reflect the above requirement.

Remedy 5: We have decided that all veterinary businesses operating one or more FOPs must have in place written policies and processes to ensure that their veterinary professionals are able to act in accordance with relevant provisions of the RCVS Codes and Guidance, including giving pet owners independent and impartial advice, information about costs and, where appropriate, a range of treatment options. Veterinary businesses will be required to have in place effective mechanisms for monitoring compliance.

³⁹⁰ Indexed to inflation as set out below.

³⁹¹ Save in cases where providing a written estimate would cause a delay in providing the Treatment Pathway that would seriously adversely affect the pet's health and welfare (such as in emergency situations) or if the pet owner says they do not want to receive one.

³⁹² Indexed to inflation as set out below.

³⁹³ Codes and Guidance means the RCVS Code of Conduct for Veterinary Surgeons and the RCVS Code of Conduct for Veterinary Nurses, as the case may be, and the supporting Guidance.

Introduction

- 4.1 We have found that pet owners are not always provided with sufficient information to enable to make them well-informed decisions in relation to the treatment of their pets or understand what they have been charged. This includes not being provided with written estimates of the reasonably likely costs of the treatments that are being recommended for their pets, or receiving an itemised bill following treatment. We have also found that the lack of regulation of veterinary businesses means there is the potential for their commercial incentives, and their policies and processes, to conflict with veterinary professionals' regulatory obligations to provide pet owners with independent and impartial advice about treatments and costs
- 4.2 In this section we set out our decisions in relation to:
- (a) the provision of written estimates (and the circumstances when these must be updated) to pet owners;
 - (b) the provision of itemised bills to pet owners following treatment being provided; and
 - (c) veterinary businesses having written policies and processes in place to ensure their veterinary professionals are able to act in accordance with the relevant provisions of the RCVS Codes and Guidance.

Remedy 4a: Written estimates for higher price treatments

We have decided that:

- all veterinary businesses operating one or more FOPs must provide a pet owner with a written estimate which gives them an indication of the reasonably likely costs of the treatment pathway which the veterinary professional, using their judgment and exercising reasonable care and skill, recommends, if those costs are reasonably likely to be £500 or more including VAT;^{394, 395}
- the veterinary businesses must give a pet owner a further written update if the total estimated cost of the treatment pathway is reasonably likely to increase by 20% or £500 including VAT³⁹⁶ (whichever is lower); and

³⁹⁴ Indexed to inflation as set out below.

³⁹⁵ Save in cases where providing a written estimate would cause a delay in providing the Treatment Pathway that would seriously adversely affect the pet's health and welfare (such as in emergency situations) or if the pet owner says they do not want to receive one.

³⁹⁶ Indexed to inflation as set out below.

- the RCVS will publish on its website the level of the monetary thresholds for a written estimate to be provided and updated.

We recommend to the RCVS that it amends the Codes and Guidance³⁹⁷ to reflect the above requirements.

Description of the remedy

- 4.3 Veterinary professionals examine pets and use their judgement, exercising reasonable care and skill, to assess pets' medical conditions³⁹⁸ and to make recommendations for diagnostic tests (if necessary) and treatments. This remedy is focussed on the provision of written estimates for the diagnostic tests and treatments that the vet judges a pet is reasonably likely to require and which they recommend on that basis. Those tests and treatments comprise the 'treatment pathway'³⁹⁹ (the **Treatment Pathway**). The remedy is to help pet owners make choices about them.
- 4.4 We have decided that all veterinary businesses operating one or more FOPs⁴⁰⁰ must provide a pet owner with a written estimate which gives them an indication of the reasonably likely costs of the Treatment Pathway which the veterinary professional, using their judgment and exercising reasonable care and skill, recommends,⁴⁰¹ if those costs are reasonably likely to be £500 or more including VAT (the **Monetary Threshold**).^{402, 403} That threshold will be adjusted from time to time taking account of the Consumer Prices Index (**CPI**).⁴⁰⁴
- 4.5 The requirement to provide a written estimate is additional to individual veterinary professionals' obligations under the RCVS Code of Conduct (**Code**) to have discussions with pet owners about a range of reasonable treatment options, prognoses and likely charges in each case. It does not replace those obligations or

³⁹⁷ Codes and Guidance means the RCVS Code of Conduct for Veterinary Surgeons and the RCVS Code of Conduct for Veterinary Nurses, as the case may be, and the supporting Guidance.

³⁹⁸ Which includes any deviation from the pet's normal health or function that requires diagnosis or treatment by a veterinary professional.

³⁹⁹ For the purposes of this remedy and the others in this section of the report.

⁴⁰⁰ Which includes where the veterinary business offers OOH services in an out-of-hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The remedy will also apply in those FOPs or other places in respect of those OOH services.

⁴⁰¹ Taking account of the pet owner's circumstances and wishes.

⁴⁰² Each of the amounts stated for the threshold and amount of any increase in an estimate (in % or £ terms) are inclusive of VAT.

⁴⁰³ Save in cases where providing a written estimate would cause a delay in providing the Treatment Pathway that would seriously adversely affect the pet's health and welfare (such as in emergency situations) or if the pet owner says they do not want to receive one.

⁴⁰⁴ It will be index-linked to that measure and reviewed annually. It will be increased once the cumulative rate of inflation means that, in real terms, the threshold should increase by £50. For example, if, in the first year the requirement is in place, the annual rate of inflation under the CPI were 10%, the threshold would increase at that point to £550. If, however, the rate were lower, such that in real terms the threshold would only be worth £550 or more in the second, third or later years, it would only be increased (to £550) at that point.

prevent vets from having discussions about treatments and prices with pet owners at any time.⁴⁰⁵

The Treatment Pathway in different cases

- 4.6 The Treatment Pathway will be different depending on whether the veterinary professional recommends (i) tests and treatments within a FOP; or (ii) a referral to a diagnostic and/or treatment centre outside the FOP. The remedy will apply in a slightly different way in each case.

Treatments within a FOP

- 4.7 For treatments within a FOP,⁴⁰⁶ a Treatment Pathway means:

All diagnostic tests and/or treatments which a veterinary professional has already provided, and may provide, at the FOP, or for which they may make a referral to a professional within the same FOP, and which the professional recommends for the purpose of diagnosing and/or treating what they think the animal's medical condition is reasonably likely to be.

It covers such tests and treatments for up to 12 months from the point at which the written estimate is provided.⁴⁰⁷

- 4.8 Such a Treatment Pathway may encompass several stages of tests or treatment. It may cover one or more options for treating the pet, depending on what the veterinary professional judges the pet's medical condition is reasonably likely to be.
- 4.9 For example, there may be some cases where, in the veterinary professional's judgment, diagnostic tests are reasonably likely to indicate a particular ailment and that a single recommended treatment option is appropriate. If the cost of that option, with the diagnostic tests, is reasonably likely to reach the Monetary Threshold, that is the Treatment Pathway for which the pet owner must receive a written estimate.
- 4.10 There may be other cases where the veterinary professional judges that diagnostic tests are reasonably likely to indicate that more than one option⁴⁰⁸ for treatment

⁴⁰⁵ The RCVS Guidance states that 'veterinary surgeons and veterinary nurses should ...ensure that a range of reasonable treatment options are offered and explained, including the costs of each, taking into account the needs and circumstances of the client', RCVS Guidance, Consumer rights and freedom of choice, paragraph 10.2 (updated 4 March 2025). [RCVS Supporting guidance | Consumer rights and freedom of choice](#).

⁴⁰⁶ That is, to be provided solely at a FOP.

⁴⁰⁷ Where it is reasonably likely that treatments (including medicine products) will be provided for a long but indefinite period (a year or more), such as post-operative care or treatment for chronic conditions, the written estimate must include these for the first 12-month period only. There is no requirement for veterinary professionals to try to predict the pet's lifespan.

⁴⁰⁸ By which we mean that the pet might need one or another, depending on the condition diagnosed.

could be appropriate. Each of those options that, together with the diagnostic tests, would be reasonably likely to reach the Monetary Threshold is part of the Treatment Pathway for which a written estimate must be provided. In that case, the estimate must cover the costs of each option. These could be presented as a range, indicating where in the range each option is reasonably likely to sit.

- 4.11 We would not normally expect the Treatment Pathway to cover more than three possibilities for each of (i) the diagnosis of the pet's medical condition and (ii) the treatment options if the pet has one of those conditions. The purpose of vets, applying their judgement and exercising reasonable care and skill, is to identify the reasonably likely possibilities. We expect that in many cases, they could identify fewer than three.⁴⁰⁹ Any more than that would suggest that some of the possibilities are not reasonably likely, and their inclusion in estimates would risk confusing and overwhelming the pet owner. It would also likely be unduly burdensome for the veterinary business to provide a written estimate for a greater number of possibilities and options.
- 4.12 The Treatment Pathway also includes any ancillary or associated services and products which the professional, using their judgment and exercising reasonable care and skill, recommends.⁴¹⁰ These could be items such as medicines and anaesthetics, pre- or post-operative care, follow up or routine visits, and contingent elements that depend on the results of diagnostic tests.⁴¹¹ Where these items form part of the treatment the professional recommends and that treatment is reasonably likely to cost £500 or more, these items must be included in a written estimate.

Illustrative examples

- 4.13 Figure 4.1 below shows a hypothetical pet's future Treatment Pathway based on what the veterinary professional is able to predict, using their judgment and exercising reasonable care and skill (and having regard to the circumstances and wishes of the pet owner). In this case, the vet judges that the pet is reasonably likely to be suffering from a condition for which they recommend a diagnostic test costing £300, and for which the treatments the pet is reasonably likely to require thereafter include physiotherapy likely costing £200 or surgery likely costing £1,000.
- 4.14 The £300 diagnostic test, on its own, does not meet the Monetary Threshold, but it does so in combination with the £200 physiotherapy or £1,000 surgery. Accordingly, a written estimate must be provided.

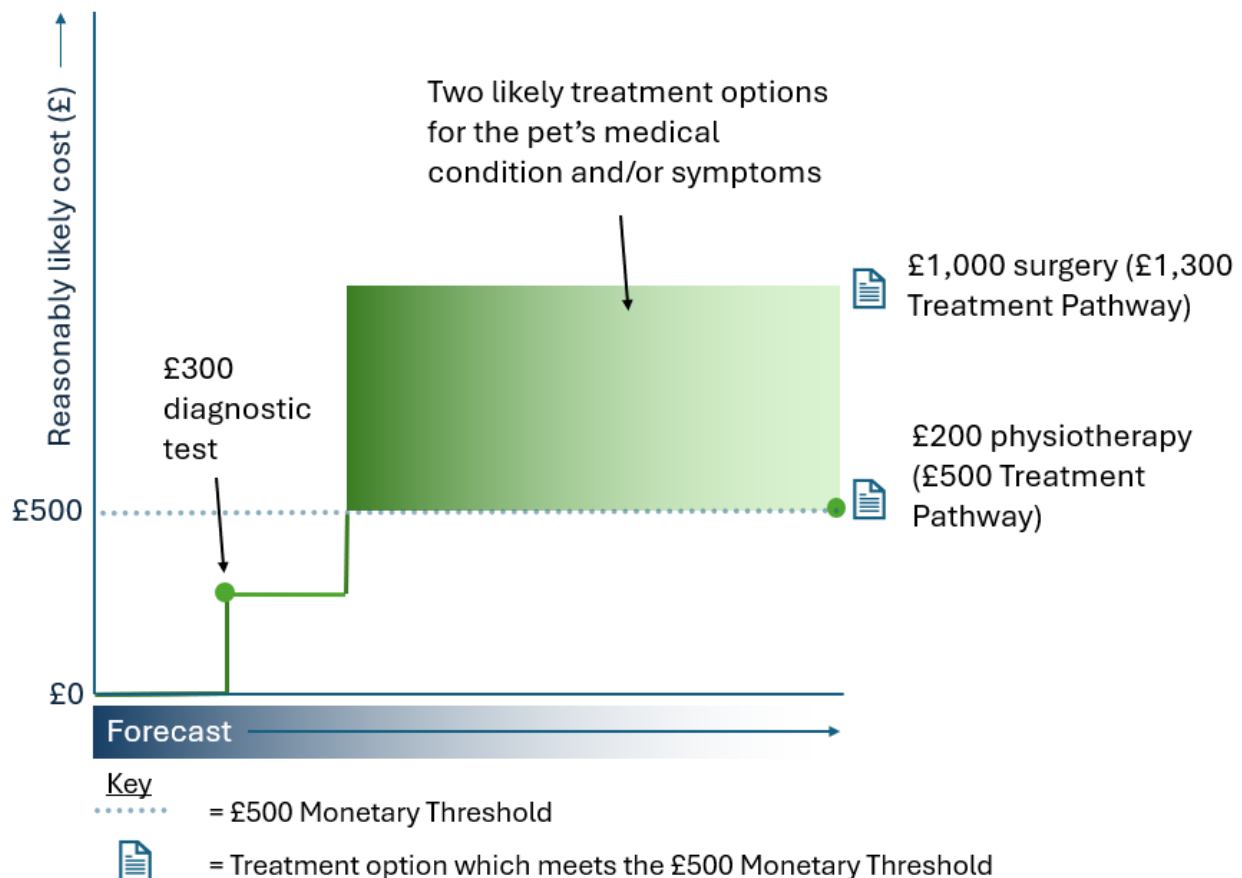
⁴⁰⁹ Of each of the possible diagnoses and treatment options.

⁴¹⁰ For the period of up to 12 months from the point at which the written estimate is provided.

⁴¹¹ It will also include, in cases where the treatment option is euthanasia and cremation, the cost of the latter.

- 4.15 As part of the estimate, the veterinary business must inform the pet owner that the total reasonably likely cost of the Treatment Pathway being recommended includes two options above the Monetary Threshold. The estimate must say that the options range in cost from £500 for one to £1,300 for the other.⁴¹²

Figure 4.1: Treatment pathway involving a diagnostic test and two treatment options reasonably likely to cost £500 or more



Source: CMA analysis

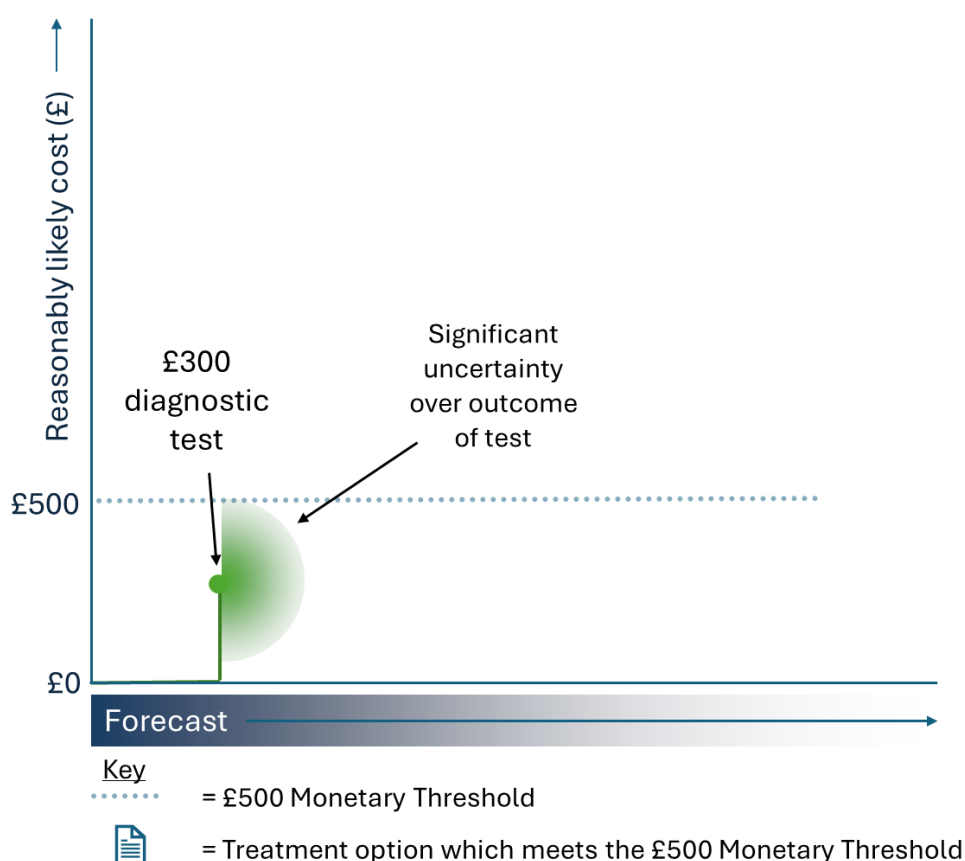
- 4.16 Figure 4.2 below shows a different hypothetical pet's future Treatment Pathway. The example in this case recognises that it is sometimes highly uncertain what may be causing a pet's symptoms when a veterinary professional does their initial examination.
- 4.17 In such cases, which we would expect to be the exception rather than the norm, the veterinary professional may only be able initially to recommend a diagnostic test(s), without being able to assess what the pet's medical condition is reasonably likely to be or to recommend treatments it is reasonably likely to need. In that case, and at that stage, the test(s) alone would comprise the Treatment Pathway. The veterinary business for which the professional works will only be required to

⁴¹² The business could also note, either orally or on the written estimate, that there may be other options that fall below the threshold (such as a £50 medicine) or others that are not currently foreseen, including the option to do nothing or 'wait and see'.

provide a written estimate if the cost of the diagnostic test(s) is reasonably likely to reach the Monetary Threshold.

- 4.18 In the example in Figure 4.2, the veterinary professional, using their judgment and exercising reasonable care and skill, is recommending a £300 diagnostic test. There is significant uncertainty over the outcome of the test and they cannot at that stage advise what further diagnostic tests and/or treatments (if any) that the pet is reasonably likely to need, having regard to the pet owner's circumstances and wishes. The £300 diagnostic test does not meet the Monetary Threshold so the veterinary business is not required to provide a written estimate to the pet owner (although it may choose to do so).

Figure 4.2: Treatment Pathway involving a diagnostic test and significant uncertainty



Source: CMA analysis

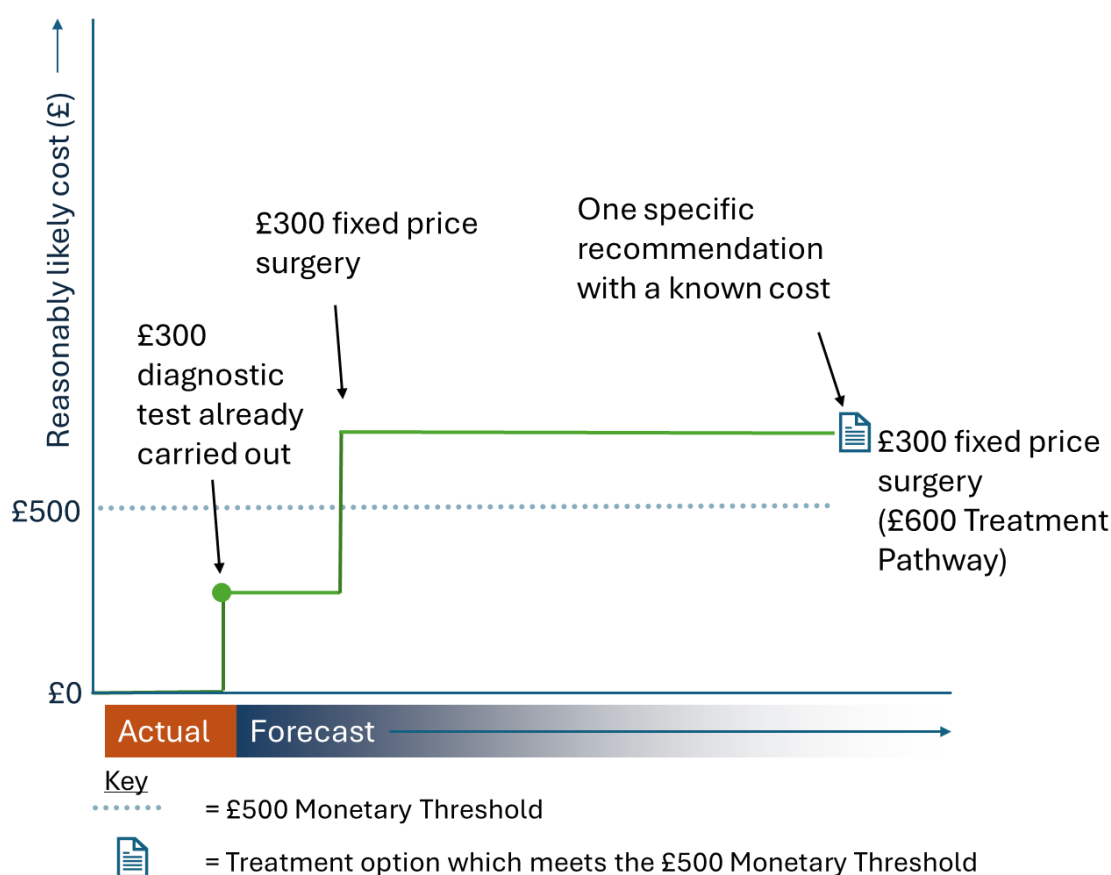
- 4.19 Figure 4.3 below provides a further illustration. It uses the same facts as used in Figure 4.2 and shows what might be required in terms of a written estimate at a later point in the same case.
- 4.20 In this further developed scenario, the pet owner has chosen to proceed with the £300 diagnostic test and it has been carried out.⁴¹³ With the benefit of the results,

⁴¹³ In this scenario, the pet owner has incurred the cost of the diagnostic test.

the veterinary professional is able to make a specific recommendation for surgery likely to cost £300.

- 4.21 The £300 diagnostic test and £300 surgery are, individually, below the Monetary Threshold. Nevertheless, the calculation runs from when a diagnostic test and/or treatment is first carried out, and the cumulative cost of the test and the surgery exceeds that threshold. That being so, a written estimate must be provided for the £600 (total) Treatment Pathway before the pet owner chooses whether to go ahead with the surgery.

Figure 4.3: Treatment pathway involving a diagnostic test and one treatment option



Source: CMA analysis

- 4.22 We are minded, when we produce our Order containing the requirements to provide written estimates, to issue accompanying guidance and further illustrative examples.

Form of the written estimate for treatments within a FOP

- 4.23 The veterinary business must present the written estimate for the Treatment Pathway in a way that enables the pet owner to understand the cost of the options, to compare them and to make an informed decision based on their financial situation and what is right for their pet.

- 4.24 The estimate must be as accurate as it is reasonably possible for the veterinary business to make it, using the relevant veterinary professional's judgement and employing reasonable care and skill. It may, depending on the circumstances, be presented as either:
- (a) a specific estimated figure;
 - (b) a range; or
 - (c) a specific estimated figure for some parts of the Treatment Pathway and a range for other parts.
- 4.25 The precision of a more specific estimate will be required (and appropriate) where, using the required level of care and skill, the vet has (or should have) a high level of confidence over the cost. Examples of where that should be the case include where there is reasonable certainty over the most suitable treatment or the treatment involves a fixed price procedure.
- 4.26 A range will be required (and appropriate) where the Treatment Pathway involves possibilities for which the likely cost is uncertain, even to a vet using their judgement and exercising the required level of care and skill. It may also be appropriate where the Treatment Pathway includes more than one option.⁴¹⁴ In these cases, the range should be accompanied by indications of where within any range:
- (a) the costs of different treatment options are likely to sit; and
 - (b) the total cost of the Treatment Pathway is most likely to fall, and why.⁴¹⁵
- 4.27 A specific estimate for some parts of the Treatment Pathway and a range for others will be required (and appropriate) where:
- (a) some parts fall within the circumstances described in paragraph 4.23 above, and for which a specific estimate can and should be provided; and
 - (b) some parts fall within the circumstances described in paragraph 4.24 and for which a suitably qualified range can and should be used.

⁴¹⁴ By which we mean that the pet might need one treatment or another, depending on the condition diagnosed.

⁴¹⁵ Together with an explanation of the factors that might affect that position.

- 4.28 The veterinary business must update the written estimate (in writing), as soon as reasonably possible, if it is reasonably likely that the costs of the Treatment Pathway would increase by 20% or £500 including VAT⁴¹⁶ (whichever is lower).⁴¹⁷

Treatments outside the FOP

- 4.29 In some cases, a veterinary professional in a FOP will recommend a referral outside that FOP. In those cases, the Treatment Pathway means the diagnostic tests and/or treatments which the professional recommends the pet owner obtains from a referral centre⁴¹⁸ for the purpose of diagnosing and/or treating what they think the pet's medical condition is reasonably likely to be.
- 4.30 Where, in those cases, the veterinary professional, using their judgement and knowledge of the market, and exercising reasonable care and skill, considers that the cost of the Treatment Pathway is reasonably likely to meet the Monetary Threshold, the veterinary business must give the pet owner a written estimate. The estimate must provide an indication of what the price of the Treatment Pathway would typically be expected to be.
- 4.31 The price indication that the business is required to give will depend on the circumstances. If, for example, the veterinary professional knows that the referral provider charges a fixed price for any diagnostic tests and/or treatments which are part of the Treatment Pathway, the written estimate must include these. In other cases, it must be an indication based on the relevant vet's judgement and knowledge of the market.
- 4.32 In these cases, the veterinary business which provides the written estimate will not be required to provide an update should the estimated costs increase. It is unlikely to know about any changes in those costs once a pet is under the care of a referral centre. Instead, the veterinary professional to whom such cases are referred will need to update their estimates in accordance with the Codes and Guidance.

The role of the RCVS

- 4.33 We have decided in addition to:

⁴¹⁶ This element of the Monetary Threshold will also be indexed to the CPI measure of inflation and reviewed annually. It will be increased once the cumulative rate of inflation means that, in real terms, the threshold should increase by £50. For example, if, in the first year the requirement is in place, the annual rate of inflation under the CPI were 10%, the threshold would increase at that point to £550. If, however, the rate was lower, such that in real terms the threshold would only be worth £550 in the second, third or later years, it would only be increased at that point.

⁴¹⁷ Where there is any such increase within the 12-month period covered by the original estimate.

⁴¹⁸ Which may or may not be part of the same ownership group or common network (as we define those groups and networks in this report) as the relevant FOP.

- (a) seek an undertaking from the RCVS to publish on its website the level of the Monetary Thresholds for a written estimate to be provided and updated (or we will order it to do so); and
- (b) recommend to the RCVS that it amends the existing provisions of its Codes and Guidance that relate to the provision of estimates, so that individual veterinary professionals are subject to requirements equivalent to those we are imposing on veterinary businesses (as described above).

The aim of the remedy

- 4.34 Some visits pet owners make to vet practices are routine, for example for their pets to have check-ups or vaccinations. Other visits occur when a pet owner thinks their pet may be ill or has been injured.
- 4.35 In the latter cases, pet owners want advice, diagnosis and, if necessary, appropriate treatment for their pet. The diagnostic processes will often be uncertain. There may be a range of possible outcomes. The appropriate treatment will depend on the diagnosis and can cover a large range of clinical actions and prices. Diagnostic tests and non-routine treatments often cost pet owners hundreds or thousands of pounds, and pet owners will rely heavily on the judgement and advice of their vet.
- 4.36 Being able to refer to written estimates is important for pet owners so they can plan and budget for the likely scale of the cost and use this as part of their decision about the tests and treatments they buy.⁴¹⁹ We have seen evidence which suggests that both LVGs and independent practices are not always doing enough to ensure that their vets are routinely making pet owners aware of prices before they make decisions.⁴²⁰
- 4.37 This remedy will ensure that pet owners are provided, in writing, with a realistic indication of the costs they are reasonably likely to have to spend on higher-cost treatments that their vet recommends for their pet. It reflects the uncertainty in diagnosis and possible treatments. It requires veterinary professionals to use their judgement, and exercise reasonable care and skill, to identify what they think the pet's medical condition is reasonably likely to be, to advise on the tests and treatments the pet is reasonably likely to need and, when it is reasonably likely to be £500 or more, to provide an estimate of the costs.
- 4.38 Pet owners will be able to budget and to make informed decisions based on their financial situation and what is right for their pet. That, it seems to us, is a

⁴¹⁹ As we note in part A, section 10.

⁴²⁰ In particular, responses to our pet owners survey indicate that less than half of pet owners said they were given cost information in advance of their most recent non-routine treatment. More detail is in part A, section 10.

reasonable requirement in any market where a consumer is considering spending a substantial amount of money.

How the remedy addresses the AEC and resulting customer detriment

- 4.39 Sophisticated and expensive treatments are increasingly available, and veterinary professionals and businesses have an important role to play in providing pet owners with information when they are making choices about the diagnostic tests and/or treatments their pet receives. In a well-functioning market, they would routinely provide sufficient, appropriate and timely information about treatments and costs,⁴²¹ so that pet owners could make better informed decisions about whether to go ahead with a treatment and, where options are available, which to choose, and be able to budget appropriately.
- 4.40 The Code states that vets must provide appropriate information to pet owners, including the costs of services and medicines.⁴²² The Guidance states that vets should provide price estimates and information about a range of reasonable treatment options,⁴²³ with associated fee estimates, and pet owners should have the significance and main risks explained to them, as part of obtaining informed consent.⁴²⁴ The Guidance provides advice to vets on where estimates should 'preferably' be in writing,⁴²⁵ but there is nothing in the Codes or Guidance which sets out the specific circumstances in which a written estimate is *required*.
- 4.41 We have found that, in practice, price estimates, when provided to pet owners, are often given only orally rather than in writing.⁴²⁶ That, in our view, makes estimates more difficult for pet owners to remember and refer to once away from the consulting room. When treatments are higher cost, which is often associated with increasingly sophisticated treatments, it is particularly important to give pet owners the opportunity for informed reflection in making their decisions. Where the diagnosis is uncertain and diagnostic tests are required, written information is likely to help pet owners better understand and consider the options and choose appropriately.

⁴²¹ Including any follow-on costs to which a treatment pathway would likely directly lead, such as those for ongoing medicines or aftercare.

⁴²² RCVS Code, 2.3.

⁴²³ Including euthanasia and the option to carry out monitoring without further tests or treatment.

⁴²⁴ RCVS Guidance (Estimates) 9.9 to 9.12; RCVS Guidance (Fees) 9.5 to 9.8; RCVS Guidance (Informed Consent) 11.2.

⁴²⁵ RCVS Guidance (Estimates) 9.10.5 and 9.11.

⁴²⁶ Of those responding to our pet owners survey who were provided with price information in advance of their most recent non-routine treatment, 29% were provided with information in written form, 73% orally, 8% saw the price on a practice list and 4% selected 'other', 'none of the above', or 'don't know/can't remember'. Pet owners survey, Q51. This question allowed multiple options to be selected (for example, a respondent could answer that they had been provided with both oral and written information) so percentages do not sum to 100%.

- 4.42 Our assessment, as set out in part A of this report,⁴²⁷ is that the requirements of the Codes and Guidance are falling short. They are not effectively monitored and enforced owing to a lack of statutory powers and sanctions, and they do not apply to the businesses which supply veterinary services.
- 4.43 This remedy will help address the shortcomings of the regulatory framework, the AEC to which they contribute and the resulting customer detriment.

Remedy design considerations

- 4.44 In response to our PDR, most of the comments on this remedy came from vets. They made some general comments and some about the specific design of the remedy.
- 4.45 Of those who commented generally, over half said they broadly supported pet owners being given written estimates.^{428, 429} Many told us that lots of veterinary practices already provide them.⁴³⁰ A small minority of respondents from independent practices told us that this remedy would help veterinary professionals to increase transparency, manage pet owners' expectations and/or promote trust.⁴³¹
- 4.46 Other comments were about the remedy resulting in delays, an increased administrative workload for vets and/or additional costs.⁴³² A handful of respondents expressed the view that this remedy could result in some pet owners being dissatisfied (from which we infer a concern that actual costs may in some cases turn out to be higher than written estimates).⁴³³ We have taken these comments, and the responses which focussed on specific aspects of the remedy, into account when considering how the remedy should be designed.

Who must give the written estimate

- 4.47 In practice, it is likely that the veterinary professionals (or, as appropriate, the reception staff) working for veterinary businesses operating FOPs will provide the

⁴²⁷ Part A, section 10: Choice of treatments and referrals. The current regulatory framework is not effective at ensuring that vets routinely provide pet owners with appropriate and timely information about treatment options and prices.

⁴²⁸ For example, Veterinary Voices Template Response, individual [redacted] response to the PDR, p 2.

⁴²⁹ Participants in the CMA's qualitative consumer research on remedies were also largely supportive of this remedy. [Qualitative research with consumers](#), Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

⁴³⁰ For example, individual [redacted] response to the PDR, p 2, individual [redacted] response to the PDR, p 1, and Anonymous Respondent 28 [redacted] response to the PDR, p 2.

⁴³¹ For example, veterinary business or practice [redacted] response to the PDR, p 1, Pet and Equine Insurance Association response to the PDR, p 4, and Veterinary Schools Council response to the PDR, p 1.

⁴³² For example, veterinary business or practice [redacted] response to the PDR, Veterinary Voices Template response to the PDR, p 4.

⁴³³ For example, Pets at Home response to the PDR, p 39, individual [redacted] response to the PDR, p 1, veterinary business or practice [redacted] response to the PDR, p 11.

written estimates to pet owners. The responsibility for ensuring that happens, however, and the liability for any failure, will lie with the relevant business.

When the requirement to provide a written estimate applies

- 4.48 In our PDR, we proposed that pet owners would need to be given a written estimate of the total cost of the 'Treatment Option' their vet recommended when it is reasonably foreseeable that it would cost £500 or more. We described our aim as being that pet owners should receive a realistic indication of the scale of their reasonably foreseeable expenditure on high-cost Treatment Options which their vet offers or advises to them.
- 4.49 We received a number of responses about this aspect of the remedy. These concerned two main issues:
- (a) the option(s) for treatment; and
 - (b) the calculation of costs.

Treatment options

- 4.50 Respondents' concerns appear to us to relate to a large extent to the uncertainty that often exists when a pet owner presents an unwell or injured pet to their vet:
- (a) A small group told us that a minimum level of examination was needed before the price of a particular treatment option could be estimated.⁴³⁴
 - (b) VetPartners, for example, said that: 'Prior to a diagnosis being made, there are a large number of factors that may affect the possible cost of treatment, and many of these will be unknown to the vet at that time'. It also referred to, '... the many contingencies which ... make it virtually impossible to provide a meaningful estimate...' ⁴³⁵
 - (c) Many respondents said that the remedy could result in pet owners choosing treatments based on assumptions which were ultimately found to be inaccurate.⁴³⁶

⁴³⁴ For example, individual [redacted] response to the PDR, p 1, veterinary business or practice [redacted] response to the PDR, p 1, and Veterinary Voices Template response to the PDR, p 3.

⁴³⁵ VetPartners response to the PDR, paragraphs 150 and 166.

⁴³⁶ For example, Hook Norton Veterinary Group

⁴³⁶ For example, veterinary business or practice [redacted] response to the PDR, p 11.

- (d) A small minority told us that vets might produce estimates based on the worst-case scenario.⁴³⁷ VetPartners referred to vets providing estimates, ‘... on a precautionary basis (which would risk overwhelming pet owners)...’⁴³⁸
 - (e) Another small minority raised concerns about estimating the price of aftercare.⁴³⁹ One respondent said written estimates should be limited to immediate post procedure care.⁴⁴⁰
- 4.51 A small number of respondents commented on the difficulty that would arise if vets were required to provide written estimates for multiple treatment possibilities. They told us that would be burdensome.⁴⁴¹
- 4.52 Among that group, VetPartners, for example, said that the benefit of pet owners being informed about the treatment costs which could follow diagnostic tests did not justify the administrative burden of requiring vets to produce written estimates ‘covering multiple contingent treatment pathways before conducting diagnostics’. It described, ‘[r]equiring elaborate contingent multi-scenario written estimates before diagnostics,’ as ‘.... wholly disproportionate, impractical, and ultimately not useful for pet owners.’⁴⁴²
- 4.53 A small minority of respondents told us that, in their view, vets might produce estimates based on the worst-case scenario.⁴⁴³ Our Veterinary Advisory Panel made similar points, saying:
- (a) it is not practical for vets to provide an estimate which covers all outcomes;
 - (b) the range of those outcomes could be extremely broad and unhelpful to pet owners; and
 - (c) if pet owners were given a range of treatment options to choose from, they could feel guilty for choosing the cheapest.⁴⁴⁴
- 4.54 We have considered these comments carefully, noting that they are about when, and largely not about if, written estimates should be provided. VetPartners, for example, its concerns notwithstanding, said that it, ‘.... supports the principle that,

⁴³⁷ For example, veterinary business or practice [X] response to the PDR, p 11, and VetPartners response to the PDR, paragraph 160.

⁴³⁸ VetPartners response to the PDR, paragraph 166.

⁴³⁹ For example, Hook Norton Veterinary Group response to the PDR, p 6.

⁴⁴⁰ Anonymous Respondent 27 [X] response to the PDR, p 8.

Although another submitted that the written estimate should cover all future charges in order to give pet owners a full understanding of the expense. Individual [X] response to the PDR, p 1.

⁴⁴¹ For example, individual [X] response to the PDR, p 4, individual [X] response to the PDR, p 4, individual [X] response to the PDR, p 3 and Progressive Veterinary Association, p 22.

⁴⁴² VetPartners response to the PDR, paragraphs 160 - 164.

⁴⁴³ For example, veterinary business or practice [X] response to the PDR, p 11 and VetPartners response to the PDR, paragraph 160.

⁴⁴⁴ Discussion with the CMA's Veterinary Advisory Panel, 21 January 2026, p 4.

where reasonably possible pet, owners should be provided with a realistic indication of the expected cost ahead of their pet's treatment.'

- 4.55 In support of that comment, VetPartners put forward what it described as a 'workable alternative' to our proposed remedy. That alternative would require the provision of written estimates when:
- (a) '..... a diagnosis has been made with reasonable certainty and, on that basis, the recommended and discussed treatment would be expected to exceed the monetary threshold.....'; or
 - (b) '.... a diagnosis has not yet been made, and the next clinical step or clinical pathway ahead that is part of the treatment plan is expected to exceed the monetary threshold'.⁴⁴⁵
- 4.56 Our concern is that pet owners often face decisions about their pet's treatment that involve large sums of money. In making those decisions, which often involve some uncertainty, they will (rightly) trust and rely upon their vet's expertise. It is reasonable, in that context, to require that vets should employ the standards of care and skill pet owners expect of them and make judgements that help pet owners make those decisions. The uncertainty involved does not mean pet owners should be given less, or no, information about treatments and prices. It means vets have a key role in helping pet owners navigate that uncertainty.
- 4.57 Our aim, given those points, is to design this remedy so that it:
- (a) reflects the uncertainty that may be involved in any case; and
 - (b) requires vets to use their judgement to help pet owners manage that uncertainty and to make decisions (and, in that way, reflects that the party with the relevant expertise – the vet – should bear a commensurate share of the risk); but
 - (c) does not require vets and veterinary businesses to manage unrealistic burdens and produce broad estimates for multiple contingent treatment possibilities that, owing to the breadth, are unhelpful for pet owners.
- 4.58 The proposals we made in our PDR sought to address those concerns and meet those aims. They have not changed. Neither has the essential requirement of the remedy: the provision to pet owners of realistic price indications that drive informed choice. We have, though, refined its design in light of the submissions and evidence put to us.

⁴⁴⁵ VetPartners response to the PDR, paragraph 165.

- 4.59 Those changes to its design will mean that where a vet, exercising reasonable care and skill, judges that it is reasonably likely that:
- (a) a pet has a particular ailment or condition (and there may be more than one reasonably likely possible ailment or condition);
 - (b) the pet will need a particular test or treatment (and there may be more than one reasonably likely possible test or treatment); and
 - (c) the costs will be £500 or more,

the veterinary business for which they work must provide the pet owner with a written estimate before they decide which tests or treatments to choose. That is what our conception of the Treatment Pathway is to help achieve.

The elements of a Treatment Pathway

- 4.60 In designing the Treatment Pathway, we have considered three main issues:
- (a) To what extent should veterinary professionals using their clinical judgement, and exercising reasonable care and skill, be required to predict what the pet's medical condition is and the tests and treatments it might need?
 - (b) What should be the position in respect of diagnostic tests and/or treatments which have already been chosen or carried out?
 - (c) How should new information about the pet's condition be taken into account?

Predicting future diagnostic tests and/or treatments

- 4.61 We have decided that the requirements of veterinary professionals and businesses should be based on vets' judgements of what a pet's medical condition is 'reasonably likely' to be and of the tests and treatments it is 'reasonably likely' to need.
- 4.62 The phrase, 'reasonably likely', can be given its ordinary meaning. It does not translate into a specific figure (for example x% chance), but it clearly means more than a theoretical or remote possibility and something less than 'more likely than not' (or a 50+% chance). As a rough guide, it might be seen as something for which there is a 25-30% chance. An expert veterinary professional, exercising reasonable care and skill, should be well placed to make judgements on what the pet's medical condition is reasonably likely to be and the tests and treatments it is similarly likely to need.
- 4.63 We recognise that there is often uncertainty when a pet owner takes an unwell or injured pet to the vet. The vet will often need to do an initial examination to gain a

better understanding of the pet's condition. Without that, it may not be possible to say what its medical condition might be and how it might need to be treated (if at all).

- 4.64 Pet owners trust and rely on their vet, as a professional with the expertise that they themselves do not have, to make judgements about what their pet's medical condition might be and to offer advice and recommendations for what to do about it. They want and need that advice from their vet. They also need to know how much things might cost, so they can make choices that are, with the help of their vet, informed from a clinical and a financial point of view.
- 4.65 Vets are able to exercise judgement. They are held, by the requirements for entry into the profession and by the requirements of the Code, to high minimum standards of competence. They have to provide their services with reasonable care and skill. They can, and should be expected to, make reasonable judgements, sometimes (perhaps often) with limited or poor information about what the pet's medical condition might be and how it might need to be treated. In that regard, our Veterinary Advisory Panel told us that, for example, where there is a likely outcome from a diagnostic test, it is reasonable for a vet to estimate the cost of the treatment possibilities associated with that outcome.⁴⁴⁶
- 4.66 A requirement to provide written estimates only for treatments that a vet judges with 'reasonable certainty' that a pet needs it would be insufficient. It would, for example, exclude scenarios where a vet recommends a diagnostic test and a reasonably likely, but not sufficiently certain, outcome is that the pet needs an expensive operation (or that euthanasia, at much lower cost, is an option). In such circumstances, the pet owner may be unable to afford the operation. They should be able to assess the prices they may have to pay so they can make an informed choice even to go ahead with the diagnostic test.^{447, 448}
- 4.67 A requirement, such as that proposed in the PDR, to provide pet owners with written estimates for treatments where it is 'reasonably foreseeable' that the costs would be £500 or more, is at the opposite end of the spectrum. It could produce a number of undesirable consequences. It could require, or cause, veterinary businesses to provide very broad estimates covering a range of speculative possibilities, which would involve an undue burden for them and be either overwhelming or unhelpful for pet owners.⁴⁴⁹

⁴⁴⁶ Although a line would need to be drawn which excluded any 'unknown steps'. Discussion with the CMA's Veterinary Advisory Panel, 21 January 2026, p 4.

⁴⁴⁷ The costs of which could be wasted if it is reasonably likely to lead to a treatment option they cannot afford.

⁴⁴⁸ In that regard, we note the submissions that VetPartners, for example, made that the price of many diagnostic tests is well-below £500, VetPartners response to the PDR, paragraph 161-164. That may be right, but it misses our point. Our concern is with pet owners being able to make informed choices about, in this case, the tests they buy for their pets in light of the costs they are likely to lead to.

⁴⁴⁹ In that regard, we have taken into account, for example, the submissions VetPartners made in its PDR response. VetPartners response to the PDR, paragraph 160.

- 4.68 What all this means in practice is that, in cases where the vet recommends that the pet be treated in a FOP,⁴⁵⁰ these elements could and should be thought of as the ‘Treatment Pathway’:
- (a) All diagnostic tests and/or treatments at the FOP which the veterinary professional recommends for the purpose of diagnosing and/or treating what they think a pet’s medical condition is reasonably likely to be.
 - (b) Where it is reasonably likely that the costs of that Treatment Pathway would be £500 or more, a written estimate must be provided.
- 4.69 Such a Treatment Pathway may include several stages of tests or treatment. It may cover one or more options for treating the pet, depending on what the veterinary professional judges its medical condition is reasonably likely to be. It covers such tests and treatments for up to 12 months from the point at which the written estimate is provided (as to which see below).⁴⁵¹ The pathway also includes any ancillary or associated services and products which the professional recommends.⁴⁵²
- 4.70 Those latter services and products could be items such as medicines and anaesthetics, pre- or post-operative care, follow up or routine visits, and contingent elements that depend on the results of diagnostic tests.⁴⁵³ Where these items form part of the treatment the professional recommends and that treatment is reasonably likely to cost £500 or more, these items must be included in a written estimate. They are part of the costs the pet owner needs to weigh up.
- 4.71 We would not normally expect more than three possibilities for each of (i) the diagnosis of the pet’s medical condition, and (ii) the treatment options if the pet has one of those conditions, to form part of the Treatment Pathway and to be covered in the written estimate. Possibilities that are speculative or unlikely to arise need not, and should not, be included.
- 4.72 One of a vet’s key objectives in a consultation, applying their judgement and exercising reasonable care and skill, is to identify the reasonably likely possibilities. That should in many cases enable them to identify fewer than three for each of the diagnosis and the treatment options. Any more than that would suggest that some of the possibilities are not reasonably likely, and their inclusion in estimates would risk confusing and overwhelming the pet owner. It would also

⁴⁵⁰ Including where there is a referral to another vet within that FOP.

⁴⁵¹ Where it is reasonably likely that treatments (including medicine products) will be provided for a long but indefinite period (a year or more), such as post-operative care or treatment for chronic conditions, the written estimate must include these for the first 12-month period only. There is no requirement for veterinary professionals to try to predict the pet’s lifespan.

⁴⁵² For the period of up to 12 months from the point at which the written estimate is provided.

⁴⁵³ It will also include, in cases where the treatment option is euthanasia and cremation, the cost of the latter.

likely be unduly burdensome for the veterinary business to provide a written estimate for a greater number of possibilities and options.

- 4.73 There may be situations where a vet, exercising reasonable care and skill, does not know what a pet's medical condition is reasonably likely to be, nor what treatment it is reasonably likely to need. In those circumstances, that we would expect to be relatively rare, the vet may only be able to recommend one or more diagnostic tests. Where that is the case, that would be the Treatment Pathway (and the need for a written estimate would only be triggered at that stage if the test(s) would cost £500 or more).⁴⁵⁴
- 4.74 In cases where the vet recommends that the pet be referred elsewhere for treatment, the Treatment Pathway is the tests and/or treatments which the professional recommends the pet owner obtains from a referral centre⁴⁵⁵ for the purpose of diagnosing and/or treating what they think the pet's medical condition is reasonably likely to be. A written estimate will be required where the vet, using their judgement and knowledge of the market, and exercising reasonable care and skill, considers that the cost of the pathway is reasonably likely to be £500 or more.
- 4.75 The approach we have taken and the decisions we have made about the identification of the Treatment Pathway take account of the uncertainty involved when a vet examines, diagnoses and recommends treatment for a pet. They do not seek, unrealistically, to remove that uncertainty. Nor do they leave the pet owner unaided in the face of it. Instead, the approach we have taken and the decisions we have made look to vets' skill and judgement to help pet owners.
- 4.76 Vets will still often need to make assumptions and predictive evaluations of a pet's medical condition and what treatment it needs. Some of those assumptions and predictions may turn out to be wrong. That does not stop vets from making them, nor make it less reasonable for a pet owner, who is relying on their vet's expertise, to expect the vet to make assumptions and predictions.
- 4.77 The skill and judgement that vets employ will mitigate the risk of inaccuracy. Veterinary businesses will be able to include in written estimates the explanations and limitations that, in their judgement and exercising reasonable care and skill, are reasonable and necessary to reflect the uncertainty and which may affect the actual price. An estimate of costs is just that – not a binding offer of a service at a quoted price.

⁴⁵⁴ If, following the diagnostic tests, it is reasonably likely that (a) a pet has one condition or another and (b) that it needs treatment that, together with the cost of the tests, would be £500 or more, a written estimate would be required at that point (Figure 4.2 above).

⁴⁵⁵ Which may or may not be part of the same ownership group or common network (as we define those groups and networks in this report) as the relevant FOP.

- 4.78 We do not think this remedy will lead to vets and veterinary businesses providing written estimates based on worse case scenarios which do not reflect reasonably likely possibilities. Doing so would not be a proper exercise of reasonable care and skill and would not comply with the remedy (as well as amounting to poor quality service).

Diagnostic tests and/or treatments which have already been carried out or chosen

- 4.79 A handful of PDR respondents suggested that written estimates should only cover diagnostic tests and/or treatments which have yet to be carried out. That is, pet owners would only be given a written estimate for the set of tests and/or treatments which a vet advises or recommends subsequently be undertaken, if the reasonably likely costs would be £500 or more.
- 4.80 We have decided that the Treatment Pathway (and the calculation which is relevant to whether the Monetary Threshold is met) should include the total set of:
- (a) diagnostic tests and/or treatments for the pet's condition which have already been carried out or chosen by the pet owner; *and*
 - (b) those further tests and/or treatments recommended to them.
- 4.81 Our concern is to ensure that pet owners can make an informed decision about the (reasonably) likely costs of a total set of services their vet recommends. The approach for which some parties contended could mean that pet owners are recommended an iterative series of tests and treatments which, individually, are below the Monetary Threshold without being given a written estimate.
- 4.82 Veterinary professionals, exercising reasonable care and skill and their professional judgement, will be able to, and must, determine whether tests and/or treatments which have already been undertaken were for the purpose of diagnosing or treating the pet's condition. If so, those, too, are part of the Treatment Pathway (and their costs should be included in determining whether the Monetary Threshold is met).

Taking into account new information about the pet's clinical condition and/or symptoms

- 4.83 A Treatment Pathway may include changes over time to the diagnosis and/or treatment for as long as a pet has a particular condition. For example, where a vet is diagnosing and treating a limping dog, the Treatment Pathway may evolve from diagnostic tests for possible arthritis to a treatment for a fracture.
- 4.84 Where they are reasonably likely, vets and veterinary businesses will need to take some of these possibilities into account when determining the Treatment Pathway

(and determining whether a written estimate is required, in line with what we say above). The way a diagnosis and treatment needs to change over time is also relevant to determining whether a written estimate must be updated (see below).

Calculation of costs

4.85 There are two design issues relating to the calculation of costs:

- (a) the degree of precision required; and
- (b) the reckoning of the costs of ongoing treatment.

Degree of precision

4.86 In this connection, three main points are relevant:

- (a) the aim of this remedy is to give pet owners an indication of the scale of their reasonably likely expenditure for their pet's Treatment Pathway;
- (b) the remedy takes account of the uncertainty involved in diagnosis and treatment (that is in determining the Treatment Pathway); and
- (c) what is required is an estimate, not a binding offer or quote.

4.87 The responsibility of vets making recommendations, and veterinary businesses providing estimates, is to use professional judgment, and to exercise reasonable care and skill, to make as accurate an assessment as they reasonably can of (i) a pet's medical condition; (ii) the tests and treatments it needs; and (iii) how much those will cost. Where that figure is reasonably likely to be £500 or more, the pet owner must be given a written estimate.

4.88 Since it is an estimate, what pet owners are told can, where it is reasonable and necessary to do so, be qualified, and the actual price can vary (see paragraphs below). This does not reduce vets', and businesses', responsibility to be as accurate as reasonably possible.

Ongoing costs

4.89 Some post-operative care and/or treatments for chronic conditions will be provided on an ongoing basis over an indefinite period. They may even continue over the pet's remaining lifespan.

4.90 In these circumstances, there will be a higher degree of uncertainty, both as to the treatments and their prices, at least partly driven by the difficulty of predicting the pet's lifespan. Taking that into account, we have decided that the Treatment Pathway should cover up to a 12-month period (depending on the vet's judgement

of how long the pet's condition is reasonably likely to last) from the point at which the written estimate is provided.

- 4.91 Where it is reasonably likely that treatments⁴⁵⁶ will be provided for a long but indefinite period (a year or more), the Treatment Pathway only includes these for the first 12 months. Vets are not required to try to predict the pet's lifespan and identify a pathway for its entirety.
- 4.92 In determining whether the Treatment Pathway meets the Monetary Threshold, and providing any written estimate that is required, vets and veterinary businesses must use current prices. They need not predict the impact of higher purchasing costs, inflation or other matters that may affect prices. They are required to make clinical judgements, not economic ones.

Circumstances in which written estimates are not required

- 4.93 We have decided that veterinary businesses must always provide a written estimate as outlined above unless:
- (a) the pet owner has explicitly stated that they do not wish to receive one; or
 - (b) the treatment is urgent and any delay would, in the vet's clinical judgement, seriously adversely affect the pet's health and welfare.
- 4.94 As to the latter of those points, in response to our PDR:
- (a) a handful of respondents told us that written estimates cannot be provided in emergency situations;^{457, 458}
 - (b) a response from an accountancy firm specialising in the veterinary sector (albeit commenting in the context of providing updated written estimates) said:

[it is] unrealistic to expect a vet to cease operating on an animal, speak to the owner to notify them that the costs are going up, and then return to operating on their animal. It is simply not practical.

Likewise, where an animal has been taken in out of hours and is receiving critical care, the estimate of fees could well change by 20% overnight. We would again suggest that it is unrealistic for the vet to ring an owner at say 3am to tell them that the amount of the

⁴⁵⁶ Such as post-operative care or treatment for chronic conditions and including medicines and other ancillary and associated services the vet recommends.

⁴⁵⁷ For example, individual [redacted] response to the PDR, p 2, Anonymous Respondent 7 [redacted] response to the PDR, p 1, and vet business or practice [redacted] response to the PDR, p 1.

None told us that written estimates should be provided in emergencies.

⁴⁵⁸ This is consistent with the position as set out in our PDR.

invoice is going to go up by £100. That will cause more distress to the pet owner than a slightly higher bill.⁴⁵⁹

- 4.95 Our Veterinary Advisory Panel told us that, in emergency situations, there could be serious risks to the pet's health if vets are required to provide a written estimate prior to treating the pet.⁴⁶⁰
- 4.96 One respondent did suggest us that written estimates should be provided as soon as possible after the emergency situation ends.⁴⁶¹ The position is different once an emergency is over. Then, if the emergency treatment and any further diagnostic test and treatment that are part of the Treatment Pathway (as described above) would reasonably likely cost £500 or more, the pet owner must be given a written estimate.

When the written estimate needs to be given

- 4.97 In responses to our RWP, there was broad agreement that pet owners should be given time to process the information and make a decision about the treatment options for their pet. Only a small minority of respondents to our PDR addressed the question of when the written estimate needs to be given:
- (a) a handful stated that written estimates could be provided either on or at the same time as consent forms;⁴⁶² and
 - (b) a very small minority submitted that the estimate should be given before the consent form.⁴⁶³
- 4.98 Our view is that the veterinary business must provide a written estimate in sufficient time for the pet owner to be able to consider whether they wish to proceed with the Treatment Pathway and seek an alternative written estimate from another source if they wish to do so, and before they have committed to the pathway. That must, in any case, be no later than the end of the day following the vet's recommendation of the Treatment Pathway.
- 4.99 We understand that it is common for detailed price estimates to be provided to pet owners on consent forms.⁴⁶⁴ Providing written estimates at that stage may be too

⁴⁵⁹ Moore Scarrott, response to the PDR, p 11.

⁴⁶⁰ Discussion with the CMA's Veterinary Advisory Panel, 21 January 2026, p 4.

⁴⁶¹ Veterinary business or practice [redacted] response to the PDR, p 2

⁴⁶² For example, Abbey Veterinary Centre (Grimsby) Limited and Lincolnshire Veterinary Referrals response to the PDR, p 43, Arrowfield Veterinary Practice response to the PDR, p 2, and individual [redacted] response to the PDR, p 4.

⁴⁶³ For example, individual [redacted] response to the PDR, p 1.

⁴⁶⁴ Some LVGs have provided examples of consent forms containing itemised pricing information (for example, LVG [redacted] response to RFI 17, Q21 [redacted], LVG [redacted] response to RFI 17, Q21 [redacted]. LVG [redacted] response to RFI 17, Q21 [redacted]). Other examples contained overall price estimates without an itemised breakdown (for example, LVG [redacted] response to RFI 17, Q21 [redacted], LVG [redacted] response to RFI 17, Q21 [redacted], and LVG [redacted] response to RFI 17, Q21 [redacted]).

late. The pet owner will often, by then, be committed (or almost committed) to a treatment and will not have sufficient time to reflect.

What information should be included in the written estimate

4.100 In response to the PDR, of those who commented on this remedy:

- (a) a minority told us that, where there is uncertainty over the pet's condition, only an estimate (rather than a quote) can be given to pet owners;⁴⁶⁵ and
- (b) a handful suggested that pet owners should be given an indicative range where there are uncertainties⁴⁶⁶ (a very small minority said that it was less burdensome to produce a range).⁴⁶⁷

4.101 We have taken these views into account in determining what information must be included in written estimates for Treatment Pathways at the FOP and outside.

Estimates not quotes

4.102 We did not propose that vets and veterinary businesses must give pet owners quotes – in the sense of offers setting out prices for tests and treatments which, if accepted by pet owners, would be binding. They are not required to do so. Rather, they are required to give pet owners an indication of the costs they are reasonably likely to face. That estimate may be subject to reasonable and necessary explanations and be suitably qualified and the actual price may vary (see paragraphs below).

At the FOP

4.103 Where the Treatment Pathway involves tests and/or treatments that would be provided at the FOP,⁴⁶⁸ the written estimate must include either:

- (a) a specific estimated figure for the total reasonably likely price of the Treatment Pathway;
- (b) a range indicating the total reasonably likely price; or
- (c) a specific estimated figure for some parts of the Treatment Pathway and a range for others.

⁴⁶⁵ For example, individual [redacted] response to the PDR, p 3, individual [redacted] response to the PDR, p 1 and Hook Norton Veterinary Group response to the PDR, p 6.

⁴⁶⁶ For example, Anonymous Respondent 9 [redacted] response to the PDR, p 6.

⁴⁶⁷ For example, individual [redacted] response to the PDR, p 1.

⁴⁶⁸ Whether by the veterinary professional advising the pet owner or an internal referral to another vet at the same FOP. This includes where the treatment would be provided by a visiting or peripatetic vet.

The estimate should also include a breakdown of any distinct and separately priced main components of the Treatment Pathway.

- 4.104 The precision of a more specific estimate will be required (and appropriate) where, using the required level of care and skill, the vet has (or should have) a high level of confidence over the cost. That should be the case where, for example, there is reasonable certainty over the most suitable treatment for the pet's condition or the treatment involves a fixed price procedure.
- 4.105 A range will be required (and appropriate) where the Treatment Pathway involves possibilities for which the likely cost is uncertain, even to a vet using their judgement and exercising the required level of care and skill. It may also be appropriate where the Treatment Pathway includes more than one treatment option.
- 4.106 Any range must be accompanied by indications of:
- (a) where, within it, the prices of different treatment options are likely to sit; and
 - (b) if it is reasonably possible to say,⁴⁶⁹ where the total cost of the Treatment Pathway is most likely to fall, and why.
- It must also explain the factors that might affect (b).
- 4.107 A specific estimate for some parts of the Treatment Pathway and a range for others will be required (and appropriate) where:
- (a) some parts fall within the circumstances described in paragraph 4.103 above, and for which a specific estimate can and should be provided; and
 - (b) some parts fall within the circumstances described in paragraph 4.104 and for which a suitably qualified range can and should be used.
- 4.108 Each of these different possibilities for the presentation of the estimated price reflects that a vet can, and should, be expected to use their professional judgement, and employ the required level of care and skill, to be as accurate as reasonably possible in their estimates. In doing so, though, they also reflect the uncertainty that can be involved, even where the appropriate judgements and levels of care and skill are used.
- 4.109 As to the breakdown of distinct and separately priced main components of the Treatment Pathway, the estimate must show separately the estimated costs of

⁴⁶⁹ That is if it is reasonably possible, using the required level of care skill, to give that indication.

diagnostic tests and treatments. If there are distinct elements of a treatment for which a separate price would be charged, these too must be shown.⁴⁷⁰

- 4.110 This breakdown is important to enable pet owners to see what possibilities are being put to them and their likely costs and, if they wish, to compare likely costs elsewhere. It will also help them make post-event evaluations of the cost and value they perceive of the services they receive.
- 4.111 The precise degree of detail vets and veterinary businesses provide in written estimates is partly a matter of the extent to which a Treatment Pathway includes distinct elements. It also involves an aspect of service quality (or pet owners' perceptions of the quality of service from their FOP).^{471, 472} Pet owners may well prefer written estimates showing clear, self-explanatory categories of goods and services which will be supplied. This will help them make comparisons between both (i) what they expect to receive and what is provided to them and (ii) other businesses' offerings.

Outside the FOP⁴⁷³

- 4.112 A small group of respondents to our PDR told us that they broadly supported a requirement for businesses operating FOPs to provide written estimates where their vets refer pet owners for treatment elsewhere.⁴⁷⁴ We heard about the possibility that software solutions might be used to make it easier for vets to obtain estimates from external providers.⁴⁷⁵
- 4.113 Many of those who commented on this remedy, however, raised concerns about vets' and businesses' abilities to obtain prices and provide estimates for tests and treatments outside a FOP. They questioned the burden this would involve.⁴⁷⁶
- 4.114 Many of this group told us that pet owners are more interested in factors such as location and appointment availability than price.⁴⁷⁷ A small number said it could be

⁴⁷⁰ Although businesses will not be required to indicate the cost of every individual line item, such as each pair of surgical gloves that might be used in an operation.

⁴⁷¹ The level of care and skill which veterinary businesses (via veterinary professionals) dedicate to meeting this requirement under this remedy is something that can influence any pet owner satisfaction with the services they receive. Some participants who took part in the CMA's qualitative consumer research on remedies said they had recently considered moving practice and one of the drivers for this was poor quality service from their current practice. Pet owners evaluating their level of satisfaction with a FOP may take into account (as an indicator of a low level of care and/or skill) whether the veterinary business produces helpful written estimates. This can help to drive improvements in the market.

⁴⁷² [Qualitative research with consumers](#), Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

⁴⁷³ That is, where the FOP vet examining the pet makes a referral either to another FOP or referral location under the same ownership or control as the FOP or one owned and controlled by a third party.

⁴⁷⁴ For example, veterinary business or practice [X] response to the PDR, p 2.

⁴⁷⁵ For example, Anonymous Respondent 22 [X] response to the PDR, p 2

⁴⁷⁶ For example, Northvet Veterinary Group response to the PDR, p 3, Brannock Vet Clinic response to the PDR, p 7 and Ardmory Veterinary Clinic response to the PDR p 2.

⁴⁷⁷ For example, Veterinary Voices Template response to the PDR, p 7.

difficult to estimate prices for a Treatment Pathway involving a referral because the diagnosis and treatments are uncertain.⁴⁷⁸

- 4.115 Our Veterinary Advisory Panel offered us a similar view. It told us that it can be very difficult to get an estimate from a referral provider since many are reluctant to provide one without having seen the animal and read the clinical notes.⁴⁷⁹
- 4.116 As to the way in which an estimate might be provided for a referred case,⁴⁸⁰ CVS (which was broadly in support of the remedy) told us an obligation to provide a detailed or itemised estimate, ‘... is simply not practicable’.⁴⁸¹ It said that producing a detailed, itemised written estimate for each referral would be very time consuming, and had the potential to mislead pet owners because:
- (a) where a referral is being recommended, the FOP vet is not best placed to determine the required treatment (if any); and
 - (b) that vet will only be able to provide a ‘finger in the air’ estimate, which may be very different to the actual price once the referral specialist has seen the pet.⁴⁸²
- 4.117 A very small minority of respondents submitted that a breakdown of the main component prices should not be required where written estimates are provided for treatment options outside the FOP in order to make the remedy less burdensome.⁴⁸³
- 4.118 Having taken the responses into account, we have decided that, for referrals outside the FOP, vets and veterinary businesses will not be required to:
- (a) contact third parties to obtain information; or
 - (b) give a breakdown of the goods and or services the referral centre will provide, unless they know what those are.
- 4.119 This decision reflects that it may be more difficult and time consuming for FOP vets and businesses to obtain and provide the same level of detail in cases involving a referral outside the FOP as when the Treatment Pathway stays ‘in-house.’ Nevertheless, a pet owner visiting a FOP (and paying) for advice about diagnostic tests and treatment still needs information to help them choose what to do for their pet (including whether they wish to proceed with any referral). That

⁴⁷⁸ For example, veterinary business or practice [X] response to the PDR, p 1, Ferndown Family Vets Template response to the PDR, p 9.

⁴⁷⁹ Discussion with the CMA’s Veterinary Advisory Panel, 21 January 2026, p 5.

⁴⁸⁰ In particular, one to a referral centre outside the group or network to which a FOP belongs.

⁴⁸¹ CVS, response to the PDR, section 2.2.2.

⁴⁸² CVS, response to the PDR, section 2.2.2.

⁴⁸³ For example, CVS response to the PDR, Annex 1, p 12.

must, in our view, include an indication of the reasonably likely scale of their expenditure flowing from that advice.⁴⁸⁴

- 4.120 Accordingly, we have decided that where the referring vet considers that the reasonably likely cost of the Treatment Pathway will be £500 or more, the veterinary business for which they work must provide a written estimate containing either:
- (a) a specific estimated figure; or
 - (b) a range for the estimated cost.
- 4.121 Which of these – a specific estimated figure or a range – must be given will depend on the circumstances and the level of precision which a vet, using their judgement and their knowledge of the pet's condition, of the treatment options available, and of the market,⁴⁸⁵ and exercising reasonable care and skill, can (and should) provide.
- 4.122 The Treatment Pathway in these cases will be the tests and/or treatments which the FOP vet recommends the pet owner obtains from a referral centre⁴⁸⁶ to diagnose and/or treat what they think the pet's medical condition is reasonably likely to be. There are different possibilities and different levels of precision that may be required in each.
- 4.123 In some cases, there will be significant uncertainty over a pet's condition. The vet, exercising the required care and skill, may be able only to recommend a referral for a further examination and/or diagnostic tests. In others, the vet, exercising the same level of care and skill, will be able with a higher degree of confidence, to make a judgement about what the pet's medical condition is reasonably likely to be and about the tests and/or treatments the pet needs (in which case they must do so).
- 4.124 In either case, where the vet,⁴⁸⁷ judges that the cost is reasonably likely to be £500 or more, the estimate must include:
- (a) a specific figure for any elements for which the vet knows the likely costs (for example, because they are aware the referral centre charges a fixed price); and/or

⁴⁸⁴ Even when factors like location and appointment availability play a significant role in a pet owner's choice of referral centre.

⁴⁸⁵ Each of which should be within the veterinary professional's skill, clinical understanding and experience without making further enquiries of referral providers (although they may choose to investigate further).

⁴⁸⁶ Which may or may not be part of the same ownership group or common network (as we define those groups and networks in this report) as the relevant FOP.

⁴⁸⁷ Using their knowledge of the pet's condition, of the treatment options available, and of the market, and exercising reasonable care and skill.

- (b) for other elements, a range based on what the vet would expect the tests typically to cost.⁴⁸⁸

4.125 Any range must be accompanied by an indication of where the price is most likely to fall within that range and which factors might affect that position. In addition, the written estimate must advise the pet owner that they should seek confirmation of the price from the party who would be providing the tests or treatments.

Managing uncertainty

4.126 There will often – because vets are making judgements about what is likely, not guaranteed, to be the pet’s medical condition,⁴⁸⁹ and because businesses will be providing an estimate, not a quote – be a degree of uncertainty about those judgements and estimated prices. Provided vets exercise reasonable care and skill, and any qualifications and explanations are reasonable and necessary, an estimate can (and should) include a description of any factors which materially affect the cost and any conditions to which the estimate is subject.

4.127 The possibility of including any such qualifications and explanations does not reduce vets’, and businesses’, responsibility to be as accurate as reasonably possible in providing estimates. A vet and a business which includes qualifications and explanations where they are unreasonable and unnecessary would likely breach their obligations (and, at least, be offering a lower quality of service than vets and businesses which do not do that). However, where they are reasonable and necessary, pet owners need that information to help them make informed choices.

The monetary threshold

4.128 In response to our RWP, the RCVS told us that:

- (a) ‘We do not feel that a financial threshold for provision of information would be appropriate or workable’.
- (b) ‘We consider that the level of information provided should be proportionate to the nature (including complexity) and cost of the treatment and its impact on the individual animal. We consider that ultimately this is a question of clinical judgement for the veterinary surgeon providing the treatment’.⁴⁹⁰

4.129 Of the respondents to our PDR who commented on this remedy:

⁴⁸⁸ In some cases that may mean the estimate includes a mix of specific figures and a range, and a total estimated cost.

⁴⁸⁹ And the tests and treatments it is likely to need.

⁴⁹⁰ RCVS response to the RWP, p 19.

- (a) a small group told us that they thought that a £500 threshold was appropriate;⁴⁹¹
 - (b) a handful suggested that the threshold should be lower than £500;⁴⁹² and
 - (c) a small minority stated that a fixed threshold ensured consistency of application.^{493, 494}
- 4.130 Our Veterinary Advisory Panel told us that, for the vast majority of vets, a £500 monetary threshold was reasonable. It also said that, in its view, most vets would provide written estimates for lower amounts.⁴⁹⁵
- 4.131 Two main parties, however, expressed the view that the threshold should be higher than £500:
- (a) VetPartners told us it should be increased to at least £1,400 ‘to be reasonably workable’, saying that, ‘... even if the monetary threshold were increased to £1,400, written estimates would be required in well over 20% of cases.’⁴⁹⁶
 - (b) Linnaeus submitted that a threshold of ‘... at least £1,000 is more appropriate where treatments are to be carried out outside the FOP (i.e. external referrals), as these minimum thresholds would limit the administrative burden on vets and the consequential negative effects on pet owners’.⁴⁹⁷
- 4.132 Our view is that an appropriate monetary threshold should be put in place for the following reasons:
- (a) The Treatment Pathways we are contemplating are likely to involve substantial amounts of money. It is reasonable to allow pet owners the opportunity to assess and reflect on those properly before they commit to spending.
 - (b) We have found evidence of a lack of consistency in the provision of appropriate and timely information about Treatment Pathways and prices.⁴⁹⁸

⁴⁹¹ For example, individual [redacted] response to the PDR, p 4, individual [redacted] response to the PDR, p 2 and individual [redacted] response to the PDR, p 3.

⁴⁹² For example, Anonymous Respondent 28 [redacted] response to the PDR, p 2.

⁴⁹³ For example, BVA, BSAVA, BVNA, SPVS, VMG response to the PDR, p 15.

⁴⁹⁴ Participants in our qualitative research, meanwhile, generally thought that the threshold should be nil or low [Qualitative research with consumers](#), Research report by Blue Marble for the CMA, December 2025, published 16 December 2025

⁴⁹⁵ Discussion with the CMA’s Veterinary Advisory Panel, 21 January 2026, p 3.

⁴⁹⁶ VetPartners response to the PDR, paragraphs 159 and 165.

⁴⁹⁷ Linnaeus response to the PDR, Part B – Linnaeus’ detailed comments on the CMA’s PDR Remedies, remedy 5a.

⁴⁹⁸ Part A, section 10: Choice of treatments and referrals, There is evidence of a lack of consistency in the provision of appropriate and timely information about treatment options and prices.

This would be mitigated by veterinary businesses ensuring that their vets apply a consistent financial threshold for providing written estimates.

- (c) A monetary threshold would be 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 pet.

4.133 That said, we recognise that the provision of written estimates puts an administrative burden on businesses. That burden should not be unreasonable. Written estimates should cover higher cost treatments which most obviously engage greater need for pet owners to reflect on the reasonably likely costs and consider their choices, but not require vets and veterinary businesses to produce written estimates in respect of an unreasonable number of consultations.

4.134 Our judgement is that £500 (including VAT) is an appropriate threshold because:

- (a) This is likely to be a substantial amount of money for many pet owners. It is reasonable for them to be given a written estimate before deciding whether to spend it (or more).
- (b) It does not put an unreasonable burden on veterinary businesses.

4.135 In considering the burden on veterinary businesses, we have assessed the datasets of claim values from two insurers, [X] and [X]. These datasets show the claim values processed by the insurers.⁴⁹⁹ Combining them, we have been able to assess that, over a 12-month period ending in 2023, claims of £500 or more (including VAT) represented around 20% of all claims the insurers processed.⁵⁰⁰

4.136 VetPartners' economic advisers carried out their own analysis of cases which will be affected by this remedy. They used the 'first-year treatment cost' from another insurance dataset which, they told us, better reflects the total cost of treatment because 'multiple insurance claims can arise in the course of managing a single condition.' VetPartners submitted that, based on this data, the share of cases with treatment costs above £500 would be around 55%⁵⁰¹ which, '...would clearly be disproportionate'.⁵⁰²

4.137 Our assessment is that the number of consultations in respect of which a written estimate will be required will likely be substantially lower than 55% and could well be lower than 20%. That is because:

⁴⁹⁹ That is, the full amount associated with each submitted claim.

⁵⁰⁰ CMA analysis of annual treatment costs for particular conditions based on data provided by [X].

⁵⁰¹ Using 2023 data.

⁵⁰² VetPartners response to the PDR, paragraph 157.

- (a) many consultations are for routine treatments which may not be covered by insurance providers;
- (b) insured pet owners do not bear the full price of treatment and may therefore be more likely to choose complex or higher-price procedures, which may be overrepresented in the insurer data; and
- (c) a written estimate will only be required in respect of the consultation in which a Treatment Pathway is first recommended (or when the estimate needs to be updated).

4.138 There may be circumstances where a vet, or the business they work for, decides that a written estimate should be given even where the likely total price of a Treatment Pathway is below £500.⁵⁰³ They will be free to do so (and we encourage them to) but, having considered the evidence, we do not consider that it would be proportionate to make this a requirement.

Indexation

4.139 The real value of the Monetary Threshold should be maintained over time. It will index-linked to the CPI and reviewed annually. It will be increased once the cumulative rate of inflation means that, in real terms, the threshold should increase by £50 (inclusive of VAT).

4.140 By way of example:

- (a) If, in the first year the requirement is in place, the annual rate of inflation under the CPI were 10%, the threshold would increase at that point to £550.
- (b) If, however, the rate were lower, such that after, say, two or three years, indexation would increase £500 to £546, no £50 increment is reached and the threshold would remain at £500.
- (c) If, after three or four years, indexation would increase £500 to £561, a £50 increment has been reached and the threshold would increase to £550.

RCVS publication

4.141 We have decided that the RCVS should publish on its website the level of the Monetary Threshold (as updated to account for inflation, as described above, from

⁵⁰³Noting that the Code states that, in any event, vets must provide appropriate information to pet owners, including the prices of services and medicines, and the Guidance states that vets should provide price estimates and information about fees for a range of options as part of obtaining informed consent for all treatments. As such, appropriate and timely information should be presented to pet owners for all treatments, even when the expected cost is below £500.

time to time). We will seek an undertaking from the RCVS to that effect, or we may make an Order to do so.

When a written estimate must be updated

- 4.142 Our view is that, in principle, if there is a change in the circumstances or in the underlying assumptions on which a written estimate is based and this would result in a material increase to the estimate, a pet owner must be provided with a written update.⁵⁰⁴
- 4.143 We have decided that the requirement to provide a written update will:
- (a) apply where the estimate increases⁵⁰⁵ by at least (i) 20% or (iii) an amount equal to the Monetary Threshold⁵⁰⁶ – whichever is lower (see paragraphs below);
 - (b) mean the relevant veterinary business⁵⁰⁷ has to tell the pet owner (i) what they have already paid in respect of the Treatment Pathway and (ii) what they are reasonably likely to have to pay in future;
 - (c) have to be complied with as soon as reasonably possible after the veterinary business becomes aware of the need to increase the estimate; and
 - (d) apply in cases where the Treatment Pathway in the original estimate was for tests and treatments in the relevant FOP,⁵⁰⁸ but not where the pathway involved referral elsewhere.
- 4.144 As to (a) the threshold for triggering a requirement to update an estimate could be set in one of three ways: (i) a £X increase; (ii) a Y% increase; or (iii) a combination (i) and (ii). In deciding which, and at what level, we have taken into account that estimates are, by their nature, imprecise and that an obligation to offer a further written estimate will involve additional work for veterinary businesses. The relevant level of an increase should not, on that account, be set too low. It should, however, be set so as to enable pet owners to make choices about significant additional expenditure.
- 4.145 A £ or % threshold would have the advantage of simplicity and a very small minority of respondents to our PDR suggested that the threshold should be a fixed

⁵⁰⁴ Save where the need for any treatment which would cause an increase in the estimate is urgent and any delay would, in the vet's clinical judgement, seriously adversely affect the pet's health and welfare.

⁵⁰⁵ Within the 12-month period covered by the original written estimate.

⁵⁰⁶ Applicable at the time the cost estimate increases.

⁵⁰⁷ That is operating the FOP in relation to which the original estimate was provided.

⁵⁰⁸ That at which the consultation which led to the production of the original estimate occurred.

(£) amount.⁵⁰⁹ However, each of a £ or % threshold works less effectively in different circumstances. For example:

- (a) a £100 increase to a £500 estimate would likely be material given the pet owner's anticipated expenditure, but much less so where the estimate was £5000; and
- (b) a 10% increase to a £5000 estimate seems more likely to affect a pet owner's choice and ability to pay than the same increase to a £500 estimate.

4.146 We have decided to adopt a hybrid approach and require a written estimate to be updated where it increases by at least (i) 20% or (ii) an amount equal to the Monetary Threshold applicable at the time the estimate is revised⁵¹⁰ – whichever is lower. A £500 estimate, for instance, will need updating if it increased by 20% (£100) or more. A £5000 estimate will need updating if it went up by at least £500 (10%).

4.147 Both such increases appear to us to be material in the context of the sums the pet owner had contemplated spending on the basis of the original estimate.⁵¹¹ Updating the written estimate in those cases will help pet owners:

- (a) decide whether to proceed with a Treatment Pathway;
- (b) choose between treatment options; and
- (c) budget accordingly.

4.148 As to the contents of the written update, it will need to tell the pet owner what they have already paid and what they are reasonably likely to have to pay in respect of the Treatment Pathway in future.⁵¹² This requirement links to a key purpose for which the written estimate was originally provided: to help the pet owner make decisions about the pathway and budget for it. The information will help them make a further informed choice taking account of the revised estimate compared to their original budget.⁵¹³

4.149 As to the timing of the update, the timing is in the hands of the veterinary business, so it must provide the update as soon as reasonably possible once it is aware of the need to increase the estimate. That increases the prospect of pet owners having

⁵⁰⁹ For example, Briar Vets Ltd response to the PDR, p 4.

⁵¹⁰ The Monetary Threshold shall be updated over time taking account of the CPI.

⁵¹¹ This requirement builds on the existing provision in the RCVS Guidance which states that if an initial estimate is likely to be exceeded, the pet owner should be informed as soon as possible (RCVS Guidance (Estimates) 9.11). That Guidance will continue to apply in all cases.

⁵¹² To the end of the Treatment Pathway – 12 months from the date when the written estimate was first provided.

⁵¹³ One respondent to our PDR raised concerns about pet owners being confused by updated written estimates. It requested clarification over whether updates will supersede prior written estimates. They will, and veterinary businesses providing updates will be required to make this clear. The Royal Veterinary College response to the PDR, p 3.

the information in sufficient time to consider whether and how to proceed with the Treatment Pathway.

- 4.150 As to treatments at the FOP, veterinary businesses will be in a position to know when an estimate has increased, and to provide an update, where tests and treatments are being undertaken in the same FOP as the consultation which led to the provision of the original estimate. They are less likely, and in some cases highly unlikely, to have that knowledge and that ability in cases where the Treatment Pathway involved referral elsewhere.⁵¹⁴

What information must be retained

- 4.151 We have decided that the veterinary business will be required to retain for at least one year:

- (a) a copy of the written estimate provided to the pet owner; and
- (b) a brief note of any significant factors that clinical staff are aware of which could materially affect its accuracy.^{515, 516}

- 4.152 The retention of this information will have two purposes:

- (a) supporting compliance with the remedy by having a secondary process which requires written information to be prepared and recorded, which increases the likelihood of the principal process – the provision of the written estimate to the pet owner – being completed; and
- (b) helping veterinary businesses demonstrate that they have complied with the requirements of the remedy.

The RCVS Codes and Guidance

- 4.153 We have decided to recommend to the RCVS that it amends the Codes and Guidance so that they are aligned with the requirements above.

⁵¹⁴ Though the veterinary professionals to whom such cases are referred would need to update their estimates in accordance with the RCVS Codes and Guidance. [RCVS Supporting guidance | Consumer rights and freedom of choice](#).

⁵¹⁵ Which veterinary businesses will need to ensure they have communicated to pet owners (as set out in the subsection above, Managing uncertainties).

⁵¹⁶ Respondents to our PDR did not make specific comments on this proposal.

Remedy implementation considerations

Method of implementation

- 4.154 Implementation of this remedy will be via an Order on veterinary businesses operating FOPs. They will have a legally binding obligation to ensure that their veterinary professionals (and other staff, if relevant) do what the remedy requires.

Costs of implementation

- 4.155 A requirement to provide a written estimate when a Treatment Pathway is reasonably likely to meet the Monetary Threshold is an additional step to what is currently advised in the RCVS Guidance. It will, to the extent they do not follow the RCVS's advice at present, involve some additional time costs for veterinary professionals and businesses since they will have to at least:
- (a) estimate the reasonably likely total price of a Treatment Pathway;
 - (b) where a range is given, consider factors which could materially affect where the price is most likely to fall within that range;
 - (c) in cases involving tests and treatments in the FOP, breakdown the goods and services which the FOP will provide; and
 - (d) record these matters in writing.
- 4.156 In addition, veterinary businesses will incur some, albeit limited, administrative costs meeting the requirements to provide the information to the pet owner in writing and to retain records for one year.
- 4.157 In response to the PDR:
- (a) a small number of respondents who were supportive of this remedy nevertheless expressed the view that it would result in longer consultation times;⁵¹⁷ and
 - (b) a few respondents felt that it would result in additional costs which would be passed on to the pet owner or result in delays to treatment.⁵¹⁸
- 4.158 VetPartners submitted that the addition of a requirement for written cost estimates would place a disproportionate administrative burden on vets, without any meaningful benefit to pet owners. It explained that the requirement, 'would likely

⁵¹⁷ For example, individual [redacted] response to the PDR, p 1.

⁵¹⁸ For example, veterinary business or practice [redacted] response to the PDR, p 1.

result in reduced levels of clinical care and face time spent with pet owners, as vets and nurses would be required to spend more time on administrative tasks'.⁵¹⁹

- 4.159 Participants in our qualitative research indicated concern about the possibility of increased consultation prices resulting from this remedy. Those concerns did not, however, cause them to oppose the adoption of the remedy and there was broad consensus that price awareness was a basic expectation when purchasing a service.⁵²⁰
- 4.160 Our Veterinary Advisory Panel told us that each estimate typically takes only a few minutes to prepare.⁵²¹ It explained that some PMS can facilitate the provision of estimates, but there is a wide variety in functionality between different systems.⁵²²
- 4.161 Having taken these views into account, our assessment is that the overall costs to veterinary businesses will be limited because:
- (a) The obligation to provide a written estimate will only apply in those cases where the Monetary Threshold is met, which, in our estimate, will cover less than 1 in 5 consultations.
 - (b) The RCVS Guidance already advises vets that the provision of written estimates is 'preferable'. Some vets and businesses will already be providing them, at least to some extent, and our Veterinary Advisory Panel told us they only take a few minutes to prepare.⁵²³
 - (c) Veterinary businesses already record and retain patient and pet owner information on their PMS.
- 4.162 VetPartners' view of the likely costs (in paragraph 4.160 above) appears to be based on the remedy requiring the provision of '... elaborate contingent multi-scenario written estimates before diagnostics.' It will not.

Implementation timeframe

- 4.163 In response to our PDR, many respondents who referred to this remedy expressed the view that it would be difficult for vets to implement.⁵²⁴ A very small minority suggested that larger veterinary businesses would not need as much time for implementation as smaller ones because they benefit from economies of scale.⁵²⁵

⁵¹⁹ VetPartners response to the PDR, paragraph 151.

⁵²⁰ [Qualitative research with consumers](#), Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

⁵²¹ Discussion with the CMA's Veterinary Advisory Panel, 21 January 2026, p 4.

⁵²² Discussion with the CMA's Veterinary Advisory Panel, 21 January 2026, p 5.

⁵²³ The costs incurred by those who do not currently provide written estimates could be seen as a levelling up between providers.

⁵²⁴ For example, Veterinary Voices Template response to the PDR, p 4.

⁵²⁵ For example, MerlinVet-cel Ltd response to the PDR, p 3.

4.164 This remedy will impose obligations on businesses which are similar to the requirements already imposed on veterinary professionals under the existing Codes and Guidance. Those businesses will comply with the remedy through the actions of those professionals and other employees. Insofar as those individuals are already complying with the existing regulatory provisions, this remedy does not impose significant new burdens.

4.165 We have decided that, once our Order has been made:

- (a) larger veterinary businesses with 15 or more FOPs will have nine months to comply with it; and
- (b) smaller veterinary businesses will have 12 months.

Monitoring of compliance

4.166 In part B, section 2 of this report, we set out that the RCVS will undertake the monitoring function for a number of our remedies, including this one. In this case, the role will require the RCVS to monitor attestations and use spot checks to verify compliance with the remedy.

Remedy 4b: Itemised bills

We have decided:

- that all veterinary businesses operating one or FOPs must give pet owners itemised bills for their pet's treatment and other services they receive; and
- to recommend to the RCVS that it amends the Codes and Guidance to reflect the above requirement.

Description of the remedy

4.167 We have decided that all veterinary businesses operating one or more FOPs⁵²⁶ must give pet owners itemised bills for their pet's treatment and other services they receive which, as a minimum, show the following:⁵²⁷

- (a) amounts relating to individual relevant medicinal products;

⁵²⁶ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out-of-hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The remedy will also apply in those FOPs or other places in respect of those OOH services.

⁵²⁷ Where possible, we have aligned the terminology set out in our requirements with the terminology used by the RCVS in its Codes and Guidance.

- (b) amounts relating to other goods and services provided by the business; and
- (c) fees for outside services and any charge for additional administration or other costs to the business in arranging such services.⁵²⁸

4.168 The required information must be provided in such a way that pet owners understand what their bill covers. Veterinary professionals and businesses will need to exercise their judgment to decide what level of descriptive detail is necessary for that purpose.

4.169 We have also decided to recommend that the RCVS should amend the Codes and Guidance so that they reflect, as far as individual veterinary professionals are concerned, the requirements we are imposing on veterinary businesses.

The aim of the remedy

4.170 This remedy aims to support pet owners to:

- (a) understand what they have been charged and the relative prices of different goods and services within the Treatment Pathway;
- (b) make a comparison between what they have been charged and any prices they have been quoted or estimates they have been given, identify potential errors, and have constructive conversations with veterinary professionals⁵²⁹ and businesses about any unexpected differences;
- (c) make comparisons between the amounts they have paid and the amounts that others⁵³⁰ have paid for the same or similar goods and services or with the price lists on FOP websites;
- (d) track their purchases of goods and services over time and make more informed choices over future purchases; and
- (e) plan and budget for the cost of purchasing similar goods and services in the future.

How the remedy addresses the AEC and resulting customer detriment

4.171 In a well-functioning market, veterinary businesses would consistently provide pet owners with sufficient information about matters on which they should be able to make informed choices. This includes information about prices which enable pet

⁵²⁸ This is consistent with the provisions in 10.16 of the Code which provides 'All invoices should be itemised showing the amounts relating to goods including individual relevant medicinal products and services provided by the practice. Fees for outside services and any charge for additional administration or other costs to the practice in arranging such services should also be shown separately.'

⁵²⁹ Or others in a practice or business.

⁵³⁰ For example, family or friends.

owners to make decisions between providers, treatments, or medicines, with appropriate and timely knowledge of, amongst other things,⁵³¹ the price implications.

- 4.172 We have found that pet owners are not consistently given the information and support they need to choose the Treatment Pathway and supplier⁵³² which best meets their circumstances and the needs of their pet.
- 4.173 Itemised bills will help pet owners to understand what they have been charged and how the price of each item compares any quotes or estimates they were given. That will help them make choices about the FOPs they use, and other goods and services they may purchase, in the future. This remedy will, accordingly, help address the lack of information and support which contributes to the AEC and the resulting customer detriment.
- 4.174 The way veterinary businesses choose to present the information will influence pet owners' perception of the level of care and skill they receive from their FOP. They are likely to prefer to receive itemised bills which give them clear, self-explanatory information.
- 4.175 In response to our PDR, a significant number of respondents, including LVGs and small veterinary businesses, commented on this remedy. Almost all of them expressed support. Only one said that pet owners would not benefit from being given itemised bills.

Remedy design considerations

When the requirement to provide an itemised bill will apply

- 4.176 In response to our PDR, small minorities of respondents:
- (a) told us that a proportion of pet owners decline written receipts when they are offered;⁵³³ and
 - (b) submitted that pet owners might interpret an itemised bill as being a shopping list of goods and services that they could pick and choose from.⁵³⁴
- 4.177 We have decided that itemised bills must always be provided to pet owners, at the same time as payment is sought (or earlier). This consistent approach is necessary for three reasons:

⁵³¹ Such as the potential outcomes and risks of different treatment pathways.

⁵³² Whether FOP, referral provider, crematorium or medicines supplier.

⁵³³ For example, Ardmory Veterinary Clinic response to the PDR, p 8.

⁵³⁴ For example, individual [X] response to the PDR, p 2.

- (a) itemised bills provide an enduring record of what may be significant expenditure and to which pet owners can make immediate or future reference;
- (b) so that all veterinary businesses put in place and operate efficient systems and processes which provide itemised bills and can develop standardised ways of doing this; and
- (c) to mitigate the risk of pet owners being pressured to decline an optional itemised bill.

4.178 We do not see how pet owners would treat the itemised bill as an invitation to pick and choose specific goods and services. The bill must be provided to them when payment is sought, by which point they will have chosen, and may even have received, the relevant goods and services.

What level of detail must be itemised

4.179 We have decided that itemised bills must, as a minimum, show the following separately:⁵³⁵

- (a) amounts relating to individual relevant medicine products;
- (b) amounts relating to other goods and services provided by the practice, individually or categorised together;^{536, 537} and
- (c) fees for outside services and any charges for additional administration or other costs to the practice in arranging such services, individually or categorised together.

4.180 In shaping these requirements we have taken into account that the aim of the remedy is to enable pet owners to compare actual charges to estimates and quotes and inform their future choices. We have also taken into account submissions and evidence, from various sources, about the issues and challenges involved.

4.181 As to the latter:

- (a) Our Veterinary Advisory Panel told us that:

⁵³⁵ Where possible, we have aligned the terminology set out in our requirements with the terminology used by the RCVS in its Codes and Guidance.

⁵³⁶ For example, x-ray, ultrasound and magnetic resonance imaging (MRI) services could be listed, with their prices, individually or presented as a category of imaging services with a price for the set of services in that category.

⁵³⁷ Which must in any event include any add-ons such as urns, caskets, figurines and keepsakes like paw prints or fur clippings provided with cremation services.

- (i) A requirement to provide itemised bills should include some guidance about the level of granular detail to be included. It explained that invoices can be several pages long and ‘nearly impossible’ for pet owners to interpret.⁵³⁸
- (ii) It did not think it would be helpful for itemised bills to categorise items because the categorisation used might not be clear to pet owners.⁵³⁹
- (b) In response to our PDR, one respondent told us that they broadly supported the remedy but it would be inappropriate to itemise some services, such as the steps taken to cremate a pet, ‘when it is such a sensitive topic’.⁵⁴⁰
- (c) A very small minority of the PDR respondents who commented on this remedy said clarification was needed over whether a fixed-price bundle comprising multiple goods and services⁵⁴¹ must be itemised.⁵⁴²
- (d) We know that some veterinary businesses may not have PMS or other automation tools which can consolidate multiple goods and services provided to pet owners on a single itemised bill.

4.182 What is important is that the level of itemisation is sufficient to enable the pet owner to:

- (a) have a reasonable understanding of the price of each medicine provided to them;
- (b) have a reasonable understanding of the prices they have been charged for goods and services and how those compare to (i) any quote or estimate they were given and (ii) with published price lists; and
- (c) to track their purchases of goods and services over time and make more informed choices over future purchases.

4.183 Veterinary professionals and businesses will need to exercise their clinical judgement over the level of detail they provide to pet owners in meeting these requirements. The information must be presented in a way that is clear and comprehensible to an average pet owner.

4.184 For more sensitive services like euthanasia and cremations, we recognise that it may be upsetting for pet owners to be given detailed information. Veterinary businesses could provide the prices charged for these as a category of services

⁵³⁸ Discussion with the CMA's Veterinary Advisory Panel, 21 January 2026, p 5.

⁵³⁹ Discussion with the CMA's Veterinary Advisory Panel, 21 January 2026, p 6.

⁵⁴⁰ Individual [X] response to the PDR, p 8.

⁵⁴¹ For example, treatment for tibial plateau levelling osteotomy (TPLO) may be sold as package including the surgery, implants, medicines and post-procedure physiotherapy.

⁵⁴² For example, individual [X] response to the PDR, p 3 and VCMS response to the PDR, p 6.

(for example 'Euthanasia' or 'Cremation' services) without a more detailed breakdown of the individual components.⁵⁴³

- 4.185 Where a business provides a fixed-price bundle of services (such as Tibial Plateau Levelling Osteotomy (TPLO) surgery and physiotherapy services), an itemised bill must:
- (a) show the total price of the bundle;
 - (b) identify the main component elements of the bundle; and
 - (c) where any of those elements is also sold separately, include the standalone prices for which they could have been bought.
- 4.186 Where the shortcomings of a veterinary business's PMS mean it cannot consolidate multiple goods and services on a single itemised bill, it could provide pet owners with separate itemised bills for different services or categories of services. The key point is that pet owners have the information required by the remedy, not necessarily that it is in a single document (preferable though that would be).

Remedy implementation considerations

Method of implementation

- 4.187 Implementation of this remedy will be via an Order on veterinary businesses operating one or more FOPs. Those businesses will be liable for making sure their FOPs and their staff comply with the requirements described above.

Costs of implementation

- 4.188 Many respondents to our PDR told us that veterinary professionals already provide itemised bills to pet owners.⁵⁴⁴ However, many others told us that veterinary businesses would need to make changes to their PMS, which would take time to implement,⁵⁴⁵ and a very small minority said that providing itemised bills would add to businesses' existing administrative burden and result in costs which they might pass on to pet owners.⁵⁴⁶
- 4.189 Our view is that the cost to veterinary businesses of implementing this remedy will be low because:

⁵⁴³ Though they will need to itemise the price of add-ons such as urns and mementos.

⁵⁴⁴ For example, individual [redacted] response to the PDR, p 14, Anonymous Respondent 9 [redacted] response to the PDR, p 6 and Anonymous Respondent 28 [redacted] response to the PDR, p 2.

⁵⁴⁵ For example, Anonymous Respondent 26 [redacted] response to the PDR, p 2 and Anonymous Respondent 12 [redacted] response to the PDR, p 3.

⁵⁴⁶ Veterinary business or practice [redacted] response to the PDR, p 1.

- (a) The existing RCVS Guidance advises that all invoices should be itemised to display the costs of individual medicines and services, including any additional administrative charges.⁵⁴⁷ As many respondents to our PDR have told us, many vets already provide these invoices, so many veterinary businesses would incur little or no additional cost.
- (b) Even to the extent that businesses do not currently provide itemised bills on the same basis as required by this remedy, doing so will typically only involve making small changes to their existing practices and incurring correspondingly limited costs.

4.190 We recognise that some veterinary businesses may need to make significant changes to their systems in order to provide pet owners with itemised bills in an efficient manner (for example, using PMS). They can, however, give pet owners more than one itemised bill at a time, if necessary. This may not be as efficient as a more automated solution, but it will ensure that all businesses can comply with this remedy using their existing systems and at the low cost described in the preceding paragraph.

Implementation timeframe

- 4.191 VetPartners submitted that there might be difficulties implementing this remedy across most of the currently available PMS. Given this, it expressed concern that a three-month implementation period would not be sufficient.⁵⁴⁸
- 4.192 As the requirements of the remedy will represent a small addition to the provisions in the Codes and Guidance we have decided that, once our Order has been made:
 - (a) larger veterinary businesses with 15 or more FOPs will have nine months to comply with it; and
 - (b) smaller veterinary businesses will have 12 months to comply.

Monitoring of compliance

- 4.193 In part B section 2 we set out that the RCVS will undertake the monitoring function for a number of our remedies, including this one. In this case the role will require it to monitor attestations of compliance with the remedy and to use spot checks to verify compliance with it.

⁵⁴⁷ RCVS Guidance, paragraph 10.16. [10. Consumer rights and freedom of choice - Professionals](#) (updated 4 March 2025).

⁵⁴⁸ VetPartners response to the PDR, paragraph 170.

Remedy 5: ensuring veterinary professionals can act in accordance with the relevant provisions of the RCVS Codes and Guidance

We have decided that all veterinary businesses operating one or more FOPs must have in place written policies and processes to ensure that their veterinary professionals are able to act in accordance with relevant provisions of the RCVS Codes and Guidance, including giving pet owners independent and impartial advice, information about costs and, where appropriate, a range of treatment options. Veterinary businesses will be required to have in place effective mechanisms for monitoring compliance.

Description of the remedy

- 4.194 All veterinary businesses operating one or more FOPs⁵⁴⁹ must have in place written policies and processes⁵⁵⁰ to ensure that their veterinary professionals are able to act in accordance with the principles and provisions in the Codes and Guidance relating to providing pet owners with: (i) independent and impartial advice; and (ii) appropriate and timely information regarding a range of treatment and referral options and their costs.
- 4.195 The policies and processes will need to apply the relevant principles and provisions to the veterinary business's operations. The business will need to monitor compliance with them.

The aim of the remedy

- 4.196 This remedy aims to ensure that veterinary professionals are always able to offer pet owners appropriate and timely information about the treatment and referral options⁵⁵¹ which best meet their and their pets' needs. In particular, by giving them independent and impartial advice, information about costs and, where appropriate, a range of options.
- 4.197 We have not heard widespread concerns about veterinary professionals' clinical expertise, nor are we concerned that pet owners are offered clinically inappropriate treatment options. In general, veterinary professionals prioritise animal welfare and have strong professional integrity and this is underpinned by the regulatory framework.
- 4.198 Nor do we consider that all of the practices, incentives, policies and processes that veterinary businesses operate are necessarily problematic. These can exist in

⁵⁴⁹ Which includes where the business offers OOH services in an out-of-hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The remedy will also apply in those FOPs or other places in respect of those OOH services.

⁵⁵⁰ Including appropriate training and compliance monitoring mechanisms.

⁵⁵¹ In this remedy 'treatment options' also includes referral options.

different forms, including key performance indicators, targets, clinical protocols and guidance, and the way IT systems are configured. They can help the veterinary businesses run efficiently⁵⁵² and contribute to good outcomes for pet owners.

- 4.199 However, we have found that the lack of regulation of veterinary businesses means there is the potential for their commercial incentives, and their policies and processes, to conflict with veterinary professionals' regulatory obligations to provide pet owners with independent and impartial advice about treatments and costs.
- 4.200 This conflict can lead to undesirable results including:
- (a) Veterinary professionals not putting pet owners at ease about making difficult choices. Those professionals have an important role in making pet owners comfortable with their decisions, especially when choosing cheaper treatment options which are clinically appropriate.
 - (b) Veterinary professionals not routinely providing pet owners with appropriate and timely information about treatment options, including not informing them where there are alternative referral providers they could choose which are clinically appropriate.
 - (c) The possibility that veterinary businesses could directly or indirectly put undue pressure on veterinary professionals to carry out particular diagnostic tests, offer particular treatment options, or encourage in-group referrals. This pressure could be applied, for example, via key performance indicators, targets, clinical protocols and guidance, and IT systems.⁵⁵³
 - (d) Veterinary professionals or other employees not informing pet owners who are considering OOH treatments that they may be able to wait until normal

⁵⁵² And we note, for example, that, in response to our RWP, several vets commented that it should be possible for veterinary businesses to reward employees based on their performance. CMA summary of RWP responses.

⁵⁵³ For example, some vets in RCVS Knowledge's research on contextualised care expressed concerns that business models could influence clinical decision making and suggested that some control of business practices would be beneficial. RCVS-K, 'How to achieve contextualised care', November 2025, pp 52 and 66. [How to achieve contextualised care: insights from the veterinary sector and pet owners - RCVS Knowledge](#) 14% of vets in RCVS-K's sample reported that practice protocols and guidelines restricted their ability to practice contextualised care. RCVS-K 'How to achieve contextualised care', November 2025, p 46 figure 9. [How to achieve contextualised care: insights from the veterinary sector and pet owners - RCVS Knowledge](#)

The survey was conducted by including links to the questionnaire in RCVS Knowledge channels including a press release, social media and a newsletter. This is not a random probability sampling methodology as the level of engagement of the various channels among members of the survey's target population is unknown and may introduce bias. RCVS-K compared the sample demographics of survey respondents to RCVS data about the profession and used targeted recruitment to address underrepresentation of some groups, though the final sample included a slight overrepresentation of early-career vets. Due to the survey method employed we give only limited weight to the survey findings. RCVS-K 'How to achieve contextualised care', November 2025, pp 84-85. [How to achieve contextualised care: insights from the veterinary sector and pet owners - RCVS Knowledge](#)

business hours to receive treatment from their regular FOP, where this is clinically appropriate.

- 4.201 The remedy is intended to address the potential for that conflict to arise and to prevent it being realised.

How the remedy addresses the AEC and resulting customer detriment

- 4.202 The relevant principles in the Codes and the advice in the Guidance reflect that, in well-functioning market, veterinary professionals would routinely provide pet owners with appropriate and timely information about treatments and referrals. They would give pet owners independent and impartial advice, information about costs and, where appropriate, a range of treatment options. This would help pet owners to make choices and to budget for their cost.
- 4.203 The findings we set out in part A of this report,⁵⁵⁴ however, include that there are significant shortcomings in the regulatory framework contributing to an AEC. One important reason is that the Codes and Guidance do not apply to veterinary businesses.
- 4.204 We have identified the following evidence in that part of the report:
- (a) Some business practices, policies and processes, including key performance indicators, targets, clinical protocols and guidance, and IT systems, may put undue pressure on vets to recommend certain diagnostic tests or treatment options. Some vets have reported to us that their IT systems prompt them to comply with particular diagnostic guidance or protocols,⁵⁵⁵ and a few vets reported that system shortcuts encouraged in-group referrals.⁵⁵⁶
 - (b) Some vets have told us that KPIs and targets create a sense of pressure; that targets might affect other vets' decision-making; and that failing to meet targets might affect salary or promotion prospects.⁵⁵⁷
 - (c) Some vets have told us that they may run comprehensive diagnostic tests rather than recommend treatments based on more limited information. Undertaking multiple diagnostic tests could lead to higher costs for pet owners.
 - (d) We heard from vet schools that training increasingly focuses on 'day one' competencies which includes communication with pet owners and contextualised care. Nonetheless, vets have told us that veterinary education

⁵⁵⁴ Part A, section 10: Choice of treatments and referrals, The current regulatory framework is not effective at ensuring that vets routinely provide pet owners with appropriate and timely information about treatment options and prices.

⁵⁵⁵ Qualitative research with Vet Professionals, pp 38-39.

⁵⁵⁶ Qualitative research with Vet Professionals, p 52.

⁵⁵⁷ The evidence for this is set out in appendix H: Choice of treatments and referrals.

historically focused on the 'gold standard' of treatment and did not always prepare vets adequately for the day-to-day experience of discussing treatments with pet owners and understanding their circumstances.

- (e) Evidence from our qualitative research with vet professionals, LVG internal documents and responses to our PDR indicate that some Vertically Integrated LVGs may be attempting to encourage in-group referrals.⁵⁵⁸

4.205 We have decided to impose this remedy⁵⁵⁹ to help address the shortcomings we have identified, the AEC that results and the customer detriment that flows from it. The remedy will put in place a binding obligation on veterinary businesses that mirrors the relevant principles in the Codes and the relevant provisions in the Guidance. By that means, it will address the potential for conflict between:

- (a) any instructions, incentives, undue influence or (actual or perceived) pressure from a veterinary business to or on their veterinary professionals to recommend certain diagnostics, treatment options or referrals; and
- (b) the ability of veterinary professionals to follow the Codes and apply the Guidance.

4.206 In so doing, the remedy will help pet owners to decide whether to go ahead with treatments and referrals, which to choose and how to pay for them, and help to drive the outcomes we would expect to see in a well-functioning market for Veterinary Services. In the case of referrals to referral centres, the remedy will ensure vets can give advice about which referral centre(s) they deem most appropriate, without undue influence from a veterinary business.

Remedy design considerations

4.207 The relevant principles in the Codes require that veterinary professionals must:

- (a) be open and honest with pet owners and respect their needs and requirements;
- (b) give independent and impartial advice and tell pet owners of any conflict of interest;
- (c) give pet owners appropriate information about the costs of services; and

⁵⁵⁸ Part A, section 10: Choice of treatments and referrals, At Vertically Integrated LVGs, there is a greater risk of worse outcomes for pet owners when in-group referrals are the only options given.

⁵⁵⁹ Which was supported by most respondents to our PDR who commented on the remedy, and notwithstanding that a handful of respondents felt it was unnecessary (owing to the Code and Guidance and the training new vets receive) or would be ineffective (because businesses often do not follow their own written policies). Veterinary business or practice [redacted] response to the PDR, p 6. Abbey Veterinary Centre (Grimsby) Limited and Lincolnshire Veterinary Referrals response to the PDR, p 46. Anonymous Respondent 27 [redacted] response to the PDR, p 8. Anonymous Respondent 4 [redacted] response to the PDR, p 7. British Veterinary Union response to the PDR, pp 2-3. Hilltop Vets response to the PDR, p 6.

- (d) communicate effectively and obtain informed consent before treatments or procedures are carried out.

- 4.208 The relevant provisions in the RCVS Guidance amplify the requirements of the Codes. They say that veterinary professionals should give pet owners a range of reasonable treatment options to consider, provide estimates and information about fees, and tell them about conflicts of interest in respect of referrals.
- 4.209 Our view is that, to ensure (i) that veterinary professionals are always able, where appropriate, to offer a range of treatment options and (ii) that pet owners are able to choose treatment options which best suit their circumstances and meet their pets' needs, the remedy needs to align aspects of veterinary businesses' operations with the relevant regulatory requirements. That is, so that the regulatory requirements apply to veterinary businesses in the same way as they apply to the veterinary professionals who work for them, and that the way the business operates is a platform for the professionals to meet their obligations. We have sought to design the remedy accordingly.
- 4.210 In response to our PDR, some respondents offered suggestions about how we might augment the remedy to achieve the effect in the previous paragraph:
- (a) FIVP suggested that requiring businesses to nominate a responsible person in each FOP and putting in place protection for whistleblowers could ensure accountability for compliance with the required policies and processes.⁵⁶⁰
 - (b) Another respondent said that providing 'guidance or a model template would help practices comply efficiently and maintain a high standard of client communication without creating unnecessary administrative burden'.⁵⁶¹
 - (c) One respondent said that we should ban the practice of vets being encouraged to refer pet owners to referral centres within the same ownership group as their FOP. Instead, vets should be 'encouraged to refer to whichever centre they feel is most appropriate, and which best meets the clients [sic] needs'.⁵⁶²
- 4.211 A very small minority of those who commented on this remedy went further and said that policies alone are not sufficient to change culture and behaviour.⁵⁶³ For example, the British Veterinary Union in Unite submitted that it, '.... sees many examples of veterinary businesses not following their own written policies, and [it] believe[s] that practice culture is often a greater driving force'.⁵⁶⁴

⁵⁶⁰ FIVP response to the PDR, p 7.

⁵⁶¹ Hook Norton Veterinary Group response to the PDR, p 8.

⁵⁶² Individual [X] response to the PDR, p 3.

⁵⁶³ British Veterinary Union response to PDR, pp 2-3. Hilltop Vets response to PDR, p 6.

⁵⁶⁴ British Veterinary Union response to the PDR, p 3.

- 4.212 We have taken these comments into account. We agree that businesses must do more than simply have a written policy in place. They also need processes which support their veterinary professionals to comply with those policies and have in place effective mechanisms for monitoring compliance. Provided they meet those requirements, however, precisely how they do so is a matter for them.⁵⁶⁵ Standard guidance or templates could help businesses implement the remedy. The RCVS will be well placed to develop these (given the remedy's alignment with the existing Code and Guidelines).
- 4.213 We do not think an explicit ban on in-group referrals is necessary. The evidence indicating that some Vertically Integrated LVGs may be attempting to encourage in-group referrals is limited and we have not found evidence that veterinary professionals at Vertically Integrated LVGs are less likely than others to offer pet owners a choice of referral provider. The remedy as formulated will, in any event, ensure that veterinary professionals can give independent and impartial advice about referral centre(s) that they deem most appropriate.

Remedy implementation considerations

Method of implementation

- 4.214 Implementation of this remedy will be via an Order on all veterinary businesses operating FOPs.

Costs of implementation

- 4.215 Veterinary businesses are likely to incur some costs in implementing this remedy. Those costs are, however, likely to be limited:
- (a) Businesses are likely already to have (or should have) in place some measures to support their staff in complying with their regulatory obligations.
 - (b) We have heard from the LVGs' submissions to us that they do not operate policies and processes that seek to incentivise inappropriate practices. If this is the case, the additional work for them will be to ensure that existing policies do not inadvertently have this effect and could not create a perception among veterinary professionals that they might.
 - (c) Of those respondents to our PDR who supported this remedy, many did so because they felt veterinary professionals already complied with it.

⁵⁶⁵ These processes and mechanisms could vary between veterinary businesses. They should also adopt means of reminding their veterinary professionals periodically of their policies and processes, and give them the means to report and challenge breaches. Internal audits may be appropriate for larger businesses.

- 4.216 We anticipate that any costs will, accordingly, mainly involve reviewing, amending and supplementing existing policies and processes, to ensure they align with or transpose existing regulatory provisions, and implementing appropriate compliance monitoring mechanisms. The remedy will not generally involve creating entirely new policies and processes (save where businesses need to put in place compliance monitoring mechanisms) nor involve major changes to a business's operations.

Implementation timeframe

- 4.217 Given that the remedy will involve the transposition of existing regulatory provisions, we have decided that veterinary businesses with 15 or more FOPs will have three months from the date of any Order to comply with its requirements and all other veterinary businesses will have six months.

Monitoring of compliance

- 4.218 In part B section 2 we set out that the RCVS will undertake the monitoring function for a number of our remedies, including this one. In this case the role will involve the RCVS assessing attestations of compliance with the remedy and using spot checks to verify compliance with it.

Effectiveness and proportionality of the choice of treatments, referrals and diagnostics remedies (written estimate remedy, itemised bills remedy and written policies and processes remedy)

Effectiveness

- 4.219 Our judgement is that the remedies will be effective in supporting pet owners to make the choice of treatments, referrals and diagnostics which best meet their and their pets' needs.
- 4.220 We have identified shortcomings in the current regulatory framework that mean (i) pet owners are often not in a position to make informed choices and to budget for the costs of veterinary services and (ii) veterinary professionals may not be able to act in accordance with relevant provisions of the Codes and Guidance. Requiring veterinary businesses to provide written estimates and itemised bills, and to reflect in their own operations essential regulatory requirements, will address those shortcomings:
- (a) The requirement to provide written estimates will mean pet owners have a clear idea of the Treatment Pathway their vet recommends and of its likely costs. They will be able to make informed decisions about it.

- (b) The provision of itemised bills will give pet owners a better understanding of the amounts they have been charged and greater ability to choose and budget for the cost of purchasing similar goods and services in the future.
- (c) The provisions of the Code and Guidance address the potential for conflict between (i) the need for individual veterinary professionals to give pet owners appropriate and timely information about treatments and referrals and (ii) those professionals' commercial interests. A corresponding set of obligations on veterinary businesses will address the potential for that conflict as far as the businesses are concerned.

4.221 By placing obligation on veterinary businesses, the remedies will ensure that those businesses, which control the way their veterinary professionals, their FOPs and their other services operate, play their part in helping pet owners choose treatment, referral and diagnostic options that are best for them and their pet.

4.222 the remedies will be capable of effective implementation, monitoring and enforcement. They build on existing regulatory provisions in the ways we have described, and align with practices that we expect many veterinary businesses already to be following (at least to some extent). The remedies introduce business process requirements that can be readily monitored by the RCVS or another appropriate body, and non-compliance could be enforced by the CMA where necessary.

4.223 The remedies will be behavioural measures that, at least until there is reform of the regulatory framework, will address aspects of the current regulatory framework that are ineffective or inadequate. Given that they will require changes to (often existing) processes that could be implemented rapidly, we expect these remedies to begin to change veterinary businesses' behaviour (where they are not already so acting), and pet owners' abilities to make decisions, and to budget for the services they buy, quickly (and on an enduring basis). That timescale will, in our assessment, likely be significantly faster than the process by which the regulatory framework is reformed by legislation in the longer term (which we are also recommending and on which Defra is now consulting).

Proportionality⁵⁶⁶

4.224 Our assessment is that, for the reasons described above, these remedies will be effective in achieving their aims and no more onerous than is necessary to do so. We have identified gaps in the regulatory framework that mean pet owners do not always have the information they need to make the relevant choices and to control

⁵⁶⁶ This reflects the approach to assessing the proportionality of remedial measures as set out in paragraph 344 of CC3 and *Tesco v Competition Commission* (4 March 2009).

their budgets. Filling those gaps requires changes in behaviour and in the information pet owners are given. The remedies will do that.

- 4.225 We have taken into account that the Codes and Guidance already contain relevant provisions that apply to individual veterinary professionals working in veterinary businesses. Those businesses will, or should, in many cases have in place processes that would help them to comply with the remedies, limiting the burden they would place on those businesses.
- 4.226 We have not identified other remedies that we think are likely to be effective in addressing the AEC, still less any that would do so in a less onerous way.
- 4.227 In particular, we have considered whether veterinary professionals should always be required to provide multiple written estimates to pet owners for multiple potential treatment options (for example, a specific number of options or all those that could be pursued in any case). We did so on the basis that this would mean that pet owners:
- (a) have access to more treatment options than they might otherwise have been given; and
 - (b) are able to assess each option, and make comparisons between them, supporting them to make good choices which take into account their unique circumstances.
- 4.228 The majority of responses to our RWP expressed the view that it is not always desirable to give pet owners information about a wide range of different treatment options. Several highlighted that it is often difficult to predict what treatment options will be suitable. In addition, we were told that some pet owners can feel overwhelmed by being given a range of options and often seek recommendations from their veterinary professional. Responses to our PDR re-iterated these points.
- 4.229 We have taken those responses into account. We have also had regard to the existing provisions of the Codes and Guidance which refer, for example, to the discussions vets should have with pet owners covering a range of reasonable treatment options and prognoses.⁵⁶⁷
- 4.230 This remedy will place requirements on veterinary businesses that reinforce the provisions to which individual veterinary professionals are subject. That will support veterinary professionals to provide pet owners with a range of reasonable treatment options, taking into account the pet and pet owner's circumstances,⁵⁶⁸ and to make recommendations in appropriate cases.

⁵⁶⁷ RCVS Guidance [11. Communication and consent - Professionals](#)

⁵⁶⁸ Such as the pet's age and general health and the ability of the owner to afford certain types of treatment, administer care at home, or bring the pet into the practice.

- 4.231 We have carefully considered whether the remedies produce disadvantages which are disproportionate to their benefits. Where we have identified such a risk, we have modified our proposals. For example, taking into account that it may be difficult and time consuming for veterinary businesses to provide written estimates of the costs of treatments outside their FOPs, we have clarified that estimates of those costs may be given as a range and might only be an indication that they are reasonably likely to meet the Monetary Threshold.
- 4.232 Taking each of the above points into account, our conclusion is that our remedies will be part of a proportionate package of measures to address the AEC, and the resulting customer detriment, we have found.

5. Medicines market opening remedies and prescription price control

We have decided that:

Remedy 6:

- Written materials: All veterinary businesses operating one or more FOPs must publicise to pet owners their ability to request a written prescription to buy medicines elsewhere, including through the provision of standardised literature at specified times and on certain emails and text messages and invoices/receipts, as well as notices in waiting rooms.
- The RCVS website: The RCVS will produce, distribute and publish on its website standardised literature and information about the written prescription process.
- Oral prompts: All veterinary businesses operating one or more FOPs must ensure that vets working in those FOPs orally offer pet owners a choice of a written prescription during each consultation in which medicine is prescribed. This obligation would not apply where, for clinical reasons, the medicine is required for urgent administration.

We recommend to the RCVS that these requirements are enshrined in updated supporting Guidance to the RCVS Code.

We recommend that the VMD ensures its list of online retailers is adequately searchable, that each business is still trading, and that website links are correct. We also recommend that the VMD considers either (i) creating a new list of authorised online retailers for small animal POM-V medication, or (ii) updating its existing list to enable it to be easily filtered to identify such retailers.

We recommend that the regulator undertakes a review of the relative prices of FOPs and online pharmacies three years after the remedy is implemented, to determine whether there has been a significant decrease in the price differential that would justify a change in this remedy.

Remedy 7: When a written prescription is requested by a pet owner, all veterinary businesses operating one or more FOPs must provide a written prescription either in hard copy by the end of the consultation, or digitally within 48 hours. Digital copies can either be sent directly to an online pharmacy or given to the pet owner.

Remedy 8: All veterinary businesses operating one or more FOPs that sell Own Brand medication must inform pet owners that there is a Reference Product alternative available, and what it is, by:

- ensuring that, in a consultation when an Own Brand medication is prescribed, vets prescribing that medication inform the pet owner orally that they are being prescribed an Own Brand medication, and that the Reference Product alternative is available for purchase from third parties;
- when the Own Brand medication is dispensed, providing the pet owner with the name of the Reference Product; and
- specifying clearly on both the labelling applied to Own Brand medicines and on the invoice that the Reference Product alternative is available for purchase elsewhere.

Remedy 9: Veterinary businesses operating one or more FOPs must provide additional information to pet owners receiving ongoing medications. They must be told about their ability to request a written prescription and that they could make significant savings from purchasing long term medication online, or elsewhere. There will be an exception where the medication was provided without charge at the point of sale – for instance because it was included in the pet owner’s Pet Care Plan.

The additional information to be given to pet owners will be in the form of a standardised A5 flyer, which will be made available to FOPs in a digital format by the RCVS.

Remedy 10: We have decided to set a maximum fee of £21 that a veterinary business operating one or more FOPs can charge for providing a written prescription for the first medication prescribed within a consultation (the **Primary Prescription Fee Cap**). Any additional medicines for which a written prescription is required within the same consultation will have a maximum fee of £12.50 per medicine (the **Additional Prescription Fee Cap**) (together, the **Fee Caps**).⁵⁶⁹

These Fee Caps are inclusive of VAT and will be adjusted annually for inflation.

To prevent circumvention of the Fee Caps, veterinary businesses operating FOPs will be required to put in place policies and procedures to ensure that there should not be any difference between the duration that a medication would be prescribed for when it is (i) supplied in a FOP and (ii) subject to a written prescription for dispensing elsewhere. This requirement is for all POM-V medication but excludes controlled drugs.

We recommend to the RCVS and VMD that each should consider whether the prescribing guidance they provide to vets, and the way they communicate it to them, is sufficiently clear about the duration for which medicines can be prescribed.

5.1 In Part A, section 11, we set out our analysis of aspects of competition in the retail supply of veterinary services by FOPs that are specific to medicines. We have

⁵⁶⁹ The levels of the Primary Prescription Fee Cap and the Additional Prescription Fee Cap are set as of the date of this report, 24 March 2026. The level of each Prescription Fee Cap will be adjusted each year for inflation, based on CPI and rounded to the nearest 10 pence (including inflation between the date of this report and the date of implementation).

found that FOPs and third-party retailers (particularly online pharmacies) are not competing as effectively as we would expect in a well-functioning market (**WFM**).

- 5.2 As a result, many pet owners are paying more than they need to for medication prescribed by a vet, particularly for medicines used on an on-going basis (generally preventative treatments or medication to treat chronic conditions), where the potential savings over time are largest.
- 5.3 In the UK, FOPs have long had a dual role as both prescribers and dispensers of veterinary medication, while in some other countries prescribing and dispensing is separated. Pet owners may accrue significant benefits from FOPs both prescribing and dispensing, such as quicker access to medicines, particularly in urgent cases, as well as the increased convenience of buying from the vet.
- 5.4 Over the course of our investigation, we have developed and refined a set of remedies that aim to increase competition in the sale of medicines. Veterinary medicine sales may be clinically and financially connected to other services a FOP offers. This means that remedies focused solely on veterinary medicines are complex and can have knock-on consequences on other services. We set out possible remedies, first in the RWP, and then in the PDR, for which we received a significant number of responses. We carefully considered those responses and amended our remedies package significantly between RWP and PDR and we have made further adjustments in response to the PDR consultation.
- 5.5 Our remedies aim to increase pet owners' awareness of their ability to buy medicines from a third-party retailer rather than their FOP and the possible savings they can make in doing so. This may result in pet owners choosing to shop elsewhere to pay less for medicines. It could also result in FOPs choosing to reduce their prices to retain medicine sales within their business. We recognise that FOP prices, even in a WFM, are likely to be higher than prices online, due to different cost structures and a premium for the added convenience of buying from a FOP. We want pet owners to have the information they need to make informed choices of where is best for them to buy their medicines and for the veterinary businesses operating FOPs to respond to the competition that this generates.
- 5.6 Many respondents to our PDR told us that our remedies to reduce medicine prices may result in the prices for other services increasing. We have been told that part of the reason that medicines prices are higher in FOPs is to keep prices lower for veterinary services (for example, consultations, spaying, neutering, and out-of-hours (**OOH**) when done in house) or fund other activities, such as caring for injured wildlife. We take these concerns seriously and address them in detail in the below subsection: Effects of the medicine remedies.
- 5.7 Our informational and behavioural remedies have been designed to effectively address the following principal barriers which (as set out in part A, section 11)

prevent or limit pet owners' engagement with third-party retailers and so dampen competition:

- (a) many pet owners are unaware that they can request a written prescription from their vet to be fulfilled elsewhere (the prescription awareness remedy and ongoing medication information remedy);
- (b) most pet owners are not aware of the prices offered by third-party retailers when purchasing medicines (the prescription awareness remedy and ongoing medication information remedy);
- (c) pet owners may not be able to correctly assess the quality of the medicines sold by third-party retailers (usually online pharmacies) without the assurance of their vet (the prescription awareness remedy);
- (d) the dual role of vets as both a prescriber and a commercial retailer of veterinary medicines may lead to significant consumer inertia (the same day written prescriptions remedy and ongoing medication information remedy); and
- (e) pet owners can face practical barriers that deter them from buying online, and barriers to finding alternatives to Own Brand medicines (the same day written prescriptions remedy, own brand medicines remedy and ongoing medication information remedy).

5.8 However, there is a high risk that fees for written prescriptions could be used by veterinary businesses operating FOPs to circumvent or undermine those remedies, hindering or preventing pet owners from accessing lower prices for medicines from third-party retailers. Where that happens, our remedies would not address the AEC or deliver benefits to pet owners related to veterinary medicines. In addition, part of our AEC finding is that there is low competitive pressure on the prices of FOP services, which include written prescription fees. At least some veterinary businesses are exploiting the AEC to charge unreasonably high prices including, it is likely, for writing prescriptions. We have, therefore, decided to also impose price caps on prescription fees in order to help ensure that our overall medicines remedy package is effective (the prescription fee cap remedy).

5.9 We recognise that it is not always appropriate for pet owners to purchase prescribed medication from a third-party retailer. This is partly because, currently, the principal third-party retailers of prescription veterinary medicines are online pharmacies, which are unlikely to be suitable retailers for urgent medication. Therefore, our market opening remedies focus on situations where current third-party retailers represent an effective alternative to purchasing medicines from a FOP. This is most likely when the medication can be easily administered by the

pet owner and/or is prescribed in a non-urgent context (including where it is an ongoing or preventative treatment).

- 5.10 Our remedies to increase competition for veterinary medicines involve a set of measures:
- (a) to provide pet owners with greater information on the availability and potential advantages of written prescriptions;
 - (b) to remove barriers to pet owners switching to third-party retailers to purchase medicines, including by reducing the inconvenience associated with obtaining a written prescription and improving information about the alternatives to Own Brand medicines;
 - (c) to give pet owners additional information when they first receive an ongoing medication to ensure that they are aware of their options; and
 - (d) to mitigate the risk of circumvention and address prescription fees being set at unreasonably high levels.
- 5.11 In this section, we first set out our remedies to open the medicines market, second, our remedies in relation to prescription fee price controls, and finally, set out in detail our views on the overall likely effects of our medicine remedies as part of our assessment of whether they are proportionate.

How the medicines market opening remedies and prescription price control address the AEC and resulting customer detriment

- 5.12 Our aim is for pet owners to make informed decisions about where is best to purchase their prescription veterinary medications, so that they do not pay more than they need to. Increasing the proportion of pet owners who are aware of the options available to them should also stimulate rivalry between FOPs and third-party retailers (usually online pharmacies). Strengthening competition in the supply of medicines will give FOPs a stronger incentive to compete with third-party retailers by reducing the prices of prescribed medication. This would result in many pet owners paying less for medicines as a result of our remedies.
- 5.13 We have designed our set of medicine remedies to support pet owners in making choices that will best suit them and their pets. This will improve pet owners' awareness of their ability to request a written prescription and the substantial savings they could make when purchasing from online pharmacies (which are currently the main alternative retailers of POM-V medication to pet owners). The remedies reduce barriers that deter pet owners from purchasing medicines online even when they are aware they can request written prescriptions. Ultimately this will make it easier for pet owners to choose where to buy their prescription

medicines, based on the competitive offerings of all retailers that supply these medicines.

5.14 We consider that the principal reasons why some pet owners might not be using third-party retailers, such as online pharmacies, when they could save money by doing so – that is, the features of the market having an AEC that our remedies would address⁵⁷⁰ – are:

- (a) limited awareness by pet owners of written prescriptions (and the process of obtaining one) and the savings that could be available when purchasing medicines from alternative retailers, including:
 - (i) limited awareness of the ability to request a written prescription;
 - (ii) a limited awareness of online pharmacies, and knowledge that medicines sold by authorised online pharmacies are identical to those available at FOPs; and
 - (iii) limited awareness that it may be cheaper to buy from an online pharmacy than from a FOP.
- (b) friction in obtaining a written prescription and transmitting it to an online pharmacy; and
- (c) the dual nature of the vet's role as prescriber and dispenser and the high levels of trust that pet owners have in their vets. This means that some pet owners will have their medicines dispensed by their vet without considering online options, or other third-party pharmacies, and there is a limited incentive for vets to offer alternative options to pet owners.

5.15 In the prescription awareness remedy, we set out our information measures which will apply to both one-off and on-going medication, and in the same day prescriptions remedy we define the time within which a written prescription must be produced. The own brand medicines remedy sets out additional information measures that will apply to Own Brand medication. The ongoing medication information remedy sets out further measures targeted specifically at on-going medications (such as preventative treatments or medication to treat chronic conditions). The prescription price cap remedy imposes a price cap on the fees charged for written prescriptions.

Responses to our PDR

5.16 The vast majority of stakeholders that responded to our PDR commented on our (then) proposed remedies in the supply of veterinary medicines. Almost all of them

⁵⁷⁰ Together with their detrimental effects on pet owners.

– and particularly independent vets – raised concerns about at least one potential adverse consequence of those remedies.

5.17 Broadly, stakeholders raised two types of concerns.

- (a) First, many responses discussed the appropriateness and practical issues of specific elements of the remedies package, most notably the prescription price cap remedy, but also elements of the prescription awareness remedy, the written prescription remedy, the own brand medicines remedy and the ongoing medication information remedy. These submissions are discussed in the relevant sub-sections for that remedy below, including how we have adjusted our remedies in response. Where we have maintained an aspect of these remedies, we explain our reasons and address the objections made by stakeholders.
- (b) Second, most stakeholders also highlighted several potential disadvantages of the medicines remedies as a whole. We address the views of these stakeholders below, in the sub-section on the Effects of the medicine remedies.

Remedy 6: Information measures to increase awareness of online pharmacies and the amount that can be saved by using an online pharmacy rather than purchasing from the FOP

We have decided that:

- Written materials: All veterinary businesses operating one or more FOPs must publicise to pet owners their ability to request a written prescription to buy medicines elsewhere, including through the provision of standardised literature at specified times and on certain emails and text messages and invoices/receipts, as well as notices in waiting rooms.
- The RCVS website: The RCVS will produce, distribute and publish on its website standardised literature and information about the written prescription process.
- Oral prompts: All veterinary businesses operating one or more FOPs must ensure that vets working in those FOPs orally offer pet owners a choice of a written prescription during each consultation in which medicine is prescribed. This obligation would not apply where, for clinical reasons, the medicine is required for urgent administration.

We recommend to the RCVS that these requirements are enshrined in updated supporting Guidance to the RCVS Code.

We recommend that the VMD ensures its list of online retailers is adequately searchable, that each business is still trading, and that website links are correct. We also recommend

that the VMD considers either (i) creating a new list of authorised online retailers for small animal POM-V medication, or (ii) updating its existing list to enable it to be easily filtered to identify such retailers.

We recommend that the regulator undertakes a review of the relative prices of FOPs and online pharmacies three years after the remedy is implemented, to determine whether there has been a significant decrease in the price differential that would justify a change in this remedy.

Description of the remedy

5.18 In light of responses to our consultation in the PDR, we have made various amendments to elements of this remedy, which are set out in detail in the individual sub-sections below.

5.19 We have decided that veterinary businesses must ensure that information is provided in all their FOPs and by their vets, before, during and after each consultation, to inform pet owners that they can obtain a written prescription and buy medicines elsewhere, where they may be cheaper. This includes:

(a) Before a consultation:

- (i) standardised literature must be given to new client pet owners and those signing up to pet care plans;
- (ii) existing customers should be provided with this information when they are next invited to (or attend) an annual vaccination;
- (iii) specified information must be made available on websites of the practices;
- (iv) email and/or text communications with the pet owner confirming an appointment should include information informing the pet owner of their ability to request a written prescription; and
- (v) standardised notices must be placed within waiting rooms in a sufficiently prominent place.

(b) During a consultation in which medicine is prescribed: the vet must orally offer the pet owner a choice of a written prescription, other than where, for clinical reasons, the medicine is required for urgent administration.

(c) After a consultation where a medicine was dispensed: invoices/receipts must include text advising that written prescriptions are available.

- 5.20 Information about the written prescription process must be made available on the RCVS website.

The aim of the remedy and how it will address the AEC

- 5.21 In order for pet owners to buy medicine elsewhere (including from an online pharmacy), they must know that they can request a written prescription (as this is a prerequisite for buying a POM-V medication outside of the prescribing FOP). If pet owners do not already know this, they will only be able to buy a medicine elsewhere if the vet proactively offers them a written prescription, which is not required under current guidelines. While we have heard from some vets that they already do this in practice, it is unlikely to be in veterinary businesses' commercial interest to make such a proactive offer as it means that they would lose potentially profitable medicine sales.
- 5.22 The supporting guidance to the RCVS Code of Conduct for Veterinary Surgeons (the **Code**) says vets should inform pet owners, '... by means of a large and prominently displayed sign, or signs, (in the waiting room or other appropriate area),' that they can obtain a written prescription. However, our pet owners survey has shown that 38% of pet owners are currently unaware that they can request a written prescription from their vet to be fulfilled elsewhere. This means that either the current requirements are not being followed in all FOPs, the communications resulting from the requirements are insufficiently clear and effective or the requirements do not go far enough. This could be because, for example:
- (a) there is no signage, it is located in a place that is hard to see, or it is one of a number of pieces of written information which are co-located such that their individual impact is limited;
 - (b) there is visible signage, but it is not designed in a way that enables pet owners to easily grasp the message it is seeking to communicate;
 - (c) there is visible signage, but it is located in the waiting area which is a step removed from the point at which a pet owner is told that their pet requires medicine and has to make a purchase decision;
 - (d) the vet does not orally inform pet owners about the ability to request a written prescription (because they do not have to); or
 - (e) the pet owner receives information about the ability to request a written prescription only during a consultation or when they are being prescribed a medication, which is a time that they may not always be in a position to assess the alternatives.
- 5.23 In order for this messaging to be effective, the pet owner needs not only to know about the availability of written prescriptions and be able to access the information

to allow them to compare prices, but needs also to have a motivation to take the time to compare prices. Such motivation depends primarily on the pet owner's awareness of the potential savings of buying medicines online, compared to buying them in the FOP. Absent this, pet owners are unlikely to assess the potential benefits of incurring a written prescription fee and the effort of purchasing outside of their FOP. Accordingly, the messaging should inform pet owners about both the ability to request a written prescription and encourage pet owners to compare prices.

5.24 This remedy therefore aims to:

- (a) increase pet owner awareness that they can request a written prescription from their vet to be fulfilled elsewhere;
- (b) increase pet owner awareness of the potential savings offered by third-party retailers (including online pharmacies) when purchasing medicine, in order to encourage pet owners to conduct their own research; and
- (c) provide pet owners with more information, so that they can assess the quality of third-party retailers, particularly online pharmacies, and be confident in the quality of the medicines sold there.

5.25 It will, thereby, address the AEC.

Remedy design considerations

5.26 In designing this remedy, we have considered how information should be provided to pet owners in order to most effectively and proportionately achieve its aims. Information could either be provided in written form or in oral form. Written information relies on the pet owner seeing and engaging with the information but can generally be provided at a low incremental cost. In contrast, pet owners are more likely to engage with oral information or prompts, but due to the time taken to offer these, they may have a higher incremental cost.

5.27 The key remedy design considerations are:

- (a) what information should pet owners receive;
- (b) when should that information be provided to pet owners; and
- (c) in what form should that information be communicated, in particular in writing or orally by the vet.

Feedback we received on the design of this remedy, as a whole, in response to the PDR

- 5.28 The majority of respondents to our PDR that commented on this remedy were generally supportive of greater transparency about written prescriptions. For instance:
- (a) The BVA told us that it recognised that some pet owners are not aware they can purchase veterinary medicines from third parties and, as such, it supported veterinary businesses publicising to customers that they can request a written prescription, as well as orally informing customers of this in the consultation.⁵⁷¹
 - (b) PAH submitted that it supported proposals for additional literature informing pet owners of their ability to request a written prescription.⁵⁷²
 - (c) IVC told us that it supported the principle of increased transparency by the vet sector on pet owners' options for requesting prescriptions and purchasing veterinary medicines.⁵⁷³
 - (d) Medivet submitted that it has consistently advocated for increased transparency and therefore supported the PDR proposal for clear, standardised signage and written materials to ensure pet owners are aware of their ability to request a written prescription.⁵⁷⁴
 - (e) A significant number of independent veterinary practices and individuals responding to the PDR also offered general support for transparency over medicine prices.⁵⁷⁵
- 5.29 Many respondents, including LVGs and independent vet practices, raised concerns about specific aspects of the proposed measures. Respondents' concerns included the following issues:
- (a) the accuracy and appropriateness of messaging about potential savings being available online;
 - (b) the administrative burdens and costs being imposed on FOPs by these remedies, including the impact on the time for consultations, updating practice management systems (**PMSs**) and records, and the need to send a large number of text and email communications; and

⁵⁷¹ BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, pp 17-18.

⁵⁷² Pets at Home response to PDR, page 43.

⁵⁷³ IVC response to PDR, p 38.

⁵⁷⁴ Medivet response to PDR p 38.

⁵⁷⁵ For example: Anonymous Respondent 30 [X] response to the PDR; individual [X] response to the PDR.

- (c) the impact on the clinical relationship between the vet and pet owner by introducing commercial considerations into the consultation.

5.30 We address each of these issues, together with other submissions, below. We also set out the changes we have made in response to the consultation responses.

Standardised information on written prescriptions

The RCVS literature on the ability to request a written prescription

5.31 Our view is that it is necessary to have standardised literature across all FOPs, so that messaging around the ability to request a written prescription is consistent. This ensures that awareness among pet owners is not dependent on how diligent a particular FOP is in advising its customers of their ability to request a written prescription.

5.32 We have decided that the RCVS will be required to produce and distribute standardised literature, informing pet owners about their right to request a written prescription, the costs of doing so, and where and how written prescriptions can be fulfilled.⁵⁷⁶ The literature will include:

- (a) information about pet owners' ability to request a written prescription;
- (b) an overview of the written prescription process to explain it to pet owners, including a simple walk through of the process of requesting, receiving and having it fulfilled;
- (c) the level of the written prescription fee and information on how often it may be charged;
- (d) information on the types of places that fulfil veterinary prescriptions; and
- (e) in order to reassure pet owners that online pharmacies can be trusted, a clear explanation of what an authorised online pharmacy is and the checks and assurances that the VMD undertakes to provide authorisation, as well as a link to the list of authorised pharmacies on the VMD website.

When and where will the standardised literature be made available

5.33 FOPs must provide pet owners with a digital version, or physical copy if the pet owner prefers, of the written prescription literature.

⁵⁷⁶ This requirement will be implemented through either an Undertaking from the RCVS or an Order. In its response to our PDR, the RCVS indicated that it would wish to work with the VMD to produce this standardised literature. RCVS response to the PDR, p 12.

- (a) New customers will be given a link to the digital version or a copy of the literature when they first register with a FOP.
- (b) Existing customers will be provided with a link to the digital version, or a physical copy, of the literature when they next are invited to or attend an annual vaccination or sign up for a pet care plan.

5.34 The RCVS will distribute a digital version of the leaflet to all practices, which will be responsible for printing any physical copies that they need. The RCVS will also provide each practice with a web-friendly digital version of the standardised literature that can either be uploaded directly by the FOP or formatted to better fit the design of their website. Veterinary businesses will be required to host this digital version of the standardised literature on each of their FOP's websites (if they have one).⁵⁷⁷ The webpage containing the literature on written prescriptions must be accessible within two clicks from the homepage of the FOP's website.⁵⁷⁸

5.35 The RCVS will also host a webpage with information about the written prescription process.

Responses to the PDR

5.36 We have noted the broad support we received for the principle of providing pet owners with more transparency around their ability to request a written prescription. Only a handful of respondents to the PDR commented on what information should be included in the standardised literature:

- (a) The RCVS submitted that it generally supports measures designed to open the veterinary medicines market to greater competition and help consumers get the best value care for their household pets. However, it was concerned that the requirement for it to collate a list of authorised online pharmacies that serve small animals would cut across the statutory role of the VMD to produce and maintain a list of online pharmacies (and to approve the pharmacies on it). The RCVS submitted that it would not be able to undertake this role.⁵⁷⁹
- (b) A small number of responses objected to FOPs being required to host a list of authorised online pharmacies on their websites as they considered that this would unfairly require them to promote competitors,⁵⁸⁰ and that doing so

⁵⁷⁷ Or on their website for the veterinary business as a whole if they have one of those instead.

⁵⁷⁸ For instance, where a website has a main menu, it should be located as an independent webpage within that menu structure.

⁵⁷⁹ RCVS response to PDR pp 11-12

⁵⁸⁰ For example: Ardmory Veterinary Clinic response to the PDR; Frame and Swift Ltd response to the PDR.

gives these competitors (particularly Vertically Integrated LVGs that own online pharmacies) an unfair advantage.⁵⁸¹

How we have considered these responses

- 5.37 The standardised literature which FOPs will provide clients, and display on their websites, will provide pet owners with information on the written prescription process and a link to the VMD list of authorised online retailers. FOPs will not be required to list the names of any online (or other) retailers on their websites.
- 5.38 The link to the list is necessary for the remedy to be effective in supporting pet owners. The market features we are addressing relate to pet owners' lack of knowledge about, and lack of confidence in using, alternative sources of veterinary medicines. In a WFM, we would expect them to have that knowledge. This part of the remedy would help them have that knowledge and confidence where the market itself does not. It would contribute to competition, not require undue promotion of competitors.
- 5.39 The VMD Register of Online Retailers lists all online pharmacies which are authorised to sell POM-V medication.⁵⁸² This includes over 100 retailers, a significant number of which do not serve small animals. This means that although it allows pet owners to check whether a particular online pharmacy is authorised in the UK, it does not easily allow pet owners who have not already found an online pharmacy that serves small animals to easily identify one.
- 5.40 In the PDR, we set out how the RCVS could compile a list of authorised online retailers that serve small animals. The RCVS raised concerns regarding duplication between the VMD list of authorised online pharmacies and any list which the RCVS would collate. In particular, concerns were raised about how the list is kept up to date, particularly if retailers gain or lose authorisation over the course of the year.⁵⁸³ Therefore, we have decided that the RCVS literature should link to the VMD list and the RCVS will not seek to create its own list of small animal providers.
- 5.41 To ensure that pet owners are able to easily find, or check, that an online pharmacy is authorised, we recommend that the VMD ensures its list of online retailers is adequately searchable (so that a pet owner can find a pharmacy by website address or trading name), that each business is still trading, and that website links are correct. We also recommend that the VMD considers either (i) creating a new list of authorised online retailers for small animal POM-V

⁵⁸¹ The Pet Vet response to the PDR, p 2.

⁵⁸² <https://vmd.defra.gov.uk/register/online-retailers>

⁵⁸³ RCVS response to PDR, pp 11-12.

medication, or (ii) updating its existing list to enable it to be easily filtered to identify such retailers.

- 5.42 We are aware of the recent development of a commercial price comparison tool for veterinary medicines,⁵⁸⁴ and note that if our remedies are successful in stimulating more pet owners to shop online, further entry may occur in future. The RCVS literature should note that these providers exist in the market, so that pet owners can undertake their own research to find them.

Standardised notices about written prescriptions in practice waiting rooms and consultation rooms

- 5.43 The supporting guidance to the RCVS Code says that vets should include a sign, or signs, in their waiting rooms or other appropriate area telling pet owners about their ability to request a written prescription.⁵⁸⁵ Our view is that, since the current guidance is not proving to be wholly effective at informing pet owners of their ability to request a written prescription, it is necessary for us⁵⁸⁶ to impose a binding obligation on veterinary businesses operating FOPs to place a more specifically targeted and standardised notice in waiting and consulting rooms.
- 5.44 The key features of the notice will include:
- (a) clear, bold text referring to written prescriptions;
 - (b) a clear statement alerting consumers to the possibility of making significant savings by buying medicines elsewhere than the FOP, including online, and encouraging them to undertake their own research (as set out in the following section);
 - (c) succinct text explaining the process and how quickly a prescription will be issued;
 - (d) the written prescription fee; and
 - (e) where to find to more information on the written prescription process and a list of authorised online pharmacies.
- 5.45 In our order, we will:
- (a) specify the exact form of the notice, including wording and minimum size;
 - (b) specify the location of the primary notice; and

⁵⁸⁴ Petscribers response to the PDR.

⁵⁸⁵ RCVS, [Supporting Guidance to the Code of Professional Conduct for Veterinary Surgeons](#), paragraph 10.3.

⁵⁸⁶ In addition to increasing the number of ways in which and points at which pet owners are given this information.

(c) specify the number and the location of any secondary notices.

- 5.46 There was significant support for the display of a notice among PDR respondents, with many noting that their FOPs already use some form of notice.⁵⁸⁷ Respondents' views on the content of the message on possible savings are considered below. The precise form of words on the notice, particularly around the scale of potential savings, could significantly affect how successful it is and how likely pet owners are to consider shopping online. Prior to issuing our order, we will develop the final design and precise wording for the notice and may conduct research with pet owners to facilitate this. The precise requirements of our Order will be the subject of consultation in line with the relevant statutory requirements.⁵⁸⁸
- 5.47 The primary notice will be designed to engage the attention of pet owners visiting the FOP. In the PDR, we proposed that the poster should be either A3 or A2 in size. We only received a handful of responses commenting on the appropriate size:
- (a) a few respondents noted that they currently have an A3 poster to comply with the RCVS guidance or that an A3 poster would be large relative to other notices displayed;^{589, 590} and
 - (b) another respondent noted that A2 posters are likely to be excessively large, particularly for small practices.⁵⁹¹
- 5.48 We have decided that the poster should be at least size A3 (but may be A2 if appropriate, once the design has been finalised). The exact size will be further consulted upon in connection with, and then specified, in our Order.

Standardised message on price transparency

- 5.49 The standardised message veterinary businesses must give pet owners will be included:
- (a) on the standardised poster in practices;
 - (b) on invoices and receipts; and
 - (c) in the standardised flyer provided to pet owners who are receiving a long-term medication (as set out in the ongoing medication information remedy).

⁵⁸⁷ For example, FIVP response to the PDR p 17; BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, p 18; Ardmore Veterinary Clinic response to the PDR.

⁵⁸⁸ EA02, section 165 and Schedule 10.

⁵⁸⁹ Anonymous Respondent 22 [§] response to the PDR.

⁵⁹⁰ Avenue Veterinary Centre response to the PDR.

⁵⁹¹ Hook Norton Veterinary Group response to the PDR.

- 5.50 The signage and other forms of information about the availability of written prescriptions make only general points.⁵⁹² Our judgement is that, in a WFM, more pet owners would know that they may be able to buy medicines cheaper elsewhere than their FOP. To create those competitive conditions, an effective message about the potential savings from purchasing medicines elsewhere, and in particular online,⁵⁹³ needs to:
- (a) raise awareness that it may be cheaper to buy medicines from a third party (including online pharmacies) than from a FOP; and
 - (b) encourage pet owners to conduct their own research to check the savings they could make for their specific product (for example, an online search, using AI or by visiting the website of an authorised online pharmacy).⁵⁹⁴
- 5.51 A remedy taking this form is important. It is our assessment that many pet owners could make substantial savings when purchasing a prescribed medication from an online pharmacy rather than directly from their FOP.⁵⁹⁵
- (a) Our analysis of data from LVGs that own and operate online pharmacies (CVS, IVC, and VetPartners) shows that the price of veterinary medicines at these online pharmacies can be between 50% and 60% less than the price of the same veterinary medicine at their FOPs.⁵⁹⁶
 - (b) Many pet owners could make substantial financial savings of [£200-300] on average annually when purchasing commonly prescribed veterinary medicines from an online pharmacy rather than a FOP.⁵⁹⁷
- 5.52 A message around potential savings will raise pet owners' awareness of the possible savings available at third-party retailers, to motivate them to consider buying medicines elsewhere. Currently, the principal third-party retailers are online pharmacies. Since we have found that the level of savings varies depending on a range of clinical (such as the specific choice of medicine, the dosage and frequency of doses, and the length of treatment recommended by the vet) and commercial (such as the price of medication and level of fees charged by FOPs for dispensing medication or for the provision of a written prescription) factors, our assessment is that the simplest message to include in communications is a

⁵⁹² This is different from the option we consulted on in the Remedies Working Paper, where we considered requiring more individually tailored messaging.

⁵⁹³ Which, for the time being and until the market develops, is the realistic alternative to buying in-FOP for most pet owners.

⁵⁹⁴ For example, as of 14 January 2026, both a Google search and ChatGPT return results for six online pharmacies in response to a search for 'price of Metacam 32ml for dogs in the UK'.

⁵⁹⁵ This is set out in part A, section 11: Veterinary medicines.

⁵⁹⁶ We would expect a broadly similar percentage difference in price between other FOPs and online pharmacies based on our understanding of the prices of veterinary medicines at other FOPs and other online pharmacies.

⁵⁹⁷ The overall financial savings will depend on the specific choice of medicine, the dosage (and frequency of doses), and the length of treatment recommended by the vet (all resulting from the vet's clinical assessment) as well as the level of fees charged by FOPs for dispensing medication or for the provision of a written prescription.

statement that highlights that medicines may be significantly cheaper online and that pet owners should undertake their own research.

- 5.53 This message will not convey the absolute value of possible savings to pet owners. It will, however, indicate the possible magnitude. That, together with the prompt, should, in our judgement, be sufficient to encourage pet owners to conduct their own research.

Responses to the PDR

- 5.54 We received a significant number of responses in relation to this proposed measure in the PDR. Many respondents were strongly opposed to any message around price transparency which refers to online pharmacies being significantly cheaper, or to referencing competitors' prices in any way. The key themes in the responses were:
- (a) It would be unfair to require a FOP to advertise a competitor and that such measures were without precedent in other sectors.
 - (b) Being required to reference online pharmacies could drive revenue from independent FOPs to LVG-owned online pharmacies.
 - (c) This message could be misleading as medicine prices at online pharmacies are not consistently cheaper than in-practice FOP prices.
 - (d) Wording indicating that medicines are cheaper online may undermine any increased incentive for FOPs to lower medicine prices.
- 5.55 The BVA submitted that it could not 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. It stated that there were few service providers or retailers, if any, which were legally required to do so. The BVA submitted that it should be sufficient that a written prescription is offered/provided as it is the pet owner that is legally responsible for seeking appropriate veterinary care for their pet and making their own purchasing decisions based on cost, convenience and any other contextual elements which veterinary professionals could not reasonably be expected to service.⁵⁹⁸
- 5.56 FIVP told us that the effect of this remedy would be to require veterinary professionals to promote the services of online pharmacies. It submitted that veterinary professionals having to tell customers that online pharmacies could provide medication 'more cheaply' than their own practice would directly impact

⁵⁹⁸ BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, p 19

sales of medication by independent practices which are vital to supplement the costs of veterinary care.⁵⁹⁹

- 5.57 VetPartners submitted that it would be disproportionate to impose additional obligations on FOPs to inform pet owners that medicines are ‘often available significantly cheaper online’ because:⁶⁰⁰
- (a) The CMA’s provisional findings showed that the potential savings available to pet owners depend on a range of factors and may not be available in all cases.
 - (b) The remedy is not designed to be flexible or time limited. As a result of the combination of remedies proposed by the CMA, some FOPs may reduce the prices of some medicines to more effectively compete with online retailers. That would mean that FOPs are obliged to include this statement, even when they know it to be factually incorrect in their case. That would clearly not be beneficial to pet owners and would undermine the trust-based relationship between vets and pet owners.
 - (c) Pet owners value the service and convenience of FOPs. The PDR’s findings show that pet owners are more likely to choose to buy medicines from online retailers for repeat prescriptions. These repeat cases are also where savings are more likely to be relevant. Therefore, this remedy is effectively aimed only at the limited number of residual cases where pet owners (a) do not value the service and convenience provided by FOPs, and (b) are likely to save money by obtaining a prescription and buying medicines online.
 - (d) Therefore, for the proposed remedy to be workable, and effective over time, it should be limited to informing pet owners that they have an opportunity to do their own research – the CMA’s proposed statement on savings would go beyond what can reasonably be expected in any consumer protection remedy.
- 5.58 CVS submitted that the price of medicines can change, so rigid wording around savings may not remain correct over time and could mislead consumers about the magnitude of savings available. It could also undermine the incentive for FOPs to compete on price with online pharmacies.⁶⁰¹
- 5.59 Pets at Home told us that compelling FOPs to promote their competitors’ online pharmacy businesses would distort competition and disproportionately benefit vertically integrated LVGs which have online pharmacy businesses. There was also a risk that such messaging could soften competition between online

⁵⁹⁹ FIVP response to the PDR p 7.

⁶⁰⁰ VetPartners response to the PDR pp 46-47.

⁶⁰¹ CVS response to the PDR p 14.

pharmacies, as more pet owners purchase medicines online under the illusion that it may be significantly cheaper to buy prescription medicine online.⁶⁰²

5.60 PDR responses from independent veterinary practices also raised these issues, for example:

- (a) Some vets and veterinary businesses told us that medicines are not always cheaper online, and some also pointed to clinical and convenience benefits to purchasing medicines in a FOP.⁶⁰³ For example:
 - (i) An independent FOP business submitted case studies which it said demonstrated that a pet owner, in many real-world scenarios (particularly where multiple medicines are required alongside one another for the same pet), would either not save, or experience minimal savings, if they purchased the products online rather than at that FOP (after taking into account fees).⁶⁰⁴
 - (ii) Another independent vet submitted medicines are not cheaper online as the online price does not include prescription charges (which form part of the in-FOP price) or account for cross-subsidisation.⁶⁰⁵
- (b) Many vets and independent veterinary businesses told us that actively directing clients to, and even specifically comparing to, online pricing is an exceptional measure which did not apply in other industries. They said it would be anticompetitive (in particular, advantaging LVGs owning online pharmacies), implied a lack of value and trust in local in-house provision of a holistic service, and may accelerate consolidation and reduce consumer choice.⁶⁰⁶
- (c) [X] told us that a message that online pharmacies are cheaper may be misleading to consumers, particularly where efficient bricks and mortar providers (including [X]) are price-competitive. It also risks distorting competition where LVGs own online pharmacies, enabling referral to owned channels and cross-subsidy of in-practice services, to the detriment of independents.⁶⁰⁷

⁶⁰² Pets at Home response to the PDR p 42.

⁶⁰³ For example, Ardmory Veterinary Clinic; individual [X]; and Abbey Veterinary Centre (Grimsby) Limited.

⁶⁰⁴ Abbey Veterinary Centre (Grimsby) Limited; Ardmory Veterinary Clinic.

⁶⁰⁵ Anonymous Respondent 4 [X].

⁶⁰⁶ For example, individual [X]; vet business or practice [X].

⁶⁰⁷ Animal Trust Vets CIC response to the PDR.

How we have considered these responses

- 5.61 We have carefully considered these concerns and whether the proposed content of the messaging in the notice, set out in the PDR, should be changed.
- 5.62 First, we recognise that it is unusual for a retailer to display information in their premises that highlights the potentially lower prices of alternative providers. However, in a WFM we would expect consumers to have good information about providers and prices to allow them to make informed choices that drive competition between providers. That is a key reason why requirements like those we proposed are uncommon: in many markets, they are unnecessary. Our remedy will create, but do no more than create, the competitive conditions we would expect to exist in the veterinary services market were it working well.
- 5.63 There are other markets in which similar or analogous requirements exist. For instance, the CMA requires, as part of the service quality indicators remedy in the retail banking market investigation,⁶⁰⁸ that retail banks providing personal current accounts and business current accounts in Great Britain and in Northern Ireland take part in and publish the results of a periodic survey of customers' willingness to recommend their bank to friends and family or to other businesses. This is somewhat analogous to what we are requiring with this remedy, with poorer performing banks having to inform their customers that they could obtain similar banking products with a better quality of service from another bank.
- 5.64 Second, there is a particular need for this measure in the specific context and circumstances in which the veterinary services market operates, to spur FOPs to compete more strongly on medicines. This is due to several factors.
- (a) *The nature of the vet/pet owner relationship*: In the UK, FOPs offer an integrated service to pet owners that includes clinically examining an animal to determine what treatment is needed, prescribing any medication, and dispensing it. There are benefits to the integrated nature of in-FOP veterinary provision, but it means that a pet owner must visit a FOP before they are able to obtain a POM-V medicine, where they will either be dispensed the medicine or ask for a written prescription. Therefore, FOPs have a significant point of sale advantage over third party retailers, including online pharmacies. The pet owner is ultimately responsible for the care of their pet, but they are in a situation where they are relying upon, and trust, an expert professional at a point where they could make a significant transactional decision. They often do not have, and in the specific circumstances do not have the opportunity to find, information about alternative providers and

⁶⁰⁸ <https://www.gov.uk/cma-cases/review-of-banking-for-small-and-medium-sized-businesses-smes-in-the-uk>

prices. Competition is constrained in a way that differs from most retail markets.

- (b) In this connection, we have been told by vets, veterinary businesses and representative organisations that there is a distinct relationship of trust built around clinical practice that distinguishes vets from more ‘purely’ commercial retailers. We agree with this, and it is why the analogy with such businesses, when it comes to advising consumers of alternative sources of medicine supply, is inappropriate. In our view, a strong, trust-based relationship of this kind justifies the imposition of obligations that will help to ensure that the pet owner can make informed choices regarding commercial transactions to which the veterinary business is a party.
- (c) *Ensuring that pet owners are aware and motivated to compare prices:* For competition for POM-V medication to be effective, pet owners must actively engage with the market. Pet owners will only do this if they are both aware that they can obtain a written prescription and sufficiently motivated by the prospect of a possible saving. However, substantial numbers of pet owners are unaware of their ability to get such a prescription and the savings they could make (and are not motivated to compare prices).⁶⁰⁹ Previous regulatory interventions have sought to remedy this situation, but with only limited success. In particular, the RCVS implemented one of the transparency remedies recommended by the Competition Commission as part of its 2003 investigation into POM-V medicines by requiring FOPs to display a notice about the availability of written prescriptions.⁶¹⁰ The number of pet owners who still lack the requisite knowledge and motivation demonstrates a need for a more substantial intervention, in the form of a message about possible savings and a prompt to search for them.
- (d) *The savings available elsewhere can be significant:* Evidence shows that, in many cases, pet owners will be able to make significant savings⁶¹¹ buying medicines, especially ones subject to long-term or repeat prescriptions, other than in their FOP. Those savings will vary depending on a range of clinical and commercial factors.⁶¹² Even so, given the differences in prices, it is important, in light of the enduring nature of the problem and the shortcomings

⁶⁰⁹ As set out in as set out in Part A, Section 11: Veterinary Medicines, sub-section There are substantial differences between the prices of veterinary medicines at FOPs and online pharmacies. Source: CMA analysis of LVG RFI responses from [§], [§], and [§].

⁶¹⁰ As also set out in [Appendix B to our Remedies Working Paper](#).

⁶¹¹ On current FOP and OP prices.

⁶¹² The overall financial savings available to pet owners will depend on the specific choice of medicine, the dosage (and frequency of doses), and the length of treatment recommended by the vet (all resulting from the vet’s clinical assessment) as well as the price of medication and level of fees charged by FOPs for dispensing medication or for the provision of a written prescription.

of previous interventions, that the message to pet owners indicates that the savings may be significant and to check whether that is so in their case.⁶¹³

- (e) *Online pharmacies are, currently, the principal alternatives:* We consider that a specific reference to savings being available 'online' is particularly important as, for most pet owners, this is the main channel where prices are likely to be lower. Removing a reference to online savings would be likely to reduce the effectiveness of this remedy as pet owners would not be provided with sufficiently specific information or direction as to where they can find lower prices (particularly as they may not realise that online pharmacies are available and trustworthy). That said, we do not think it would be appropriate for the message to refer to specific online pharmacies.

- 5.65 Third, a reference to the availability of possible savings online would not necessarily drive sales of veterinary medicines online, nor is that the only aim of the remedy. We set out our views on this in detail in the sub-section on Effects of the medicine remedies, but a key aim is to increase the pressure on, and incentive for, FOPs to compete more strongly on medicine prices with online pharmacies (and thereby reduce the incentive for pet owners to go online). Some pet owners may choose to buy their medicines online (which is a positive outcome if they are benefiting from lower prices), but others may prefer to buy medicines in-FOP where, for example, that FOP has lowered prices to reduce or remove the difference in price and pet owners value the convenience of buying medicines there or supporting their local vet. The interplay of informed choice by consumers and competitive response by providers is effective competition.
- 5.66 Fourth, to achieve its aims, the messaging must not mislead pet owners. A message that focused solely or definitively on the savings that can be made would have the potential to be misleading, particularly if FOPs respond to greater competition by reducing their medicine prices, and all the more so if they do so substantially.⁶¹⁴ The specific wording of the message will therefore indicate that savings may (rather than will) be available and focus on encouraging pet owners to conduct their own research to determine if their FOP is the best place for them to buy their specific medication. That reflects the reality of the savings currently available in some, but not necessarily all, cases. It also allows for some changes in prices, as the market's competitive dynamics change (and as set out below as to the possible review of the remedy). In other words, the form of the message gives it a degree of versatility.

⁶¹³ As set out in as set out in Part A, Section 11: Veterinary Medicines, sub-section These price differences can lead to significant financial savings for pet owners when purchasing from online pharmacies. Source: CMA analysis of LVG RFI responses from [X] and [X]. The methodology used for this analysis is set out in more detail in Appendix I: Supporting evidence on veterinary medicines.

⁶¹⁴ Which is one of the aims of our remedy package.

- 5.67 Fifth, given that the wording of the notice will refer only to the possibility of savings and will encourage pet owners to do their own research, we do not consider it likely to materially reduce the incentive for FOPs to compete on price with online pharmacies. Veterinary businesses will be able to respond competitively in a number of ways. For example, where they have reduced their prices, veterinary businesses will be able to tell pet owners what those prices are and give them a chance to make an informed decision about whether to buy their medicines from the FOP there and then, with the convenience they may value, or shop elsewhere. In other words, veterinary businesses will be encouraged, and able, to compete.
- 5.68 Sixth, notwithstanding the relevance and versatility of the message about savings that we describe in the preceding paragraphs, and the potential for a range of competitive responses by veterinary businesses, we are conscious that the more successful the remedy is, the less apposite and necessary it will become. As well as designing it with the degree of versatility that we describe, we have statutory duties to keep our remedies under review. These include a requirement to consider from time to time whether, because of a change of circumstances, a remedy is no longer appropriate and needs to be changed or removed.⁶¹⁵ Where the competitive pressure the remedy generates results in a competitive realignment of FOPs' and online pharmacies' medicines prices (as we could expect), such that the remedy is no longer required (at all or in its current form), we could and would change or remove it.
- 5.69 In that regard, we recommend that the regulator undertakes a review of the relative prices of FOPs and online pharmacies three years after the remedy is implemented, to determine whether there has been a significant decrease in the price differential that would justify a change in this remedy.
- 5.70 Accordingly, we will require each veterinary business operating one or more FOPs to ensure that the relevant message is included where specified in the information remedies set out above. We will determine the final wording in our Order, but it will include two elements:
- (a) a statement alerting pet owners that medicines may be available significantly cheaper from third parties, including from authorised online pharmacies; and.
 - (b) a prompt encouraging consumers to undertake their own research to determine if they could make a saving.
- 5.71 For example, the message could be:
- 'You may be able to buy medicines significantly cheaper online. Compare prices online and at third-party retailers to see the savings you might make.'

⁶¹⁵ S.162(2)(c) Enterprise Act 2002.

Text message and email communications

- 5.72 Some FOPs communicate with pet owners via text messages and emails. This can be for a number of reasons, such as reminding a pet owner of an upcoming appointment, notifying them of the need for annual vaccinations, or providing updates about the practice.
- 5.73 These communications provide a point of contact between the pet owner and the FOP, where the pet owner could be informed of their ability to request a written prescription. We have therefore considered whether and how such messages can be used effectively to inform pet owners about the availability of written prescriptions without imposing a disproportionate administrative or cost burden on veterinary businesses.
- 5.74 In response to the PDR, we were told that some FOPs use text messages to communicate regularly with pet owners, including to inform them about the ongoing status of an animal that has been admitted for treatment. A minority of PDR respondents raised concerns over the administrative burden and costs of adding a reminder about written prescriptions and online pharmacy prices to text message and email communications:
- (a) VetPartners submitted that it would not be reasonable and practical to include this information in any email and/or text message, and that the requirement was excessive and would add little value to pet owners. It stated that email and text communications are mainly automated and limited by word count which would make implementation operationally and practically challenging.⁶¹⁶
 - (b) Pets at Home told us that the number of proposed reminders in emails and text messages would be excessive and inappropriate and blur the line between clinical communications and marketing. It stated that FOPs should not be required to include standardised text in communications that were unrelated to purchasing medicines.⁶¹⁷
 - (c) The Royal Veterinary College also told us that requiring this information across communication channels such as SMS would significantly increase administrative and messaging costs. It submitted that a link to a practice's price list and prescription policy would be sufficient.⁶¹⁸ Similar points were raised by Armour Veterinary Group and South Moor Vets which both told us

⁶¹⁶ VetPartners response to the PDR p 47.

⁶¹⁷ Pets at Home response to the PDR p 41.

⁶¹⁸ Royal Veterinary College response to the PDR.

that the length of the additional text in a SMS would impose significant and recurring costs.⁶¹⁹

- 5.75 We recognise that, for many communications between FOPs and pet owners, a message informing the latter that they can request a written prescription or buy medicines more cheaply online would not be relevant. We take into account that FOPs may incur additional costs to lengthen a text message in order to convey that information.
- 5.76 We have, therefore, decided to revise this aspect of our remedies in order to:
- (a) limit the requirement to include certain information to messages reminding a pet owner of an upcoming consultation;⁶²⁰
 - (b) only require that information to remind pet owners about the availability of written prescriptions (and that further information is available on the RCVS website); and
 - (c) remove from the message that medicines may be cheaper elsewhere than at the FOP.
- 5.77 This decision takes into account that there is a need, given the ineffectiveness of the single reminder that vets are currently required to give pet owners,⁶²¹ for pet owners to be told about written prescriptions more than once. It reflects our judgement that such a reiteration is likely to be more effective in communications that relate to an occasion on which pet owners can act upon it. The burdens and costs of compliance are limited to those of conveying that piece of information at a relevant time.

Messages on invoices / receipts

- 5.78 We have decided that all pet owners must be provided with a digital or paper copy of their invoice/receipt for any medicine they buy from a FOP (unless they refuse a receipt) and that this should set out information about written prescriptions. This is an important measure in addition to those set out above. It reflects again the inadequacy of the existing single point of reminder to pet owners. Its value is that it provides pet owners with the relevant information following (rather than before or during) a consultation. As such, it will act as a prompt for them to research prices outside the clinic (if, for example, they did not opt for a written prescription during

⁶¹⁹ Armour Veterinary Group response to the PDR; South Moor Vets response to the PDR.

⁶²⁰ Veterinary businesses will be required to ensure that their FOPs include standardised text about the those matter at the end of any text or email messages about a pet owner's attendance at a consultation. The exact wording that must be included in these messages will be specified in our Order.

⁶²¹ The sign in the waiting room.

the consultation but they now know that they will need repeat medication going forward).

- 5.79 We will require that, where a medicine has been sold by a FOP to a pet owner, the footer of the invoice/receipt will include text stating that written prescriptions are available on request, the cost of getting such a prescription at that particular FOP, and the standardised message on prices and savings described above. This text will need to be in the same font as the rest of the invoice and not significantly smaller. The precise wording and dimensions will be set out in our Order.

Requirement that vets orally offer pet owners the choice of a written prescription

- 5.80 The Competition Commission's recommendation in 2003,⁶²² following its investigation of the market for the supply of prescription only veterinary medicines, was that vets be required to offer clients '...either orally or in writing, prescriptions for POMs the veterinary surgeon recommends, except for those used in emergency treatment, for treatments during surgical procedures or as anaesthetics; and for prescriptions requested in consequence to be provided by the veterinary surgeon'. This was implemented by the RCVS, but the supporting Guidance to its Code includes only a direction to vets to inform pet owners in writing about their ability to request a written prescription, not orally.
- 5.81 Providing more literature and messages to pet owners, ahead of their arrival at a vet practice and in the waiting room, will be important first steps in raising their awareness of written prescriptions. However, such literature and messaging relies on pet owners seeing and engaging with the content, remembering that the option exists when they are told during a consultation that their pet requires a medication, and the pet owner being comfortable initiating a conversation with the vet about obtaining a written prescription.
- 5.82 Our judgement is that the oral offer of a written prescription in a consultation is an important part of our remedies package because, in combination with the other messages, it will meet two aims:
- (a) it will ensure that all pet owners whose pet needs medication for which a written prescription is a feasible option will be aware of the option to obtain such a prescription at the point when they could make a purchase; and
 - (b) it will help to reduce pet owner inertia stemming from the dual role of the vet as a prescriber and dispenser of medication. Since a vet will now prompt the pet owner to choose between a written prescription and the medication being dispensed in-clinic, the pet owner will not have to initiate a conversation

⁶²² 2003 CC report, paragraph 2.190(V).

(which they may find uncomfortable, given their trusting and deferential relationship with their vet, even if they are already aware of written prescriptions).

- 5.83 Veterinary businesses will be required to ensure that their vets offer pet owners the choice of a written prescription in all but cases where the medicine needs to be administered by the vet (or RVN) or started urgently.⁶²³ The vets need only offer pet owners that choice. They need not, during the consultation, tell pet owners about the possible savings from shopping online or elsewhere (though they may choose to do so). In addition, vets must only make a recommendation to pet owners that they buy medicines in the FOP if there is a clinical need for them to do so. We are recommending to the RCVS that these requirements are enshrined in updated supporting Guidance to the RCVS Code.

Responses to the PDR

- 5.84 Not all consultation responses addressing this remedy engaged with the proposed oral offer requirement specifically. For example, FIVP's submission disagreed with the remedy in general but primarily raised concerns about its wider consequences, while Which?,⁶²⁴ the VCMS⁶²⁵ and the Pet & Equine Insurance Association⁶²⁶ supported the measure in general terms (eg as proportionate and necessary to enable pet owner choice). We address some of these broader themes in the sub-section: Effects of the medicine.
- 5.85 A minority of respondents supported the proposal. For example:
- (a) The BVA, BSAVA, SPVS, VMG and BVNA submitted that this aspect of the remedy was necessary to increase pet owner awareness of written prescriptions and alternative dispensing options.⁶²⁷
 - (b) An independent vet practice told us that it saw the benefit of an open discussion about medication costs and giving the pet owner the option to have medicines on a written prescription (although it did not refer to the oral offer specifically).⁶²⁸
 - (c) A prescription medicines business supported the remedy, noting the positive impact on animal welfare of pet owners being able to purchase medicines more cheaply and the fact the remedy does not preclude vets offering

⁶²³ The BVA told us that it believed the remedy should apply other than where, for clinical reasons, the medicine is required for immediate administration and '[w]e consider that all instances where a vet or RVN is required to administer the product, even if not immediately, should also be explicitly excluded (BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, p 18).

⁶²⁴ PDR response from Which?

⁶²⁵ PDR response from the VCMS.

⁶²⁶ PDR response from Pet and Equine Insurance Association.

⁶²⁷ BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, p 18.

⁶²⁸ Individual [X] response to the PDR.

medicines in-clinic where that is clinically necessary. It raised wider concerns around vertically integrated online pharmacies and the difficulties pet owners might face freely selecting an online pharmacy to purchase from in the course of a consultation.⁶²⁹

5.86 Many PDR respondents raised concerns around this remedy. These covered five main areas: (i) the burden on vet time and the impact on consultations; (ii) the effect on the pet owner and vet relationship; (iii) the application of the requirement to all consultations; (iv) compliance concerns; and (v) its necessity.

5.87 As to the negative impact on vets' time and the duration of consultations:

- (a) IVC submitted that there would be an impact because the offer of a written prescription would likely prompt follow-up questions from pet owners – who are not used to artificial disclosures or disclaimers in the consultation room. Any increased burden on vet time would lead to less time for clinical work and make consultations and treatment more expensive for pet owners.⁶³⁰
- (b) Medivet raised concerns that the remedy would take focus away from animal welfare and may trigger time consuming follow-up questions, which would add to the length of consultations.⁶³¹
- (c) Many independent and/or individual vets also said increasing the numbers of written prescriptions will require consultation times to be extended, which in turn would result in increased costs to pet owners.⁶³² Some included estimates of the potential impact on FOP businesses. For example:
 - (i) One individual vet said an additional five minutes' consultation would be required, with an increase in consultation fees.⁶³³ [redacted].⁶³⁴ Another submitted adding a one-minute script to consultations would reduce vet consultation capacity by approximately 7.1% per day, resulting in above-inflation cost rises for pet owners.⁶³⁵
 - (ii) Another independent veterinary business estimated that, if chronic medications are 'routinely transferred to external supply', workload associated with written prescriptions would increase from the current four to six hours per week to ten hours per week, with a corresponding six per cent reduction in 'clinical billable capacity'.⁶³⁶

⁶²⁹ Petscribers response to the PDR.

⁶³⁰ IVC response to PDR pp 37-38.

⁶³¹ Medivet response to PDR pp 37-38.

⁶³² For example, individual [redacted], individual [redacted], Hall Court Veterinary Group.

⁶³³ Individual [redacted].

⁶³⁴ Individual [redacted].

⁶³⁵ Animal Trust Vets CIC.

⁶³⁶ Anonymous Respondent 24 [redacted].

- (d) The RCVS⁶³⁷ said consideration needed to be given to the potential of this remedy to increase consultation times and cost to the pet owner.⁶³⁸

5.88 A minority of respondents told us that this remedy would also have a negative impact on the relationship between vet and pet owner. For example:

- (a) PAH told us that a requirement on vets to orally offer a written prescription would undermine clinical focus and animal welfare. Pet owners are focused on their pets' health during consultations, and introducing commercial messaging at this point would be intrusive and distracting.⁶³⁹
- (b) IVC also told us that the remedy would interfere with clinical process and undermine the pet owner/vet relationship.⁶⁴⁰
- (c) Other veterinary businesses submitted this remedy would risk micro-managing clinical interactions, or undermine trust between clinician and client.⁶⁴¹
- (d) One independent vet told us that they considered the requirement to inform every client in every consultation would represent micro-management of the consultation: much of a consultation is spent discussing clinical needs or medications and to include a detailed conversation about costs would erode clinical judgement and trust. They said it would be more appropriate to have an 'honest conversation about pricing' at a later date once it has been established that a medicine works and the pet owner wishes to continue treatment.⁶⁴²
- (e) Some vets also told us it was inappropriate to require written prescriptions be offered to all pet owners, as this assumed a level of digital fluency/ability to process complex choices which is not necessarily true of, for example, some elderly or vulnerable pet owners.⁶⁴³

5.89 A minority of respondents raised concerns that it is unnecessary and disproportionate for the remedy to apply to all consultations. For example:

- (a) An independent veterinary business submitted that, in its experience, less than 1% of pet owners request a written prescription for short-term medications, making our proposal a disproportionate response to a very limited issue.⁶⁴⁴ Another independent vet stated that, when asking their

⁶³⁷ Which? noted that it was generally supportive of remedies to open the veterinary market to greater competition and help pet owners get the best value care.

⁶³⁸ RCVS response to the PDR.

⁶³⁹ Pets at Home response to the PDR, p 42.

⁶⁴⁰ IVC response to the PDR p 38.

⁶⁴¹ For example: Responses to the PDR from XL Vet, Paragon Veterinary Group, Anonymous Respondent 1 [REDACTED].

⁶⁴² Anonymous Respondent 26 [REDACTED].

⁶⁴³ Vet business or practice [REDACTED]; Individual [REDACTED]; [REDACTED].

⁶⁴⁴ Northvet Veterinary Group response to PDR p 4.

clients in the course of a day of consultations, over 90% knew they could buy medicines online but chose to do so at that vet's independent FOP.⁶⁴⁵

- (b) An independent vet told us that their practice offers written prescriptions verbally in many consultations, particularly for chronic medications and parasiticides. However, it is not appropriate to do so in every consultation and the remedy should be limited to relevant cases.⁶⁴⁶
- (c) One vet said that, given there are situations where a written prescription is unlikely to be cost-effective, offering it in all circumstances would be counterproductive and likely to result in complaints against the vet. They said that this remedy should be limited to situations where a vet 'believes, in good faith, that this may be financially beneficial for the owner (eg for longer courses of treatment)'.⁶⁴⁷
- (d) Other independent veterinary business told us they objected to this remedy given that they already informed pet owners of the availability of written prescriptions via written notices.⁶⁴⁸

5.90 A small group of respondents raised compliance concerns:

- (a) Medivet said vets may not be able to demonstrate that they have provided the reminder.⁶⁴⁹
- (b) IVC submitted that compliance concerns could further impact vets' time, as some vets default to extensive record keeping or feel the need to explain in detail to pet owners why a written prescription is not appropriate in a situation.⁶⁵⁰

How we have considered these responses

5.91 The requirement to offer a written prescription will not apply to all consultations. It is targeted at medications where a written prescription is a viable option for the pet owner. Such an offer is not required for medicines that need to be administered by the vet (or RVN) or started urgently.⁶⁵¹

5.92 We have carefully considered whether we expect the oral offer of a written prescription to have a material impact on consultation time. Respondents to the

⁶⁴⁵ Anonymous Respondent 26 [redacted].

⁶⁴⁶ Anonymous Respondent 31 [redacted] response to the PDR p 2.

⁶⁴⁷ Anonymous Respondent 1 [redacted].

⁶⁴⁸ Avenue Veterinary Centre response to the PDR; Greenwood and Brown Veterinary Clinics Ltd [redacted].

⁶⁴⁹ Medivet response to the PDR pp 38-39.

⁶⁵⁰ IVC response to the PDR pp 38-39.

⁶⁵¹ The BVA told us that it believed the remedy should apply other than where, for clinical reasons, the medicine is required for immediate administration and '[w]e consider that all instances where a vet or RVN is required to administer the product, even if not immediately, should also be explicitly excluded (BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, p 18).

PDR identified two ways in which the requirement to make the offer would increase the length of a consultation. Namely, the time taken:

- (a) to ask the question and for any accompanying explanation; and
- (b) to answer any questions the pet owner has.

- 5.93 The specific requirement is limited to a simple and brief statement/offer. For example, 'Would you like me to dispense this medication in clinic, or would you like a written prescription?' We do not anticipate that this would materially add to the length of a consultation.
- 5.94 Pet owners may, following this prompt, engage with the option of purchasing medicines from third parties. They may ask questions, or request a written prescription. This may result in a small increase in consultation times, at least initially, but we would expect this to be: (i) mitigated by the improved provision of written information about written prescriptions for which our remedies also provide; and (ii) a 'one-off' in that a pet owner,⁶⁵² having absorbed the simple message involved, is unlikely to ask the same questions about written prescriptions in subsequent consultations.
- 5.95 We take into account that discussing medicines, providing written prescriptions, and answering associated questions, is already part of a vet's role, and part of many consultations, in any event. Many vets have also told us they already offer such prescriptions for chronic medications (or when the savings pet owners would make buying online will be large), and many pet owners are already aware of the option to get one. In other words, conversations about medicines are already part of many consultations. We would expect FOPs to find ways to deliver the information efficiently during consultations where they do not do so already.
- 5.96 At most, therefore, it seems reasonable to us to expect that any discussion of written prescriptions would only add a very small amount of time to a consultation, where it is not happening already, and likely only the first time a pet owner is prescribed a relevant medication. We weigh that addition, or even if it were slightly longer in a minority of consultations, at least initially, against the lack of informed choice open to many pet owners at present and the savings available to them if they could make such choices.
- 5.97 We do not consider that vets initiating a conversation around written prescriptions would erode the trust pet owners place in them or undermine the clinical relationship. On the contrary, greater transparency about a pet owner's options, which will make plainer still that the vet is acting in the pet owner's interest, is more likely to improve rather than degrade this relationship.

⁶⁵² Or most of them.

- 5.98 We note the concerns around how vets will demonstrate compliance with this remedy. However, this is not a complex or far-reaching requirement and vets are already under a set of professional obligations when they undertake a consultation. We expect that veterinary businesses will put in place processes to ensure that their vets meet the requirement. We anticipate that they will provide training or information to their vets setting out their obligation to make an oral offer of a written prescription, and including guidance about how it can be most effectively and efficiently met. Veterinary businesses will provide an attestation of compliance to the RCVS. Over time, we anticipate that pet owners will become used to being offered a written prescription by their vet, which will provide a further mechanism for monitoring non-compliance.

Remedy implementation considerations

Method of implementation

- 5.99 We have decided⁶⁵³ that this remedy will be implemented insofar as it relates to the provision of information in FOPs and by vets, via an Order on all veterinary businesses operating one or more FOPs.
- 5.100 The requirements for the RCVS to produce, distribute and publish on its website standardised literature and information about the written prescription process will be implemented via an Undertaking offered by the RCVS. We could alternatively impose the relevant requirements on the RCVS via an Order.

Cost of implementation

Veterinary businesses operating FOPs

- 5.101 For veterinary businesses operating FOPs, implementation of the provision of information about written prescriptions, in particular through the dissemination of standardised literature and display of notices, as well as emails, text messages, receipts and invoices will involve some administrative and materials costs. Those costs per practice may be higher for smaller businesses than larger ones who may have common systems covering multiple practices, so spreading fixed costs.
- 5.102 That said, the costs will primarily relate to the printing of materials, and the updating of websites, messaging systems and boilerplate text on invoices/receipts. We note that many of the relevant resources and materials already exist and are routinely updated by businesses. These costs should, therefore, be incremental and limited.

⁶⁵³ Having not received any significant submissions in response to the PDR regarding the implementation of this remedy other than those considered in other parts of this section of this report.

- 5.103 In response to the PDR we were told that SMS messages are limited to 114 characters, and an additional cost is incurred when this is exceeded.⁶⁵⁴ This means that adding a requirement to every message could substantially increase the costs of using SMS as a communication tool for practices with large client databases (although this would clearly depend upon their network plans and more cost-efficient alternatives may be available). We have narrowed the scope of this requirement to only those messages about a consultation, ensuring that any costs would only be incurred in circumstances where a written prescription is more likely to be relevant, and the message will be as short as practical while meeting its aims.
- 5.104 The requirement for vets to inform pet owners orally during the consultation of their ability to request a written prescription will take a small amount of time. As discussed above, we do not think this would materially lengthen consultations nor materially affect their price or availability.

The RCVS

- 5.105 We have decided to require the RCVS to produce and distribute the standardised literature setting out the written prescription process. There will be some limited costs to the RCVS in producing the relevant literature and updating its website and code of conduct/guidance.

Implementation timeframe

- 5.106 These requirements will need to be complied with by all veterinary businesses operating FOPs. As set out in part B, section 2, we have decided that smaller veterinary businesses (those with fewer than 15 FOPs) should have longer to implement these proposed remedies. The period they would have to implement them would be twelve months, compared to a nine-month implementation period for larger businesses.
- 5.107 The RCVS will need to produce the standardised literature that will be distributed to veterinary businesses, as well as update its website to include both that literature and details about authorised online retailers pharmacies (with a link to the VMD list of authorised retailers). We have decided that implementation by the RCVS would be required within nine months of our accepting an Undertaking from it or of an Order being made.

Monitoring

- 5.108 We set out in part B section 2 that the RCVS will undertake the remedies monitoring role for a number of remedies, including this one. The role will require

⁶⁵⁴ Individual [redacted] response to the PDR.

the RCVS to monitor attestations and complaints it receives about non-compliance, and use spot checks to examine a sample of websites, premises and customer literature. The CMA will monitor the RCVS's compliance with its obligations.

Remedy 7: Measures to reduce barriers to pet owners purchasing online

We have decided that, when a written prescription is requested by a pet owner, all veterinary businesses operating one or more FOPs must provide a written prescription either in hard copy by the end of the consultation, or digitally within 48 hours. Digital copies can either be sent directly to an online pharmacy or given to the pet owner.

Description of the remedy

5.109 We have decided that, when a written prescription is requested, all veterinary businesses operating one or more FOPs⁶⁵⁵ should either:

- (a) produce a paper copy of a written prescription by the end of the consultation;⁶⁵⁶ or
- (b) prepare a digital copy of the written prescription within 48 hours, ready to send to either an authorised online pharmacy or the pet owner.

5.110 We received a significant number of PDR responses on this remedy, many of which were broadly supportive of its aims. However, many respondents raised concerns about the design, and we set out below how we have adapted the remedy in response to those concerns.

Aim of the remedy and how it will address the AEC

5.111 The delayed supply of a written prescription may act as a barrier to some pet owners purchasing medicines online. In particular, we understand that FOPs do not uniformly provide written prescriptions by the end of a consultation, so some pet owners have to return either later the same day or even later to collect the prescription. This inconvenience imposes a cost on those pet owners, which can act as a barrier to their choosing a written prescription.

5.112 This remedy, therefore, aims to remove or reduce actual or potential barriers to switching, to enable pet owners more easily to purchase medicines online (or

⁶⁵⁵ Which in this case includes (i) where the business offers retail OOH services in one or more of those FOPs but not (ii) those parts of a business that operate a dedicated OOH centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would apply in (i) in respect of those OOH services but not in (ii) in respect of those services.

⁶⁵⁶ For this purpose, we define the end of the consultation to occur when the pet owner makes payment (or other arrangements) at reception following their consultation.

elsewhere) and benefit from lower medicine prices where they are on offer, should they wish to. It will address one of the effects of the dual role vets play as prescriber and seller of medicines. We also anticipate that this will increase the competitive pressure on FOPs and their incentive to lower their medicines prices, to retain sales.

Design considerations

- 5.113 We understand that the practice of providing a written prescription after the end of a consultation is typically driven by either the ability to make efficiency savings by batching prescriptions and producing them all at a certain time or, as we were told in response to the PDR, exploiting gaps in a vet's consultation schedule.^{657, 658} This may mean that it is quicker, or more efficient, for a vet to produce a written prescription after a consultation has finished and the pet owner has left the FOP.
- 5.114 However, where vets are providing hard copies of written prescriptions, requiring pet owners to return to the FOP to collect the prescriptions is likely to carry a significant cost to those pet owners.⁶⁵⁹ Although there are differences between the process for dispensing a medicine compared to writing a written prescription (and the burdens may fall on different staff), FOPs are able to dispense medications by the end of a consultation (or shortly thereafter such that the pet owner waits in the reception area). On that basis, our view is that it should be feasible for a FOP, operating efficiently, to issue a paper copy of a written prescription by the end of a consultation and before a pet owner leaves the FOP. Where a FOP is not able to do this, it can issue a digital version within a defined time period.

Responses to the PDR

- 5.115 In the PDR, we proposed that veterinary businesses operating FOPs should either produce a paper copy of a written prescription by the end of the consultation, or send the pet owner a digital copy of the written prescription by the end of the same day. We received a significant number of responses to this.⁶⁶⁰ Generally, respondents supported the aim of the remedy but raised concerns around some of the design elements.
- 5.116 Those which were broadly supportive of the remedy, included:
- (a) IVC which submitted that it broadly supported the requirement for FOPs to provide timely written prescriptions. It considered that the measures would be feasible for FOPs without excessive administrative burden, and that, where timely provision of written prescriptions does not already happen, this

⁶⁵⁷ For instance, due to a cancellation.

⁶⁵⁸ For instance: BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, Pets at Home response to the PDR p 43.

⁶⁵⁹ Especially for certain people, such as those with access needs or without private transport.

⁶⁶⁰ Medivet was the only main party not to make any specific comments on remedy 8 (written prescriptions remedy).

measure would remove tangible friction from many pet owners' experience of the consultation process.⁶⁶¹

- (b) The RCVS submitted that it supported the provision of a written or digital prescription in a timely manner so long as the remedy design sufficiently takes into account the practical operation of veterinary businesses.⁶⁶²
- (c) Which? agreed that behavioural barriers, such as making customers return to the practice to collect a prescription, are likely to be a deterrent to shopping around for medication and was pleased the CMA are intending to introduce measures to reduce these barriers.⁶⁶³
- (d) Some independent practices indicated they supported pet owners being able to request written prescriptions easily and in a timely manner (though they queried the remedy's practicality).⁶⁶⁴

5.117 Most of the respondents to the PDR who commented on this remedy raised concerns about its design. Almost all of them told us that a longer time frame in which to issue a written prescription would be necessary for the remedy to be successfully implemented:

- (a) The BVA, BSAVA, SPVS, VMG and BVNA submitted that vets work very long hours and the need for prescriptions to be issued 'by the end of the day' would be unworkable for late consultations and OOH practice (and would be meaningless in these situations).⁶⁶⁵ They also stated that 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 would most likely be felt.⁶⁶⁶
- (b) PAH submitted that the realities of the workflow in a FOP clinic are such that vets are often in back-to-back consultations and time-constrained, so providing a prescription immediately following a consultation would necessarily adversely affect consultation time and animal welfare.⁶⁶⁷ It proposed that a time frame of 24 to 48 hours would be more appropriate.⁶⁶⁸
- (c) CVS submitted that digital prescriptions could be provided within 24 hours of the consultation.⁶⁶⁹

⁶⁶¹ IVC response to the PDR p 54.

⁶⁶² RCVS response to the PDR, p 12.

⁶⁶³ Which? response to the PDR, p 5.

⁶⁶⁴ Hook Norton Veterinary Group response to the PDR, p 9, South Moor Vets response to the PDR p 3.

⁶⁶⁵ BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, p 20. FIVP also submitted that the remedy as proposed does not account for the busy schedules of veterinary practices. FIVP response to the PDR, p 9.

⁶⁶⁶ BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, p 20.

⁶⁶⁷ Pets at Home response to the PDR p 43.

⁶⁶⁸ Pets at Home response to the PDR p 43.

⁶⁶⁹ CVS response to the PDR p 14.

- (d) Linnaeus told us that for chronic or repeat medications a requirement to provide digital prescriptions within three working days (Monday to Friday) would be more realistic and would recognise the operational realities of busy clinical environments.⁶⁷⁰ It also stated that a strict end of day requirement could reduce efficiency, and compromise timely access to care, which would lead to poorer outcomes for pet owners. Linnaeus emphasised that a vet's discretion as to whether the prescription is issued in the consultation or by the end of the day should be preserved.⁶⁷¹
- (e) Almost all independent practices which responded and proposed an alternative time frame told us that 24⁶⁷² to 48⁶⁷³ hours was appropriate. Many also cited difficulties with their PMS (including lack of automation) in achieving the quick turnaround envisaged in the proposed remedy.⁶⁷⁴

5.118 A significant number of respondents raised concerns about providing digital copies of written prescriptions to pet owners, owing to the growing prevalence of prescription fraud.⁶⁷⁵ We have been told by a number of respondents that, to reduce instances of potential fraud, some FOPs are already sending prescriptions directly to the pet owner's preferred online pharmacy.⁶⁷⁶

5.119 VetPartners submitted that some FOPs might need to increase consultation times or employ additional people to meet the end of the day requirement. It also told us that if FOPs have a policy of only sending a digital copy directly to the pet owner's nominated pharmacy, rather than to the pet owner (for fraud prevention reasons), they should be permitted to continue doing so.⁶⁷⁷ CVS submitted that we should clarify how this requirement would apply where the customer does not choose a pharmacy within the time period.⁶⁷⁸

5.120 PAH told us that controlled drugs⁶⁷⁹ require diligence and that the process in respect of them is different to prescribing non-controlled POM-V medicines. The prescribing vet can only prescribe incremental amounts, meaning that dispensing more than 28 days' supply requires structuring the prescription into batches that

⁶⁷⁰ Linneas response to the PDR p 20.

⁶⁷¹ Linneas response to the PDR p 20.

⁶⁷² For example: Vet business or practice [redacted] response to the PDR p 2; Ardmory Veterinary Clinic response to the PDR.

⁶⁷³ For example: Roker Park Vets response to the PDR; Anonymous Respondent 2 [redacted] response to the PDR.

⁶⁷⁴ Capontree PDR response, p 1; Paragon Veterinary Group response to the PDR, p 4; Individual [redacted] PDR response, p 2.

⁶⁷⁵ CVS response to the PDR p 14; Individual [redacted] response to the PDR; Progressive Veterinary Association response to the PDR; Individual [redacted] response to the PDR [redacted].

⁶⁷⁶ VetPartners response to the PDR, p 48; Vet business or practice [redacted], response to the PDR.

⁶⁷⁷ VetPartners response to the PDR, p 51.

⁶⁷⁸ CVS response to the PDR p 14.

⁶⁷⁹ Those veterinary medicines which contain substances which are controlled under the Misuse of Drugs Act 1971 and The Misuse of Drugs Regulations 2001. As explained in part B, section 10: Considerations for regulatory reform: veterinary nurses and veterinary medicines, these substances must be stored, supplied and disposed of in accordance with these additional provisions.

the pharmacy can release every 28 days, and prescriptions are only valid for 28 days.⁶⁸⁰

How we adapted the remedy in response to feedback

- 5.121 We have carefully considered the responses to the PDR and decided that:
- (a) digital copies of written prescriptions should be prepared within 48 hours (save where controlled drugs are prescribed – which cases we have exempted from this requirement (as set out below)); or
 - (b) where a hard copy of a written prescription is issued, that should be done by the end of the consultation.
- 5.122 The vast majority of respondents indicated that either 24 or 48 hours was a realistic time frame to produce a digital copy of a written prescription, including most of the main parties and independent veterinary businesses.
- 5.123 Our judgement is that a 48-hour period will impose a lower burden on businesses, while still providing for the issue of prescriptions to pet owners in a timely manner (taking into account that, in many cases most suited to written prescriptions, the medicines will be for long-term and chronic conditions, rather than requiring urgent administration). We have accordingly decided that the time period for preparing a digital prescription will be within 48 hours of the consultation.⁶⁸¹
- 5.124 As to the concerns raised about digital prescriptions and fraud, we have decided that FOPs can opt to send a prescription directly to the pet owner's nominated online pharmacy, rather than to the pet owner. Where they choose to provide the prescription digitally, they may ask the pet owner to nominate an online pharmacy for direct transmission.⁶⁸² They must prepare a digital copy ready to send within the specified period, so that the pet owner does not need to return to collect a paper version.
- 5.125 This aspect of our decision reflects three points. First, it provides for a degree of flexibility that responds to the concerns that have been put to us about the impact on vets in practice. Second, that flexibility is, nonetheless, consistent with pet owners being able to choose a written prescription and shop around for the best prices and nominate a pharmacy to which the prescription should be sent. Third, it incorporates a mechanism for reducing or preventing fraud.
- 5.126 We have additionally decided to exclude controlled drugs from the requirement to provide digital written prescriptions. This is because, in addition to the points made

⁶⁸⁰ Pets at Home response to the PDR pp 42-43.

⁶⁸¹ Rather than by the end of the same day on which the consultation occurs.

⁶⁸² Within the relevant 48-hour period.

by PAH, we understand that some controlled drugs require a 'wet ink' signature.⁶⁸³ This means that a hard copy needs to be sent to the relevant third-party retailer if the pet owner wants to purchase from them rather than their FOP.

Remedy implementation considerations

Method of implementation

- 5.127 We have decided that this remedy should be implemented via an Order on all veterinary businesses operating one or more FOPs.

Cost of implementation

- 5.128 Where a FOP produces a paper version of a written prescription, this remedy may impose a higher cost on the veterinary business than the status quo given that it would need to be produced by the end of the consultation (and the FOP could no longer access efficiencies savings by producing it later). However, setting this timescale for a paper version of a written prescription is necessary in order to prevent pet owners from having to return to the FOP to collect a hard-copy written prescription. Moreover, we expect that this impact will not be significant as in most cases FOPs could instead provide a digital prescription within 48 hours.
- 5.129 The production of a digital copy of the written prescription within 48 hours should not involve any additional costs compared to the status quo.

Implementation timeframe

- 5.130 These requirements will need to be complied with by all veterinary businesses operating FOPs. We have decided that smaller veterinary businesses (those with fewer than 15 FOPs) should have longer to implement these remedies. These veterinary businesses will have twelve months to implement them. Larger businesses will have a nine-month implementation period.

Monitoring of compliance

- 5.131 In part B, section 2, we set out that we will look to the RCVS to undertake to perform the remedies monitoring function for a number of remedies, including this one (or we will order it to take on that function). In this case, the role will require the RCVS to monitor attestations and complaints it receives about non-compliance, and to pass cases of possible non-compliance to the CMA. The

⁶⁸³ [The Misuse of Drugs Regulations 2001](#) para 15(1)(a), [Controlled Drugs Guidance – A to Z - Professionals](#)

RCVS, in its PDR response, agreed that it could play a role in monitoring compliance with this remedy by veterinary businesses.⁶⁸⁴

Remedy 8: Own Brand medication

We have decided that all veterinary businesses operating one or more FOPs that sell Own Brand medication must inform pet owners that there is a Reference Product alternative available, and what it is, by:

- ensuring that, in a consultation when an Own Brand medication is prescribed, vets prescribing that medication inform the pet owner orally that they are being prescribed an Own Brand medication, and that the Reference Product alternative is available for purchase from third parties;
- when the Own Brand medication is dispensed, providing the pet owner with the name of the Reference Product; and
- specifying clearly on both the labelling applied to Own Brand medicines and on the invoice that the Reference Product alternative is available for purchase elsewhere.

Description of the remedy

5.132 This remedy is intended to provide pet owners with sufficient information that they can compare the price of an Own Brand prescription medication to the clinically identical Reference Product⁶⁸⁵ medicine sold by third party retailers (usually online pharmacies).⁶⁸⁶

5.133 We have decided that all veterinary businesses operating one or more FOPs⁶⁸⁷ which offer Own Brand prescription medication must comply with three requirements:

- (a) **a consultation requirement:** they must ensure that, in a consultation when an Own Brand medication is prescribed, vets prescribing that medication inform the pet owner orally that they are being prescribed an Own Brand product, and that the Reference Product alternative is available for purchase from third parties such as online pharmacies;

⁶⁸⁴ RCVS response to the PDR, p 13.

⁶⁸⁵ Reference Product means the 'reference veterinary medicinal product' as defined in Section 2 and paragraph 10(1) of Schedule 1 of the VMRs. This is sometimes referred to as the originator product and is the clinically identical medicine the Own Brand was derived from. In the PDR, we referred to this as the 'branded equivalent' but have amended this following PDR responses that requested greater clarity. This definition is not intended to result in generics, which are distributed more widely (than via the more restrictive Own Brand route), being captured by Remedy 9.

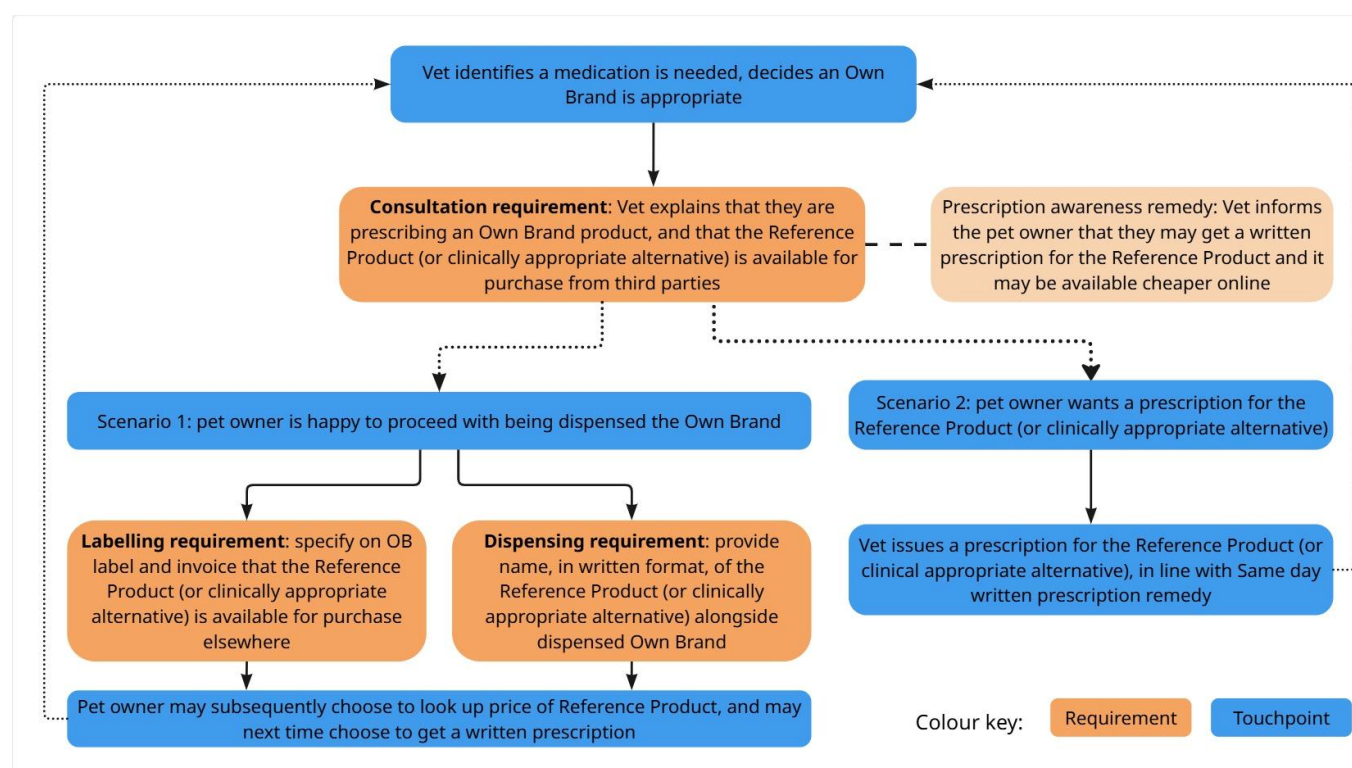
⁶⁸⁶ The remedy is not intended to capture situations where a medicine is urgently required and a prescription would not be appropriate.

⁶⁸⁷ OOH providers and referral centres (unless also operating as a FOP) are not within the scope of this remedy.

- (b) **a dispensing requirement:** when the Own Brand medication is dispensed, providing the pet owner with the name, in written format, of the Reference Product; and
- (c) **a labelling requirement:** specifying clearly on both the labelling applied to Own Brand medicines and on the invoice that the Reference Product alternative is available for purchase elsewhere.⁶⁸⁸

- 5.134 If there are clinical reasons why the vet considers that they should not inform the pet owner about the Reference Product as the appropriate alternative to the Own Brand medicine,⁶⁸⁹ they must instead comply with each of the above requirements in respect of a clinically appropriate alternative medicine. In making these clinical judgements, they should continue to take account of the Cascade.
- 5.135 Figure 5.1 shows how the consultation, dispensing, and labelling requirements of the Own Brand remedy (as described above) relate to the prescription awareness and the written prescription remedies.

Figure 5.1: The Own Brand medicine remedy and interlinkages with the prescription awareness and written prescription remedies



⁶⁸⁸ The labelling or packaging and invoice do not need to include the name of the Reference Product.

⁶⁸⁹ We understand that these circumstances are limited and therefore the Reference Product will most likely be product used as the comparator for the purposes of this remedy.

Aim of the remedy and how it will address the AEC

- 5.136 We have identified that some veterinary businesses operating FOPs supply Own Brand versions of prescription medication. An Own Brand medicine is a version of veterinary medicine product that, rather than having the brand name of a manufacturer, has a brand name given by the retailer or distributor of the product.⁶⁹⁰ An Own Brand medicine is a clinically identical version of a Reference Product produced by a manufacturer.
- 5.137 Own Brand medicines are not usually available from third-party retailers (particularly online pharmacies),⁶⁹¹ although third-party retailers are likely to sell the Reference Product. These retailers may also sell other clinically appropriate alternatives which the vet could have prescribed in the circumstances.
- 5.138 As a result, where vets have prescribed and sold Own Brand medicines, pet owners may face practical barriers and find it difficult to compare prices for that medication because third-party retailers will instead offer the Reference Product (or other clinically appropriate alternative) under a different brand name. This may prevent pet owners from being aware (and taking advantage) of the possible savings available if they were to purchase the Reference Product from an online pharmacy. The CMA has estimated that price differences between Own Brand medicines at a FOP and the clinically equivalent alternatives available at online pharmacies could be more than 50%.⁶⁹²
- 5.139 This remedy aims to provide pet owners with sufficient information such that they:
- (a) know that they are being dispensed an Own Brand medication;
 - (b) know the Reference Product is available for purchase from third parties; and
 - (c) know the name of the Reference Product so they can compare prices online.
- 5.140 In meeting these aims, the remedy helps address some of the effects of the dual role vets play as prescriber and seller of medicines. It also helps address the difficulties pet owners have in comparing medicines prices and making informed choices. We expect that the remedy will significantly increase the incentive for FOPs to compete on the price of Own Brand medicines, leading to downward pressure on their pricing of those products.

⁶⁹⁰ For example, this may include buying groups.

⁶⁹¹ As set out in Part A, Section 11: Veterinary Medicines paragraph 11.48, in the case of CVS, independent FOPs who are members of CVS buying groups also may sell CVS Own Brand products ('MiPet' products).

⁶⁹² As set out in Part A, Section 11: Veterinary Medicines, sub-section Own Brand medicines may act as a barrier to pet owners engaging with the competitive offering of third-party retailers.

Design considerations

- 5.141 We understand that, currently, Own Brand medication is retailed by two LVGs (IVC and CVS) as well as independent FOPs which are part of CVS' buying groups (which retail CVS' 'MiPet' Own Brand product range).^{693, 694} It is possible that other veterinary businesses may choose to retail Own Brand medicine in the future, including via buying group membership.
- 5.142 The purpose of the remedy is to capture Own Brand medicines that are currently dispensed within the FOP and where it would be appropriate for a pet owner to request a written prescription. This is most likely when the medication can be easily administered by the pet owner and is prescribed in a non-urgent context (including where it is an ongoing or preventative treatment). This remedy is not, therefore, intended to capture situations where a medicine is urgently required and a prescription would not be appropriate. For this reason, OOH providers would not be within the scope of this remedy.⁶⁹⁵ Similarly, referral centres would not be captured unless they also operate as FOPs.
- 5.143 We have considered whether veterinary businesses and vets should be required to inform pet owners of a single or multiple medicines which are clinical alternatives to the Own Brand medicine being prescribed. In our judgement, identifying a single alternative medicine will be sufficient as this is akin to the situation in which a non-Own Brand medication is prescribed.
- 5.144 Given that the Reference Product is clinically identical, we anticipate that this would usually be the most appropriate medicine that should be communicated to the pet owner. However, there may be clinical reasons why it would be inappropriate for the vet to tell the pet owner that the Reference Product is an alternative to the Own Brand product (for example, because it is no longer sold or is otherwise unavailable⁶⁹⁶ or unsuitable⁶⁹⁷). Where this is the case, the vet should use their judgement and inform the pet owner about an alternative clinically appropriate medication instead.⁶⁹⁸

⁶⁹³ Information on the Own Brands provided by these LVGs and independent FOPs are set out in part A, section 11: Veterinary Medicines, section 'Some manufacturers supply Own Brand products to LVGs and buying groups'.

⁶⁹⁴ In addition, independent FOPs which are part of another buying group [X] can also purchase Own Brand medication, but we understand that the only Own Brand medicine this buying group makes available is an inhalant anaesthetic which would be used within the FOP for treatments, rather than dispensed to the pet owner. We do not consider that these independent FOPs would be affected by this remedy. Note of call with [X] buying group, [X].

⁶⁹⁵ To the extent that a FOP self-supplies its' own OOH provision, this remedy applies to their standard hours work, but we would not expect it to apply to the work it does OOH.

⁶⁹⁶ Our understanding is that all Reference Products for existing Own Brand medications are currently available for sale online. [X].

⁶⁹⁷ Our Veterinary Advisory Panel indicated that some reasons the Reference Product may be not be the most suitable include: having different formulations available (eg chewable versus non-chewable tablets), having different bottle or package sizes available, having different flavours, having different syringe types, being less well known than a different alternative, being more expensive than a different alternative.

⁶⁹⁸ In response to RCVS' PDR consultation response proposing that we consider the interlinkages between this remedy and the prescribing Cascade, we discussed this point with the VMD. Based on this, we understand that the vet using

- 5.145 There are interactions between this remedy and the prescription awareness remedy.⁶⁹⁹ We envisage that vets prescribing Own Brand medication would comply with the prescription awareness remedy by offering the pet owner the choice of a written prescription for the Reference Product (or a clinically appropriate alternative, if the vet judges this is more appropriate).

Responses to the PDR

- 5.146 Of the respondents to our PDR that made relevant comments, the majority were supportive or neutral (with some making a mixture of supportive and more critical comments):⁷⁰⁰
- (a) The BVA, BSAVA, SPVS, VMG and BVNA supported the remedy, citing that improved transparency about active ingredients, along with caveats associated with opting for alternative products, may support consumer choice. They expressed concern with a requirement that would require the prescribing vet to provide all alternative equivalents with the medicine they are prescribing. They also said that vets should always be free to exercise their professional clinical judgement within the context of what is best for the animal and the owner's circumstances.⁷⁰¹
 - (b) The RCVS submitted that it supported an increase in awareness of the alternatives to own brand medication. It noted that there are relatively few veterinary businesses which offer Own Brand medication and queried the proportionality of this remedy, noting the role that Own Brand options play in meeting consumer need.⁷⁰²
 - (c) IVC (which retails Own Brand medication) submitted that it broadly supported this remedy, and considered that 'the measures are a proportionate and effective way to increase awareness of alternative options to own brand medicines'.^{703, 704}

their clinical judgement in this way is compliant with use of the Cascade. The Veterinary Advisory Panel similarly did not identify any tension between this remedy and use of the Cascade.

⁶⁹⁹ Full details of the Prescription awareness remedy are set out in the section 'Prescription awareness remedy – Information measures to increase awareness of online pharmacies and the amount that can be saved by using an online pharmacy rather than purchasing from the FOP' above.

⁷⁰⁰ We have described some responses as 'neutral' where they, for example, discuss that the existence of Own Brand medication may cause market distortions and state that the CMA should remedy this, but they do not explicitly comment on the remedy as proposed in the PDR.

⁷⁰¹ BVA, BSAVA, SPVS, VMG and BVNA response to the PDR, pp 20-21.

⁷⁰² RCVS response to the PDR, p 13.

⁷⁰³ IVC response to the PDR, p 54.

⁷⁰⁴ IVC also responded to the RWP, stating that a requirement that vets prescribing an Own Brand medicine stipulate the branded equivalent on the prescription would be an appropriate remedy (ie as per the CMA's alternative option as presented in the working paper). This could be supplemented with a transparency remedy requiring that the labelling, packaging, and invoicing of the Own Brand medicine must also state the active ingredient clearly. In IVC's view, this package of remedies would comprehensively and robustly address the CMA's concerns around Own Brand medicines. IVC response to RWP paragraph 3.37.

- (d) CVS (which retails Own Brand medication) said that it did not have any objection in principle to the active ingredient and the name of branded equivalents being provided both on the labelling of veterinary medicines and the associated invoice. It suggested that we should explore with the VMD whether there is a risk that the remedy could be construed as advertising of veterinary medicines, which is strictly regulated.⁷⁰⁵ CVS also made several points regarding the method of providing the additional information which we have set out in more detail below.^{706, 707}
- (e) Some of the independent FOPs that commented on this remedy explicitly agreed that Own Brand medication created barriers for consumer choice, and that this required remedying.⁷⁰⁸ For example, one template response created by Veterinary Voices UK and submitted by 87 respondents stated that Own Brand products 'represent a serious distortion of competition' and '[lock] clients to one corporate group, since switching practice would require a brand change and potentially a lengthy clinical discussion'.⁷⁰⁹ These respondents said that a remedy is needed to prevent this distortion.⁷¹⁰

5.147 Some of the respondents to our PDR submitted that the design of the remedy could be clarified or improved in a number of ways:

- (a) CVS submitted the method of providing the additional information should be clarified by the CMA.⁷¹¹ It said that in particular, (a) any change to the packaging of veterinary medicines requires formal variation of the market authorisation from the VMD, and therefore any proposed changes to packaging for own brand products would be wholly disproportionate (particularly given existing stock levels). It suggested it would be more appropriate to have this information be on the label affixed to the packaging; and (b) it would be wholly disproportionate to require the names of all branded equivalents to be provided to pet owners and this would be a very significant burden on vets, who will not necessarily know the safety profiles for medications their practices do not routinely stock. It submitted that the most proportionate and appropriate approach would be to specify only the

⁷⁰⁵ The CMA have spoken to the VMD on this matter who indicated that the proposal would not breach current advertising rules. Note of call with VMD, December 2025, paragraph 10.

⁷⁰⁶ CVS response to the PDR, p 15 of Annex 1.

⁷⁰⁷ CVS also responded to the RWP, stating that it recognised the CMA's concern around consumer awareness and is supportive, in principle, of a requirement to include the active ingredient on prescriptions for MiPet products (together with other required information such as the formulation etc.). This would enable the dispensing vet to select appropriate alternatives. This is acceptable from a liability standpoint, because CVS has certainty over the clinical equivalency of products as compared to its own MiPet range. CVS response to RWP p 27.

⁷⁰⁸ For example, PDR responses from Treforest Veterinary Clinic Ltd, Anonymous Respondent 14 [X].

⁷⁰⁹ Veterinary Voices UK Template PDR response.

⁷¹⁰ Specifically, the Veterinary Voices UK Template response recommends that the CMA should require all POMVs to be commercially available to all registered veterinary practices and eligible for fulfilment by online pharmacies.

⁷¹¹ CVS response to the PDR, p 15 of Annex 1.

white-labelled branded equivalent of the MiPet product (ie the Reference Product).

- (b) IVC stated that there would be practical difficulties with including the name(s) of branded equivalents on labels or packaging given space constraints, and that such information risks obscuring other critical information, such as instructions as to administration.⁷¹²
- (c) The RCVS submitted that it was important that the proposed remedy did not in any way undermine the prescribing Cascade and proposed that the CMA discuss the potential risks with the VMD.⁷¹³
- (d) Some independent FOPs (including CVS buying group members) commenting on this remedy indicated a lack of clarity about the remedy as presented in the PDR, in particular regarding the phrase 'branded equivalent'. They stated that there may be many branded equivalents or alternatives, and that providing up-to-date information on all of these would be burdensome.⁷¹⁴
- (e) A minority of respondents to this remedy argued that it did not go far enough and that Own Brand medicines should be banned or available to purchase by all veterinary businesses.⁷¹⁵

5.148 One CVS buying group member was more critical of the remedy and indicated that this remedy would not lower prices for pet owners. It stated that Own Brand products were cheaper in-FOP than to purchase the Reference Product online.⁷¹⁶

How we have considered these responses

5.149 Some of the responses we received do not indicate that changes are required to the remedy.

5.150 On the points made to us about the savings pet owners could make buying Own Brand medicines, our analysis found that the price differences between Own

⁷¹² IVC response to the PDR, p 55.

⁷¹³ RCVS response to the PDR, p 13.

⁷¹⁴ PDR response from Anonymous Respondent 28 [redacted], Individual [redacted].

⁷¹⁵ For example, PDR responses from: Veterinary Voices UK Template, Ardmore Veterinary Clinic, Portland Vets, individual [redacted].

⁷¹⁶ Vet business or practice [redacted] response to the PDR. Some other CVS buying group members submitted that Own Brand products offer cost savings to pet owners compared to other branded equivalents in-FOP, as the FOPs obtain these Own Brand products for a cheaper price and are able to pass this onto pet owners. For example, PDR response from Anonymous Respondent 3 [redacted]. This aligns with other evidence we set out in part A, section 11.

Brand medicines at a CVS- or IVC-owned FOP and clinically equivalent alternatives at CVS's and IVC's online pharmacies could be more than 50%.^{717, 718}

- 5.151 Banning Own Brand medicines, or requiring that they be made available to all FOPs, would be disproportionate. Where their lower purchase costs result in lower prices, pet owners benefit. Effective competition with other medicines can be maintained where pet owners are able to make informed choices and have opportunities to buy alternatives.⁷¹⁹
- 5.152 The RCVS queried the proportionality of this remedy given that only a few veterinary businesses offer Own Brand medicines. However, a significant number of pet owners attend practices which sell them (including at independent practices in buying groups). This number could increase in the future. The remedy only imposes obligations on those FOPs which sell the products, for the benefit of all pet owners and competition across the market.
- 5.153 We have therefore decided to adopt the remedy in similar form to that proposed in the PDR. Some of the responses suggested some changes should be made and we have decided to make the following clarifications:
- (a) In response to the concerns about the definition of a 'branded equivalent', and those about vets being required to give pet owners information about multiple medications, we have changed the requirements so that pet owners must be told about a single 'Reference Product.' That is, the clinically identical product from which the Own Brand medicine was derived. This is clearer and means the pet owner need not be told about multiple alternatives, while still enabling them to compare products and make informed choices in a similar way to where no Own Brand medicines are involved. The change also addresses the practical concerns raised with us about the limited space on medicine labels.⁷²⁰
 - (b) In light of the submissions highlighting the administrative challenge of making changes to medicine packaging, we are specifying that the Labelling Requirement will only apply to the label, and not the packaging, of Own Brand medicines. Such an approach would achieve similar effects at lower costs and burdens to veterinary businesses.

⁷¹⁷ Set out in part A section 11: Veterinary Medicines, sub-section 'Own Brand medicines may act as a barrier to pet owners engaging with the competitive offering of third-party retailers'.

⁷¹⁸ We note that these respondents did not provide further information on the specific products they sell, however we consider that it is possible that some individual Own Brand medicines may be cheaper in FOP than online, however based on our analysis, on average we found this not to be the case.

⁷¹⁹ These benefits are outlined in part A, section 11: Veterinary Medicines.

⁷²⁰ Some respondents to the PDR appear to have misunderstood the labelling requirement as requiring veterinary businesses to put the name of the Reference Product (at the time, a list of 'branded equivalents'). We have clarified the drafting to make clear that this remedy does not require such information on the labelling.

- (c) Given RCVS' submissions about the interactions between this remedy and the prescribing Cascade, we have further clarified that vets should continue to use their clinical judgement. That is particularly so when considering the clinically appropriate alternatives when the Reference Product is not available or otherwise inappropriate.⁷²¹
- (d) We have removed the requirement to specify the active ingredient on the label and invoice. Current regulations already require the active ingredient to be included on the packaging.⁷²² We also do not consider the provision of information about the active ingredient to be the most helpful way for pet owners to meaningfully engage with clinically suitable alternatives to Own Brand medications.⁷²³ In our view, the remedy will be more effective by providing pet owners with the name of an alternative medication than the active ingredient. This change also makes the remedy less burdensome on veterinary businesses supplying Own Brand medication.

Remedy implementation considerations

Method of implementation

- 5.154 We have decided that this remedy should be implemented via an Order on all veterinary businesses operating one or more FOPs.

Cost of implementation

- 5.155 For the relevant veterinary businesses operating FOPs, implementation of this remedy would involve updating the labelling for their Own Brand medication and changing the standard text on invoices that include that medication. This would impose some small administrative and possibly materials costs on these businesses, but these were not identified as large in the responses to our PDR.⁷²⁴
- 5.156 Requiring a vet to inform pet owners that they are receiving an Own Brand medication would represent a minor time cost to that vet. However, this is an essential part of the remedy and could be undertaken quickly, so the cost would not be significant. The support of the vet is key for pet owners to be able to

⁷²¹ We also note that the BVA, BSAVA, SPVS, VMG and BVNA underscored the importance of maintaining the vets clinical freedom in relation to this remedy albeit without reference to the Cascade. We also tested this point with the Veterinary Advisory Panel who could not see any tension between the final design of the remedy and the Cascade. Discussion with the CMA's Veterinary Advisory Panel, 31 January 2026, p.2.

⁷²² Sections 48 and 49 of the VMRs requires the name and quantity of the active substance to be included on the Immediate Packaging and the Outer Packaging. The Immediate Packaging is the label on the containers or any other form of packaging that is in direct contact with the veterinary medicine (excluding capsules). The Outer Packaging is the packaging into which the immediate packaging is placed. [Veterinary Medicines Directorate Guidance, Product Literature Standard \(PLS\) for veterinary medicines. Published 15 March 2021 and last updated 29 April 2024.](#)

⁷²³ We tested this point with the Veterinary Advisory Panel who explained that although some pet owners already engage with information on the active ingredient, this is not very common.

⁷²⁴ Or our earlier RWP.

navigate the steps to identifying they are being prescribed an Own Brand product and to make an informed decision about whether it may be appropriate for them to buy that from their FOP or the Reference Product from a third-party retailer.

Implementation timeframe

- 5.157 These requirements would need to be complied with by all veterinary businesses operating one or more FOPs and which supply Own Brand medicines within a period of nine months for larger veterinary businesses and 12 months for smaller veterinary businesses (those operating fewer than 15 FOPs). Currently, we understand that the remedy would apply to only two LVGs and the independent FOPs which are part of CVS' buying groups and which purchase CVS Own Brand medication (MiPet products).
- 5.158 There are a variety of steps the relevant veterinary businesses could take to help ensure they, and the vets who work for them, meet their obligations. For example, they could provide training to their vets on their Own Brand medicines and the associated Reference Product, or they could implement changes in their PMS to state what the Reference Product is when an Own Brand is dispensed.

Monitoring of compliance

- 5.159 In part B, section 2, we set out that the RCVS will undertake the monitoring role for a number of remedies, including this one. The role will require the RCVS to monitor attestations and complaints they receive about non-compliance.

Remedy 9: Provision of additional information for pet owners receiving ongoing medication

We have decided that veterinary businesses operating one or more FOPs must provide additional information to pet owners receiving ongoing medications. They must be told about their ability to request a written prescription and that they could make significant savings from purchasing long term medication online, or elsewhere. There will be an exception where the medication was provided without charge at the point of dispensing – for instance because it was included in the pet owner's Pet Care Plan.

The additional information to be given to pet owners will be in the form of a standardised A5 flyer, which will be made available to FOPs in a digital format by the RCVS.

Description of the remedy

- 5.160 We have decided that pet owners who are prescribed ongoing medication (as defined below) must be given additional information about their ability to request a written prescription and that the savings from purchasing long term medication

online, or elsewhere, can be significant. This information can either be provided to the pet owner in the form of a physical flyer provided to the pet owner along with the medication or, if the pet owner requests, by email sent at the same time or immediately after the medicine is dispensed.

- 5.161 This information must be provided when the ongoing medication is first dispensed as a repeat or, if that is not practical, the second time it is dispensed.⁷²⁵

Aim of the remedy and how it will address the AEC

- 5.162 The prescription awareness remedy will significantly increase pet owners' awareness of their ability to request a written prescription for all suitable medications. However, that remedy does not relate specifically to one key point at which pet owners could meaningfully engage with the possibility of buying medicines elsewhere than at their FOP and compare prices between providers. That is where:

- (a) they have just been given a repeat prescription for an ongoing medication (and so the savings available to them from buying elsewhere may be most significant);
- (b) they are aware which specific medication they will need; and
- (c) have an opportunity outside the consulting room (with the pressures that brings and the lack of access to information about alternative medicines sellers at that point) to compare prices for that medication.

- 5.163 In those circumstances, pet owners have both a timely stimulus and the information they need to compare prices and make informed choices. This remedy uses both of these to help them make informed choices that could see them save money and will help drive veterinary businesses operating FOPs to compete over the prices of the medicines they sell.

Remedy design considerations

- 5.164 In our PDR, we consulted on a much broader proposal to allow pet owners to choose their default option for all repeat prescriptions. Under this proposal (which we refer to below as the 'original proposal'):
- (a) Pet owners would have been given a chance to choose whether their default for repeat prescriptions was a written prescription or medication dispensed

⁷²⁵ There will be an exception where the pet owner has subscribed to a Pet Care Plan including medications at no additional cost. Since, it would not be logical for them to receive a written prescription for these products, we will exclude any medicine provided free of charge at point of dispensation from this remedy.

in-clinic. We proposed that if the pet owner did not make a choice they would default to written prescriptions.

- (b) To facilitate this choice, all veterinary businesses operating FOPs would have been required to contact all registered customers to ask them to choose their default option for repeat prescriptions. Pet owners registering with a FOP would have been asked to set their choice during the registration process. Pet owners' choice of default would have been recorded in FOPs' PMS.
- (c) Veterinary businesses operating FOPs would have been required to report annually to the RCVS, for each FOP, the total number of written prescriptions issued, the proportion of customers selecting defaults, and the proportion of repeat medicines where they recommended purchasing in-house, including the reasons why. This would have been used to monitor compliance with the remedy.

5.165 Of the respondents to our PDR that commented on the original proposal, the majority were unsupportive, including representative organisations, LVGs and independent veterinary businesses. We describe their concerns and the way we have considered them below.

5.166 In light of those concerns, we have decided not to pursue the original proposal. We considered two options for redesigning it:

- (a) Requiring FOPs to enable pet owners to opt-in to receiving written prescriptions for specific repeat medications. This would occur by sending the pet owner an email, or text message, after a consultation in which a repeat prescription is provided, to ask for their preference and recording this on the PMS.
- (b) Requiring FOPs to provide additional information, either by email or in physical form, to pet owners receiving ongoing medications, except where the medication was provided without charge at the point of sale – for instance because it was included in the pet owners Pet Care Plan.

5.167 For the reasons in the following paragraphs, we have decided to adopt the second option.

5.168 The concerns respondents to our PDR raised about the original proposal included that:

- (a) Pet owners would not be able to make an informed choice of default prior to a diagnosis of the relevant condition by their vet and a choice of appropriate medication, with the pet owners decisions often based on the condition being treated. For example:

- (i) IVC stated that ‘pet owner preferences may depart from chosen defaults depending on the disease, medicine, or administration type’.⁷²⁶
 - (ii) Linnaeus stated that ‘[t]o make an informed decision, pet owners need to make a decision with all the relevant contextual information (i.e. in a consultation, having spoken to a vet about their pet’s diagnosis and the medications that will be required)’.⁷²⁷
 - (iii) This view was shared by some independent businesses, who told us that clients frequently change their minds and have a written prescription for some medications, while they will purchase other medications in the practice.⁷²⁸
- (b) Pet owners might receive unwanted written prescriptions, leading to administrative waste for FOPs and/or a charge to the pet owner.⁷²⁹
 - (c) Implementing the remedy would impose high administration costs on FOPs:
 - (i) Both independent businesses and LVGs have raised issues with the ability of current PMSs to cope with the some of the technical demands of implementing our package of remedies. In relation to this remedy, the PMS used by a FOP would need to be able to record a patient’s choice, and allow the practice to view and send reminders on an annual basis. We were told that FOPs’ PMSs would need to be adapted to fulfil these requirements.⁷³⁰ Most of the main parties, and many of the independent veterinary businesses which responded were concerned about the cost and feasibility of making these changes:
 - (1) We were told by VetPartners that FOPs did not have control over the functionality of the PMS and would be unable to make the necessary changes.⁷³¹
 - (2) XL Vets told us that PMSs do not yet provide the appropriate fields or workflow to capture and update default preferences automatically.⁷³²
 - (3) South Moor Vets told us that without proper automation, the remedy would impose an excessive administrative burden.⁷³³

⁷²⁶ IVC response to the PDR, paragraph 4.7(i).

⁷²⁷ Linnaeus response to the PDR, p 22.

⁷²⁸ Anonymous Respondent 14 [§] response to the PDR.

⁷²⁹ VetPartners response to PDR, p 50.

⁷³⁰ CVS response to the PDR, p 26. IVC response to the PDR, paragraph 4.7.ii and 4.7.iii. Linnaeus response to the PDR, pp 21 and 22. Medivet response to the PDR, paragraph 91. VetPartners response to the PDR, paragraph 186.

⁷³¹ VetPartners response to the PDR, paragraph 186.

⁷³² XL Vets response to the PDR p 18.

⁷³³ South Moor Vets response to the PDR.

(ii) There would be high costs in collecting pet owners' chosen defaults, which would require contacting all clients of each FOP.⁷³⁴ Not only that, VetPartners expressed concerns that pet owners would consider the volume of communications excessive and burdensome.⁷³⁵

(iii) The reporting requirements to the RCVS would impose an unhelpful burden. In addition to concerns around recording the data,⁷³⁶ respondents expressed doubt over the usefulness of this data to the RCVS.⁷³⁷

(d) Two of the LVGs considered that there was little additional value to this remedy above and beyond other market opening remedies, in particular the prescription awareness remedy.⁷³⁸

5.169 As well as considering these responses, we explored pet owners' views on our original proposal in our qualitative consumer research on remedies. This research concluded that the original proposal, 'had limited appeal for pet owners' and that participants in the research 'struggled to visualise how it would work'.⁷³⁹

5.170 We have taken into account that the original proposal was designed to complement other remedies seeking to open up medicine sales to greater competition. Our objective was to design a remedy targeted at the point at which pet owners could make an informed choice about where to buy medicines that would save them money and increase competitive pressure.

5.171 The responses we received raise serious concerns that the original proposal would not achieve that objective, or at least not without undue costs and burdens. We note, for example, the forcefully made points about the distance between the setting of a default preference and the prescribing of a specific medicine (and that the circumstances of the latter will influence pet owners' prescription choices). We note, too, the challenges and costs in veterinary businesses contacting whole client bases and updating their PMS.

5.172 Our assessment is that the original proposal could be redesigned to achieve our aims at much lower cost. In particular, a communication to pet owners when they are repeat prescribed ongoing medication (that is, the second of our alternative options described above):⁷⁴⁰

⁷³⁴ IVC response to the PDR, paragraph 4.7(ii). Linnaeus response to the PDR, page 23.

⁷³⁵ VetPartners response to the PDR, paragraph 185.

⁷³⁶ IVC response to the PDR, paragraph 4.7(iii). Medivet response to the PDR, paragraph 91. Medivet response to the PDR, paragraph 187.

⁷³⁷ IVC response to the PDR, paragraph 4.7(iii).

⁷³⁸ Linnaeus response to the PDR, p 22. Medivet response to the PDR, paragraphs 90 and 93.

⁷³⁹ [Qualitative research with consumers](#), Research report by Blue Marble for the CMA, December 2025, published 16 December 2025.

⁷⁴⁰ In the form of the physical flyer or an email.

- (a) is more proximate to the prescribing of that medicine, to the conversations they will be having with their vet and to the point where they are contemplating spending money on medicines;
- (b) is given to them at a time when they have both the information and the opportunity they need to search out and compare other providers' prices; and
- (c) does not require expensive adaptation and co-ordination of the PMS.⁷⁴¹

5.173 The additional information to be given to pet owners will be in the form of a standardised A5 flyer, which will be made available to FOPs in a digital format by the RCVS, for them to print and give to, or email to, the pet owner.

5.174 The precise form of words it contains could significantly affect how effective it is and how likely pet owners are to consider shopping online. Prior to issuing our order, we will develop the final design and precise wording for the flyer and may conduct research with pet owners to facilitate this. The precise requirements of our order will be the subject of consultation in line with the relevant statutory requirements.⁷⁴²

5.175 The key features of the flyer will be:

- (a) the message on price transparency (as described in the *Standardised message on price transparency* above);
- (b) an eye-catching graphic;
- (c) a message alerting pet owners to the benefits of shopping around for repeat or long term medications; and
- (d) a QR code linking to a list of authorised online pharmacies.

Definition of an ongoing medication

5.176 We understand that typically when a pet requires a long-term medication, a vet will issue a short course to check that it is well tolerated. If the vet is happy with the medication, they will issue it again.

⁷⁴¹ The other alternative we considered – of requiring FOPs to enable pet owners to opt-in to receiving written prescriptions for specific repeat medications, by sending them an email, or text message, after a consultation in which a repeat prescription is provided, to ask for their preference and recording this on the PMS – would, we were advised by the CMA's Veterinary Advisory Panel, likely require changes to PMS. The panel did not consider that recording opt-in decisions in an animal's clinical notes would be effective.

⁷⁴² Section 165 and Schedule 10 of the Enterprise Act 2002 (procedural requirements for certain undertakings and orders: Part 4)

- 5.177 Our original proposal applied to repeat medications, which we defined as the second issue, and any subsequent issue, of the same medication for the same pet. In response to the PDR:
- (a) CVS said that it considers that it would be more appropriate for this remedy to refer to 'recurring' prescriptions instead of 'repeat' ones. This is because repeat prescriptions can include situations such as when a pet owner needs a previously prescribed medication after a break.⁷⁴³
 - (b) Medivet told us that repeat prescriptions are accompanied by refreshed clinical assessments to ensure the medication remains appropriate – a mandatory step rooted in patient safety. For example, a pet's health status can change – kidney function can decline, weight can fluctuate etc – making a previously safe medication inappropriate or even dangerous.⁷⁴⁴
- 5.178 This redesigned remedy is intended to give pet owners who are receiving the same medication for a long period of time information to prompt them to research the potential savings from buying elsewhere, irrespective of whether the vet varies the dose of that medication. In response to CVS's point, we have updated our definition of an ongoing medication to specify that it should be for the treatment of the same condition.
- 5.179 We define an ongoing medication as one involving a second (or more) issue of the same medication, to treat the same condition, without any interruption or gap in the course of the medication.

Remedy implementation considerations

Method of implementation

- 5.180 This remedy will be implemented via an Order on veterinary businesses operating one or more FOPs.
- 5.181 The requirement for the RCVS to produce and distribute a flyer to provide pet owners receiving long term medications with additional information about written prescriptions will be implemented via an Undertaking offered by the RCVS. We could alternatively impose the relevant requirements on the RCVS via an Order.

Cost of implementation

- 5.182 There will be a small ongoing cost to FOPs to either (i) physically print, or (ii) digitally send, the required information to pet owners. Those costs are limited by

⁷⁴³ CVS response to the PDR p 16.

⁷⁴⁴ Medivet response to the PDR pp 40-41.

the fact that the information will be in standard form and provided by the RCVS. There will be minimal time and cost involved in the providing or transmitting of the information.

- 5.183 We have decided to require the RCVS to produce and distribute a digital version of the flyer. The RCVS will need to have sufficient resources and capabilities to do so, but, given that the flyer will be in a prescribed and standardised form, there will likely only be some limited costs involved.

Implementation timeframe

- 5.184 As set out in part B, section 2, we have decided that smaller veterinary businesses (those operating fewer than 15 FOPs) should have longer to implement this remedy. The period they will have to implement them will be 12 months, compared to a nine-month implementation period for larger veterinary businesses.
- 5.185 The RCVS will need to produce the digital version of the flyer within nine months of our accepting an Undertaking from it, or of an Order being made.

Monitoring

- 5.186 We set out in part B section 2 that the RCVS will undertake the remedies monitoring role for a number of remedies, including this one. The role will require the RCVS to monitor attestations and complaints it receives about non-compliance, and use spot checks to examine a sample of websites, premises and customer literature. The CMA will monitor the RCVS's compliance with its obligations.

Effectiveness of our market opening remedies in medicines

How the remedies would work with the other remedies to address the AECs and resulting customer detriment

- 5.187 These market opening remedies will address the AEC, and the resulting customer detriment (in this case, high medicine prices) in two ways. First, and most directly, they will help pet owners make informed choices when purchasing veterinary medicines. More pet owners will be able to benefit directly from lower medicine prices available at third-party retailers, in particular online pharmacies. Second, the remedies will increase the competitive pressure on FOPs' sales of medicines – strengthening the incentive on them to retain sales by lowering their prices. We therefore expect that our medicine remedies will benefit pet owners whether they purchase medicines in their FOP or at a third-party retailer.

- 5.188 The remedies will ensure that more pet owners have the capacity, the opportunity and the motivation to purchase medicines at lower prices, both for one-off and repeat prescriptions.
- (a) The information measures in the prescription awareness remedy will ensure pet owners are aware of their ability to request a written prescription and the potential savings they can obtain by purchasing medicines from third parties, including online. We require that this key information for pet owners is provided to them clearly, in a variety of formats and at key times. This will remedy the current situation where information is not provided in an effective way.
 - (b) The written prescription remedy will ensure that pet owners receive written prescriptions promptly and do not have to return to the FOP to collect them (which may be a barrier to pet owners using online pharmacies or other third-party retailers). These measures will effectively remedy this issue while still allowing FOPs sufficient time to produce written prescriptions (ie within 48 hours, where they are provided in a digital format).
 - (c) The Own Brand medicines remedy will ensure that pet owners whose pets are prescribed Own Brand medicines are told that there is a Reference Product alternative available for purchase from third parties, and receive, in written format, the name of that alternative product. This measure will effectively remedy a lack of information which prevents pet owners being able to compare prices, and considering switching to clinically appropriate alternatives, when prescribed Own Brand medication.
 - (d) The ongoing medication information remedy will give those pet owners who may be able to make the biggest savings from shopping around an additional prompt to do so. That prompt will be provided in circumstances where they will be motivated and able to act on it.

Effective implementation, monitoring and enforcement

- 5.189 We have described above how these remedies will be implemented, monitored and enforced.
- 5.190 Our assessment is that the proposed remedies will be capable of effective implementation, monitoring and enforcement. We have described what relevant parties' obligations will be. Those obligations are clear. In many cases, they build on existing processes and resources (such as websites, production of practice literature and the RCVS's functions) as we have described.
- 5.191 A number of the requirements of the remedies are open to ready observation, for instance placing standardised signage in visible locations in a FOP. We recognise

that compliance with certain aspects of the remedies, such as the oral provision of information during consultations (as part of the prescription awareness remedy and the Own Brand medicine remedy), are more difficult to monitor directly.⁷⁴⁵ However, veterinary businesses can put in place relevant processes and provide training to vets to ensure they are confident and clear on their obligations. The remedies can be monitored by way of attestations made to, and observations made by, the RCVS.⁷⁴⁶ The clarity of the obligations and their observability will also lend itself to reports/complaints made by pet owners in cases of non-compliance and to effective CMA enforcement if necessary. This amenability to monitoring and enforcement will create strong incentives for veterinary businesses operating FOPs to comply.

Timescales for implementation and for it to take effect

- 5.192 We have described above our consideration of the time in which the remedies should be implemented, including staggering the implementation deadlines for certain veterinary businesses operating FOPs. We have had regard to the submissions in response to the PDR on this issue and the amount of time that would be necessary and appropriate for different types of veterinary businesses to implement the remedies. We have decided that:
- (a) The prescription awareness remedy must be implemented by larger veterinary businesses (those operating at least 15 FOPs) within nine-months and smaller veterinary businesses (those operating fewer than 15 FOPs) within 12 months.
 - (b) The written prescriptions remedy must be implemented by larger veterinary businesses operating FOPs within nine months and smaller veterinary businesses (those operating fewer than 15 FOPs) within 12 months.
 - (c) The Own Brand medicine remedy must be implemented by all veterinary businesses operating FOPs within a period of nine months for larger veterinary businesses and 12 months for smaller veterinary businesses (those operating fewer than 15 FOPs).
 - (d) The ongoing medication information remedy must be implemented by larger veterinary businesses (those operating at least 15 FOPs) within nine months and smaller veterinary businesses (those operating fewer than 15 FOPs) within 12 months.
- 5.193 We anticipate that, once in place, these market opening remedies will promptly have a positive effect on competition. They will be clear, simple and equip pet

⁷⁴⁵ Medivet response to the PDR pp 38-39; IVC response to the PDR pp 38-39.

⁷⁴⁶ The RCVS agreed that it could play a role in monitoring compliance with this proposed remedy by veterinary businesses as suggested by the CMA.

owners with what they need to make better informed choices when buying medicines. We foresee that many pet owners will soon start to act on the stimulus to compare online medicine prices, and will have the ability to buy more medicines from that source and to generate greater competitive pressure. In turn, FOPs will face stronger pressure to lower their medicine prices in order to keep their customers – benefiting those pet owners who prefer to continue purchasing their medicines from their local vet. These would be rational responses by both pet owners and veterinary businesses.

Consistency with existing and anticipated future laws and regulations

- 5.194 We have not identified any respects in which the remedies will conflict with existing or anticipated future laws and regulations.

Proportionality of our market opening measures in medicines⁷⁴⁷

How the remedies are effective in achieving their aims

- 5.195 For the reasons set out above, we consider that each of the remedies will be effective in achieving the aims of enabling pet owners to make better choices when purchasing veterinary medicines and increasing the competitive pressure from online pharmacies on FOP medicine prices.

How the remedies are no more onerous than necessary to achieve their aims

- 5.196 Our assessment is that, individually and collectively, the remedies are no more onerous than necessary to achieve their aims. In order to address the AEC, it is necessary that more pet owners can, and are motivated to make, informed choices about where they purchase medicines and that FOPs are sufficiently incentivised to respond by competing harder on price. Each of our remedies will address a specific barrier that prevents or hinders pet owners from making effective choices or, in the case of the ongoing medication information remedy, makes use of a timely opportunity to help and motivate them to make such a choice. They do so in circumstances where a single point of reminder about the availability of written prescriptions has been ineffective in driving competition.
- 5.197 We have designed these remedies such that the associated costs will be minimised for veterinary businesses operating FOPs and no more than necessary in order to achieve the relevant aims. In doing so, we have consulted extensively and repeatedly with veterinary businesses to shape and refine the remedies –

⁷⁴⁷ This reflects the approach to assessing the proportionality of remedial measures as set out in paragraph 344 of CC3 and *Tesco v Competition Commission* (4 March 2009).

most notably, in our RWP and PDR – and to ensure they are no more onerous than necessary.

- 5.198 For the prescription awareness remedy, we have minimised costs where possible by proposing that the required information will be standardised and provided to veterinary businesses for them to display in FOPs. This will have the dual benefit of ensuring consistent messaging across practices and reducing the burden of complying with the remedies as the businesses will not be responsible for design. In response to stakeholder feedback to the PDR, we have further reduced the impact on businesses by reducing the number of communications that need to be sent to pet owners. The remedy will involve limited costs for businesses, but these are necessary to achieve its aims:
- (a) The provision of literature and information, whether in hard copy or online, will impose limited administration costs and largely be one-off, particularly where, for example, the provision of information in emails and text messages can be automated.
 - (b) While we understand concerns expressed by some vets about the challenges and costs associated with spending time offering a written prescription during consultations,⁷⁴⁸ we consider that an oral offer by a trusted vet at the time of prescribing is a critical and timely source of information for pet owners. We do not consider that consultations are likely to be disproportionately lengthened, particularly as vets are already discussing medication with the pet owner during the consultation and such an offer fits naturally with this conversation. We understand that some vets already make this offer when prescribing chronic medicines.
- 5.199 For the written prescriptions remedy, we have carefully considered different approaches to reducing the delays in accessing a written prescription that may deter pet owners from purchasing medicines online. We have likewise considered how to mitigate the costs of the remedy to veterinary businesses. We understand that some FOPs may find it an administrative challenge to issue written prescriptions by the end of a consultation. They will have the discretion to prepare written prescriptions in digital form instead. Many FOPs already do this.⁷⁴⁹ We have accounted for the challenges to FOPs of issuing digital forms of written prescriptions by the end of the day of a consultation. We have extended this deadline to 48 hours post consultation, which will be significantly less burdensome for FOPs.
- 5.200 For the Own Brand medicine remedy, our assessment is that the costs of implementation will be limited. We have designed the remedy to be less onerous

⁷⁴⁸ And the likelihood of more time consequently spent preparing written prescriptions.

⁷⁴⁹ By providing digital versions of prescriptions to pet owners or directly to online pharmacies.

than, for example, a prohibition on Own Brand medication or requirements that these products are made available to more FOPs. We anticipate that the time cost to the vet of informing the pet owner about the Reference Product when they dispense an Own Brand medication will be minimal. We have also accounted for concerns raised in response to the PDR and adapted the remedy to reduce the associated administrative burden, for example by clarifying that the vet only needs to provide information about a single alternative medicine.⁷⁵⁰ We have additionally removed some elements of the requirement, such as the requirements that changes must be made to the packaging of the Own Brand medication and to specify the active ingredient on the label.

- 5.201 For the ongoing medication information remedy, we have revised the scope and mechanism of this remedy in response to stakeholder feedback on our PDR and in order to ensure it is no more onerous than necessary. Rather than requiring veterinary businesses operating FOPs to establish and monitor a system for pet owners to set their 'default' for repeat prescriptions, we have refined the remedy to require only that additional information is provided, at a timely point, to those pet owners who may be able to make the biggest savings. Although there will be a small ongoing cost to providing this information to pet owners, doing so removes the need for a remedy that requires costly revisions to PMSs, and results in fewer FOPs needing to make fewer contacts with pet owners.
- 5.202 We have also significantly extended the implementation period for veterinary businesses operating FOPs to implement these remedies, which will help those businesses to comply.
- 5.203 As set out in the individual discussions of each remedy's implementation above, the RCVS will be responsible for the production of some literature and for monitoring and enforcing some remedies. The RCVS will incur some costs in doing so; these will be recovered through a levy on businesses.

How the remedies are the least onerous if there is a choice between several effective measures

- 5.204 The remedies are, in our view, the least onerous means of achieving the relevant aims.
- 5.205 The concerns we have identified relate, among other things, to pet owners' limited awareness of their ability to obtain written prescriptions and of the savings they could make where they buy medicines from third-party retailers. They also relate to challenges or barriers pet owners face in comparing prices, accessing a written prescription (such as if they have to return to the FOP) and making choices about where they buy medicines owing to factors such as the sometimes-emotional

⁷⁵⁰ Rather than a list of all possible alternatives (even if multiple medicines would be clinically appropriate).

circumstances in which they make those decisions and the dual role their vet plays during a consultation as a prescriber and dispenser (seller) of medicines.

- 5.206 In principle, those concerns could be addressed by a range of measures, and we have considered whether they should be. Vets could be required to issue written prescriptions in all cases. They could be required to include on such written prescriptions specific savings that pet owners could make buying the relevant medicine from a third party. They could alternatively be required to provide that specific information in real time by some other means, and a break point could be inserted into consultations so as to enable pet owners to leave the consulting room and compare online prices.
- 5.207 We discussed some of those alternatives in our RWP, including remedies such as requiring the introduction of mandatory prescriptions which would be issued in all circumstances or imposing price caps on medicines. Although such remedies would also be effective at addressing the AEC we find, they would be difficult, and materially more expensive, to implement than those we are adopting.

Whether the remedies produce disadvantages which are disproportionate to their aims

- 5.208 Our remedies aimed at improving competition in the supply of veterinary medicines form an important part of our broader package of remedies designed to reduce the overall cost of veterinary care to pet owners. We seek to secure a fairer outcome for pet owners by empowering them to make informed decisions on where they buy their veterinary medicines and reducing the barriers they face to purchasing them from third-party retailers. We anticipate that, whether this results in a pet owner getting a better deal for medicines at a FOP or from buying the medicines elsewhere, these outcomes help to address the customer detriment arising from the AEC. The result would be fewer pet owners paying more than they need to for medication prescribed by a vet, particularly for those medicines where the potential savings are largest (such as medicines used on an on-going basis).
- 5.209 We have considered several potential adverse effects of our medicine remedies, which have been informed by the extensive feedback provided by a wide range of stakeholders.⁷⁵¹ We have assessed in detail whether our medicine remedies could lead to: a competitive disadvantage for FOPs, an increase in prices for veterinary services, beneficial effects for Vertically Integrated LVGs, an additional administrative burden on vets, an increased risk of prescription fraud, negative effects on animal welfare, and the loss of relevant customer benefits.

⁷⁵¹ As set out in part B, section 5: Medicines market opening remedies and prescription price control, sub-section Effects of the medicine remedies

5.210 It is our assessment that any such adverse effects are unlikely to be material. Any costs associated with these adverse effects are unlikely to be so large that they would outweigh the expected substantial benefits to pet owners from our remedies. Any such adverse effects would not be disproportionate relative to the aims and benefits of the remedies. Our assessment is set out in the Effects of the medicine remedies sub-section below.

Remedy 10: Prescription fee caps

We have decided to set a maximum fee of £21 that a veterinary business operating one or more FOPs can charge for providing a written prescription for the first medication prescribed within a consultation (the **Primary Prescription Fee Cap**). Any additional medicines for which a written prescription is required within the same consultation will have a maximum fee of £12.50 per medicine (the **Additional Prescription Fee Cap**) (together, the **Fee Caps**).⁷⁵²

These Fee Caps are inclusive of VAT and will be adjusted annually for inflation.

To prevent circumvention of the Fee Caps, veterinary businesses operating FOPs will be required to put in place policies and procedures to ensure that there should not be any difference between the duration that a medication would be prescribed for when it is (i) supplied in a FOP and (ii) subject to a written prescription for dispensing elsewhere. This requirement is for all POM-V medication but excludes controlled drugs.

We recommend to the RCVS and VMD that each should consider whether the prescribing guidance they provide to vets, and the way they communicate it to them, is sufficiently clear about the duration for which medicines can be prescribed.

5.211 Where we find an AEC, our preference is to use measures that fix the underlying problem with competition, rather than those which seek to control market outcomes (such as price caps). However, as we explain in this section, our judgement is that introducing prescription fee caps is a necessary measure to help ensure that the AEC and the resulting customer detriment relating to veterinary medicines is effectively addressed.

5.212 As set out in our AEC assessment, we are concerned that pet owners are paying more than they need to for medication because of limited competition between FOPs and third-party retailers (such as online pharmacies) in the supply of veterinary medicines.⁷⁵³ This is a significant driver of customer detriment that needs to be addressed by effective remedies. To that end, we are introducing a

⁷⁵² The levels of the Primary Prescription Fee Cap and the Additional Prescription Fee Cap are set as of the date of this report, 24 March 2026. The level of each Prescription Fee Cap will be adjusted each year for inflation, based on CPI and rounded to the nearest 10 pence (including inflation between the date of this report and the date of implementation).

⁷⁵³ Part A, section 11: Veterinary Medicines.

number of measures that will help ensure pet owners are better informed about their options when purchasing medicines and to create more competitive pressure between FOPs and third parties.

- 5.213 However, there is a high risk that fees for written prescriptions could be used by veterinary businesses operating FOPs to circumvent or undermine those remedies, hindering or preventing pet owners from accessing lower prices for medicines from third-party suppliers. Where that happens, our remedies would not address the AEC or deliver benefits to pet owners related to veterinary medicines.⁷⁵⁴
- 5.214 In addition, part of our AEC finding is that there is low competitive pressure on the prices of FOP services, which include written prescription fees. At least some veterinary businesses are exploiting the AEC to charge unreasonably high prices including, it is likely, for writing prescriptions.
- 5.215 The package of remedies we are imposing will increase competition and constrain prices. This is important, including for prescription fees. However, prescription fees in particular are unlikely to be effectively constrained by our transparency remedies alone. The reasons are discussed further below but, in summary:
- (a) transparency of prescription fees may influence a pet owner's choice of FOP, but only to a limited degree as these fees are only one of a number of prices veterinary businesses charge for their services, and some of these other prices are likely to be more influential when pet owners choose their FOP (for example, those that are significantly more expensive, likely to have a more immediate impact on new pet owners, or are better understood);
 - (b) once a pet owner is in the consulting room and being told they will need to purchase medicines, the effective choice will usually be between purchasing in-FOP or elsewhere using a written prescription from the vet, such that comparing prescription fees between FOPs would not be relevant (and would not place meaningful competitive pressure on the FOP); and
 - (c) in contrast to other services and products offered by FOPs, veterinary businesses have a strong incentive to resist the (limited) competitive pressure on prescription fees because higher fees reduce the financial benefit to pet owners of shopping elsewhere, helping FOPs retain valuable medicines sales in their FOPs.
- 5.216 We have decided that, in these circumstances, imposing price caps on prescription fees is a necessary intervention to help ensure that our overall medicines remedy package is effective and that FOPs do not charge unreasonably

⁷⁵⁴ Savings from using third-party suppliers detailed in Part A, section 11: Veterinary Medicines, subsection Many pet owners could make substantial savings when purchasing prescribed medication from online pharmacies.

high prescription fees. Imposing caps on prescription fees is essential for enabling many pet owners to benefit from lower prices, greater choice and stronger competition in medicines.

- 5.217 In deciding to impose fee caps, and in setting their levels, we have analysed the current levels of written prescription fees in the market. We have observed a significant range in those fees, and some veterinary businesses are charging pet owners particularly high ones. This supports our assessment that these fees are not sufficiently constrained by competition.
- 5.218 Imposing a £21 fee cap for the first medication prescribed with a written prescription in each consultation (the **Primary Prescription Fee Cap**), and £12.50 for each additional medication prescribed in the same consultation (the **Additional Prescription Fee Cap**) (together, the **Fee Caps**), will mean that, from day one of the Fee Caps coming into effect, many pet owners will pay - potentially significantly - lower fees for written prescriptions. This will immediately reduce customer detriment where some veterinary businesses are exploiting the lack of effective competition in the market to charge unreasonably high prices.⁷⁵⁵
- 5.219 In setting the level of the caps, we want to enable veterinary businesses to charge reasonable fees for written prescriptions that reflect the professional time, expertise and responsibility involved in their preparation. It should not be the case that preparing a written prescription is a loss-making activity for a reasonably efficient business subject to our fee caps. Neither, however, should the fees, in principle, do more than recover the relevant costs. That is not what we would expect in a well-functioning market (**WFM**), where fees would be disciplined by competition.
- 5.220 In that connection, we heard strong concerns from many veterinary professionals that the level of the prescription fee cap we consulted on in our Provisional Decision Report (**PDR**) (£16) would be too low, and that it should not cover multiple medications.⁷⁵⁶ We therefore undertook extensive further engagement with veterinary professionals and further data collection to ensure that any fee cap would be at the appropriate level.
- 5.221 Having taken into account these additional submissions and data, we have decided to set the Primary Prescription Fee Cap at £21. Veterinary businesses will also be able to charge an additional fee for each additional medication prescribed in the same consultation, subject to the cap of £12.50 per medication.

⁷⁵⁵ This could also increase the financial incentive for pet owners to engage with options for purchasing medicines elsewhere. This is set out in part A, section 11: Veterinary Medicines, subsection Prescription fees may deter at least some pet owners from requesting a written prescription from their vet.

⁷⁵⁶ The majority of respondents to the PDR commented on our (then) proposed remedies in the supply of veterinary medicines, and many raised concerns about the prescription fee cap.

5.222 Our extensive data collection and analysis, covering around 75% of the market in 2024, shows that many FOPs are able to offer written prescriptions, presumably recovering the costs they incur, at or below the level of the Fee Caps. Setting them at the levels we have takes account of that, of the range of savings that pet owners can make buying medicines from third parties, and that the higher any prescription fee the greater the deterrence impact on pet owners' choices (and especially so where the savings from going online are smaller).

5.223 In our judgment, capping the fees at these levels means that:

- (a) pet owners are unlikely to be deterred from choosing a written prescription as a result of the prescription fee, thereby helping to ensure that our wider medicines remedies package is effective;
- (b) a majority of pet owners immediately benefit from lower prescription fees (with substantial savings where firms have been charging unreasonably high prices); and
- (c) reasonably efficient businesses are likely to be able to recover a reasonable allocation of the costs of producing written prescriptions (which we refer to in the rest of this section as **reasonably efficiently incurred costs**), as we would expect in a WFM.

Description of the remedy

5.224 This remedy will impose maximum fees that a veterinary business operating a FOP⁷⁵⁷ can charge for providing written prescriptions. The maximum fee for providing a written prescription for the first medication prescribed in each consultation (the Primary Prescription Fee Cap) will be £21. The maximum fee for each additional medication prescribed in the same consultation (the Additional Prescription Fee Cap) will be £12.50.⁷⁵⁸ Both Fee Caps will be inclusive of VAT and will be adjusted annually for inflation. Some FOPs already charge less than these caps for prescription fees and will be able to continue doing so, including in order to compete with other FOPs or to support pet welfare or vulnerable pet owners.⁷⁵⁹

⁷⁵⁷ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out-of-hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

⁷⁵⁸ The levels of the Primary Prescription Fee Cap and the Additional Prescription Fee Cap are set as of the date of this report, 24 March 2026. The level of each Prescription Fee Cap will be adjusted each year for inflation based on CPI, rounded to the nearest 10 pence (including inflation between the date of this report and the date of implementation).

⁷⁵⁹ Under the price list remedy, FOPs will need to publish their prescription fees on their websites, which may help them attract pet owners by promoting prescription fees that are lower than the Fee Caps.

- 5.225 We have decided that this remedy will apply to all veterinary businesses operating FOPs (other than registered charities)⁷⁶⁰ but that, once our Order has been made, the implementation period for larger veterinary businesses (those operating at least 15 FOPs) will be six months; and for smaller veterinary businesses (those that have fewer than 15 FOPs) it will be 12 months.

The aim of the remedy

- 5.226 Our medicines market opening remedies aim to make sure that pet owners can make informed choices about where they buy veterinary medicines and to incentivise veterinary businesses to respond to the stronger competition this generates. Prescription fees, and the level at which they are set, can make a significant difference to those choices because they can determine whether shopping online for some medicines is worthwhile for pet owners.
- 5.227 While there are generally substantial savings available to pet owners by purchasing commonly prescribed veterinary medicines from an online pharmacy rather than from their FOP, some medicines will have substantially lower overall financial savings than others.⁷⁶¹ The higher the prescription fee, the greater the reduction in the savings available to pet owners when purchasing these medicines from third parties, which could deter pet owners from buying medicines elsewhere or researching these other options.⁷⁶²
- 5.228 Rather than minimise this deterrent effect, veterinary businesses would have an incentive to maintain or raise the prescription fees charged in their FOPs following the introduction of our medicines remedies. Doing so would help retain a FOP's medicine revenues, rather than lose them where pet owners switch online, and could help recoup any revenues lost as a result of such switching. Such behaviour would significantly undermine the effectiveness our medicines remedy package.
- 5.229 While a prescription fee is justified to recover the costs involved, our analysis of the fees currently charged shows that there is a wide range across the market, including among independents and among LVGs (indeed, even within individual LVGs where they do not set common prices).⁷⁶³ We have not seen evidence that would explain such a diversity of pricing for a standardised and undifferentiated service, especially among the LVGs (which we would expect to have more efficient processes for the administrative steps involved in producing written prescriptions).

⁷⁶⁰ For the reasons set out in Part B, section 2: Remedies: framework, form and implementation. We do, however, expect such charities to conduct themselves in a manner consistent with the obligations of this remedy.

⁷⁶¹ As set out in Part A, Section 11: Veterinary Medicines, sub-section These price differences can lead to significant financial savings for pet owners when purchasing from online pharmacies.

⁷⁶² As set out in part A, Section 11: Veterinary Medicines, sub-section Prescription fees may deter at least some pet owners from requesting a written prescription from their vet.

⁷⁶³ As described more fully below and in Appendix N: Supporting evidence on prescription price controls.

- 5.230 The range of fees indicates that the prescription fees charged are not currently effectively constrained by competition. It suggests that they can be used, and in some cases are being used, to recover more than the reasonably efficiently incurred costs of providing a written prescription, and are being set at unreasonably high levels in some FOPs. This is consistent with our AEC assessment that there is low competitive pressure on prices of FOP services and that those prices (particularly at LVGs) are likely significantly higher than we would expect in a WFM.⁷⁶⁴
- 5.231 The aims of the Fee Caps are, therefore, twofold:
- (a) First, to reduce the extent that veterinary businesses operating FOPs are able to respond to greater competition from third-party retailers by increasing prescription fees and thereby reducing or removing the financial incentive for pet owners to request a written prescription and purchase from other retailers (including online pharmacies).⁷⁶⁵ The Fee Caps will, therefore, help prevent veterinary businesses from undermining the effectiveness of the medicines market opening remedies.
 - (b) Second, to reduce the most expensive existing prescription fees to reasonable levels where they do not appear to be constrained by competition and are causing customer detriment. In those cases, higher fees could deter pet owners from obtaining written prescriptions and buying medicines online.⁷⁶⁶

How the remedy addresses the AEC and resulting customer detriment

- 5.232 There is limited transparency of the prices that veterinary businesses charge, including written prescription fees. They are likely still to be subject to a relatively low level of competitive pressure even where our remedies package makes them more transparent (this is set out in our price list remedy). This is because, in practice:
- (a) it is likely that a pet owner would only be able to respond to competition over the level of prescription fees when they are choosing a FOP – but prescription fees are less likely to shape pet owners’ choice of FOP than many other prices those businesses charge; and

⁷⁶⁴ In particular, on average, LVG FOPs charge higher prescription fees than independent FOPs. This is consistent with the evidence set out in our AEC assessment on average prices at most of the LVGs being higher than the average prices at independent practices, and evidence on the effect on average prices of certain LVGs acquiring independent practices as set out in Part A, section 11: Veterinary Medicines, sub-section FOPs charge a range of fees in relation to veterinary medicines.

⁷⁶⁵ While still being able to recover the reasonably efficiently incurred costs involved in providing written prescriptions.

⁷⁶⁶ Part A, section 11: Veterinary Medicines, sub-section Prescription fees may deter at least some pet owners from requesting a written prescription from their vet.

- (b) subsequently, once a pet owner is in a consultation and has been told they will need to purchase medicine, they are highly unlikely to choose to instead obtain a written prescription from a rival FOP.⁷⁶⁷

5.233 Moreover, because paying a prescription fee is a 'gateway' for pet owners to purchase medicines elsewhere, FOPs could use prescription fees to weaken the competitive pressure they face from rival medicine suppliers (particularly online pharmacies). FOPs would, consequently, have an incentive to resist any downwards pricing pressure and maintain or increase their prescription fees in order to retain valuable medicines sales.

5.234 It is unlikely, therefore, that written prescription fees will be exposed to competition to an extent that: (i) sufficiently mitigates the risk of circumvention of our package of medicines remedies or (ii) sufficiently constrains the fees. The Fee Caps will do that. Imposing the Fee Caps at the levels we have set will help to address the AEC, and the resulting customer detriment, by:

- (a) helping to ensure that our medicine market opening remedies are effective and cannot be undermined by veterinary businesses raising prescription fees in their FOPs to deter pet owners purchasing medicines elsewhere;⁷⁶⁸ and
- (b) reducing those prescription fees that are already set at particularly high levels.

Remedy design considerations

5.235 The key remedy design considerations are:

- (a) whether a capped prescription fee should apply per medicine or cover all medicines prescribed within a consultation;
- (b) the level at which the Fee Caps should be set;
- (c) whether the Fee Caps should apply to all veterinary businesses operating FOPs;
- (d) whether and how the Fee Caps should be adjusted over time; and
- (e) whether the Fee Caps should be varied to account for regional differences.

⁷⁶⁷ In addition to the general limits to customers switching FOPs set out in Part A, section 8: Competition between FOPs, there are specific issues with switching at the point that a pet owner needs a prescription, as the under care guidance requires a vet to have a full assessment of a pet before they prescribe a medicine. Therefore, a pet owner would need to anticipate a need for multiple future prescriptions to warrant that additional expense, in addition to the broader impediments to switching to another FOP.

⁷⁶⁸ While still enabling those businesses to recover the reasonably efficiently incurred costs involved in providing written prescriptions.

We consider each of these elements in turn.

Whether a capped prescription fee should apply per medicine or cover all medicines prescribed within a consultation

- 5.236 It is common for consultations to lead to multiple medicines being prescribed – for example, a vet may prescribe a medication to treat a condition and a painkiller to support the pet during the treatment. A fee cap which does not properly account for such situations could unintentionally disincentivise clinically necessary behaviour and lead to poorer outcomes for pet owners and their pets. It is, however, important to determine whether, if vets charged a separate fee for each additional medication prescribed during a single consultation, this could undermine the effectiveness of the medicine remedies package and/or allow FOPs to charge unreasonably high prescription fees where pet owners receive prescriptions for multiple medications.
- 5.237 As explained below, we have considered the level of fees that veterinary businesses charge for written prescriptions in the market in order to determine the appropriate levels for a cap. We have decided that a similar approach is appropriate in determining whether the capped prescription fee should apply per medication prescribed in a consultation or for all medicines prescribed in that consultation.
- 5.238 In the PDR, we proposed a single prescription fee cap which would cover all medicines prescribed within a consultation. We provisionally decided this was appropriate on the basis that we had not received evidence from veterinary businesses highlighting any separate charging structure, and on the basis of some FOPs' public information and guidance on multiple medicines.⁷⁶⁹
- 5.239 In response to the PDR, we received a large number of submissions from veterinary businesses on this issue. These overwhelmingly argued that applying a single fee cap to cover all medicines prescribed within a consultation would not be appropriate, and was neither in keeping with common practice in the sector nor reflective of the additional tasks required to prescribe multiple medicines. No respondents expressly told us there should be a single cap covering multiple medicines. For example:

(a) The RCVS stated that:

⁷⁶⁹ For example, CVS states on its website that a single written prescription fee covers all medicines for a single condition issued within a consultation. [Prescriptions | CVS Vets](#) (Accessed 18 February 2026). The Code of Professional Conduct for Veterinary Surgeons Supporting guidance on the RCVS [website](#), and explainers such as RCVS [FAQs](#), notes that 'There is nothing to prevent more than one medication (or animal) being included on a written prescription.' Accessed by the CMA 26 September 2025.

[s]eparate decisions are made by vets for each prescribed product so it is not a fair representation of the workload to insist on a single charge, even if there are separate written prescriptions. This seems to confuse the work required to decide what is prescribed, with the physical act of producing it.⁷⁷⁰

- (b) The BVA opposed a single prescription fee per consultation and submitted that:

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.

- (c) The Royal Veterinary College said that:

[r]estricting 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.

- (d) Most of the LVGs (Linnaeus, VetPartners, IVC, Pets at Home, and CVS) expressed concerns about a fee cap covering all medicines prescribed within a consultation. Linnaeus and VetPartners submitted that it was standard practice to charge an additional, lower, fee for additional medicines.⁷⁷¹
- (e) Many independent vets or respondents from veterinary businesses raised similar concerns about additional medicines being covered within a single fee, and that this was not reflective of the additional work required.⁷⁷²

⁷⁷⁰ RCVS response to the PDR, p 15.

⁷⁷¹ Concerns expressed: Five LVG's responses to the PDR: Linnaeus, p 23; VetPartners, p 50; IVC, pp 47-52; Pets at home, p 8; CVS, p 16. Additional lower fees as standard practice: Two LVG's responses to the PDR: Linnaeus, p 23; VetPartners p 57.

⁷⁷² For example, responses to the PDR: Anonymous Respondent 31 [redacted], p 4; Hook Norton Veterinary Group, p 11; Anonymous Respondent 24 [redacted], p4; Northvet Veterinary Group, p 5; Armour Veterinary Group Ltd, p 3.

- (i) Some respondents listed the steps required for prescribing medicines, highlighting that many of the steps were duplicated for each additional medicine.⁷⁷³
- (ii) Some stated that it was not proportionate to the time or costs required for multiple medications, suggesting that the fee should be a sliding scale or tiered.⁷⁷⁴
- (iii) One cited the risks of errors if vets were trying to do prescriptions for multiple medicines within the time covered by the fee.⁷⁷⁵
- (iv) Some highlighted both technical and safety limitations to the number of medications on a single script.⁷⁷⁶

5.240 We have gathered additional data and undertaken further analysis to differentiate primary prescription fees and additional medicine fees. In line with stakeholders' responses to the PDR, our analysis shows that the majority of FOPs charge separately for additional medicines prescribed within a consultation.

5.241 We found that it was common for FOPs to have, broadly, three different types of prescription fee:

- (a) **Primary prescription fees.** These are fees charged for the first medicine for which a written prescription is issued during a consultation.
- (b) **Additional prescription fees.** These are fees charged for any further medicines for which a written prescription is issued during a consultation (in addition to the medicine covered by the primary prescription fee).
- (c) **Other prescription fees.** This category includes any other fees associated with written prescriptions.⁷⁷⁷ For example, some FOPs may charge a different fee for repeat medications or offer discounted primary and additional prescription fees for charity or pet welfare reasons. These fees were infrequent and therefore have not materially influenced our analysis of the appropriate level for the price control.⁷⁷⁸

⁷⁷³ For example, responses to the PDR: Roker Park Vets, p 5, Priory Veterinary Group, p 2, Moore Scarrott, p 12, VetPartners, p 56, BVA BVNA BSAVA SPVS VMG response to the PDR, p 22.

⁷⁷⁴ For example: Mounts Bay Veterinary Centre Ltd, p 4; Anonymous Respondent 15 [REDACTED], p3, Anonymous Respondent 23 [REDACTED], p 2.

⁷⁷⁵ Anonymous Respondent 29 [REDACTED] response to the PDR, p 2.

⁷⁷⁶ For example, responses to the PDR: Anonymous Respondent 2 [REDACTED], p 2; individual [REDACTED].

⁷⁷⁷ We have only considered fees associated with written prescriptions, meaning prescriptions which a pet owner can use to purchase medicines at a retailer other than their FOP. Therefore, we have not considered other related fees such as dispensing or injection fees when determining the appropriate level for the Fee Caps.

⁷⁷⁸ The details of how we incorporated and weighted these prescriptions within the datasets where they were present are available in Appendix N: Supporting evidence on prescription price controls.

- 5.242 Our research indicates that the most frequent pricing approach for FOPs is a primary fee that covers the first medicine prescribed in a consultation, and a lower fee for each additional medicine.
- (a) Only one of the LVGs, CVS, has a central policy allowing its vets to prescribe more than one medicine for a single fee.⁷⁷⁹
 - (b) One LVG [X] has a central policy that FOPs should have separate fees for additional medicines, and specifies that this fee should be lower than the primary prescription fee.⁷⁸⁰ The other four LVGs did not have a central policy, but their data showed that many of their FOPs have separate and lower fees for additional medicines.⁷⁸¹
 - (c) In our survey of 39 independent veterinary businesses from a buying group [X], 35 had a policy of charging separately for additional medicines.⁷⁸²
- 5.243 A veterinary business charging a prescription fee for each additional medication is not necessarily the result of weak competition in the market, especially where the fee for additional medicines is materially lower than the initial fee. Our evidence shows that there are incremental costs for each additional medication prescribed. In particular, while some of the tasks involved in prescribing are only conducted once per consultation, others need to be duplicated for each additional medicine.⁷⁸³ The interactions of multiple medicines also make the prescribing process more complicated. The presence of these incremental costs may explain why it is standard practice in the market to offer a primary prescription fee and supplement this with additional prescription fees for extra medicines (often at a lower price).⁷⁸⁴
- 5.244 Moreover, a fee per additional medication will not necessarily remove the incentive for pet owners to consider purchasing medications elsewhere. Our analysis of the financial savings available to pet owners when purchasing commonly prescribed veterinary medicines from an online pharmacy rather than a FOP is based on each

⁷⁷⁹ CVS response to RFI.

⁷⁸⁰ LVG [X] response to RFI.

⁷⁸¹ One LVG [X] does not have a central policy, but stated that majority of its sites charged separately for additional prescriptions, but set their prices locally. This LVG also noted that it is 'standard industry practice' for FOPs to have separate fees for additional items. [X] response to RFI, and [X] response to putback, 2026. We observed primary and additional medicine fees were common at [X] and [X] FOPs. One LVG [X] submitted that it did not centrally track the content or context of written prescriptions and therefore was unable to provide data on the prescription pricing policies implemented by its FOPs. LVG [X] response to RFI. [X].

⁷⁸² Collectively, these businesses operated 101 of the total 113 FOPs in the sample. One of these businesses, operating three FOPs, submitted that it did charge an additional prescription fee but allowed up to ten medicines to be issued on the same prescription – meaning the vast majority of pet owners would not pay an additional prescription fee. More details are set out in Appendix N: Supporting evidence on prescription price controls.

⁷⁸³ Those tasks include determining the dosage and timings, duration of medicine prescribed, contraindications, explaining to the pet owner how to administer the medicine, accurate prescription and record keeping, legal liability for the prescription, and any follow ups from an online pharmacy or pet owner.

⁷⁸⁴ However, as discussed below, our evidence indicates that the costs included in a prescription fee varies between FOPs, and many FOPs use prescription fees to cover more than the direct cost of providing a written prescription.

medicine incurring a primary prescription fee.⁷⁸⁵ The savings for each medicine included in our sample would be the same or greater if a pet owner pays a prescription fee for additional medicines. Provided that prescription fees for additional medicines are capped at an appropriate level, FOPs could not significantly increase these fees to offset the substantial financial savings available to pet owners or to make up lost revenue from medicine sales.

- 5.245 We are therefore imposing two separate prescription Fee Caps for written prescriptions. The first cap will apply to the first medication prescribed in a consultation; the second cap will apply to each additional medication prescribed in the same consultation. This will mean that most FOPs do not need to change their pricing structure and will be able to recoup costs reasonably incurred when prescribing multiple medications.⁷⁸⁶ FOPs will also be free to charge lower prescription fees than the Fee Caps⁷⁸⁷ if they already do so or wish to do so in order to compete with other FOPs.⁷⁸⁸
- 5.246 Many FOPs also offer a small number of charitable prescriptions at reduced or zero price.⁷⁸⁹ We anticipate that many will continue to offer these, to support pet welfare and vulnerable pet owners.

Setting the level of the Fee Caps

- 5.247 We have decided that the maximum fee that a FOP can charge under the Primary Prescription Fee Cap will be £21, and the Additional Prescription Fee Cap will be £12.50 (both including VAT).⁷⁹⁰

⁷⁸⁵ The overall financial savings ultimately available to pet owners will depend on a range of clinical (such as the specific choice of medicine, the dosage and frequency of doses, and the length of treatment recommended by the vet) and commercial (such as the price of medication and level of fees charged by FOPs for dispensing medication or for the provision of a written prescription) factors. This is set out in Part A, Section 11: Veterinary Medicines, sub-section: These price differences can lead to significant financial savings for pet owners when purchasing from online pharmacies.

⁷⁸⁶ We checked for alternative pricing approaches to the one set out above, and found that a small proportion of FOPs had separate fees for repeat prescriptions, but that there was no evidence that these should be subject to a separate cap. FOPs can continue to provide these, and they will be included in their transparency obligations where relevant (This is set out in Appendix N: Supporting evidence on prescription price controls, sub-section: Other prescription fees).

⁷⁸⁷ Similarly, FOPs that currently charge a single fee that covers multiple medicines could still compete with other FOPs by charging less for the level of the Fee Caps, but would need to distinguish between a primary and additional fee if the total is more than the Primary Prescription Fee Cap. For example, if two medicines are prescribed, the FOP could charge no more than the Primary Prescription Cap for the first medicine, but could charge less than the Additional Prescription Fee Cap for the second medicine.

⁷⁸⁸ Under our price list remedy (this is set out in part B, section 3: Pet owner empowerment remedies), FOPs will need to publish their prescription fees on their websites, which may help them attract pet owners by promoting prescription fees that are lower than the Fee Caps.

⁷⁸⁹ In 2023 and 2024, charitable prescriptions accounted for about 3% of prescriptions offered by LVGs in each year. We found no difference in the median prescription fee charged across LVGs after removing these from the analysis. We carried out analysis to ensure that the inclusion of these in some of our datasets had no material impact on the analysis of current prices.

⁷⁹⁰ The levels of the Primary Prescription Fee Cap and Additional Prescription Fee Cap will be adjusted for inflation (based on CPI and rounded to the nearest 10 pence) between the date of this Final Report and the date of its implementation.

- 5.248 Setting the prescription fee price caps either too low or too high would risk negative consequences, whether for veterinary businesses or for pet owners and their pets.
- (a) If the limits on prescription fees were set too low, this might prevent veterinary businesses operating FOPs from covering reasonable prescribing costs. This would be unduly financially burdensome for veterinary businesses and might mean that some veterinary businesses need to raise prices of other services to avoid making a loss – a concern expressed by many respondents to the PDR.⁷⁹¹ It could also lead to financial incentives which conflict with clinically appropriate behaviour or pet welfare.⁷⁹²
 - (b) If the caps were set too high:
 - (i) their effectiveness in limiting or lowering fees for pet owners would be partly or fully undermined, both leaving some fees higher than we would expect in a WFM and limiting the effectiveness of the market opening remedies in lowering costs for pet owners when buying medicines;
 - (ii) it could cause additional detriment to pet owners if a substantial proportion of FOPs increased their fees to that level (ie if the cap levels became a focal point, or FOPs perceived the caps to represent a ‘reasonable’ fee);⁷⁹³ and
 - (iii) it could weaken the incentives for veterinary businesses to be (or become) reasonably efficient when producing a written prescription, thereby reducing their costs.

Evidence of costs related to written prescriptions

- 5.249 In deciding the level at which to set caps on prescription fees, we explored a wide range of evidence related to the costs of providing a written prescription, including by seeking cost information from veterinary businesses.
- 5.250 We were, however, unable to obtain robust estimates for these costs because incremental costs associated with the sale of veterinary medicines are not monitored during the ordinary course of business by veterinary businesses.⁷⁹⁴

⁷⁹¹ For example, responses to the PDR: CVS, p 16; Linnaeus, p 9; XLVet UK Ltd, pp 19-20; Heath Veterinary Clinic, pp 2 and 4.

⁷⁹² These concerns are discussed in more detail below and in the section on the Effects of our medicines remedies below.

⁷⁹³ A small number of respondents raised this concern in response to our RWP in response to the principle of a possible price cap. For example: Anonymous respondent 19 [§], p 1; Anonymous respondent 2 [§], p 19; and PDSA, p 18.

⁷⁹⁴ As set out in part A, section 11: Veterinary medicines, sub-section FOPs charge a range of fees in relation to veterinary medicines. We focused our requests for this information on LVGs instead of independent FOPs because we expected the larger firms were more likely to hold this information, and they represent a significant share of the market.

- 5.251 To the degree that we have detailed information on time or costs of producing a prescription, these are for a single medicine. When there are multiple medicines prescribed within a single consultation, we do not have information on the specific time or costs attributable to these additional medicines. However, many respondents to our PDR submitted that many of the tasks involved in producing a prescription are repeated for each additional medicine.⁷⁹⁵
- 5.252 We received some cost information from respondents in response to the Remedies Working Paper (**RWP**) and our PDR, but these were not a suitable basis for us to be able to make robust estimates. Where we received more detailed analysis, in which FOPs had carried out specific time or cost measurements of the process required for writing a prescription, these showed very large variations in time and cost estimates. They also applied methodologies which were, in general, not robust. Further details of these submissions are set out in Appendix N.⁷⁹⁶
- (a) We received several estimates of the time taken to produce a written prescription in response to our PDR. These varied substantially, both within and between data sources, from around 2 minutes to 20 minutes per prescription. As discussed in Appendix N,⁷⁹⁷ we consider that these time estimates are not an appropriate basis on which to determine the cost of producing a written prescription as the process followed by each FOP varies substantially,⁷⁹⁸ meaning results are often not comparable between FOPs.
- (b) None of the LVGs monitor the incremental costs associated with the sale of veterinary medicines, and most were therefore unable to provide estimates of costs associated with prescriptions. However, one LVG [X] provided a proactive submission on the costs of written prescriptions following our RWP. This LVG calculated that the costs associated with issuing a written prescription for non-complex medicines was between [£15-£20] per item (exclusive of VAT), including a contribution to overheads. However, this calculation is based on fewer than 30 FOPs and includes both clinical activities [X] and administrative costs [X]. As some FOPs will allocate costs associated with clinical activities to their consultation fee, this cost estimate would not be relevant to all FOPs.⁷⁹⁹

In addition, we invited submissions from all FOPs on the costs involved in producing a written prescription in our [RWP](#) (p 157).

⁷⁹⁵ For example, responses to the PDR: Roker Park Vets, p 5, Priory Veterinary Group, p 2, Moore Scarrott, p 12, VetPartners, p 56, BVA BVNA BSAVA SPVS VMG response to the PDR, p 22.

⁷⁹⁶ Appendix N: Supporting evidence on prescription price controls.

⁷⁹⁷ Appendix N: Supporting evidence on prescription price controls.

⁷⁹⁸ FOPs can vary in the efficiency of the process of producing a prescription (and to some degree in the steps of the process, such as whether they send a prescription directly to an online pharmacy). They can also vary in which activities are categorised as part of the process of producing a prescription versus reflected in other fees, and in how they measure or estimate the time taken to produce a prescription.

⁷⁹⁹ LVG [X] supplementary response to the RWP, [X].

5.253 Many respondents to the PDR highlighted the costs, time or processes involved in producing a written prescription. For example:

(a) One LVG [redacted] stated that [redacted] aims to set prescription fees at approximately [redacted]% of the price of a consultation, as it considers this price level is reflective of the amount of time, effort, risk, and cost involved.⁸⁰⁰ Another LVG [redacted] submitted that the level of the prescription price cap proposed in our PDR (£16) was too low to account for the professional time and skills required and the costs incurred by FOPs in issuing prescriptions.⁸⁰¹

(b) Many independent vets emphasised the amount of professional time and the number of tasks involved in producing a written prescription. For example, one independent vet (Roker Park Vets) submitted that:

a prescription fee covers not only the act of writing and transmitting the document, but also the clinical review of the case, confirmation of ongoing suitability and dosage, record-keeping, follow-up queries, and continuing professional liability for any adverse effects of the medication prescribed. In independent practice, these tasks typically require around 15 minutes of a veterinary surgeon's professional time, often including client communication and medical record review. Additional prescriptions may not take an additional 15 minutes, but would take at least five additional minutes to administer.⁸⁰²

5.254 The evidence, including the submissions set out above, indicates that the costs included in the prescription fee vary between FOPs, and many FOPs use prescription fees to cover more than the direct cost of providing a written prescription to pet owners or an online pharmacy (either on paper or electronically). Activities that some veterinary businesses cover through prescription fees may be included as part of the consultation fee by others.⁸⁰³ For example, explaining how to administer the prescribed medication to the pet owner and the potential side effects of the medication could be part of the dispensing and prescription fees or the consultation fee. Prescription fees may also cover the cost of anticipated follow-on activities (including answering queries from pet owners or third-party retailers), responding to any side-effects experienced by a pet, and on-going liability for the use of medication to treat the pet under care.⁸⁰⁴ Some

⁸⁰⁰ LVG [redacted] response to the PDR.

⁸⁰¹ LVG [redacted] response to the PDR.

⁸⁰² Roker Park Vets response to the PDR, p 5. Additionally, Priory Veterinary Group told the CMA that 'the fee must cover: the vet's review of the patient records; clinical decision making; discussing drug choices, side effects and contraindications with the owner; any necessary phone follow up; the training and qualifications behind those decisions; and the time taken to prepare, print and sign a prescription'. Priory Veterinary Group response to the PDR, p 2.

⁸⁰³ As set out in part A, section 11: Veterinary medicines, sub-section FOPs charge a range of fees in relation to veterinary medicines.

⁸⁰⁴ As set out in part A, section 11: Veterinary medicines, sub-section FOPs charge a range of fees in relation to veterinary medicines.

respondents to the RWP⁸⁰⁵ and PDR⁸⁰⁶ told us that the costs of measures to minimise errors or fraud are also included in the prescription fee by some FOPs.

- 5.255 Overall, the lack of any systematically collected data on time and costs involved, and the inconsistency in the range of activities covered and the efficiency of the FOPs (and their PMS), makes calculating a robust estimate of the average cost of a written prescription unfeasible.⁸⁰⁷ Therefore, we consider that, given the data available and the variety of practices across the market, setting the level of prescription price controls based on any bottom-up cost analysis would not be reliable or robust.

Evidence on the level of FOPs' efficiency in producing written prescriptions in the market

- 5.256 We have considered evidence on the efficiency of FOPs' processes for producing written prescriptions, given the close relationship that these can have with the administrative costs they are likely to incur and, consequently, with their prescription fees. We found that levels of efficiency vary widely between FOPs, including as a result of differing degrees of digitalisation and technological adoption.
- 5.257 Consequently, we can learn little about the reasonably efficiently incurred costs of providing written prescriptions from this evidence. What the evidence does indicate, however, is that the fees a number of businesses currently charge are likely to include costs that are not reasonably efficiently incurred.
- 5.258 We received evidence of significant variation in the amount of time it takes a FOP to produce a written prescription.
- (a) A buying group [X] provided us with a 'time in motion' study, in which 14 of its member FOPs tested the time taken to complete each of the administrative steps involved in creating two or three specific prescriptions.⁸⁰⁸ The time calculated varied widely, with estimates of between around two and 16 minutes. The buying group [X] highlighted that there was 'a clear link between the time taken and the level of [PMS] integration with prescription production software'.⁸⁰⁹ Although three of 11 PMS that were used by the FOPs in the study were capable of directly emailing prescriptions, just one

⁸⁰⁵ CMA summary of RWP responses. For example, Respondent 7, Respondent 8, Respondent 23, The George Vet Group.

⁸⁰⁶ Issues around prescription fraud and responses we received to the PDR are discussed in the section on Effects of our medicine remedies below.

⁸⁰⁷ In addition, we would also expect a lot of variation between different prescriptions, due to the variation in medicine complexity and administrative issues (such as pet owners not confirming which online pharmacy they want to use) and careful weighting needs to be given to complex vs simpler cases. This makes a small sample of data on costs particularly challenging and less reliable.

⁸⁰⁸ Buying group [X] submission, 27 January 2026. [X].

⁸⁰⁹ Buying group [X] submission, 27 January 2026. [X].

FOP was in fact fully utilising this functionality.⁸¹⁰ The buying group [redacted] submitted that practices which were more familiar with the production of written prescriptions had more efficient processes.⁸¹¹

- (b) We received similar evidence of a diverse range of timings from other stakeholders. Moore Scarrott submitted a range of 13 to 20 minutes (which was influenced, it said, by the complexity of the case and other (unspecified) factors).⁸¹² More broadly, six PDR respondents estimated between three and five minutes, five estimated between five and 10, and ten estimated that it would take 10 to 15 minutes to prepare a written prescription.

5.259 This variation, and some of the instances where written prescriptions are very time consuming to produce, is in contrast to the processes for dispensing a medicine within FOP, which is a more efficient process (and can be done rapidly). While the processes of providing a written prescription and dispensing medicine in the FOP are not completely analogous,⁸¹³ they require many of the same clinical and administrative steps (such as decisions on the appropriate dosage for the size of pet, the duration of medicine to prescribe, and any clinical interactions or contraindications).⁸¹⁴ Dispensing has been a focus of technological and procedural developments to streamline the process where writing prescriptions has not.

5.260 The evidence suggests there are ways in which written prescription processes are inefficient and that there is scope for them to become more efficient.

5.261 First, many PDR respondents noted there are administrative inefficiencies caused by the need to prevent prescription fraud. This adds to their administrative work when issuing a prescription.⁸¹⁵ In the buying group time in motion study, [redacted] submitted that this significantly increased the total time taken to write a prescription.⁸¹⁶ We also heard that at many FOPs prescriptions are manually printed out, signed by the vet and scanned back into their systems. This is so, notwithstanding the availability of e-signature functionality and that digitally applying the electronic signature of the prescriber satisfies regulatory requirements.^{817, 818}

⁸¹⁰ Buying group [redacted] submission, 27 January 2026. [redacted].

⁸¹¹ Buying group [redacted] submission, 27 January 2026. [redacted].

⁸¹² Moore Scarrott response to the PDR, p 13.

⁸¹³ In particular, insofar as the ability to share tasks between different members of the team is concerned.

⁸¹⁴ For example, parties responses to the PDR: Mounts Bay Veterinary Centre LTD, p 2; Anonymous respondent 24 [redacted], p 3. We also note that respondents to the PDR told us that compared to dispensing it was more difficult to delegate tasks for written prescriptions. For example, BVA BVNA BSAVA SPVS VMG response to the PDR, p 20.

⁸¹⁵ These responses are set out in the section Remedy 7: Measures to reduce barriers to pet owners purchasing online.

⁸¹⁶ Buying group [redacted] submission. [redacted].

⁸¹⁷ For example, the Royal Veterinary College submitted that '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.'

⁸¹⁸ [Retail of veterinary medicines - GOV.UK](#) (accessed 18 March 2026).

- 5.262 Second, there appears to be some scope for more efficient staffing allocation in some FOPs. PDR respondents and the Veterinary Advisory Panel told us that, owing to the regulator requirements and practical considerations that apply to their production, written prescriptions are required to be more ‘vet centric’ than dispensing procedures. That limits the scope for vets and FOPs to delegate tasks that form part of the written prescription process. However, the Veterinary Advisory Panel also told us that there is some potential to delegate depending on working practices, the ratio of vets to other practice staff, and the degree of digitalisation employed at a FOP – although this could be subject to practical difficulties.⁸¹⁹ It therefore appears that, while delegation can be challenging, it could be improved in some instances.
- 5.263 Third, a number of respondents highlighted that their current PMS does not allow efficient, integrated processes for the production of written prescriptions.
- (a) One independent vet submitted that ‘current [PMS] do not allow seamless, single-entry production of prescriptions’; another that ‘currently PMS systems cannot generate prescriptions through single-entry automation’; and XL Vets submitted that ‘most [PMS] do not allow seamless “one-touch” prescription generation from clinical records’ and that PMS software does not yet automate sending written prescriptions directly to online pharmacies.⁸²⁰
 - (b) The RCVS stated that the provision of written prescriptions may require investment in equipment and resources by veterinary businesses that might disproportionately affect smaller firms.⁸²¹
 - (c) The BVA stated that ‘Practice management systems often lack streamlined prescription modules, and replacing systems is expensive and not quickly feasible.’⁸²²
- 5.264 Some respondents have highlighted that there are challenges, particularly for independent FOPs, to encourage PMS providers to adapt their systems, or in moving to an alternative PMS provider.
- (a) One respondent stated that:

[the proposed level of the fee cap at £16] would be an appropriate charge for administrative costs only when PMS were set up in a different way and could automatically either dispense medication or

⁸¹⁹ Discussion with the CMA’s Veterinary Advisory Panel.

⁸²⁰ Northvet Veterinary Group response to the PDR, p 5. Anonymous Respondent 12 [X] response to the PDR, p 3. XLVet UK Ltd response to the PDR, p 18.

⁸²¹ RCVS response to the PDR, p 12.

⁸²² Summary of PDR response hearing with BVA, BVNA, BSAVA, paragraph 24.

write a script based on the vet's prescription. However, this is out of our hands and likely to take significant time.⁸²³

- (b) The BVA, the BVNA, and the BSAVA expressed their desire for better PMSs 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 upgrade their systems quickly.⁸²⁴

5.265 While most LVGs stated that they had made investments in processes for written prescriptions or dispensing in recent years,⁸²⁵ only two of them ([REDACTED], [REDACTED]) told us that they had made specific improvements to the processes used to provide repeat written prescriptions.⁸²⁶ One LVG ([REDACTED]) told us that, other than updating its standardised prescription template form in line with legislative requirements, it had made no material investments in this process at the group level in the past five years.⁸²⁷ The relative lack of investment in written prescriptions compared to dispensing processes was highlighted by VetPartners, which said that '[m]ost of the PMSs used by FOPs also do not currently have the capabilities to send prescriptions directly in digital form to clients'.⁸²⁸

5.266 There is, the above notwithstanding, some scope for using more advanced PMS functionality to support a more efficient written prescription process. An independent vet told us, for example, that 'Our PMS system allows fairly straightforward production of written prescriptions, but the wording and detail need inputting.' This respondent estimated that written prescriptions take three to five minutes per medication, at the lower end of the time estimates from respondents to the PDR.⁸²⁹

5.267 It is clear, on the basis of the above, that regulatory requirements mean vets must perform much of the written prescription process themselves. It is also evident that many PMSs do currently limit FOPs' efficiency when writing prescriptions. Nevertheless, the significant variation in the time vets take to produce written prescriptions, and in the uptake of digital or automated processes, indicate that:

- (a) current fees offer little insight into the reasonably efficiently incurred costs of providing written prescriptions; and

⁸²³ Anonymous Respondent 4 [REDACTED] response to the PDR, p 10.

⁸²⁴ Summary of PDR response hearing with BVA, BVNA, BSAVA, paragraph 24.

⁸²⁵ LVG responses to RFI 17 [REDACTED]; and [REDACTED].

⁸²⁶ LVG responses to RFI 17, Q2. [REDACTED] and [REDACTED].

⁸²⁷ LVG response to RFI, Q2. [REDACTED]. This LVG [REDACTED] told us each of its FOPs maintain autonomy to manage investment in their prescription processes.

⁸²⁸ VetPartners response to the PDR, p 48.

⁸²⁹ Anonymous Respondent 31 [REDACTED] response to the PDR, pp 3 and 4.

- (b) there are efficiency improvements that could be made in many FOPs, whose prescription fees may well, therefore, be higher than we would expect in a WFM.

5.268 Our assessment is that the current level of investment in written prescription processes and technological systems reflects insufficient incentives to produce written prescriptions efficiently. As a buying group [§] stated, 'Until now, the choice of [PMS] by a practice has not been influenced by the ability of the system to seamlessly and efficiently produce written prescriptions'.⁸³⁰

Our data sources on current prescription fees in the market

5.269 As an alternative to setting caps on prescription fees using a bottom-up cost analysis, we have examined the level of fees that veterinary businesses operating FOPs charge for written prescriptions in the market. In the absence of reliable data on the relevant costs, we can use this information to infer the costs of producing written prescriptions that need to be recovered for this service to be financially viable, which would include a contribution to the overall profitability of the business.

5.270 It can be inferred that a fee cap set at a price that a significant proportion of the market has freely chosen would be likely to:

- (a) allow a FOP to recover its reasonably efficiently incurred costs of providing a written prescription, especially in combination with the scope for greater process efficiencies and automation described above; and
- (b) mitigate the risk that fees are used to recover more than reasonably efficiently incurred costs.

5.271 We have assessed information on both current and historic prescription fees going back to 2023, including data covering around 75% of all small animal FOPs in 2024.⁸³¹ This includes data covering a large majority of LVG FOP sites,⁸³² and we have also done substantial work to develop a broad understanding of the level of fees charged by independent FOPs. While it was not possible to gather a representative or random sample, we have a range of data sources which cover over 900 unique independent FOP sites - around 50% of independent FOPs.⁸³³

⁸³⁰ Buying group [§] submission, [§], p.2 [§].

⁸³¹ More details on each dataset we considered are available in Appendix N: Supporting evidence on prescription price controls.

⁸³² Site coverage in 2023: 93% of [§] sites, 92% of [§] sites, 86% of [§] sites, 72% of [§] sites, 99% of [§] sites and 36% of [§] sites. CMA calculations based on data submitted by all LVGs in response to RFI8, q1. [§] response to RFI, q19.

Site coverage in 2024: 95% of [§] sites, 95% of [§] sites, 83% of [§] sites, 98% of [§] sites, 100% of [§] sites and 68% of [§] sites. CMA calculations based on data submitted by all LVGs in response to RFI, q2.

⁸³³ Assuming there are 1,767 independent FOPs. This figure represents independent FOPs which we have 'confirmed' exist and is therefore likely to be an underestimate of the total number of independents. More details are available in part A, section 2: context for the veterinary services market.

These data sources are of varying quality with different strengths and weaknesses, and some can only give an indicative view of prescription fees across the market. However, when considering these data sources in the round, the strong coverage gives us confidence in the robustness of our understanding of the fees charged by a substantial proportion of the independent sector.⁸³⁴

- 5.272 Relying on such a broad range of data sources for the independent sector enabled us to carry out quality checks between datasets that hold information on the same practice. We also carried out further quality checks and interrogated changes over time in the LVG datasets.
- 5.273 These quality checks allowed us to identify errors in two prescription fee datasets that were submitted to us, which had informed our provisional decision in the PDR on the level of the proposed fee cap. Specifically, we identified that the 2023 data from one LVG [X] and the dataset provided by a veterinary advisory business [X] were both incorrectly provided on the basis that they included VAT when, in fact, they excluded it.⁸³⁵ This is part of the reason why the fees in these datasets were substantially lower than most of the LVGs' fees, and provided us with an unrepresentative view of market pricing. We have relied on the corrected data, in combination with 2024 data and additional datasets, in our analysis for this Final Report.
- 5.274 Details of each dataset and the information on prescription fees we have considered is set out in Appendix N.⁸³⁶

The evidence we considered in setting the Primary Prescription Fee Cap

- 5.275 For the LVGs, we have data across a large majority of their practices.⁸³⁷ Our analysis of their primary prescription fees shows a significant diversity in levels of prescription fees charged in their FOPs. In 2024:

(a) two LVGs [X] and [X] had median prices around £20 and £21 respectively;

⁸³⁴ This is set out in Part A, section 11 Veterinary medicines: FOPs charge a range of fees in relation to veterinary medicines, as well as Appendix N: Supporting evidence on prescription price controls.

⁸³⁵ Veterinary advisory business [X] response to follow up to RFI, q1. [X]. LVG [X] response to RFI22, February 2026, question 1. [X].

⁸³⁶ Appendix N: Supporting evidence on prescription price controls.

⁸³⁷ The partial exception to this is that for one LVG [X], we only had a representative sample of 36% of their practices in 2023. However, this figure was 68% in 2024. The LVG submitted that its external economic advisors [X] had reviewed the 2023 sample and confirmed it was representative of the LVG's small to medium sized practices but that it was more limited for a small number of large multi-site practices. LVG [X] response to RFI, paragraph 2 and supporting bullets. [X].

- (b) three LVGs (CVS, [X], and [X]) set prices higher, with median fees between £24 and £25 (although the fee charged by one of these LVGs, CVS, covers up to five medicines for a single condition);⁸³⁸ and
- (c) one LVG [X] had a much higher median price, of £30.

5.276 Other than CVS, which charged a common fee across all of its FOPs, all of the LVGs had a wide range of fees, with at least some FOPs at each LVG charging fees that were not only significantly higher than much of the rest of the market, but much higher than the LVG's own median price. For example, in 2024:

- (a) the highest fees at two of the LVGs [X] and [X] were higher than £30 and at another LVG [X] it was over £40, while the highest fees at two other LVGs [X] and [X] were £45 or more; and
- (b) at one LVG [X], the most expensive 10% of its FOPs charged £30 or more, while at another [X] the same proportion of its FOPs charged £35 or more.⁸³⁹
- (c) by contrast, the least expensive 10% of the FOPs at the same two LVGs referenced in (b) charged, respectively, £20 or less [X] and £26 or less [X]. Across all six LVGs on average, the least expensive 10% of FOPs charged £20 or less.

5.277 As far as other veterinary businesses are concerned, we analysed the following datasets:

- (a) Data on 143 independent FOPs in 2023 and 125 FOPs in 2024 from a veterinary advisory business [X]. This is our highest-quality dataset as the data was drawn directly from PMSs. It informed our approach to setting the level of the cap at PDR but, as set out above, it contained an error as it was exclusive (rather than inclusive) of VAT. Including VAT, this dataset shows a median price of approximately £18.50 in 2024. The highest fee charged by a FOP in this dataset in 2024 was approximately £32,⁸⁴⁰ with the most expensive 10% of FOPs charging more than £25.50.
- (b) Our largest dataset of independent FOPs [X] which provides information on prescription fees in late 2024. It included information on 656 independent FOPs and the median primary prescription fee was £20 in 2024. The highest

⁸³⁸ CVS response to RFI. We note that, as of February 2026, CVS' website states that a single prescription fee covers all medications for a single condition.

⁸³⁹ These figures are the 90th percentiles reported in table 1.2 of Appendix N: Supporting evidence on prescription price controls.

⁸⁴⁰ We have excluded one outlier from this calculation as it appeared to include the price for both a consultation and a written prescription within its primary prescription fee. This FOP had a price of over £70. This FOP was reported in our PDR as the maximum price charged in our 2023 independent dataset but has been excluded from our analysis in this report. This FOP charged over £60 in 2023.

fee charged by a FOP in this dataset in 2024 was approximately £52, with the most expensive 10% of FOPs charging more than £27.

- (c) Data from 113 independent FOPs from a survey we carried out with members of a buying group [redacted]. This survey received a 100% response rate, and most respondents provided both current and historical data on their prescription pricing. This showed a median price of £24 in 2024, and £25 in January 2026. The highest fee charged in this dataset in 2024 was £35, with the most expensive 10% of FOPs charging more than £30.
- (d) Data from the SPVS's fees surveys in 2023 and 2024. The median of the full dataset was around £22.50 in 2024. The highest fee charged by a FOP in this dataset in 2024 was almost £40, with the most expensive 10% of FOPs charging more than £30. These surveys are not, however, targeted at independent FOPs and respondents are likely to include both LVGs and independents (and we have no information about their identities).⁸⁴¹ It is likely that the SPVS median would be lower if its datasets included only independent FOPs.⁸⁴²
- (e) We also collected three smaller and lower quality sets of data on prescription pricing from: (i) a price comparison website [redacted] with a sample of 56 independents based on public information, and with a median just under £23 and a highest fee of £35 in 2025; (ii) a smaller vets advisory business [redacted] with a sample of 42 independent FOPs, and with a median at £20 in 2025; and (iii) our own website review of 91 independent FOPs, with a median at £22 and a highest fee of almost £34 in January 2026.

5.278 Our analysis of independent FOPs' primary prescription fees from these datasets shows that a substantial proportion of independent FOPs were charging around £20 in 2024. Several of our independent FOP datasets had a median close to this price, including our highest-quality and largest ones. The median of the SPVS dataset, which some stakeholders recommended we should use,⁸⁴³ is a little above this, but includes an unknown number of LVG responses. Some independent FOPs, however, are charging substantially more, with one of our datasets having a median price of £24, and some independent FOPs charging particularly high fees.

⁸⁴¹ The survey contains no information to identify FOPs, and SPVS submitted that 70% of its members are independent FOPs and so it expects that the majority of responses, though not all, would come from independent practices. SPVS response to RFI, q3. [redacted]. This limitation is discussed further in Appendix N: Supporting evidence on prescription price controls.

⁸⁴² To test the likelihood of this, we created a mixed sample of 70% independent FOPs and 30% LVG FOPs, using our highest quality dataset of independent FOPs [redacted] and data obtained directly from the LVGs. We duplicated the 125 independent FOPs in our sample to achieve a total sample of 5,663 independent FOPs and 2,427 LVG FOPs (mathematically equivalent to adjusting the LVGs to be only 30%). This increased the median fee by £1.87 compared to the independent sample alone. This does not mean that the SPVS median would be £1.87 lower if it only contained independents, but illustrates our view that including LVGs would lead to an increase in the median.

⁸⁴³ For example: BVA BVNA BSAVA SPVS VMG p22, Briar Vets Ltd p4, Scott Veterinary Clinic p4, VetPartners p57.

5.279 We also received large numbers of PDR responses on the level of the prescription price cap, with the vast majority saying £16 was too low (even in cases where they acknowledged the need for a cap in principle).⁸⁴⁴

- (a) Many respondents told us that the proposed cap did not reflect the time, costs and professional responsibility involved in preparing written prescriptions. Some focused specifically on the inclusion of all medicines within a consultation, but many said that the fee for a prescription for a single medicine should be higher.⁸⁴⁵
- (b) Some of the respondents to the PDR who discussed the prescription fee cap proposed alternative, higher, levels for the cap, with most in the region of £20-25 for a first medicine and a small number proposing higher figures.⁸⁴⁶
- (c) A small number of respondents specifically raised concerns about the proposed setting of the cap at the lower quartile of the market as a whole, with some suggesting that a cap should be set at a market median.⁸⁴⁷
- (d) A few raised concerns about the representativeness and sufficiency of the data that we relied on in the PDR. Specifically, they submitted that the size of the dataset covering independent FOPs was too small and that the data would have been unrepresentative of a single cap per consultation as it would have generally related to only one medicine.⁸⁴⁸
- (e) Some respondents specifically noted that we should have used the SPVS dataset.⁸⁴⁹

5.280 A small number of stakeholders supported the proposed £16 price cap.⁸⁵⁰ For example, the response from Which? said:

We agree that high prescription costs are a barrier to shopping around for medicines and that the evidence suggests that the fees currently charged for written prescriptions indicate they are not being constrained by competition ... In terms of the level of the

⁸⁴⁴ For example: Parties responses to the PDR: Roker Park Vets, p 5; Northvet Veterinary Group, p 5; Anonymous Respondent 5 [redacted], p 2; Anonymous Respondent 4 [redacted], p 9; Anonymous Respondent 14 [redacted], p 6; Anonymous Respondent 12 [redacted], p 4. Of these parties some acknowledged the need for a cap in principle: for example, responses to the PDR: Anonymous Respondent 5 [redacted], p 2; Anonymous Respondent 4 [redacted], p 9; Anonymous Respondent 14 [redacted], p 7; Anonymous Respondent 12 [redacted], p 4.

⁸⁴⁵ For example: responses to the PDR: Ardmory Veterinary Clinic, p 6, Northvet Veterinary Group, p 5, Armour Veterinary Group Ltd, p 3.

⁸⁴⁶ For example: St George's Veterinary Centre, p 2, Scott Veterinary Clinic p 4, FIVP p 10, XLVet UK Ltd p 20, CVS, p 27, Anonymous Respondent 23 [redacted], p 1, Anonymous Respondent 27 [redacted], p 3.

⁸⁴⁷ For example: Roker Park Vets, p 5; IVC, p 50; Pets at Home, p 8; VetPartners, pp 53 and 58, IVC, p 51; VetPartners, p 57.

⁸⁴⁸ For example: Town Vets p 6. Moore Scarrott p 12, IVC paragraph 5.13(i), VetPartners supporting bullets to paragraph 198.

⁸⁴⁹ For example: BVA BVNA BSAVA SPVS VMG p 22, Briar Vets Ltd p 4, Scott Veterinary Clinic p 4, VetPartners p 57.

⁸⁵⁰ For example, responses to the PDR: RSPCA, p 3, Anonymous Respondent 20 [redacted], p 4, Anonymous Respondent 21 [redacted], p 2.

price cap, we agree that £16 is reasonable given the data on the distribution of fees currently charged in the market and that setting the cap higher than this could cause consumer detriment.⁸⁵¹

Our decision on the level at which to set the Primary Prescription Fee Cap

- 5.281 The quantitative and qualitative evidence we have gathered gives us a robust indication of the levels at which prescription fees are set across a substantial proportion of the market. We have decided to set the level of the Primary Prescription Fee Cap at £21 for the following reasons.⁸⁵²
- 5.282 Charging a prescription fee is justified to account for vets' time, skill and ongoing responsibility in writing prescriptions, but the fee should not recover more than the reasonably efficiently incurred costs involved. That is all we would expect in a WFM. Fees that are higher than that reduce the savings pet owners can make from buying medicines elsewhere, and are liable to act as a deterrent to their switching, rather than making and acting on an informed choice between competing suppliers who are acting under competitive pressure.
- 5.283 In other words, and as we describe elsewhere in this section of our report, higher fees are a way of (or can have the effect of) circumventing our medicines market opening remedies. The higher the fee the greater the deterrent, the greater the degree of circumvention and the lower the competitive pressure our medicines remedies generate.
- 5.284 We observe in the market at present a range of prescription fees that is consistent with many businesses charging fees higher than would be necessary to recover their reasonably efficiently incurred costs. We have also identified that some businesses' written prescription processes are inefficient and there is scope for greater efficiency.
- 5.285 We need, therefore, to set the cap at the level necessary, but no more stringently than necessary, to minimise the risk of that deterrence and circumvention, while allowing for recovery of reasonably efficient costs. The cap level should also reduce those existing prescription fees which are unreasonably high to around a level we would expect in a WFM, addressing existing customer detriment and giving businesses an incentive to make their processes more efficient.
- 5.286 One way to set a cap that meets these objectives would be to make a bottom-up assessment of the reasonably efficient and reasonably allocated, costs of producing written prescriptions. That is, to identify, estimate and add up each of

⁸⁵¹ Which? response to the PDR, p 5.

⁸⁵² The level of the Primary Prescription Fee Cap is set at this level as of the date of this Final Report, 24 March 2026. The level of the Prescription Fee Cap will be adjusted each year for inflation, rounded to the nearest 10 pence (including inflation between the date of this report and the date of implementation).

the specific costs that a FOP, operating efficiently, would reasonably incur producing a written prescription and which should be reasonably be recovered through a prescription fee.

- 5.287 However, it is not possible robustly to make such an assessment. The costs data available is too limited and it is very difficult precisely to identify efficient costs.
- 5.288 We can instead infer much about the reasonably efficiently incurred costs from the fees we observe in a substantial part of the market. When we look at those, we see that many businesses are charging fees at the lower end of the median figures in our various datasets. That suggests:
- (a) businesses can recover reasonably efficiently incurred costs by charging fees at that level; and
 - (b) many other businesses are charging more than is necessary to recover such costs.
- 5.289 The points in the preceding paragraph, together with the point that the higher the fee, the greater the deterrent to pet owners switching medicines supplier, and the lower the competitive pressure from our main medicines market opening remedies, suggest that a cap set for anti-circumvention purposes should be set towards the lower end of the median figures in our data. Such a cap would also reduce the currently unreasonably high fees charged by some businesses to around a level we would expect in a WFM.
- 5.290 Looking at the fees charged in 2024 (the period for which we hold the most comprehensive data), several of our most reliable datasets consistently show a substantial proportion of FOPs – both independents and LVGs – were charging fees under or around £20. This is a strong indication that many FOPs consider this sufficient to cover a reasonable allocation of their costs in producing a written prescription.
- 5.291 In particular:
- (a) the median fees charged by two of the LVGs [X], [X] were around £20 and £21 respectively;
 - (b) CVS charged a prescription fee of almost £25 across all of its FOPs,⁸⁵³ but this covered up to five medicines for a single condition (ie, in practice it covered both primary and additional prescription fees);⁸⁵⁴

⁸⁵³ Excluding charity prescription fees and Eye Veterinary Clinics.

⁸⁵⁴ This LVG, CVS, further submitted that, in practice, it is common for its vets to charge a single prescription fee for multiple medicines even when these are for different conditions. CVS response to RFI, q1. We note that, as of February 2026, CVS' website states that a single prescription fee covers all medications for a single condition.

- (c) the median fee in our highest quality dataset of independent FOPs [X] was £18.50, while the median fee in our largest dataset of independent FOPs [X] was £20; and
- (d) the SPVS median was slightly higher at £22.50 (although this dataset included both independent and LVG FOPs and the figure would likely be lower if it only consisted of independent FOPs).

5.292 These data points support the setting of the cap at around £20 (in 2024 prices) and adjusting it for inflation since 2024 to £21.⁸⁵⁵ It is a figure which, the data shows, a substantial proportion of businesses are able to charge. The service involved is largely standardised and undifferentiated, so others should be able to do the same. It is set at a level consistent with our expectations of a WFM and will help ensure the effectiveness of our main medicines market opening remedies.⁸⁵⁶

5.293 We have considered whether, nonetheless, we should set the cap higher, reflecting that some businesses charge higher fees. We have decided not to do so in light of our objectives relating to anti-circumvention, the reduction of existing fees that are unreasonably high, incentivising efficiency in prescribing practices, and accounting for the adverse consequences if businesses price up towards the cap.

5.294 The data shows a significant range of primary prescription fees across the market, with some businesses (particularly among the LVGs) charging very high fees.⁸⁵⁷ We have not seen any evidence to justify this range of prices, and it is not consistent with what we would expect to see for a largely standardised and undifferentiated service in a WFM.

5.295 There are, in our assessment, likely to be two issues driving this range of prices and which underpin our assessment that, due to the AEC, the levels at which some veterinary businesses are setting their prescription fees are unreasonably high:

- (a) the lack of competitive pressure to which prescription fees are subject; and
- (b) the lack of incentives veterinary businesses have to make their prescribing processes more efficient.

5.296 As to the first issue, an important part of our AEC finding concern is that there is low competitive pressure on the prices of FOP services, which include written

⁸⁵⁵ The level of the Primary Prescription Fee Cap will be adjusted for inflation annually (based on CPI and rounded to the nearest 10 pence), including between the date of this Final Report and the date of its implementation.

⁸⁵⁶ Setting the primary cap at that level also responds to the concerns we heard from many veterinary businesses and other stakeholders that the cap we proposed in the PDR (£16) should be higher – particularly as it will apply for a single medicine rather than all those prescribed in a consultation.

⁸⁵⁷ For example, the highest fees at two LVGs were over £30, at another LVG over £40, and for the highest-pricing LVG over £45.

prescription fees. At least some veterinary businesses are exploiting the AEC to charge unreasonably high prices including, it is likely, for writing prescriptions. In other words, we would expect the higher written prescription fees that we have observed in the market to be significantly lower in a WFM.⁸⁵⁸

5.297 We would have a particular concern about placing greater weight in our analysis on the levels of LVG prescription fees (in particular, those of [X], [X] and [X]), because:

- (a) The evidence shows most LVGs' average prices are higher than the average prices of an independent practice. The average price was 10.5% higher at [X] practices, 15.6% higher at [X] practices, 21.6% higher at [X] practices, and 21.7% higher at [X] practices.⁸⁵⁹
- (b) We also found evidence that certain LVGs' acquisitions of independent practices caused an increase in average prices.⁸⁶⁰
- (c) We found that four of the six LVGs (CVS, IVC, Pets at Home and VetPartners – listed alphabetically rather than in any order of profitability) were consistently making profits materially above their cost of capital across the five-year period 2020 to 2024.⁸⁶¹
- (d) Notwithstanding that some LVG FOPs charge some of the highest prescription fees, the evidence we have seen indicates that their costs are generally lower. They have greater ability to invest in infrastructure to make their processes more efficient and we do not consider it likely that any of them would have a substantially higher cost base that justifies much higher fees.⁸⁶²

5.298 As to the second issue, absent effective competitive pressure on prescription fees, veterinary businesses do not have sufficient incentive to be reasonably efficient when issuing written prescriptions. The evidence we have gathered indicates that their processes for issuing prescriptions are less efficient than we would expect in a WFM, increasing their costs and the fees pet owners pay.⁸⁶³

5.299 Nor do businesses have sufficient other incentives to keep their fees lower. Some of their incentives point the opposite way: the higher the fees, the greater the

⁸⁵⁸ This is set out in part A, section 11: Veterinary medicines. As discussed above, FOPs are also incentivised to raise or maintain high prescription fees in order to reduce the financial benefits for pet owners from shopping for medicines elsewhere.

⁸⁵⁹ This is set out in Part A, section 7: Market outcomes in the supply of veterinary services by FOPs.

⁸⁶⁰ This is set out in Part A, section 7: Market outcomes in the supply of veterinary services by FOPs.

⁸⁶¹ This is set out in Part A, section 7: Market outcomes in the supply of veterinary services by FOPs.

⁸⁶² This is set out in Part A, section 7: Market outcomes in the supply of veterinary services by FOPs.

⁸⁶³ See the section above: Evidence on the level of FOPs' efficiency in producing written prescriptions in the market

chance of deterring pet owners from switching to buy medicines from third parties (such as online pharmacies).

- 5.300 Setting the primary cap at a higher level would, accordingly, reduce the benefits for pet owners of shopping elsewhere for medicines. It would risk entrenching high fees that would unlikely be so widespread in a WFM and which result from significant inefficiencies and/or the AEC we have found.⁸⁶⁴
- 5.301 Many pet owners will directly benefit from the reduction of these fees. Setting the Primary Cap at the level we have decided also means that the financial impact on a significant proportion of veterinary businesses will be limited as they already charge a similar or lower primary fee.
- 5.302 Some businesses will need to substantially reduce their primary fees and will lose revenue from them. However, many of them will be charging unreasonably high fees that are unlikely to reflect their costs. There is also substantial scope for efficiencies which should enable businesses to cover their costs when providing written prescriptions at the cap level.

The evidence we considered in setting the Additional Prescription Fee Cap

- 5.303 The evidence from our data and stakeholders shows that it is standard practice for businesses to charge a separate fee for additional medicines prescribed within the same consultation. Most of our datasets included data on the prices of these additional prescription fees.
- 5.304 There were some FOPs that covered multiple medicines for a single fee (effectively offering additional prescriptions for free), and some that set a prescription price 'per medicine' without distinguishing between whether it was for the first medicine or additional medicines. These types of pricing practice were not captured consistently in some of our datasets. In some cases, we were able to identify and account for 'per medicine' fees for primary and additional prescriptions, but there are some cases where these types of pricing practice for additional medicines may be less represented in some of our data below.
- 5.305 There is evidence that some costs are duplicated for each additional medicine, but some clinical and administrative steps are only carried out once for the pet. This means that, overall, the costs for each additional medicine are lower than the

⁸⁶⁴ In the PDR, we addressed this concern about unreasonably high existing fees by proposing to set the cap at the lower quartile of our dataset for the market in 2023 (which, based on the data then available to us, was the median of independent FOPs and one LVG). However, given the range and varying quality of the datasets that we now have available (including for subsequent years), it is not possible for us to estimate a robust or reliable overall median or quartiles for primary prescription fee charges across the market. There are several reasons for this. First, the data we have gathered comes from several sources of varying quality, and data limitations mean it would not be possible to fully remove any duplicate sites that appear in more than one dataset. Second, as discussed in Appendix N: Supporting evidence on prescription price controls, our data coverage varies substantially by year, meaning any overall averages would not be comparable between years and, in any case, would not robustly reflect prices in that year.

primary medicine. On that basis, the pricing approach where the fee for an additional prescription is the same as the fee for a primary one is less reflective of costs and may be an indication of competition not working well in setting the prices of an additional prescription. To the extent that our data analysis has excluded some FOPs with this pricing approach (due to issues with identifying FOPs that do this in our datasets, as noted above), we do not consider this to be a significant limitation of our analysis as it involves excluding FOPs that may not be pricing additional prescription fees competitively.

- 5.306 Most FOPs in our datasets set their additional prescription fees significantly below their primary prescription fee, but we found wide variations in the levels of additional prescription fees, and, to a lesser degree, variation in what proportion they were of a FOP's primary prescription fee.
- (a) At the LVGs, the median additional prescription fees ranged from £13 to around £23 in 2024. As a proportion of the median primary prescription fee, the median additional prescription fee ranged from 54% to 75% in 2024. One LVG, CVS, only charged a single fee, of almost £25, for up to five medicines for a single condition.
 - (b) In the datasets covering independent FOPs and for which we have data on additional fees, the median additional fee ranged from £8 to £20 in 2024. In comparison to the LVGs, there was greater variation among independents in the value of median additional prescription fees as a proportion of median primary prescription fees – ranging from 43% to 83% in 2024.⁸⁶⁵
 - (c) Where we had data for multiple years for the same dataset, we found that the percentage difference between median primary and additional prescription fees was, in most cases, stable between years.⁸⁶⁶ This consistency may indicate that many businesses set or maintain the price of their additional prescription fee as a proportion of their primary prescription fee, and it may reflect that some tasks involved in written prescriptions are repeated for each medicine when prescribing multiple medicines.
 - (d) We analysed for each individual FOP the percentage difference between its primary and additional fees.⁸⁶⁷ 67% of FOPs set their additional prescription fee at 60% or less of their primary prescription fee (with additional prescriptions fees between 50% and 60% of the primary prescription fee being the most common approach for additional prescription fees above £0,

⁸⁶⁵ As discussed in Appendix N: Supporting evidence on prescription price controls, when considering all data from 2023 to 2026, the median additional prescription fee as a proportion of the median primary fee ranged from 38% to 88%.

⁸⁶⁶ Further details are available in Appendix N: Supporting evidence on prescription price controls.

⁸⁶⁷ This analysis combined all our datasets drawn from PMS, including the five LVG FOPs for which we could identify additional prescription fees and data for 52 independent FOPs provided by one of the veterinary advisory businesses. For CVS, we assume the additional prescription fee is £0.00 as the primary prescription fee covers the cost of up to five medicines for a single condition.

accounting for 44% of these FOPs). Other FOPs were very widely distributed in the percentage applied, with no other significant proportion of FOPs at any particular level.

5.307 We also tested whether businesses that set lower primary prescription fees tended to price higher for additional medicines, and vice versa. If this had been the case it could indicate that they balance the revenue between the two. However, in a detailed analysis, we found that those with lower-priced primary prescriptions tended to also have lower-prices for additional prescriptions than other FOPs, whereas those with higher-priced primary prescriptions tended to have higher-priced additional prescriptions. This strongly indicates that businesses are not using one revenue stream to account for lower revenue from the other. It also further indicates that they may set the level of their additional prescription fee relative to the level of the primary fee, without a clear pricing rationale independent of the primary fee.⁸⁶⁸

5.308 The proposal in our PDR was that any additional medicines prescribed in a consultation should be included in a single prescription fee. In other words, there should be no further fee. We received a lot of responses to the PDR that there should be a separate fee for additional medicines, but not many submissions about how, and the level at which, an additional fee should be set. This may have been because there was not a specific proposal in the PDR to respond to. A small number of parties nonetheless did make submissions:

(a) The BVA submitted that:

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.⁸⁶⁹

(b) Several respondents submitted that vets should be able to charge a prescription fee at the same level per medicine or per prescription (ie the fee for additional medicines would be the same as for the first medicine).⁸⁷⁰

(c) Some respondents suggested a banded or sliding scale, with lower fees for additional medicines.⁸⁷¹

⁸⁶⁸ Further details are available in Appendix N: Supporting evidence on prescription price controls.

⁸⁶⁹ BVA BVNA BSAVA SPVS VMG response to the PDR, p 22.

⁸⁷⁰ For example, responses to the PDR: CVS, p 27, FIVP, p 10, Anonymous Respondent 27 [redacted], p 3, Anonymous Respondent 31 [redacted], p 5, Anonymous Respondent 1 [redacted], p 6.

⁸⁷¹ For example, responses to the PDR: Mounts Bay Veterinary Centre Ltd, p 4, Anonymous Respondent 15 [redacted], p 3, Anonymous Respondent 23 [redacted], p 2.

- (d) Hook Norton Veterinary Group questioned ‘the legitimacy of only charging one fee for multiple prescriptions, given that each act of prescribing takes the same or similar amount of time and effort.’⁸⁷²

Our decision on the level at which to set the Additional Prescription Fee Cap

- 5.309 Our view is that, to the extent possible, and like the primary cap, the level of the Additional Prescription Fee Cap should reflect fees being charged by at least a substantial proportion of the market (as this should both enable reasonably efficient FOPs to recover their costs while mitigating for the impact of the highest fees). Rather than using median absolute prices, our judgement is that it is most appropriate to set the level of this Fee Cap as a proportion of the Primary Prescription Fee Cap.
- 5.310 We make that judgement because the very wide range of additional fees indicates that there is not a clear and consistent pricing rationale for how businesses across the market set their additional fees. The wider diversity of primary fees is therefore magnified by a variety of approaches to setting additional fees.⁸⁷³ This makes the data on additional fees less informative in determining the level of the Additional Prescription Fee Cap.
- 5.311 By contrast, there is a greater degree of consistency in the proportionate levels. That gives us a clearer basis for our decision and reflects that each additional medicine incurs some additional costs for a FOP - but only a proportion of the costs incurred preparing the written prescription for the first medicine. Some costs are one-off per consultation, such as the review of the pet, the clinical records, the pet owner’s details and communication with the pet owner. Additional medicines can also require some time to consider potential interactions between medicines prescribed.⁸⁷⁴
- 5.312 On that basis, we have decided that the Additional Prescription Fee Cap will be set at £12.50.⁸⁷⁵ This is approximately 60% of the Primary Prescription Fee Cap and a substantial proportion of the market sets its fees at or below this level.⁸⁷⁶

⁸⁷² Hook Norton Veterinary Group response to the PDR, p 11.

⁸⁷³ For example, one high pricing FOP might set an additional prescription at 90% of its primary fee, while one low pricing FOP might set an additional prescription at 30% of its primary fee, so the range of additional fees is more extreme than the range of primary fees.

⁸⁷⁴ For example, responses to the PDR: Roker Park Vets, p 5, Priory Veterinary Group, p 2, Moore Scarrott, p 12, VetPartners, p 56, BVA BVNA BSAVA SPVS VMG response to the PDR, p 22.

⁸⁷⁵ Inclusive of VAT. As with the Primary Prescription Fee Cap, the Additional Prescription Fee Cap is set at £12.50 as of the date of this report, 24 March 2026. It will be adjusted for inflation annually (based on CPI, and rounded to the nearest 10 pence), including between the date of this Final Report and the date of its implementation.

⁸⁷⁶ Taking a simple average of the proportions observed for each LVG, and in the independent FOP datasets from the veterinary advisory business and members of a buying group [§<], we calculate the average proportion to be 63% in 2023 and 65% in 2024. However, as these datasets vary in quality, we have placed additional weight on the veterinary advisory business dataset and reduced weight on those for which we have poorer quality data.

5.313 Setting this cap at 60% of the Primary Prescription Fee Cap:

- (a) is consistent with 67% of FOPs charging an additional prescription fee of 60% or less of their primary prescription fee (with 44% setting prices between 50% and 60%).⁸⁷⁷
- (b) is marginally higher than the median proportion of the primary prescription fee (55%) for the four LVGs for which we have such data in 2024;
- (c) accounts for the range of fees we see across the independent sector, as it is approximately halfway between the median proportions of the primary prescription fee charged by independents in 2024 in our two datasets, ie:
 - (i) 43% in our highest quality dataset [X]; and
 - (ii) 83% in our dataset from members of a buying group [X]; and
- (d) £12.50 is within the range of median additional prescription fees that we see in our different datasets, although at the lower end.

5.314 We judge that this level is appropriate because it will address the similar concerns that we have with the level of additional prescription fees as with primary prescription fees. That is, we are concerned that:

- (a) There is a high risk that veterinary businesses could circumvent our package of medicines remedies by charging high prescription fees for additional medicines. Setting the cap at this level would support our remedies by preventing FOPs using those fees to reduce the savings available to pet owners compared to what we would expect in a WFM.
- (b) Some additional prescription fees being charged are likely substantially higher than we would expect in a WFM because some veterinary businesses are exploiting the AEC or have not been incentivised to be reasonably efficient when producing written prescriptions. Setting the cap at a level lower than the higher fees currently charged helps address that.
- (c) Veterinary businesses should be able to recover (only) the reasonably efficient costs they incur. Setting the cap at a level charged by a substantial number of FOPs is consistent with that.

5.315 We have considered the combined impact of the level of the Primary Prescription Fee Cap and the Additional Prescription Fee Cap, and specifically the risk that setting two caps may fail to account for FOPs balancing their revenues between both fees (one higher, one lower). However, as discussed above, our analysis

⁸⁷⁷ CMA analysis based on data submitted by a veterinary advisory business [X] and all LVGs. Veterinary advisory business [X] response to RFI and LVG responses to RFI.

shows that FOPs tend to price either higher or lower across both fees and so this concern is not justified.

- 5.316 An Additional Prescription Fee Cap set at £12.50, in combination with a Primary Prescription Fee Cap at £21, should, accordingly, enable a reasonably efficient business to recover its costs in providing written prescriptions for additional medicines, while reducing customer detriment and preventing FOPs from using additional prescription fees to deter pet owners from shopping elsewhere. Where businesses have higher costs as a result of inefficient processes, we would expect them to be able to reduce those costs by becoming more efficient.
- 5.317 This fee cap will apply to each additional medicine issued on a written prescription during a consultation. This means that multiple additional prescription fees could be charged during the same consultation if required, each of which would be capped at £12.50.

Whether the Fee Caps should apply to all veterinary businesses operating FOPs

- 5.318 We have considered whether smaller veterinary businesses operating FOPs should be excluded from the scope of the Fee Caps, especially if their imposition might be particularly burdensome for them. Our decision is that the Fee Caps will apply to all veterinary businesses operating FOPs for the following reasons:
- (a) The remedy will not be as effective if certain businesses and FOPs are excluded. The remedy seeks to prevent circumvention of market opening remedies and ensure that high prescription fees are lowered, and:
 - (i) Smaller veterinary businesses would still have an incentive to raise prescription fees in order to deter their customers from switching to purchasing medicines online. Excluding them from the scope of the remedy would mean that their customers might face greater barriers to accessing savings online.
 - (ii) Our evidence indicates that some smaller veterinary businesses are charging high prescription fees, and it is important to remove that customer detriment and bring down those fees for pet owners.
 - (iii) Pet owners may expect their FOP to be subject to the prescription fee cap, and might be caught unaware if it charged higher fees than rival FOPs that were subject to the cap.
 - (b) We have set the caps having regard to extensive data on prescription fees charged in the market by smaller veterinary businesses. Reasonably efficient FOPs should be able to provide primary and additional prescriptions for these prices. As such, we do not anticipate that the caps would be sufficiently

costly for smaller veterinary businesses to implement, and the administrative and revenue impact sufficiently great, that it would be justified to exclude them from the scope of this remedy. To the extent that there are more burdensome impacts to be managed, a longer implementation period of 12 months for smaller businesses is a more appropriate solution.

- (c) The incremental impact of the administrative and reporting obligations in respect of this remedy is, as set out below in the 'costs of implementation sub-section', very limited.

5.319 We have also decided that, for the reasons set out in Part B, section 2,⁸⁷⁸ this remedy will not apply to registered charities.

Future changes to the Fee Caps

5.320 The level of the Fee Caps over time is another important consideration. Our judgement is that the level of the caps should take account of changes in the market. In our PDR, we provisionally proposed to adjust the level by CPI inflation as we considered this would be a suitable proxy for increases in costs across the market. This remains our view.

5.321 In selecting an appropriate metric by which to increase the Fee Caps over time, we considered several factors. Our view is that a suitable inflation metric should:

- (a) ensure that the level of the Fee Caps continues to reflect broad-based changes in the costs faced by veterinary businesses over time;
- (b) not be unduly altered by the implementation of our remedies package, meaning that the price of a written prescription and adjacent services should not constitute a significant part of the price index; and
- (c) not be easily manipulatable by market participants.

5.322 We only received a small number of PDR responses on this issue. Most of the respondents expressed support for increasing the price control by CPI.⁸⁷⁹ However, two respondents proposed alternative measures of inflation that they considered more suitable for the veterinary services market, specifically CPI for veterinary and other services for pets, and general increases in healthcare

⁸⁷⁸ Part B, section 2: Remedies: framework, form and implementation.

⁸⁷⁹ Pets at Home and Which? supported this approach, while VetPartners used CPI in generating their own price cap scenarios. Which? response to the PDR, p 5; Pets at Home response to the PDR, paragraph 9.3. VetPartners response to the PDR, paragraph 213.

costs.⁸⁸⁰ As discussed in Appendix N,⁸⁸¹ we consider that, for a number of reasons, neither of these measures of inflation would be appropriate.

- 5.323 Our decision is, therefore, that the Fee Caps will be updated annually to reflect inflation based on CPI. This will include updating their levels specified in this report (ie £21 and £12.50, respectively) to account for inflation during the period between the date of the report and the date of implementation of the caps. The caps will be rounded to the nearest 10 pence for simplicity.
- 5.324 We also considered whether we should specify at this stage that the Fee Caps will apply for only a limited duration.
- 5.325 A small number of PDR respondents submitted that the cap we proposed should be reviewed by the CMA after a period of time. For example:
- (a) VetPartners submitted that we had failed to account for expected changes to the market over the next five years, driven by our wider remedies package and growth of online sales. It said that, given concerns about applying long term price caps, the CMA should commit to reviewing the cap in three years, with a default option that it should be removed.⁸⁸²
 - (b) IVC told us that the PDR had not provided evidence that higher written prescription rates would increase FOPs' incentives to raise prescription fees, that the impact of our proposed transparency remedies would be a good reason not to maintain price controls, and that therefore the price cap should 'sunset' after a defined period, such as two or three years.⁸⁸³
 - (c) The RCVS submitted that the cap should be reviewed to ensure that it remained sustainable in later years.⁸⁸⁴
 - (d) One independent vet submitted that there should be a mechanism to adjust the cap if unintended harms arise (such as a loss of independent practices or reduced service availability).⁸⁸⁵
- 5.326 Our view is that veterinary businesses' incentives to attempt to circumvent the market opening remedies would not be transitional – rather, they may increase over time as more pet owners switch to purchasing medicines from online pharmacies. We cannot predict, before our remedies are introduced, whether the

⁸⁸⁰ IVC submitted that the CMA should use vet sector specific CPI. IVC response to the PDR, paragraph 5.1(iii). Medivet submitted that general healthcare inflation would be a more suitable benchmark than CPI. Medivet response to the PDR, paragraph 3(c).

⁸⁸¹ Appendix N: Supporting evidence on prescription price controls.

⁸⁸² VetPartners response to the PDR, paragraph 202.

⁸⁸³ IVC response to the PDR, paragraphs 5.9-5.10.

⁸⁸⁴ The RCVS response to the PDR, p 15.

⁸⁸⁵ Anonymous Respondent 23 [X] response to the PDR, p 2.

market will develop in such a way that this remedy is no longer appropriate or necessary.

- 5.327 Moreover, our transparency remedies (in particular, the price list remedy) will increase competition between FOPs, including on prescription fees. They are unlikely on their own to constrain those fees effectively, or at least they will not necessarily do so such that we can and should set a time limit on this price cap remedy at the outset. There are two reasons.
- 5.328 First, written prescription fees would be one of many factors that influence a pet owner's choice of FOP. Other factors (and prices) are likely to be more important influences over that choice.⁸⁸⁶
- 5.329 Second, the competitive constraint from transparent prescription fees will be counterbalanced by FOPs' strong incentives to increase prices for written prescriptions in order to deter pet owners from purchasing medicines elsewhere.⁸⁸⁷ In that respect, prescription fees differ from other products and services subject to our transparency remedies.
- 5.330 This does not mean that this remedy will remain permanently in place. The CMA will be able to exercise its discretion to undertake a review of the price cap in the future, whether at its own initiative or at the request of market participants, if there has been a change of circumstances in the market.⁸⁸⁸

Possible variations of the Fee Caps

- 5.331 We considered whether there should be variations in the level of the caps to account for known differences in the cost bases of veterinary businesses operating FOPs, such as variations in regional wages, which would make up most of the costs of providing prescriptions.
- 5.332 In response to the PDR, Pets at Home, The Royal Veterinary College and a small number of independent vets submitted that regional differences in costs may justify variation in the level of the price cap.
- (a) Pets at Home submitted that the price cap should differentiate between low-cost and high-cost locations, accounting for both wages and other costs such as rents. Pets at Home stated that 'the logic for not taking this into account

⁸⁸⁶ For example, new pet owners with young pets and who may not have owned a pet before may not understand what a written prescription is. They may also prioritise comparing prices for services and products they anticipate needing in the short-medium term, rather than the cost of written prescriptions that may be more relevant once the pet is older and receives more medicine prescriptions (especially repeat prescriptions).

⁸⁸⁷ FOPs earn revenue from the prescription fee and also from the markup on the medicine itself, which is currently a substantial driver of FOP profits. If there is even a small impact on customer take-up of written prescriptions from price changes, the revenue impact of changing the prescription price and resulting loss of medicines markups is very large compared to any competitive advantage it could give when trying to win customers.

⁸⁸⁸ As set out in part B, section 2 Remedies: framework, form and implementation, sub-section Review of our remedies package; this is also set out in CC3 (Revised), para 339.

seems thin (while there are also wage variations across seniority of role, for each role there will be regional wage variations)'.⁸⁸⁹

- (b) The Royal Veterinary College stated that a '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'.⁸⁹⁰
- (c) A small number of independent vets also submitted that the price cap should account for regional variation in costs – in particular, higher costs in London and other urban areas.⁸⁹¹

5.333 As all of the LVGs operate across most UK regions, we analysed their prescription fee data in order to identify and evaluate any relationship between region and pricing. The regional data does not clearly correspond with urban/rural distinctions, as highlighted in some PDR responses, but does include London as a distinct area, and other regions which are likely to correspond with differences in the cost base. It was not possible to do this analysis for independent FOPs as we did not have location data.⁸⁹²

5.334 As set out more fully in Appendix N,⁸⁹³ our analysis indicated that written prescription fees do not currently vary in line with regional differences in the way that we would expect if they were set based on regional cost differences. If regional variations in costs informed price setting strategies, we would expect to see a clear relationship between the region and prescription fee pricing, with regional pricing strategies between LVGs being broadly consistent. We have not found substantial evidence that this is the case.

5.335 While one of the LVGs (CVS) charges a common price across all of its FOPs, most of the LVGs do not have central prescription fee pricing policies. Among the five LVGs that varied prices, there was no consistency in which regions were priced higher and lower than the average price at that LVG. For example, one LVG [X] had its lowest fees in London,⁸⁹⁴ while another LVG [X] had its highest fees in London, and others ranged in between.⁸⁹⁵ One LVG's [X] lowest fees were in the East Midlands,⁸⁹⁶ the same region in which another LVG [X] charged its

⁸⁸⁹ Pets at Home response to the PDR, paragraph 9.4.

⁸⁹⁰ The Royal Veterinary College response to the PDR, p 4.

⁸⁹¹ For example, responses to the PDR: Anonymous Respondent 9 [X], p 9, St George's Veterinary Centre, p 2. Anonymous Respondent 15 [X], p 3. Pet People Vets, p 8. Pets at Home, p 8.

⁸⁹² As discussed in Appendix N: Supporting evidence on prescription price controls, a large majority of the independent datasets on which we have relied did not contain location information such as addresses or postcodes. Given the local nature of veterinary practices, it is possible that multiple practices in the UK may share the same trading name and therefore it was not possible or proportionate for us to manually gather this information.

⁸⁹³ Appendix N: Supporting evidence on prescription price controls.

⁸⁹⁴ However, we note this LVG's [X] median primary prescription fee in London is based on a sample of only two FOPs, so may not be representative of the LVG's pricing in London.

⁸⁹⁵ In this subsection, we are always referring to the median fee charged by an LVG in a given region.

⁸⁹⁶ This LVG [X] also charged this fee in the Northwest.

highest fee. Other regions show similar disparity between the pricing strategy of different LVGs, with no clear pattern and no region across the UK that consistently lower or higher priced by all the LVGs.

- 5.336 As a sense check of how costs may vary in different regions, we compared regional wages against LVG pricing. This regional wage data was not specific to vets' salaries, and we do not have clear evidence on the relationship between vets' salaries and average salaries in the region. Therefore, this data is only broadly indicative.
- 5.337 Noting that limitation, and again as set out in Appendix N,⁸⁹⁷ we found a strong positive correlation for only one LVG [X].⁸⁹⁸ That is, we found only one LVG which had its highest fees in the area with the highest wages, its lowest fee in the areas with the lowest wages, and other fees broadly in line with this trend.
- 5.338 The level of prescription fees charged by the other four LVGs (as well as the LVG that set a single fee across all FOPs) showed no clear relationship with the variation in regional wages. Variation in fees across regions was generally limited compared to the variation in regional wages. Three of the five LVGs [X], [X] and [X] that varied fees across regions had differences of 9% to 13% between the highest and lowest fees, in strong contrast to a much wider dispersion in average gross weekly wages - with average wages in London (where wages are highest) around 45% higher than in Wales (where wages are lowest).
- 5.339 Our assessment is that the most significant variations in the cost of staff time are likely to be driven by FOPs' internal processes and efficiencies, in particular the seniority and costs of the staff members involved in producing written prescription (such as the difference between the time costs of a senior or junior vet, or whether a vet nurse takes on some of the relevant tasks). Regional differences would be comparatively small. Setting a cap level that is based on a substantial proportion of FOPs in the market, drawing on our largest and highest quality independent datasets, and close to median fees at two LVGs, is a more effective and proportionate mechanism to enable the cap to remain administratively and conceptually simple while reflecting some of this variation in the market.
- 5.340 Overall, therefore, we do not consider that there is evidence that regional pricing variations significantly inform prescription price setting in the current market. Consequently, we judge that it is appropriate to set UK-wide caps on prescription fees.

⁸⁹⁷ Appendix N: Supporting evidence on prescription price controls

⁸⁹⁸ For this LVG [X], the regional wage data and median regional primary prescription fee prices were strongly positively correlated, with a correlation coefficient of 0.79.

Potential risks related to changed prescribing behaviour

- 5.341 We have assessed whether there is a risk that the Fee Caps could lead to changes in prescribing behaviour by vets. In particular, veterinary businesses may have a commercial incentive to influence and change their vets' practices on the duration of time for which they prescribe medicines, which could either lead to a greater number of written prescriptions, and higher prescription fee revenues, or reduce the financial benefit for pet owners from purchasing medicines elsewhere.
- 5.342 It seems to us that the vet's clinical judgement should be paramount in determining the duration of a prescription that is appropriate for the specific pet and condition. The commercial interests in where the medicine is bought should not affect this decision.
- 5.343 A small number of respondents to the RWP⁸⁹⁹ and the PDR raised these sorts of circumvention concerns.
- (a) Which? told us that it supported the inclusion of measures to avoid circumvention of the price cap.⁹⁰⁰
 - (b) The RCVS submitted that '[a]n unintended consequence of [a prescription fee cap] may be that practices start to insist on separate consultations for different ailments'.⁹⁰¹
 - (c) Similar concerns were raised by some vets. One individual respondent said that 'it would be inappropriate to dictate how long a prescription would have to last and how many items should be on it, so vets can use this measure to alter the prices regardless'.⁹⁰² Another said, in reference to RCVS guidance, that 'there are many practices that have developed a 'practice policy' to capitalise on the 'unless a shorter period is stated'. So, for example one practice may charge £30 for a written prescription that lasts 6-months, however another practice may only charge £15, with a prescription validity of 2-months'.⁹⁰³ Hook Norton Veterinary Group, meanwhile, submitted that a prescription fee cap could 'incentivise single-condition consultations rather than comprehensive "nose-to-tail" assessments'.⁹⁰⁴

⁸⁹⁹ CMA summary of RWP responses. For example, Vets4u.

⁹⁰⁰ Which? response to the PDR, p 5. We note that Which? did not provide any further information about its rationale for its position.

⁹⁰¹ The RCVS response to the PDR, p 15.

⁹⁰² Anonymous Respondent 5 [X] response to the PDR, p 2.

⁹⁰³ Arrowfield Veterinary Practice response to the PDR.

⁹⁰⁴ Responses to the PDR: Hook Norton Veterinary Group, p 11. Other respondents highlighting risks around circumvention, for example Anonymous Respondent 20 [X] response to the PDR, p 4, Treforest Veterinary Clinic Ltd response to the PDR, p 3, Arrowfield Veterinary Practice.

- 5.344 We are also concerned about the risk of circumvention. We have seen evidence that some veterinary businesses already vary their prescribing practices in relation to duration when issuing written prescriptions.
- (a) In our review of 91 FOP websites with prescription pricing information, we found a small number where there was an explicit limit of three months for the period that written prescriptions could cover. That indicates that at least some FOPs are currently setting a shorter duration for written prescriptions than for medicines dispensed in the FOP.
 - (b) We found one website where the price of a written prescription varied based on its duration.
 - (c) We have observed some diversity in prescribing behaviour, at least in relation to certain medicines.⁹⁰⁵ In particular, we have heard a diversity of views from vets on the appropriate duration of prescriptions for flea, tick and worm (**FTW**) medications (which are used for the majority of pets). Some vets have told us that the guidelines indicate such prescriptions could be written for a year whereas others said six months was the maximum duration.
- 5.345 There is some mitigation of this circumvention risk in that individual vets are subject to their professional obligations in the RCVS Code of Conduct (Code) and the Guidance which supports it.⁹⁰⁶ Veterinary businesses, however, which have the ability to direct the policies and practices adopted in their FOPs, and which have the commercial incentives we identify above, are not currently subject to the Code. That creates at least the potential for conflict with individual vets' responsibilities.
- 5.346 Given the potential for diversity in prescribing behaviour, this risk of circumvention is one that, in our view, should be further mitigated. That is in line with our guidance, which notes that, 'The [CMA] will generally require that price caps are accompanied by measures to prevent circumvention risk that may arise...'.⁹⁰⁷
- 5.347 We therefore proposed two separate requirements in the PDR to address the risk, namely that veterinary businesses must put in place policies and procedures that ensure that:

⁹⁰⁵ CMA summary of Remedies Working Paper responses. This is also set out in Competition in the supply of veterinary medicines, 6 February 2025, paragraph 5.78.

⁹⁰⁶ For example, the Code of Professional Conduct for Veterinary Surgeons Supporting guidance on the RCVS [website](#), and explainers such as RCVS [FAQs](#), which notes that 'There is nothing to prevent more than one medication (or animal) being included on a written prescription.' At a general level, chapter 10 of the guidance (specifically, 10.2) also provides some protection for the pet owner as it sets out that the overriding priority for the vet to ensure that animal health and welfare is their priority when determining treatments. Both accessed by the CMA, 26 September 2025

⁹⁰⁷ CC3 (Revised), Annex B paragraph 93.

- (a) their vets write prescriptions for the maximum duration that the vet considers clinically appropriate; and
- (b) there should not be any difference between the duration that a medication would be prescribed for when it is (i) supplied in a FOP and (ii) subject to a written prescription for dispensing elsewhere.

5.348 VetPartners raised a specific concern with our proposal that vets should write prescriptions for the 'maximum duration' that they consider clinically appropriate. It submitted that this could interfere with a vet's clinical assessment of a pet's individual circumstances.⁹⁰⁸

5.349 We do not agree that imposing a requirement that vets write prescriptions for such a maximum duration would interfere with their clinical assessments of a pet. They would be free to make that judgement and prescribe for whatever period they consider is the longest that is clinically suitable.

5.350 We have, however, taken into account that there is RCVS guidance that vets should prescribe medicines for the minimum period they consider appropriate. We do not seek to put vets in conflict with that guidance, so we have decided not to impose the proposed requirement relating to a maximum duration.

5.351 In making that decision we have taken into account that vets and businesses will be required to ensure that written prescriptions are for as long as they would have dispensed the relevant medicine in the FOP (see following paragraphs). This protects against some of the circumvention risk we are concerned about and helps to ensure that our price cap measures will be effective.

5.352 We received only a small number of responses related to the second proposal: that there should not be a difference between the duration of a medication dispensed in FOP and of a written prescription.

- (a) One vet [X] objected to using the same duration for prescriptions, as 'In-house we have chance to modify treatment plans and doses'.⁹⁰⁹
- (b) Members of our Veterinary Advisory Panel told us that they would not expect to see any difference between the duration of a medicine that is given as a written prescription or dispensed, and that the duration is determined based on the stability of the patient and the type of medicine.⁹¹⁰

5.353 We also consulted with the RCVS and the VMD on this requirement.

⁹⁰⁸ VetPartners response to the PDR, paragraphs 215-217.

⁹⁰⁹ Anonymous Respondent 29 [X] response to the PDR, p 3.

⁹¹⁰ Discussion with the CMA's Veterinary Advisory Panel meeting, 6 January 2026, p.4.

- (a) The RCVS raised concerns that, in the case of controlled drugs, there could be cases where the requirement for the duration to be the same between medicines supplied by the FOP and those subject to a written prescription was not clinically appropriate.⁹¹¹
- (b) The VMD told us that the proposal was sensible in principle and that the length of time that is clinically appropriate should not be impacted by whether the medicine is bought in FOP or elsewhere.⁹¹²

5.354 We have exempted controlled drugs from the requirement for parity in the duration of written prescriptions and dispensed medicines. We have otherwise maintained the requirement as proposed. Imposing that requirement reflects that the clinical decision about the duration for which a medicine is prescribed should be made independently of the means by which the pet owner will purchase the medicine. Provided that is the case, the risk of FOPs using the duration of written prescriptions to circumvent the effect of the Price Caps is mitigated.

Recommendation to the RCVS and VMD on clarifying prescription durations

- 5.355 In the PDR, we proposed recommending to the RCVS that it assess whether its prescribing guidelines provide sufficient clarity about the duration for which FTW medicines should be prescribed. In response, the RCVS submitted that ‘written guidance on duration for flea, tick and wormer medications [...] would cut across individual professional judgement, and we would prefer this to be left to vets on a case-by-case basis’.⁹¹³
- 5.356 The VMD told us that uncertainty about the duration of prescriptions is a broader issue. It reflects, the VMD said, a degree of general uncertainty and confusion among vets between (i) the limitations on how long a prescription itself can be valid and (ii) the duration for which a medicine can be prescribed.
- 5.357 The VMD said this issue arises across different medicines (not just FTWs). They include POM-V medications, prescriptions for which are valid for six months, and controlled drugs, prescriptions for which are valid for 28 days, but both of which may be prescribed so that the course of the medication covers a longer period based on the vet’s clinical assessment of the animal.⁹¹⁴

⁹¹¹ Some veterinary medicines contain substances which are controlled drugs under the Misuse of Drugs Act 1971 and The Misuse of Drugs Regulations 2001. Prescribed Veterinary Medicines containing these substances must therefore be stored, supplied and disposed of in accordance with these additional provisions. These requirements include the need for a Controlled Drugs register and to keep certain CDs in secure storage [Veterinary Medicines Directorate, Controlled drugs: recording, using, storing and disposal, published 3 November 2014, last updated 17 May 2024](#) and [Veterinary Medicines Directorate, Controlled drugs in veterinary practice: a VMD inspectors top tips, 20 February 2025](#).

⁹¹² It also noted that the requirement may be challenging to monitor, and raised a concern that members of the public may place pressure on vets to increase the duration of written prescriptions. It said we should be clear that the requirement is not intended to interfere with clinical decision-making.

⁹¹³ The RCVS response to the PDR, p 15.

⁹¹⁴ Note of a call with the VMD, 10 March 2026.

- 5.358 Given these responses, we recommend that the RCVS and VMD should each consider⁹¹⁵ whether the prescribing guidance they provide to vets, and the way they communicate it to them, is sufficiently clear about the duration for which medicines can be prescribed. Any clarification need not fetter clinical discretion, but could address evident uncertainty and varied practice among vets.

Remedy implementation considerations

Method of implementation

- 5.359 We have decided that this remedy should be implemented via an Order on all veterinary businesses operating one or more FOPs.

Costs of implementation

- 5.360 We anticipate that this remedy will involve limited administrative costs for veterinary businesses operating FOPs, primarily related to one-off updates to their websites, any printed material that includes the level of the prescription charge, and their PMS. We note that many of the relevant resources and materials already exist and are routinely updated by businesses. These costs should, therefore, be incremental and limited.
- 5.361 The costs of the Fee Caps will primarily be reduced revenues at those FOPs where prescription fees have to be lowered. As discussed below, the impact of this on veterinary businesses will vary depending on the extent to which they are able to recoup the costs of issuing written prescriptions.
- 5.362 A substantial proportion of FOPs - those that currently price above one or both of the caps - will need to reduce their prescription fees and absorb the consequent loss of income from them. We anticipate that, for many FOPs, this could be achieved through either a reduction in economic profits or increases in efficiency when producing written prescriptions. The financial impact is also likely to depend on the speed at which any reduction occurs and the time that veterinary businesses have to respond and adapt.
- 5.363 Where a veterinary business is charging fees higher than we would expect in a WFM, and is making economic profits, the foregoing of the additional profit is an impact of the remedy to which we give more limited weight. Those are sums businesses would not earn were the market working well.⁹¹⁶

⁹¹⁵ Including during the RCVS' ongoing review of its prescribing guidelines.

⁹¹⁶ CC3 (Revised), paragraph 353, says: '... where businesses have been found to be earning profits persistently in excess of their cost of capital as a direct result of a feature of the market (this is set out in paragraphs 114 to 126), and are likely to continue to do so in the absence of intervention, the CC will not usually give any significant weight to the anticipated reduction of such profits as a negative effect of a remedy.'

Implementation timeframes

- 5.364 We have decided that the Fee Caps should apply as soon as is feasible after the making of the Order. Some of the fees currently charged in the market are unreasonably high and insufficiently unconstrained by competition. This is particularly the case for the fees charged at some LVG FOPs. The Fee Caps coming into effect will have an immediate impact on those fees. The policies and procedures that we require veterinary businesses to put in place, alongside our recommendation to the RCVS in its review of guidance, would offset any risks related to changed prescribing behaviour.
- 5.365 Our assessment is that the larger veterinary businesses should be able to absorb the revenue impacts described above within a few months. Such businesses, several of which are making economic profits, have a greater ability to invest in improvements to their processes and PMS (or other technology that supports prescriptions), and to adjust their business models between different types of activities. Given that some of the highest fees in the market are being charged by LVGs, we consider it particularly important that the Fee Caps take effect soon in order to bring such fees down – even if these businesses have a longer period of time to implement the medicines market opening remedies.
- 5.366 For those smaller veterinary businesses that have been charging substantially above the Fee Caps, we recognise that the adjustment may be more challenging. Without the same level of centralised administrative functions, and where they do not make economic profits, smaller businesses may require more time to make the necessary adjustments and to see how they can adapt to more competitive conditions.
- 5.367 While we have limited evidence on the costs and time required to produce a written prescription, the evidence we do have suggests that there is wide diversity, particularly among independent FOPs, and that this is related to the technical support within PMSs as well as the processes within the FOP. A longer implementation period for independent FOPs will give them time to make adjustments to their technology and processes, particularly PMSs, to reduce the costs of producing a written prescription.
- 5.368 Therefore, our decision is that, once our Order has been made, larger veterinary businesses (those operating 15 FOPs or more) must apply the Fee Caps within six months, while smaller veterinary businesses (those with fewer than 15 FOPs) must implement it within 12 months.

Monitoring of compliance

- 5.369 We set out in part B section 2⁹¹⁷ that the RCVS will undertake the remedies monitoring role for a number of remedies, including this one. The role will require the RCVS to monitor attestations and use spot checks to examine a sample of websites, premises and customer literature.
- 5.370 The model of price control that we are imposing is simple, with two Fee Caps across the whole market. It will be evident to veterinary businesses what they must do to comply and the simple design of the caps mean that monitoring will be relatively light touch.
- 5.371 Each business will be required to submit the prescription fees for each of its FOPs to the RCVS for inclusion on Find a Vet (remedy 3) and publish them on their websites and in premises (remedy 2b). This will make it simple for the RCVS to identify whether the prescription fees are within the cap (and report non-compliance to the CMA). Pet owners will be able to report to the CMA or to the RCVS any breaches of the Fee Caps, for the CMA to consider whether to take appropriate enforcement action. Transparency of prescription prices on FOP websites will also facilitate compliance monitoring.

Effectiveness

- 5.372 In our judgement, this remedy will be effective in achieving its aims. It is designed to support and supplement the wider remedies package, in particular the medicines market opening remedies. We have set the Fee Caps at levels that will prevent veterinary businesses operating FOPs from circumventing those remedies by raising primary or additional prescription fees, while also removing customer detriment resulting from some existing prescription fees that are set at unreasonably high levels. We are also imposing an additional measure on prescribing behaviour to reduce risks of circumvention of the fee cap.
- 5.373 The Fee Caps have been designed to be simple. We do not anticipate any issues with their effective implementation, monitoring and enforcement, nor any unintended consequences that mean they would not be effective. The Fee Caps can be introduced within a relatively short period (differentiated based on the size of the veterinary business) and take prompt effect (and which could be subject to review as described). We have not identified any respects in which the remedy will conflict with existing or anticipated future laws or regulations.

⁹¹⁷ Part B, section 2: Remedies: framework, form and implementation.

Proportionality⁹¹⁸

The remedy will be effective in achieving its aim

- 5.374 For the reasons set out above, our assessment is that the Fee Caps will be effective in achieving the remedy's aims of preventing circumvention of the medicines market opening remedies and reducing unreasonably high prescription fees.

The remedy is no more onerous than necessary to achieve its aims

- 5.375 Our assessment is that the remedy is no more onerous than necessary to achieve its aims.
- 5.376 Our preference, having found an AEC, is to use measures that fix the underlying problem with competition rather than those (such as price controls) which seek to control market outcomes. However, in our judgement, price caps are justified in the present case: where the weak competition between FOPs, and between FOPs and third-party retailers, in the supply of medicines is a significant driver of customer detriment; and where there is a high risk that prescription fees could be used by veterinary businesses to circumvent and undermine the remedies we put in place to address that weakness.
- 5.377 It is important that we set the Fee Caps at the right levels that, while they achieve their objectives, ensure that the financial costs are not unduly onerous for veterinary businesses. That is, we must set levels which are necessary to minimise the risk of circumvention of our other remedies while allowing reasonably efficient businesses to recover the costs of writing prescriptions. For the reasons outlined above, we judge that we have done that.⁹¹⁹
- 5.378 We have listened to the strong concerns from many businesses and veterinary professionals that the level of the cap we proposed in the PDR (£16) would be too low, and that it should not cover multiple medications. We have undertaken extensive further engagement with stakeholders, and further data collection, in order to understand pricing in the market and ensure that prescription fees are capped at an appropriate level.
- 5.379 We are setting the caps at levels at which a substantial proportion of businesses in the market, including both independent businesses and LVGs, already choose to set their prices. They are high enough to enable reasonably efficient businesses to

⁹¹⁸ This reflects the approach to assessing the proportionality of remedial measures as set out in paragraph 344 of CC3 and *Tesco v Competition Commission* (4 March 2009).

⁹¹⁹ This is set out in the section above titled 'Our decision on the level at which to set the Primary Prescription Fee Cap'.

cover their costs.⁹²⁰ They should not, we judge, be any higher than that in order that they do no more than we would expect in a WFM: allowing recovery of reasonably efficient costs but not operating as a means of reducing the competitive pressure to which FOPs are subject when selling medicines.

- 5.380 There will be a financial impact for some businesses, but the level at which we have set the caps will help ensure this will be generally limited and not unnecessarily onerous. The caps are set around the median levels in our datasets covering the independent sector, and around the median for two of the LVGs (while CVS offers up to five medicines for only a few pounds more). This should mean that for most FOPs the impact is relatively limited or neutral.
- 5.381 Where FOPs (particularly some of the LVGs) have been charging significantly more than the cap levels, their fees are likely to be unreasonably high. They are likely to be driven more by weak competition, and by FOPs' incentive to deter pet owners shopping elsewhere, than by the underlying costs being incurred (or the FOP is highly inefficient). Other veterinary businesses are able to offer a similar service at much lower costs.
- 5.382 Where FOPs are unable to recover all of their costs, they will have a greater incentive to improve their efficiency in producing written prescriptions. Our evidence indicates that there is scope for this, as many currently have less efficient processes than we would expect in a WFM. This should mean that, even if FOPs have costs which are materially higher than the cap, they should be able to adapt during the implementation period and be able to absorb this change (so that written prescriptions are not loss making).
- 5.383 We anticipate that, once businesses have addressed any inefficiencies, there will be few of them unable to recover their costs in producing written prescriptions. Where that is the case, they may increase fees for other products or services. However, we expect any such price increases to be very small in practice (especially given the reasons set out in our analysis of 'waterbed effects' in the following section),⁹²¹ and pet owners will still be significantly better off as a result of this remedy.

The remedy is the least onerous remedy available

- 5.384 In response to our PDR, a small number of respondents submitted that remedies which seek directly to control prescription fee levels would be unnecessary

⁹²⁰ Businesses do not appear to balance their revenues across both primary and additional prescription fees, so the combined impact of setting both fees at around median price levels should not increase the onerousness of the remedy.

⁹²¹ This is set out in the section Possible price increases for veterinary services at FOPs that lose medicine revenues.

because of the transparency remedies we proposed (particularly our price list remedy).⁹²² For example:

(a) VetPartners stated that:

[a] price cap cannot be reasonably justified, in light of the expected transparency measures that will discipline fees for a standardised service like prescriptions. ... As such, the proposed transparency remedies can be expected to create convergence towards cost-reflective levels (if it is the case that they are not currently at such levels).⁹²³

(b) CVS stated that:

a price control on prescription fees is not a proportionate remedy to address concerns identified by the CMA, particularly when considered in combination with Proposed Remedy 2b which would require the publication of prescription fees, Proposed Remedy 7 which will continue to ensure that pet owners have full visibility of the relevant cost, and their ability to purchase veterinary medicines from alternative sources.⁹²⁴

5.385 Greater price transparency can help drive some level of competition between FOPs on prescription fee prices. However, as set out above, there are reasons why, in our judgement, that alone is insufficient and a price cap is required:

- (a) Transparency of prescription fees will be most useful for pet owners to act on before choosing a FOP. However, written prescription fees are just one of the prices veterinary businesses charge for their services. They are important, but will only be one of many factors that affect a pet owners' choice of FOP, and others are likely to be far more influential.⁹²⁵
- (b) The competitive constraint from transparent prescription fees will be counterbalanced by veterinary businesses' strong incentive to increase prices for written prescriptions in order to deter pet owners from purchasing medicines elsewhere.⁹²⁶

⁹²² For example: The Royal Veterinary College response to the PDR, p 4. Scott Veterinary Clinic response to the PDR, p 4.

⁹²³ VetPartners response to the PDR, paragraph 192.

⁹²⁴ CVS response to the PDR, p 16.

⁹²⁵ Pet owners may well not appreciate the significance and potential value of lower prescription fees at the time of selecting a FOP. For example, new pet owners with young pets and who may not have owned a pet before may not understand what a written prescription is. They may also prioritise comparing prices for services and products they anticipate needing in the short-medium term, rather than the cost of written prescriptions that may be more relevant once the pet is older and receives more medicine prescriptions (especially repeat prescriptions). In absolute terms, prescription fees may also be relatively low compared to other costs that a pet owner will be comparing, such as consultations or neutering.

⁹²⁶ FOPs earn revenue from the prescription fee and also from the markup on the medicine itself, which is currently a substantial driver of FOP profits. If there is even a small impact on customer take-up of written prescriptions from price

5.386 We have not identified any other less onerous measures that would be effective in achieving this remedy's aims. The only other remedies that would achieve the aims would be more onerous (for example, prohibiting prescription fees or fixing the level of prescription fees for a period without annual inflationary increases).

The remedy does not produce disadvantages which are disproportionate to its aims

5.387 We have considered whether the Fee Caps may produce disadvantages which are disproportionate to their aims, in particular if they are set at the wrong level.

5.388 As well as the question of the financial impact on veterinary businesses and their FOPs (which we assess above),⁹²⁷ we have considered risks that respondents to our PDR put to us:

- (a) of businesses that currently charge lower fees pricing up to the caps; and
- (b) of waterbed effects,⁹²⁸ of the caps unfairly benefitting LVGs that own online pharmacies, and of an adverse impact on pet welfare.

5.389 As to the first of those, in its PDR response IVC stated that:

A prescription fee cap will inevitably become an anchor price point across the market, and the majority of FOPs would be expected to price to this level. This will dilute the potential pro-competition benefits of the PDR's other price transparency remedies, which include transparency on prescription fees.⁹²⁹

5.390 If businesses increase their fees up to the level of the cap, a minority of pet owners would pay more for written prescriptions. However, the scope for such increases is inherently limited by the caps. Any such increases will be significantly outweighed by decreases in prescription fees paid by a much larger number of pet owners.⁹³⁰

5.391 As to the second set of points, our assessment is that our medicine remedies (including the Fee Caps) are unlikely, for the reasons set out below, to lead to material adverse effects. Even if some or all of the effects respondents put to us do occur, we assess that the associated costs would be significantly less than, and

changes, the revenue impact of changing the prescription price and resulting loss of medicines markups is very large compared to any competitive advantage it could give when trying to win customers.

⁹²⁷ And which impact we judge is proportionate to the likely benefits of the remedy.

⁹²⁸ Waterbed effects refer to businesses increasing the price of one product or service (in our case, veterinary services, other than the sale of medicines, offered by FOPs) to make up for a reduction in the revenue received from another product or service (in our case, the sale of veterinary medicines by FOPs). Waterbed effects are more likely to occur in veterinary businesses that are not making larger profits than we would expect in a WFM as these businesses are less likely to be able to absorb a loss of revenue without increasing other prices.

⁹²⁹ IVC response to the PDR, paragraph 5.7(iii).

⁹³⁰ As well as by pet owners in the future for whom prescription fees cannot be increased so as to deter them from purchasing medicines elsewhere.

strongly outweighed by, the likely benefits to pet owners from our remedies. The Fee Caps we are imposing will help ensure the effectiveness of those remedies. Pet owners can expect to face lower overall expected costs when accessing veterinary services and medicines than they otherwise would.

Requirements we are not imposing

A price control on medicine prices

We decided not to introduce a cap on medicine prices.

We considered a price cap on medicines because of the large customer detriment from high medicines prices at FOPs

- 5.392 We considered whether a price cap on medicines sold by FOPs would be an appropriate remedy. A medicines price cap would seek to reduce or remove the customer detriment arising as a result of high medicine prices. Following the RWP a majority of respondents who expressed a view were not supportive of a medicines price control.⁹³¹ Following the PDR, only a small minority of respondents made any reference to the medicines price cap.⁹³²
- 5.393 Having considered various ways medicines price controls could be implemented,⁹³³ our judgement is that it would not be feasible to apply them in a way that would be likely to improve overall outcomes for pet owners. There could be more material risks of adverse consequences meaning that pet owners might not face lower prices for veterinary services overall, and that veterinary businesses, particularly those not making larger economic profits than we would expect in a WFM, might struggle to remain financially viable as a result, making outcomes worse. Moreover, price controls would not directly address the features giving rise to the AEC.⁹³⁴ Rather, our view is that the best and most effective way to deliver lower prices for medicines is through a comprehensive package of remedies that address the AEC itself by stimulating stronger competition (both between veterinary businesses operating FOPs and online pharmacies, and FOP to FOP competition) and empowering pet owners so that they can benefit from significantly lower medicine prices by purchasing them from online pharmacies. These are the remedies set out in part B, section 5.⁹³⁵

⁹³¹ CMA summary of RWP responses. For example, VetPartners, CVS, IVC, Linnaeus, Respondent 23, Merlin Vet-Cel, Zoetis, Hilltop Veterinary Centre.

⁹³² Which? for example supported the CMA's decision not to introduce an interim price cap on medicines, Which? response to the PDR, p 5, and Anonymous Respondent 21 [X] response to the PDR, p 2 supported capping medicines markup.

⁹³³ Including temporary and longer-term price caps, and different forms of price caps.

⁹³⁴ Part A, section 11: Veterinary Medicines.

⁹³⁵ Part B, section 5: Medicines market opening remedies.

5.394 However, we recognise that in future, in the absence of the market opening measures being – despite our expectations to the contrary – sufficiently effective, it may become necessary to reconsider the remedies in place in respect of medicines.⁹³⁶

Effects of the medicine remedies

5.395 In this sub-section, we consider the likely effects of our medicine remedies as part of our assessment of whether they are proportionate.

5.396 This assessment takes into account the expected benefits of the remedies – such as enabling pet owners to make better-informed choices when purchasing veterinary medicines and strengthening the competitive pressure exerted by online pharmacies on FOP medicine prices – as well as any potential adverse effects.

5.397 Our remedies aimed at improving competition in the supply of veterinary medicines form an important part of our broader package of remedies designed to reduce the overall cost of veterinary care to pet owners. We seek to secure a fairer outcome for pet owners by empowering them to make informed decisions on where they buy their veterinary medicines and reducing the barriers they face to purchasing them from third-party retailers. We anticipate that, whether this results in a pet owner getting a better deal for medicines at a FOP or from buying the medicines elsewhere, these outcomes help to address the customer detriment arising from the AEC. The result would be fewer pet owners paying more than they need to for medication prescribed by a vet, particularly for those medicines where the potential savings are largest (such as medicines used on an on-going basis).

5.398 We have considered several potential adverse effects of our medicine remedies, which have been informed by the extensive feedback provided by a wide range of stakeholders.⁹³⁷ We have assessed in detail whether our medicine remedies could lead to: a competitive disadvantage for FOPs, an increase in prices for veterinary services, beneficial effects for Vertically Integrated LVGs, an additional administrative burden on vets, an increased risk of prescription fraud, negative effects on animal welfare, and the loss of relevant customer benefits.

5.399 It is our assessment that any such adverse effects are unlikely to be material. Any costs associated with these adverse effects are unlikely to be so large that they

⁹³⁶ Using the CMA's powers in sections 162 or 162A of EA02.

⁹³⁷ For example: CMA summary of RWP responses, paragraph 38; Summary of roundtable with independent veterinary businesses, sub-sections Medicines: Market opening remedies and Medicines: Prescription price control; and Remedies roundtable discussion with independent vets, 27 May 2025 [38]. Most respondents to our PDR commented on our provisional views on competition in the supply of veterinary medicines. Almost all of these respondents – particularly independently owned veterinary businesses – raised at least one potential adverse effect that could arise as a result of our medicine remedies.

would outweigh the expected substantial benefits to pet owners from our remedies. This is because:

- (a) Our wider package of remedies will strengthen the ability of many FOPs to compete effectively. FOPs will not be put at a competitive disadvantage relative to online pharmacies. FOPs do not necessarily need to match online pharmacy prices to stay competitive as many pet owners will continue to value the convenience of purchasing medication from their FOP.
- (b) There is unlikely to be a significant increase in prices for veterinary services at FOPs that lose medicine revenues. Any price increases are expected to be limited and outweighed by the benefits of our remedies to pet owners, especially given many FOPs are part of veterinary businesses that are making larger profits than we would expect in a WFM.
- (c) Vertically Integrated LVGs which own online pharmacies are unlikely to benefit more from our medicine remedies than other veterinary businesses to an extent that would weaken competition between FOPs.⁹³⁸ Strong competition between online pharmacies will prevent these LVGs from using revenues earned by their online pharmacies to subsidise lower prices at their FOPs. Any ability of these LVGs to 'steer' pet owners from their FOPs towards the online pharmacies they own or to use pet owner data to benefit their FOPs will be restricted by the regulatory framework.
- (d) Any costs to pet owners from vets producing more written prescriptions will be small and mitigated by amendments we have made to our remedies in response to feedback from stakeholders. Veterinary businesses will be able to cover these costs through prescription fees up to the level of the Fee Caps and reduce these costs through efficiency savings to address the additional administrative burden on vets.
- (e) Amendments we have made to our remedies – so FOPs will be able to send digital prescriptions directly to online pharmacies – will limit the extent to which they could contribute to an increased risk of prescription fraud. Although the provision of more prescriptions could increase the incidence of prescription fraud in absolute terms, it is currently rare and our remedies do not make it any more likely to occur in any particular case. Nor do they prevent other initiatives to address the risk of prescription fraud being implemented.
- (f) Our remedies will lead to a positive impact on animal welfare. Improving the affordability of veterinary care for pet owners will ultimately support animal

⁹³⁸ In this sub-section we use 'Vertically Integrated LVGs' to mean an LVG that owns an online pharmacy. These LVGs are CVS, IVC, and VetPartners.

welfare. More pet owners will be (i) more likely to purchase medication at lower prices from authorised third-party retailers or (ii) able to purchase it more cheaply from FOPs which respond to the increased competitive pressure they will be under by lowering their prices. Vets working in FOPs will continue to be able to provide medication in urgent cases.

- (g) None of the adverse effects we have considered involve 'relevant customer benefits' that would be lost as a result of our remedies, and that we should instead preserve by, for example, modifying the remedies we impose.

5.400 For these reasons (which we set out in more detail below), it is our assessment that any such adverse effects would not be disproportionate relative to the aims and benefits of the remedies.

Competitive disadvantages to FOPs

5.401 Many stakeholders who expressed concerns that our medicine remedies may lead to adverse effects suggested that FOPs may be put at a competitive disadvantage relative to online pharmacies.⁹³⁹ Some said that the competitive position of FOPs would become weaker as many veterinary businesses are unable to match the prices for medicines offered by online pharmacies. Others raised concerns that the loss of revenue from the sale of medicines could put at risk the financial model adopted by many FOPs.

5.402 We have assessed whether our medicine remedies might lead to unintended distortions to market outcomes by weakening the competitive position of FOPs relative to online pharmacies. We do not consider that the remedies will have this impact.

5.403 It is our judgement that FOPs do not need to match the prices for medicines offered by online pharmacies to remain competitive. Some pet owners will continue to value the convenience offered by FOPs even where they know about the level of possible savings available to them when purchasing medication from a third-party retailer. Other pet owners may be willing to pay a higher price to support their local FOP (particularly as our transparency remedies will make clear where online pharmacies are part of Vertically Integrated LVGs).

5.404 Although FOPs will not need to match the prices for medicines offered by online pharmacies, our medicine remedies aim to increase the pressure on, and incentive for, FOPs to compete more strongly on medicine prices with online pharmacies. Some pet owners may choose to buy their medicines online (which is a positive

⁹³⁹ This includes a large majority of PDR respondents. For example: Moore Scarrott response to the PDR, p 15; Veterinary Voices UK Template response to the PDR, p 1; Individual [REDACTED] response to the PDR, p 1; Anonymous Respondent 2 [REDACTED] response to the PDR, p 1; Anonymous Respondent 30 [REDACTED] response to the PDR, p 2; Anonymous Respondent 11 [REDACTED] response to the PDR, p 2; and Anonymous Respondent 27 [REDACTED] response to the PDR, pp 10 and 11.

outcome if they are benefiting from lower prices), but others may prefer to buy medicines in-FOP where, for example, that FOP has lowered prices to reduce the incentive for pet owners to go online (including where the reduced price is higher than the online equivalent). This interplay of informed choice by consumers and competitive response by providers is effective competition.

- 5.405 While we have been told by many stakeholders (typically but not exclusively independent FOPs) that some online pharmacies currently sell some veterinary medicines to pet owners at a price lower than the cost to many FOPs of purchasing medicines, this is consistent with a WFM. It may also reflect the potential for many FOPs to reduce their purchase costs.⁹⁴⁰
- 5.406 The rebates for veterinary medicines that veterinary businesses can negotiate with manufacturers, either directly or through membership of buying groups, are a consequence of the volume of their purchases as well as the efficiencies achieved through certain procurement and purchasing practices.⁹⁴¹ That is what we would expect where the market is working well. It is likely that many FOPs can reduce their purchase costs for medicines by joining (or switching to) a competitive Preferred Product membership scheme offered by a buying group.

Possible price increases for veterinary services at FOPs that lose medicine revenues

- 5.407 Many stakeholders who expressed concerns that our medicine remedies may lead to adverse effects suggested that greater competitive pressure on the price of medicines sold by FOPs would have consequences for the price of the veterinary services they sell.⁹⁴² The services stakeholders suggested might increase in price include consultations as well as other services and products such as diagnostics, treatments and procedures, OOH services, emergency care and urgent medicines.^{943,944} The small number of quantitative estimates provided to us

⁹⁴⁰ As set out in part A, section 11: Veterinary Medicines, sub-section FOPs have told us that they have higher purchase costs for certain veterinary medicines than the retail prices at some online pharmacies.

⁹⁴¹ We have assessed the negotiating power of FOPs and third-party retailers when purchasing medicines, including the reasons why we observe such substantial differences in the purchase costs of medication across different veterinary businesses. As set out in part A, section 11: Veterinary Medicines, sub-section Differences in manufacturer rebates obtained by customers of veterinary medicines appear to reflect the reasons that would lead to differences in purchase costs we would expect in a WFM.

⁹⁴² This includes a majority of PDR respondents that commented on our provisional views in veterinary medicines. We have also heard this concern from stakeholders in response to the RWP. CMA summary of RWP responses, paragraphs 6 and 38(a).

⁹⁴³ For example: Anonymous Respondent 27 [X] response to the PDR, p 10. Anonymous Respondent 24 [X] response to the PDR, p 4; Anonymous Respondent 11 [X] response to the PDR, p 4, Anonymous Respondent 28 [X] response to the PDR, p 2; lechyd Da response to the PDR, p 2; South Moor Vets response to the PDR, p 5; Anonymous Respondent 2 [X] response to the PDR and Scott Veterinary Clinic response to the PDR, p 3.

⁹⁴⁴ XLVets suggested that FOPs currently using medicine revenues to cross-subsidise their OOH services may stop or outsource this offering, instead of increasing the prices to the levels required. This is because the loss of marginal revenue from the sale of medicines may change the view of a FOP of the viability offering OOH services. XL Vets response to the PDR, p 14. We consider this to be a specific example of waterbed effects.

suggested that the prices for such veterinary services at FOPs could increase by up to 20%.⁹⁴⁵

- 5.408 The mechanism whereby the prices for veterinary services increase at FOPs that lose medicines revenues, is often referred to as the ‘waterbed effect.’ This effect is more likely to occur where veterinary businesses are not making larger profits than we would expect in a WFM as these businesses are less likely to be able to absorb a loss of revenue without increasing other prices. The financial position of such veterinary businesses may be sensitive to the loss of medicine revenues as these revenues make a significant contribution to the recovery of common costs their FOPs incur when providing a wider range of veterinary services to pet owners.⁹⁴⁶
- 5.409 While FOPs will continue to supply large volumes of veterinary medicines in future, reflecting the critical role those practices play in providing veterinary care, we expect that our remedies will likely reduce their medicine revenues. This may be because pet owners choose to purchase their medicines elsewhere or because FOPs respond to this competition and seek to retain customers by offering them a better deal, for example, by lowering their medicine prices.
- 5.410 However, in our assessment the loss in medicine revenues will not lead to a significant increase in prices for veterinary services at FOPs and the quantitative estimates of price increases put to us by stakeholders are overstated.
- 5.411 Some pet owners will continue to value and be prepared to pay for the convenience offered by FOPs, or for the vet to administer some medicines (such as injectables). These pet owners may consider it to be the best option for them to purchase medication from a FOP even where they know about the option of purchasing from third-party retailers and are aware of the substantial savings available to them when doing so. Other medicines (such as parasiticides, which represent [30-40%] of POM-V products for household pets purchased by FOPs and third-party retailers in 2024) may continue to be sold by FOPs as part of pet care plans used by many pet owners.⁹⁴⁷ It does not appear that these considerations have been taken into account in the quantitative estimates put to us by stakeholders.

⁹⁴⁵ For example: Anonymous Respondent 18, [X], p 7. Scott Veterinary Clinic response to the PDR, p 3, Oathall Veterinary Group response to the PDR, p 1, and individual [X] response to the PDR, p 2. FIVP submitted analysis that estimated professional fees would need to increase by 8-12% in response to a hypothetical 50% uptake of prescriptions of long-term medicines (FIVP response to the PDR, p 19. FIVP further notes that more pet owners deciding to purchase from third-party retailers may reduce the discounts on medicines available to FOPs, which it estimates could lead to professional fees increasing by 15-18%.

⁹⁴⁶ As set out in in part A, section 11: Veterinary Medicines, sub-section The revenues and profits from the sale of veterinary medicines may support the provision of veterinary services by FOPs.

⁹⁴⁷ As set out in in part A, section 11: Veterinary Medicines, sub-section Some pet owners choose to obtain certain medicines in FOP because these are already included in their pet care plan subscriptions.

- 5.412 There will also be limited or no need to increase prices for veterinary services at veterinary businesses making substantial economic profits.⁹⁴⁸ This means there are many FOPs where revenues from the sale of medicines are being used (at least in part) to support these profits rather than lower prices for other services. Greater competitive pressure on these FOPs' medicine sales should lead to a decrease in their economic profits and avoid or reduce the need for pet owners to pay higher prices for other services. The substantial economic profits indicate that there is scope for many FOPs to absorb significant falls in medicine revenues without needing to increase the prices of veterinary services.
- 5.413 Veterinary businesses not making economic profits, and which have limited scope for efficiency savings, may need to increase prices for veterinary services in response to lower medicine revenues but would need to do so even without our remedies. This is because an increasing number of pet owners appear able to take advantage of the savings available to them when purchasing from online pharmacies.⁹⁴⁹ Our medicine remedies will continue – and could accelerate – this trend as more pet owners become aware of the alternative options available to them and the potential benefits of purchasing medicines from online pharmacies rather than a FOP.⁹⁵⁰
- 5.414 Any resulting price increases for veterinary services at individual veterinary businesses attributable to our remedies must be seen in the context of this broader, ongoing shift towards online purchases occurring irrespective of CMA intervention. Given the increased use of online pharmacies by pet owners, we would expect more FOPs to adjust their business model to rely less on medicine revenues to support the profitability of their business.⁹⁵¹ Most stakeholders which raised the potential loss of medicine revenues in their PDR response did not consider such a competitive response by veterinary businesses.⁹⁵²

⁹⁴⁸ We have found that veterinary businesses covering a substantial part of the market earned economic profits over a sustained period. As set out in part A, section 7: Market outcomes in the supply of veterinary services by FOPs, sub-section Our assessment.

⁹⁴⁹ As set out in part A, section 11: Veterinary Medicines, sub-section Use of FOPs and third-party retailers by pet owners. We note that certain medicines are already purchased online in significant volumes. CMA analysis of [redacted] data, as set out in Appendix I - Supporting evidence on veterinary medicines.

⁹⁵⁰ We understand that pet owners are increasingly using online pharmacies to purchase medicines. Source: Online Pharmacy RFI 2 response [redacted]; LVG RFI 18 response [redacted]; and [redacted]; LVG RFI 18 response [redacted]; VetPartners PDR response, paragraph 56; PDR responses from independent FOPs or vets: Langford Vet Practice; Dacre House Vet Clinic. This is set out in part A, section 11: Veterinary Medicines, sub-section Use of FOPs and third-party retailers by pet owners.

⁹⁵¹ We understand that some veterinary businesses have considered adjusting – or have already adjusted – their business model to rely less on revenues from the sale of medicines. For example: [Summary of Edinburgh roundtable discussions](#), paragraph 20; FIVP response to the PDR, pp 18 and 21; and [Manchester roundtable summary](#), paragraph 9.

⁹⁵² Although FIVP, in its PDR response, did note that one of its recommendations to the CMA would be to 'allow time for practices to explore other methods of providing medicines at a more competitive price to their clients (within subscription models, health plan offerings or simply lower priced medicines for clients with long term requirements for their pets).' FIVP response to the PDR, p 18. We agree with FIVP that veterinary businesses should explore these options as a competitive response to the introduction of our medicine remedies.

- 5.415 Where FOPs need to adjust to this increasing use of online pharmacies by pet owners – either in response to our remedies or this broader, ongoing shift towards online purchases by pet owners – the prices for veterinary services would more closely reflect their underlying costs. Veterinary businesses would as a result be less reliant on medicine revenues to remain financially viable. We have not seen a cogent argument for preserving the status-quo in which some pet owners – particularly those whose pets have chronic conditions and are less able to engage with the competitive offerings of third-party retailers – pay more than necessary for veterinary medicines in order to subsidise the professional fees paid by all pet owners.
- 5.416 We also consider that the ability of FOPs to increase prices for veterinary services in response to a loss in medicine revenues will be constrained by our overall package of remedies. In particular:
- (a) Our transparency measures ensure greater visibility and understanding of FOP prices for a wide range of veterinary services (including, but not limited to, services such as vaccinations, neutering, and consultations) and help inform pet owners when selecting their FOP.⁹⁵³
 - (b) Our remedies that support pet owners looking to plan and budget for the likely scale of the cost of non-routine veterinary care, such as the provision of written estimates for pet owners to use as part of their decision about whether to proceed with a specific treatment option, will make the price of the options recommended by vets more transparent to pet owners.
- 5.417 These measures mean that, if FOPs seek to raise prices for veterinary services in order to maintain greater economic profits than we would expect to observe in a WFM, pet owners will have the information they need to identify such price differences and choose other FOPs. As a result, any increase in these prices by FOPs are likely to be limited to no more than is necessary for them to remain financially viable and – as a result – will be strongly outweighed by the benefits of our remedies that aim to reduce the overall cost of veterinary care to pet owners.

⁹⁵³ An alternative strategy, put to us by XLVets, is for FOPs to no longer offer some services (such as OOH care) to pet owners following the introduction of our remedies (XLVets response to the PDR, pp 14-15. While some FOPs may consider reducing their service offerings previously ‘cross-subsidised’ by medicine sales in response to competitive pressures (for example removing OOH services or outsourcing OOH to a third-party provider), it is our view that this is dependent on the incentives of the veterinary business and the preferences of pet owners. For example, services that are important to pet owners and impact on pet owners’ choice of FOP are more likely to be maintained. We have heard in response to the PDR (including from XLVets in its response to the PDR) that pet owners highly value OOH delivered in-house because they prefer to see their usual vet during a distressing time, and the lack of this service may cause pet owners to switch FOP. If this is the case, FOPs are likely to continue offering these services at a suitable price that reflects their costs.

Beneficial effects for Vertically Integrated LVGs

5.418 Many stakeholders who expressed concerns that our medicine remedies may lead to adverse effects suggested that our remedies could benefit Vertically Integrated LVGs.⁹⁵⁴ Of the PDR respondents that raised this concern:

- (a) A majority suggested that the impact of pet owners purchasing fewer medicines from FOPs owned by Vertically Integrated LVGs would be softened, in part because these LVGs could use the additional revenues earned by their online pharmacies to support their FOPs or to use these additional revenues to lower the prices for veterinary services at the FOPs they own.⁹⁵⁵
- (b) A minority said that Vertically Integrated LVGs could ‘steer’ pet owners that request written prescriptions in their FOPs to purchase medicines from their own online pharmacy, which would allow them to recapture sales of medicines lost by their FOPs and prevent rival online pharmacies from attracting pet owners to their website.⁹⁵⁶
- (c) A small number suggested that an increase in the use of online pharmacies would give Vertically Integrated LVGs greater access to (and volumes of) customer data, which could be used to attract pet owners to their FOPs by, for example, offering targeted discounted prices in their FOPs for veterinary services.⁹⁵⁷
- (d) A small number said our remedies could give online pharmacies, particularly those owned by Vertically Integrated LVGs, incentives to raise prices as more pet owners decide to purchase prescribed medication outside of their FOP.⁹⁵⁸

5.419 We have assessed whether our remedies might lead to unintended distortions to market outcomes by strengthening the competitive position of Vertically Integrated LVGs.⁹⁵⁹ It has been put to us that, in this scenario, some FOPs owned by non-

⁹⁵⁴ This includes more than half of the PDR respondents that commented on our provisional views in veterinary medicines. We also heard this concern from stakeholders in response to the RWP. CMA summary of RWP responses, paragraph 38(c).

⁹⁵⁵ For example: Anonymous Respondent 18 [redacted] response to the PDR, p 6, Roker Park Vets response to the PDR, p 2, Anonymous Respondent 15 [redacted] response to the PDR, p 10, Individual [redacted] response to the PDR, p 10; and FIVP response to the PDR, p 20.

⁹⁵⁶ For example: Individual [redacted] response to the PDR, p 1; Roker Park Vets response to the PDR, p 2; Pets at Home response to the PDR, paragraph 8.13, and FIVP response to the PDR, p 22.

⁹⁵⁷ For example: Roker Park Vets response to the PDR, p 2, and FIVP Response Hearing summary pp 2-3.

⁹⁵⁸ For example: Pets at Home response to the PDR, p 6 and XLVets response to the PDR, p 17.

⁹⁵⁹ Many respondents to the PDR considered that the ownership of online pharmacies by LVGs may currently distort competition, which in their view our remedies do not sufficiently address. For example: RSPCA response to the PDR, p 3; Individual [redacted] response to the PDR, p 2; and FIVP response to the PDR, p 23. Based on our detailed assessment of the evidence, it is our view that competition between online pharmacies appears to be working well and this competition is delivering lower medicine prices to pet owners. We did not identify any features of the market (including the common ownership of FOPs and online pharmacies by Vertically Integrated LVGs) that could give rise to plausible competition concerns based on the evidence we have received during the course of this investigation.

vertically integrated veterinary businesses may no longer be financially viable, which could lead to further consolidation among veterinary businesses.⁹⁶⁰ However, we consider these concerns to be overstated for several reasons.

- 5.420 First, the evidence we have gathered as part of our investigation is not consistent with Vertically Integrated LVGs using revenues earned by their online pharmacies to support their FOPs. For example, during a period where there has been a significant increase in the use of online pharmacies by pet owners,⁹⁶¹ we found that an LVG acquisition of a FOP caused insurance claim values to increase by 5% within four years, and average treatment prices to increase by 9.2% within four years.⁹⁶² This does not indicate that revenues earned by LVGs at their online pharmacies have to date been used to offer lower prices at their FOPs, even with the increase in the use of online pharmacies by pet owners in recent years.
- 5.421 We do not anticipate that Vertically Integrated LVGs could use revenues earned by their online pharmacies to offer lower prices at their FOPs as a result of our remedies. Competition between online pharmacies appears to be working well and this competition limits the ability of online pharmacies (including those owned by Vertically Integrated LVGs) to profitably increase their prices both now and following the introduction of our remedies.⁹⁶³ It is not the case that an increased use of online pharmacies by pet owners would generate economic profits for the Vertically Integrated LVGs which could be used to support their FOPs.
- 5.422 Second, the ability of vets at Vertically Integrated LVGs to ‘steer’ pet owners at their FOPs towards their own online pharmacies is restricted by RCVS Guidance. This prohibits vets from either preventing pet owners choosing for themselves their medicine retailer or including specific recommendations in written prescriptions (and requires them to justify any other recommendations).⁹⁶⁴

⁹⁶⁰ For example: PVA response to the PDR, p 1; Pets at Home response to the PDR, paragraph 8.6. Hook Norton Veterinary Group response to the PDR, p 16; and [Will the CMA spell the end of traditional veterinary care? - FIVP - Federation of Independent Veterinary Practices](#).

⁹⁶¹ As set out in part A, section 11: Veterinary Medicines, sub-section Most veterinary medicines are purchased by pet owners from FOPs.

⁹⁶² As set out in part A, section 7: Market outcomes in the supply of veterinary services by FOPs, sub-section Our assessment. Our analysis indicates that an acquisition by [X], [X] or [X] increases claim values, and that an acquisition by [X], [X] or [X] increases average treatment prices. These increases were in addition to increases in prices and overall vet bills by independent practices that were not acquired. The analysis did not find an effect for Linnaeus (on claim values or average prices). Our analysis also showed that the effect of acquisitions varied across different treatment categories. The largest average price increase following acquisition was for drugs, which rose by 8.2% (despite some LVGs having greater negotiating power to obtain rebates from manufacturers of veterinary medicines than many independent practices), followed by surgery (7.6%), consultations (7.2%) and diagnostics (5.5%).

⁹⁶³ As set out in part A, section 11: Veterinary Medicines, sub-section There are substantial differences between the prices of veterinary medicines at FOPs and online pharmacies. For example, online pharmacies we asked to explain their pricing strategy told us they benchmarked their prices against those available at their competitors, monitored their competitors’ prices to remain competitive, or updated their prices in response to market changes. Source: LVG RFI responses [X]; and online pharmacy RFI responses [X].

⁹⁶⁴ RCVS Guidance, paragraph 10.6: ‘A veterinary surgeon should not prevent a client from using the medicines retailer of their choice. Written prescriptions should not contain any specific recommendations of medicines retailers. If specific recommendations are given to clients by other means, however, veterinary surgeons should be able to justify their recommendations and where the veterinary surgeon or their employer has a financial or commercial interest in the medicines’ retailer, this should be drawn to clients’ attention.’

- 5.423 We are recommending that the regulatory framework (including RCVS Guidance) should apply to veterinary businesses as well as veterinary professionals.⁹⁶⁵ This would prevent other employees within Vertically Integrated LVGs from ‘steering’ pet owners towards their own online pharmacies. We also note that pet owners will be better able to identify and analyse any such conduct as a result of our remedies to make the ownership of veterinary businesses transparent, including the common ownership of FOPs and online pharmacies by Vertically Integrated LVGs.⁹⁶⁶
- 5.424 In any event, the effect of this conduct by Vertically Integrated LVGs on competition between online pharmacies would likely be limited. This is because none of the Vertically Integrated LVGs individually controls a large share of the FOPs in the UK.⁹⁶⁷ Even in the unlikely situation that these FOPs could steer all their pet owners to their own online pharmacies, most pet owners would remain available for rival online pharmacies to attract to their websites.
- 5.425 Third, the use of customer data by Vertically Integrated LVGs requires multiple steps which means it is unlikely to lead to an adverse effect on competition between FOPs. Pet owners would need to use a written prescription from a non-vertically integrated FOP to buy medicines from an LVG’s online pharmacy rather than another third-party retailer. The LVG would need to use the customer data from that purchase to target the pet owner with a better deal at one of its nearby FOPs (if there is one). The pet owner would then have to act on that offer and switch to the LVG’s FOP, expecting savings that their current practice could not match. Enough pet owners would have to switch away from non-vertically integrated FOPs that those practices become less financially viable and exit the market.
- 5.426 The use of customer data could, in fact, lead to a beneficial effect on competition between FOPs. Provided that pet owners have appropriately consented to a veterinary business using their data for marketing purposes consistent with applicable regulations,⁹⁶⁸ that data could be used to offer them better deals in order to attract them to switch from rival FOPs. Similarly, a FOP owned by a non-vertically integrated veterinary business (which already has information about pet owners and their animals’ needs) could respond to our remedies by competing harder to keep the pet owners at their FOP (either with lower prices or better quality). This would represent a strengthening of competition between FOPs. We

⁹⁶⁵ As set out in part B, section 10: Recommendations for future regulatory reform.

⁹⁶⁶ As set out in part B, section 3: Pet owner empowerment remedies.

⁹⁶⁷ As set out in part A, section 2: Context for the veterinary services market, Table 2.1: Number of small animal FOPs, 2025. We estimate that IVC has a 20% share of small animal FOPs in the UK. CVS and VetPartners have a 9% and 8% share of small animal FOPs in the UK, respectively.

⁹⁶⁸ These regulations include UK GDPR. Key provisions of UK GDPR in relation to email marketing are reflected in paragraph 23.51 of the RCVS Supporting Guidance (which we are recommending should apply to veterinary businesses as well as veterinary professionals under a reformed regulatory framework). Generally, active consent is required prior to email marketing, unless the ‘soft opt-in’ exception applies (which limits marketing to services similar to those previously provided to the consumer and they must have been given the option to opt-out of such marketing).

do not therefore consider that such conduct would have a negative effect on competition (indeed, such practices are already possible but we have not received evidence that it is negatively impacting other FOPs' ability to compete).

- 5.427 Finally, other remedies we are introducing will support non-vertically integrated FOPs that offer better value for money to grow their businesses, for example by being more likely to attract pet owners. These other remedies include those aimed at improving transparency and empowering pet owners to make better-informed choices, including requirements for businesses operating FOPs to publish clear, accessible information about their services, their prices and ownership to support informed decision making.⁹⁶⁹
- 5.428 It is the case that independent FOPs have significantly lower average prices and are perceived to provide similar or higher quality than many LVG-owned FOPs (including Vertically Integrated LVGs). If this remains the case, we would expect our remedies aimed at making this pricing difference more transparent would strengthen independent FOPs' ability to attract pet owners.⁹⁷⁰ We consider this to be a likely outcome, at least to some extent, as these FOPs seek to use their competitive advantage.

Additional administrative burden on vets

- 5.429 A large number of stakeholders who expressed concerns that our medicine remedies may lead to adverse effects suggested that there could be an additional administrative burden on vets if they will need to produce more written prescriptions.⁹⁷¹ Many explained that this is because the systems used by many FOPs to produce a written prescription are relatively inefficient and that more time spent on this administrative task could lead to a reduction in the time vets have available to offer consultations and provide veterinary care.⁹⁷² Others suggested that the increased costs to cover vets' time to produce written prescriptions would be passed on to pet owners through higher prices for veterinary services.⁹⁷³
- 5.430 Several of our medicine remedies are likely to involve costs for veterinary businesses operating FOPs.⁹⁷⁴ We have considered the extent to which a likely

⁹⁶⁹ As set out in part B, section 3: Pet owner empowerment remedies.

⁹⁷⁰ As set out in part A, section 7: Market outcomes in the supply of veterinary services by FOPs, sub-section Our assessment.

⁹⁷¹ This includes more than half of PDR respondents that commented on our provisional views in veterinary medicines. We have also heard this concern from stakeholders in response to the RWP. [Summary of responses](#) to the RWP, paragraph 40.

⁹⁷² For example: PVA response to the PDR, p 22; Individual [redacted] response to the PDR, p 3; Anonymous Respondent 11 [redacted] response to the PDR, p 2; Veterinary Voices UK Template response to the PDR, p 2; Roker Park Vets response to the PDR, p 2; Medivet response to the PDR, paragraph 89; Individual [redacted] response to the PDR, p 2; Linnaeus response to the PDR, pp 20 – 22 and FIVP response to the PDR, p 9.

⁹⁷³ For example: Moore Scarrott response to the PDR, p 13; FIVP response to the PDR, p 9; Hook Norton Veterinary Group response to the PDR, p 9; Hilltop Vets response to the PDR, p 8; Northvet Veterinary Group response to the PDR, p 4; and Anonymous Respondent 22 [redacted] response to the PDR, p 3.

⁹⁷⁴ These are discussed above in respect of each remedy.

outcome of those remedies – a substantial increase over time in the number of written prescriptions – may impose a distinct, additional administrative burden on vets and the FOPs where they work. This is because of the strict regulation around the provision of written prescriptions by vets.

- 5.431 However, it is our assessment that there is unlikely to be a substantial additional administrative burden on vets as a result of our remedies and the expected benefits of our remedies would outweigh any costs of this additional workload.
- 5.432 Although more pet owners requesting written prescriptions could increase the administrative burden on vets, we have considered these concerns and consequently adapted the Written Prescription remedy. The requirement will be that FOPs must issue pet owners with digital prescriptions within a 48-hour period rather than by the end of the day, which will allow FOPs to access efficiency savings by batching prescriptions or writing them during gaps in a vet's consultation schedule.⁹⁷⁵ This amendment will reduce the administrative burden on vets compared to the measures we proposed in the PDR.
- 5.433 Our remedy to introduce a Primary Prescription Fee Cap with a maximum fee of £21 and an Additional Prescription Fee Cap with a maximum fee of £12.50 will enable reasonably efficient FOPs to recover their costs in providing a written prescription.⁹⁷⁶ FOPs should, therefore, be able to accommodate the additional administrative burden from any increase in written prescriptions through prescription fees and, to do so, some may potentially need to increase the efficiency of their written prescription processes. We note in this regard that we have found that the process used to provide written prescriptions is less efficient than we would expect in a WFM.⁹⁷⁷
- 5.434 Any increases in the prices of veterinary services in response to any additional administrative burden on vets (and that cannot be accommodated by a FOP improving the efficiency of their written prescription process) will be constrained by the stronger competition brought about by our wider remedies package.⁹⁷⁸ These remedies will limit the ability of any FOP to raise prices for veterinary services commonly used by pet owners and encourage veterinary businesses to seek efficiency savings. Even if some prices were to increase, we would expect these to

⁹⁷⁵ As set out in part B, section 5: Medicines market opening remedies and prescription price control, sub-section Remedy 7: Measures to reduce barriers to pet owners purchasing online.

⁹⁷⁶ As set out in part B, section 5: Medicines market opening remedies and prescription price control, sub-section Remedy 10: Prescription fee caps.

⁹⁷⁷ As set out in part A, section 11: Veterinary Medicines, sub-section Inefficiencies in the written prescription process may partially explain why it is more convenient for some pet owners to purchase medication from a FOP.

⁹⁷⁸ Some stakeholders considered that a reduction in income from prescription fees following the introduction of the Prescription Fee Caps could lead to pet owners paying more for consultations or other services. For example: IVC response to the PDR, p 50; RCVS response to the PDR, p 15; and Anonymous Respondent 14 [X] response to the PDR.

be limited in scope and involve some prices more accurately reflecting the underlying costs of the services being provided to pet owners.

- 5.435 Further, the additional workload on vets from producing more written prescriptions will likely incentivise veterinary businesses to develop more efficient processes. This would help reduce the additional workload, minimise the associated operating costs, and ensure that vets are available to provide veterinary care (including consultations).

Increased risk of prescription fraud

- 5.436 A large number of stakeholders who expressed concerns that our medicine remedies may lead to adverse effects suggested that told us that there could be an increased risk of prescription fraud.⁹⁷⁹ Some suggested that this was because written prescriptions could be more susceptible to fraud where these are provided directly to pet owners (as they are subject to forgery, date alterations, and multiple redemptions) rather than sent to the third-party retailer (usually an online pharmacy) chosen by the pet owner.⁹⁸⁰
- 5.437 We have assessed whether our medicine remedies will increase the risk or volume of prescription fraud. We recognise that prescription fraud is currently a concern for veterinary professionals, and within the veterinary sector more broadly. While it is already possible for pet owners to commit prescription fraud, only a very small number engage in fraudulent behaviour, and that the current extent of prescription fraud has not led to calls from veterinary professionals to restrict access to written prescriptions.⁹⁸¹ Nevertheless, we have considered this as a potential adverse effect of our remedies.
- 5.438 It is our assessment that the costs of any increase in prescription fraud resulting from our final package of medicine remedies is unlikely to be significant and, in any event, would not outweigh the likely benefits to pet owners from our remedies for the following reasons.
- (a) We have amended the written prescriptions remedy to clarify that the FOP can decide to send a digital prescription directly to an online pharmacy rather

⁹⁷⁹ This includes around half of PDR respondents that commented on our provisional views in veterinary medicines. For example: Moore Scarrott response to the PDR, p 12; lechyd Da response to the PDR, p 1; Anonymous Respondent 28 [§] response to the PDR, p 2; and Anonymous Respondent 31 [§] response to the PDR, p 4. We also heard this concern from stakeholders in response to the RWP Part B of PDR, paragraphs 5.140 – 5.143.

⁹⁸⁰ For example: Pets at Home response to the PDR, paragraph 8.12; Anonymous Respondent 14 [§] response to the PDR, p 5 and Anonymous Respondent 11 [§] response to the PDR, p 2.

⁹⁸¹ CVS noted in its response to the PDR that 'the VMD received just under 900 reports regarding prescriptions in 2024 (a significant increase from 700 in 2023), of which roughly 75% related to the tampering of a prescription, and most of the remaining 25% related to fraudulent prescriptions.' CVS response to the PDR, p 14. While we agree with CVS that this could underestimate the incidence of prescription fraud as it only reflects those cases that have been reported to the VMD, this does not mean prescription fraud is growing in prevalence. For example, the 700 reports received by the VMD in 2023 represents a small proportion ([§]) of the volume of written prescriptions provided by CVS-owned FOPs in the same year [§]. This proportion would be even smaller when including written prescriptions provided by FOPs owned by other veterinary businesses in 2023.

than provide a written prescription directly to the pet owner.⁹⁸² We consider that this clarification should prevent our remedies increasing the risk of prescription fraud as individual FOPs can continue to apply existing (or new) fraud-prevention methods and avoid having to provide written prescriptions directly to pet owners.

- (b) While more written prescriptions being produced by vets following the introduction of our remedies could lead to an increase in the absolute number of incidents of fraud, the evidence put to us by stakeholders does not indicate that prescription fraud is currently a widespread issue or that substantially more pet owners would engage in fraudulent behaviour in future.

5.439 Prescription fraud is possible because written prescriptions do not currently contain any unique identifiers, such that repeat usages of a single written prescription must be manually identified. Fraud detection currently relies on direct communication between FOPs and online pharmacies, which is unlikely to be fully effective when there are large volumes of prescriptions. We considered the introduction of a national e-prescription system but decided not to require this since it would be disproportionately costly.⁹⁸³ As the market develops, we would expect regulatory bodies and market participants to introduce sector wide solutions to address prescription fraud.

Negative effects on animal welfare

5.440 Some stakeholders who expressed concerns that our medicine remedies may lead to adverse effects suggested that there could be negative effects on animal welfare in various ways.⁹⁸⁴ They said these effects could result from delays in treatment starting where a pet owner decides to purchase medication from a third-party, the purchase of poor quality or imitation veterinary medicines from an online pharmacy, a reduction in stocks of medicines (including those needed in an urgent context) at FOPs, or from the price of veterinary services increasing as a result of a loss in medicine revenues at FOPs.

5.441 Our remedies look to empower pet owners and strengthen competition for medicines, and it is through this mechanism that we expect to ensure better outcomes for pet owners and their pets. We have, however, considered whether there may be any negative effects on animal welfare as a result of our remedies.

⁹⁸² As set out in part B, section 5: Medicines market opening remedies and prescription price control, sub-section Remedy 7: Measures to reduce barriers to pet owners purchasing online.

⁹⁸³ PDR respondents also suggested the lack of such a system allows for prescription fraud and would be a solution to address this issue. For example: Anonymous Respondent 5 [redacted] response to the PDR, p 2; and Anonymous Respondent 11 [redacted] response to the PDR, p 2.

⁹⁸⁴ This includes a small number of PDR respondents that commented on our provisional views in veterinary medicines. For example: RSPCA response to the PDR, pp 3-4; Apex Vets Ltd response to the PDR, p 1; Individual [redacted] response to the PDR, p 1, and PVA response to the PDR, p 2. We also heard this concern from stakeholders in response to the RWP. CMA summary of RWP responses, paragraphs 38(a) and 38(b).

5.442 It is our assessment that our remedies will not lead to negative effects on animal welfare for the following reasons:

- (a) Purchasing medicine from an online pharmacy will not always be in the best interests of the pet or owner, particularly where a vet decides that the pet requires immediate or same-day treatment, which is why our remedies exclude situations in which issuing a written prescription would not be appropriate. Outside of these cases, it is for the pet owner – working with their vet – to decide whether any delay involved in buying medicine online is acceptable, and we therefore do not consider that animal welfare will be harmed by treatment delays.
- (b) Our remedies include a number of measures to ensure that pet owners receive medications from authorised retailers. For example, the prescription awareness remedy will require the RCVS to produce and distribute standardised literature informing pet owners (amongst other things) of what an authorised online pharmacy is and the checks and assurances that the VMD undertakes to provide authorisation, as well as requiring a link to the list of authorised pharmacies on the VMD website.⁹⁸⁵
- (c) There is not a material risk of FOPs reducing their stock to levels where they would routinely be unable to provide medication that pet owners wish to purchase there. The RCVS requires FOPs to provide an adequate stock of appropriate medicines.⁹⁸⁶ To meet this obligation, a FOP requires stock which is tailored to its anticipated caseload and sufficiently reflects the range of services it offers to pet owners.
- (d) We do not consider that prices for veterinary services will increase significantly as a result of our remedies. It is our view – as set out above – that the overall package of remedies is expected to make veterinary care more affordable and predictable for pet owners without increasing professional fees, which will benefit animal welfare rather than jeopardise it.

Relevant customer benefits

5.443 In deciding what remedies to put in place to address any AEC we find,⁹⁸⁷ we can consider whether any remedies would lead to the loss of ‘relevant customer benefits’ that result from the feature or features of the market causing that AEC.⁹⁸⁸

⁹⁸⁵ The written prescription remedy also enables the FOP to send the written prescription directly to an online pharmacy, enabling them to confirm that it is authorised. This is set out in part B, section Medicines market opening remedies and prescription price control, sub-section Measures to reduce barriers to pet owners purchasing online.

⁹⁸⁶ The RCVS Code requires compliance with the PSS Core Standards even for those practices which have not signed up to the scheme. Source: [RCVS Code](#), paragraph 4.3, and RCVS, [Practice Standards Scheme](#), paragraph 10.1.9 (accessed on 5 March 2026).

⁹⁸⁷ Or its detrimental effect on customers.

⁹⁸⁸ This is set out in sections 134(4) and (7) of the Act.

Those benefits could include lower prices, higher quality or greater choice.⁹⁸⁹ We can only take them into account if we think they result from the features of the market we are concerned about and would not exist without those features.⁹⁹⁰ In those circumstances, we may modify the remedies we impose so as to preserve the benefits.

- 5.444 In general, we would expect parties to identify any relevant customer benefits they think we should consider, together with convincing evidence about their nature and scale.⁹⁹¹ They have not done so in this investigation, or at least not in those terms.
- 5.445 Some of the submissions we describe in this section could, however, be seen as contending that such benefits exist and should be preserved. One example is the submissions made to us about the ‘cross-subsidy’ from medicines prices to the prices for other services such as consultations.
- 5.446 However, even if that matter, or any of the others described in this section, could be said to be a relevant customer benefit derived from a relevant feature of the market, and that would be lost when that feature is remedied, we do not consider that we should modify our remedies on that account. We make that judgement for the same reasons that we think our remedies are unlikely to produce material disadvantages or adverse effects disproportionate to their aims and benefits.

⁹⁸⁹ In any market in the UK. Section 134(8)(a) of the Act.

⁹⁹⁰ Section 134(8)(b) of the Act.

⁹⁹¹ [CC3 \(Revised\)](#), paragraph 359.

6. Out-of-hours contracts

Remedy 11: 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

We have decided 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.

- 6.1 We have found that some contracts for the supply of OOH services contain terms providing for longer notice periods and higher termination fees than we would expect in a well-functioning market. This results in barriers to entry for new suppliers and to FOPs⁹⁹² switching supplier (or moving to self-supply). We have found that this reduces the competitive pressure on existing OOH suppliers.⁹⁹³
- 6.2 Notice periods in excess of 12 months, and early termination charges that include foregone client revenue, in particular, go further than is necessary to make OOH provision commercially viable. We found that such terms can prevent FOPs switching OOH provider⁹⁹⁴ and deter new OOH providers from opening. This is in turn liable to have an adverse effect on service quality and price, since those aspects of competition are not disciplined in the way we would expect in a well-functioning market.⁹⁹⁵
- 6.3 We have decided that these competition concerns should be remedied by prohibiting the making or enforcing by OOH providers of contract terms that require a FOP to:
- (a) give more than 12 months' notice to terminate a contract for the provision of outsourced OOH services; or
 - (b) make any payment to terminate the contract where the FOP gives due notice (of no more than 12 months) and continues to use and pay for the services for the duration of the notice period.
- 6.4 All outsourced providers that contract with FOPs to cover their obligation to provide OOH services will be required to comply with the remedy.

⁹⁹² Which in this case means veterinary businesses offering FOP services.

⁹⁹³ This is set out in Part A section 15.

⁹⁹⁴ Or moving their provision in-house.

⁹⁹⁵ This is set out in Part A, section 12: Outsourced out-of-hours (OOH) provision to FOPs, subsection Our assessment: OOH providers have the incentive and in some cases the ability to impose onerous contract terms.

The aim of the remedy

- 6.5 The aim of the remedy is to address our finding that some contracts between FOPs and their outsourced OOH supplier have long notice periods, coupled with high early termination charges, which inhibit the ability of FOPs to switch OOH supplier in a timely manner.⁹⁹⁶

How the remedy addresses the AEC and resulting consumer detriment

- 6.6 By prohibiting the excessively long notice periods that we have observed in the market, and by restricting the imposition of termination charges or other compensation payable on termination (where sufficient notice is provided and the notice period is properly observed), this remedy will:
- (a) significantly reduce switching barriers; and
 - (b) expose the price and quality of OOH providers' services to greater competition.
- 6.7 The remedy allows FOPs to change providers (or change to self-supply) more easily. This will make it easier for new entrants to enter the market because they will have more scope to attract FOPs from their current provider. This will in turn increase the competitive pressures on current OOH suppliers to retain their existing customers by either offering more competitive prices or a better service, or both.

Remedy design issues

- 6.8 As explained in part A, section 12, we recognise that the nature of OOH services means that OOH providers require contractual certainty that secures their continuity of income for a sufficient period of time.⁹⁹⁷
- 6.9 An important part of the rationale stakeholders have put to us for the adoption of an appropriate notice period relates to OOH providers' ability to adapt their business in response to a FOP cancelling a contract. One element of that is the ability to change staffing levels.⁹⁹⁸ Stakeholders have also mentioned the fragility of the OOH market, in particular in rural areas, and the benefits that outsourced OOH provision brings to FOPs.⁹⁹⁹
- 6.10 Taking account of those points, our assessment is that, in a well-functioning market, notice periods and early termination charges would be limited to what is necessary to make OOH services commercially viable. In other words, the terms

⁹⁹⁶ Our findings on notice periods and early termination fees in OOH contracts are set out in part A section 12.

⁹⁹⁷ This is set out in part A section 12 Outsourced out-of-hours (OOH) provision to FOPs, subsection Our Assessment.

⁹⁹⁸ For example, [Paragon Veterinary Group](#), response to the RWP, p 16; [Respondent 3](#) – response to the RWP, p 31; [IVC](#) response to the RWP, p 45.

⁹⁹⁹ For example, [BVA](#), [BSAVA](#), [BVNA](#), [SPVS and VMG's](#) response to the RWP, p 33; [XL Vets'](#) response to the RWP, p 50; [IVC](#) response to the RWP, p 6.

relating to those matters would be commensurate with the rationale for their adoption. The principal design issue for this remedy is therefore selecting the appropriate maximum permissible notice period that achieves that effect.

Notice periods

- 6.11 Our proposal in the PDR was to restrict notice periods in OOH contracts with third party providers to a maximum of 12 months, with no payments required from the party giving notice unless it stops using the service before the notice period expires (Remedy 12). In making that proposal, we sought to balance the need for OOH providers to have contractual certainty with the need to facilitate competition through reducing barriers to entry for new suppliers and to FOPs switching supplier (or moving to self-supply).
- 6.12 In making our decision, we have taken into account responses to that proposal. We have also considered what stakeholders previously told us in response to our earlier working papers.
- 6.13 As we describe in part A, section 12, some responses to the Remedies Working Paper referred to contract terms restricting competition. Those included some who commented specifically on the effects of notice periods of more than 12 months and of high termination charges:
- (a) an independent FOP told us that 12 to 36-month contracts along with exclusivity clauses and financial penalties had made it impossible for a potential OOH provider to enter a local market;¹⁰⁰⁰
 - (b) an independent FOP said its current contract was undoubtedly a barrier to new entrants to local OOH provision;¹⁰⁰¹
 - (c) an independent OOH provider noted that 24-month rolling contracts were a barrier preventing FOPs from switching OOH provider, along with early termination fees, giving an example of a group of [X] practices that had been quoted [X] (an average of [X] per FOP) to exit their OOH contracts with [X],¹⁰⁰² and
 - (d) an LVG [X] told us that termination fees in contracts with the largest provider were prohibitive to switching, citing [X].¹⁰⁰³
- 6.14 Some respondents to our PDR raised similar concerns. These are also described in part A, section 12.^{1004,1005}

¹⁰⁰⁰ Independent [X] response to the RWP.

¹⁰⁰¹ [X] told us that it has a [X] notice period with [X]. Independent [X] response to the RWP.

¹⁰⁰² Independent [X] response to the RWP.

¹⁰⁰³ LVG [X] response to the February 2025 working papers.

¹⁰⁰⁴ For example, one LVG [X] that noted that it had experience of OOH service providers using long notice periods and high termination fees as a method of imposing long-term contracts for the provision of OOH services. LVG [X] response to the PDR.

¹⁰⁰⁵ Some individuals and independent vets detailed their own experiences of difficulties switching providers as a result of long notice periods and high early termination fees terms, including when prices for OOH care to pet owners had risen,

- 6.15 Of the 80 or so PDR responses that commented on issues relating to OOH services, only very few opposed this remedy.¹⁰⁰⁶ The remainder – the vast majority – either supported the remedy, with some strongly doing so, or commented on the provision of OOH services without expressing a view.
- 6.16 Two of the respondents who voiced opposition considered that the remedy could undermine the business model for OOH provision and therefore the viability of OOH services.¹⁰⁰⁷ The other considered that, because OOH provision is expensive to set up, adequate security of demand is required (arguing that shorter notice periods discourage entry and expansion in outsourced OOH provision).¹⁰⁰⁸
- 6.17 The RCVS said that the impact of the remedy would need to be closely monitored to ensure OOH providers did not leave the market. It was concerned that the remedy might lead to either a lack of easy access to OOH services, particularly in remote or rural areas, or issues relating to the workload and mental health of FOP staff who might have to provide their own OOH services.¹⁰⁰⁹
- 6.18 FIVP, as well as the BVA, BSAVA, SPVS, VMG, BVNA (jointly), made a similar point. FIVP commented that if the notice period was too short, OOH providers might discontinue service in rural areas¹⁰¹⁰ and proposed that the RCVS could monitor the impact of OOH service availability and cost to independents in underserved areas.¹⁰¹¹ The BVA, BSAVA, SPVS, VMG, BVNA noted that a single FOP ending an OOH services contract could lead to the service becoming unviable for others, emphasising that remote and rural areas were particularly at risk.¹⁰¹²
- 6.19 Among the much larger number of supportive responses, IVC said it broadly supported capping termination notice periods in OOH partner practice contracts at 12 months. It submitted that capping those periods at any shorter duration would have an adverse impact on the economic viability of OOH clinics.^{1013, 1014}
- 6.20 As a customer of OOH services, Medivet endorsed this remedy as a measure that would create a more competitive and dynamic market for OOH services.¹⁰¹⁵ VetPartners also said that it supported the remedy, stating that a reasonable cap on OOH notice periods would enhance flexibility and competitive discipline.¹⁰¹⁶
- 6.21 [REDACTED]

or quality of service had changed and less expensive providers had become available. Individual [REDACTED] response to the PDR, Anonymous Respondent 7 [REDACTED], response to the PDR, Anonymous Respondent 19 [REDACTED], response to the PDR, Anonymous Respondent 2 [REDACTED] response to the PDR.

¹⁰⁰⁶ Anonymous Respondent 13 [REDACTED], individual [REDACTED], Anonymous Respondent 27 [REDACTED].

¹⁰⁰⁷ Anonymous Respondent 13 [REDACTED] response to the PDR, p 4. Anonymous Respondent 27 [REDACTED] response to the PDR.

¹⁰⁰⁸ Individual [REDACTED] response to the PDR.

¹⁰⁰⁹ RCVS response to the PDR, p 15.

¹⁰¹⁰ FIVP response to the PDR, p 10.

¹⁰¹¹ FIVP response to PDR, p 11.

¹⁰¹² BVA, BSAVA, SPVS, VMG, BVNA response to the PDR, p 23.

¹⁰¹³ IVC response to the PDR, p 55.

¹⁰¹⁴ This is also set out in [IVC's response to the RWP](#), paragraph 4.3.

¹⁰¹⁵ Medivet response to the PDR, p 19. Paragraph 31.

¹⁰¹⁶ VetPartners response to the PDR, p 59.

- 6.22 In their joint response, the BVA, BSAVA, SPVS, VMG, BVNA supported the remedy (with the caution described above). They submitted that it is a proportionate approach to addressing the identified issue by facilitating switching by FOPs, but also protecting the commercial viability of OOH providers.¹⁰¹⁷ They noted that the notice period should be long enough for all parties to adjust to the ending of a contract, with six months an absolute minimum.¹⁰¹⁸
- 6.23 FIVP agreed with the proposed remedy, too (again, with the caution we have described). It noted that the CMA might consider pairing the 12-month maximum notice period with guidance requiring adequate handover and communication during any transition between contracts, to ensure uninterrupted OOH provision. It said that some of its members felt that this remedy would have limited impact on the day-to-day running of their practice; but some felt it could positively improve animal welfare and client experience.¹⁰¹⁹
- 6.24 The supportive responses – which comprised the vast majority – are consistent with our assessment that notice periods in excess of 12 months inhibit FOPs from switching OOH provider,¹⁰²⁰ can deter new entrant OOH providers and are liable to have an adverse effect on service quality and price.¹⁰²¹ They also endorse the judgement that notice periods of no more than 12 months secure an appropriate balance between (i) the removal of those anti-competitive effects and (ii) the maintenance of certainty that secures the viability of the provision of OOH services. Most outsourced OOH providers' contracts already contain notice periods of 12 months or less. We also place weight on the point that the outsourced OOH provider (IVC) that most commonly uses terms requiring more than 12 months' notice told us that a 12-month period would strike an effective and proportionate balance (as described above).
- 6.25 We have accordingly concluded that notice periods for FOPs seeking to terminate OOH service contracts should not exceed 12 months.

No early termination charges

- 6.26 The charges a FOP has to pay where it terminates a contract for the provision of OOH services can also inhibit switching and harm competition. We agree that such charges may, as one LVG said in response to our Remedies Working Paper, be appropriate. They ensure that notice periods (or payments in lieu of serving notice) are meaningful and give OOH providers the protection that makes the provision of their services viable.¹⁰²²

¹⁰¹⁷ BVA, BSAVA, SPVS, VMG, BVNA response to the PDR, p 23.

¹⁰¹⁸ BVA, BSAVA, SPVS, VMG, BVNA response to the PDR, p 23.

¹⁰¹⁹ FIVP response to the PDR, p 10.

¹⁰²⁰ Or moving their provision in-house.

¹⁰²¹ Part A, section 12 Outsourced out-of-hours (OOH) provision to FOPs, subsection Our assessment: OOH providers have the incentive and in some cases the ability to impose onerous contract terms sets this out and subsection Views on the effects of contract terms on competition in the supply of outsourced OOH provision summarise the specific concerns we have heard.

¹⁰²² IVC response to the RWP, p 43.

- 6.27 In a well-functioning market, such charges should not, however, require any more payment than is required to meet this objective. The proposal in our PDR was, accordingly, that FOPs that choose to terminate their contracts and serve the relevant notice period should not have to make any payment for such termination to their OOH provider.¹⁰²³
- 6.28 The responses to the PDR focused on our proposed changes to the maximum length of notice periods. Respondents did not comment specifically on how early termination charges are, or should be, calculated, except to note that they should be reduced so that they do not act as a barrier to FOPs seeking to switch provider (or to self-supply).
- 6.29 We have decided to adopt the remedy as proposed in this regard. Early termination charges are typically determined, wholly or at least in large part, by the notice period in the relevant contracts, with FOPs required to pay a sum equivalent to the number of remaining monthly fees and/or anticipated lost income for the length of the notice period.¹⁰²⁴ We have decided to limit the maximum length of such notice periods for the reasons described above. Ensuring that FOPs who terminate their contracts and serve their notice period are not required to make additional payments to terminate the contract is the counterpart to that.¹⁰²⁵ It serves the same balance between protecting the viability of OOH service provision and ensuring that competition is not inhibited.

Remedy implementation considerations

Method of implementation

- 6.30 We have decided that implementation of this remedy will be via an Order on providers of relevant outsourced OOH services.

Costs of implementation

- 6.31 This remedy will require a minority of OOH providers to incur some staff and/or administrative costs of a one-off nature. The majority, who impose termination provisions consistent with our remedy, will not need to take any action beyond checking that their contracts are indeed consistent.
- 6.32 For those OOH providers whose contracts contain notice periods of more than 12 months, there will be an administrative and/or staff cost in writing to relevant FOPs informing them of the changes to the applicable notice period and any relevant

¹⁰²³ And any payment they would have to make – if, for example, they terminated the contract without serving due notice – would be limited by the maximum duration of the notice period (capped at 12 months).

¹⁰²⁴ Or, more accurately, any unserved portion of that period.

¹⁰²⁵ It would also follow that any payment they do have to make for early termination, where they do not serve the whole of the relevant notice period, would be limited to the unserved portion of that period.

termination charges. There will also be a small amount of time and cost involved in ensuring that the terms of any new contracts are compliant with the Order.

- 6.33 We do not consider that these costs are likely to be significant, given their limited, likely one-off and standardised nature.

Implementation timeframe

- 6.34 We have carefully considered when and how an Order should be implemented. We note that IVC has previously¹⁰²⁶ submitted that we should consider a transitional period of 12 months to implement the required changes. It said that this would enable it to work with FOPs to modify its OOH contracts and to strategically assess and plan for the commercial impact. It said that some OOH providers might need to reassess their clinic footprint and/or investment plans.¹⁰²⁷
- 6.35 We have taken into account that some of IVC's concerns about implementation reflected an assumption that OOH providers would need to renegotiate and formally amend existing contracts. We do not think that assumption is correct nor that a period for renegotiating or formally amending existing contracts is necessary or appropriate.
- 6.36 Instead, we have decided that the remedy will be implemented so that, with immediate effect when the relevant Order is made, it:
- (a) prohibits the inclusion in any new contract for the provision of outsourced OOH services of any term which requires a FOP to give more than 12 months' notice to terminate that contract;
 - (b) prohibits the enforcement of any term in an existing contract for such services which requires a FOP to give more than 12 months' notice to terminate that contract (an 'unenforceable notice provision');
 - (c) requires any business providing outsourced OOH services under an existing contract that contains an unenforceable notice provision to allow the relevant FOP to terminate the contract by giving no more than 12 months' notice; and
 - (d) prohibits any business providing outsourced OOH services from including in any new contract, or enforcing in any existing contract, any term which requires a FOP which has given and served due notice to make any payment which is specific to the termination of the contract (an 'unenforceable payment provision').¹⁰²⁸

¹⁰²⁶ In response to our RWP.

¹⁰²⁷ IVC response to the RWP, paragraph 4.14.

¹⁰²⁸ And, any payment a FOP would have to make – if, for example, they terminated the contract without serving due notice – would be limited by the maximum duration of the notice period (capped at 12 months) and be confined to any unserved portion of that notice period.

- 6.37 In other words, the requirements of the remedy will apply directly as the legal effects of the Order the CMA will make. There is no need for any process of negotiation or formal amendment of existing contracts.¹⁰²⁹
- 6.38 The need for parties to take any administrative steps in connection with the remedy, and for a period in which those steps must be taken, is limited. In particular, they are limited to those which are necessary to ensure that FOPs are aware of the changes to their contracts, so that the remedy is useful and effective in addressing the switching barriers and the effects on competition to which they give rise.
- 6.39 To that end, all that need happen, where the remedy takes effect as described in the preceding paragraphs, is for any business providing outsourced OOH services under an existing contract that contains an unenforceable notice provision or an unenforceable payment provision to write to the relevant FOP informing it:
- (a) of the period of notice that may be given to terminate that contract pursuant to our remedy; and
 - (b) that no termination payment would be due where such notice is given and the FOP duly serves the notice period.
- 6.40 We have decided that businesses providing the relevant outsourced OOH services should have three months to take these steps from when the Order comes into effect. The short duration of that period reflects the limited number of steps that need be taken (identifying the contracts concerned and writing a single, likely standard-form, letter) and the importance, given the risk of the existing terms inhibiting switching, of the remedy becoming useful and effective as soon as possible.
- 6.41 In making our decisions, we have taken into account three points:
- (a) First, there will be an up to six-month period¹⁰³⁰ between publication of this final report and the final remedy Order being made. This period could be used by businesses providing OOH services to plan for the relevant obligations coming into effect.
 - (b) Second, and in any event, we have made a balanced judgement, reflecting the use by other businesses of 12 month notice periods and IVC's submission that 12 months is necessary, that a 12-month notice period is enough to make continued OOH provision viable. Providers will continue to

¹⁰²⁹ This point also goes to Pets at Home's submission, described above, that the remedy should expressly prohibit the renegotiation of other terms of the relevant contracts. There is no need to do so. The Order would amend the terms of the contracts providing for notice periods and early termination charges, to the extent described, only. All other existing terms would be unaffected and continue to apply.

have sufficient certainty of supply and of income, and the effects on their business plans should be limited.¹⁰³¹

- (c) Third, where the remedy takes effect as a consequence of the CMA Order, there is no need for parties to incur the additional costs and administrative burdens of renegotiating and amending contracts.

6.42 We have also considered the businesses and contracts to which the remedy should apply. As we proposed, we have decided it should apply to all contracts for the provision of outsourced OOH services for household pets and to the businesses which supply those services under those contracts.

6.43 Where a contract for outsourced OOH services covers household pets and other animals,¹⁰³² the remedy will apply to the contract, and to the business providing the OOH services, to the extent that the contract makes provision for services for household pets. A FOP must be subject to a maximum notice of 12-months notice to terminate the contract in respect of the provision of the OOH services for household pets, without paying a charge for terminating the contract in respect of those services,¹⁰³³ whatever provision the contract makes in respect of the provision of services for other animals (which provision is unaffected by the remedy).¹⁰³⁴

Monitoring of compliance

6.44 Compliance with this remedy will be monitored by the CMA. This will involve consideration of any complaints from FOPs about non-compliant contracts which are made directly to it or made to the RCVS (we would expect the RCVS to pass these on to the CMA).

Effectiveness

6.45 We describe above how the remedy will address the effects of long notice periods and high early termination charges in contracts which limit FOPs' ability to change OOH suppliers.

6.46 In part A, section 12, we noted that IVC is the largest provider of outsourced OOH provision across the UK with around 60-70% of FOPs that outsource externally using either IVC's branded OOH service, Vets Now, or an IVC FOP with OOH capacity, and that IVC/Vets Now's notice periods are generally longer than other

¹⁰³¹ We do not judge that our decision would lead to OOH providers exiting the market, or not being replaced if they did, and to under provision of outsourced OOH services. Nonetheless, given the suggestion by both the RCVS and FIVP that the RCVS could monitor exit from (and entry to) the provision of OOH services, we agree this could be helpful.

¹⁰³² As may be the case for some mixed practices providing veterinary services also to large animals and equine.

¹⁰³³ Provided it serves the due notice period.

¹⁰³⁴ On the basis that it is outside the scope of this investigation.

OOH businesses: more than half of the notice periods for the IVC contracts we reviewed were longer than 12 months.

- 6.47 Requiring these and future contracts to allow FOPs to terminate OOH service contracts by observing a 12-month notice period without any associated additional financial burden on those FOPs, will greatly increase the ability of a significant number of FOPs to switch provider and will ensure that they are not tied into unnecessarily long OOH service contracts. Our view is that this effectively addresses the AEC we have found in relation to OOH contracts.
- 6.48 The remedy is clear and simple, and consequently capable of effective implementation, monitoring and enforcement. We anticipate that it will have the effect of addressing the AEC promptly.

Proportionality¹⁰³⁵

- 6.49 We consider that the remedy will be effective in achieving its aims and is no more onerous than is necessary to do so. In particular, in a well-functioning market, OOH providers require the certainty and protection afforded by an adequate notice period. They should not, however, require more than 12 months to ensure the continuing viability of their OOH provision. Imposing a maximum notice period of that length, while allowing parties to negotiate a shorter one where appropriate, strikes the right balance between reducing switching barriers for FOPs and providing sufficient certainty for OOH providers.
- 6.50 Given the nature of the OOH service market, we have carefully considered the disadvantages that may be caused by this remedy. We note that many OOH service contracts already include a notice period of 12 months or less. We also note that IVC, the largest OOH provider and the one most commonly using terms requiring more than 12 months' notice, has told us that an effective and proportionate balance between the interests of FOPs and OOH providers could be struck by requiring notice periods of no more than 12 months.¹⁰³⁶ Therefore, the risk of adverse effects arising from the implementation of this remedy is low, and we expect the OOH services market to be able to adapt to the cap on notice period length and the removal of associated early termination charges without impacting its long-term viability. We also expect this remedy to lead to increased switching by FOPs and therefore greater competition between OOH providers for FOP business.
- 6.51 Overall, the benefits that flow from increasing FOPs' ability to switch OOH provider, including the increased competitive pressure this will bring to OOH providers, outweigh the relatively low cost of implementing the remedy.

¹⁰³⁵ This reflects the approach to assessing the proportionality of remedial measures as set out in paragraph 344 of CC3 and *Tesco v Competition Commission* (4 March 2009).

¹⁰³⁶ IVC response to the RWP, paragraph 4.3 (i).

7. Cremations

Remedy 12: Transparency on the options and fees for cremations and ensuring that all pet owners have the option of a communal cremation

We have decided that all veterinary businesses operating one or more FOPs must:

- make pet owners aware of all the options available to them either shortly before or when their pet has died;
- offer the option of a basic communal cremation; and
- publish the prices for the communal and individual cremations which they offer and give pet owners information on prices for optional extras which may be sold at the same time.

Description of the remedy

7.1 We have decided that veterinary businesses operating one or more FOPs,¹⁰³⁷ must:

- (a) Ensure that pet owners are made aware of the full range of options available to them either shortly before or when their pet reaches the end of its life. These options are:
 - (i) to purchase an individual or communal cremation from the FOP (most businesses have an arrangement with a crematorium to provide this service);
 - (ii) to make separate arrangements themselves directly with a crematorium; or
 - (iii) to take their deceased pet away for burial at home.¹⁰³⁸
- (b) Offer a basic communal cremation service. Details of what this comprises are set out below.
- (c) Ensure that the pet owner's options are published on their websites and discussed with the pet owner at a suitable point before they decide what to do with their deceased pet.

¹⁰³⁷ Which includes where the business offers retail out-of-hours services in one or more of those FOPs or in an out-of-hours centre, premises or location (including where it does so having entered into a contract under which a FOP business outsources its OOH provision). The proposed remedy would also apply in those FOPs or other places in respect of those out-of-hours services.

¹⁰³⁸ Further background information on cremations, is set out in part A section 14: Cremations.

- (d) Ensure that clear pricing information is provided for both individual and communal cremations. To meet this obligation, businesses operating one or more FOPs must:
 - (i) Provide prices for the individual and communal cremation services which they offer and make it clear to pet owners what is included in these services. This must be: (1) made available to all existing and prospective customers as part of the veterinary business's prominently published price list (set out in the price list remedy); and (2) presented in writing prior to the pet owner making a decision on what to do with the deceased pet, for example, on a consent form or on a separate leaflet.
 - (ii) Provide the price for each discretionary add-on which is charged as extra (where offered). This means that where pet owners are offered the option to pay extra for certain services (such as fur clippings, urns or paw prints), these must not be included in the cremation price but instead shown to pet owners separately.¹⁰³⁹ These add-ons do not need to be listed in the FOP's standardised price list (under the price list remedy).^{1040, 1041}

7.2 In meeting these requirements, relevant businesses must have due regard to the obligations set out in the common ownership remedy. The common ownership remedy requires veterinary businesses to disclose ownership details at the point at which pet owners are making relevant choices, such as on materials or in communications they use when referring customers between businesses under common ownership or control. This information needs to be published prominently and make clear to pet owners in a meaningful way that each such business is under common ownership or control, and whose ownership or control that is. The same remedy also requires crematoria to disclose ownership information prominently on their websites, premises, and materials.¹⁰⁴²

7.3 We have decided not to impose the following requirements that formed part of the proposed remedy put forward in our PDR:

¹⁰³⁹ For example, on a website or in a brochure.

¹⁰⁴⁰ We are aware that many veterinary businesses provide extras such as fur clippings, paw prints, or condolence cards free of charge and we do not wish to prohibit this. Where these services are complimentary, rather than charged as extra, pet owners do not need to be given separate prices for them. Published price lists must, however, make clear, what is included in the cremation services offered.

¹⁰⁴¹ A handful of responses to our PDR misinterpreted (d) as a requirement to provide a detailed breakdown of the costs of cremation including, for example, storage and handling. Understandably, responses suggested that this would be insensitive. This is not part of the requirement, and we agree that such a breakdown would not be appropriate (for example: Pets at Home [§], Anonymous Respondent 21 [§], Pet People Vets [§], Portland Vets Ltd [§] responses to PDR).

¹⁰⁴² Further information is set out in part B, section 3: Pet owner empowerment remedies.

- (a) a requirement that any discretionary add-ons to cremation services for which a charge is made should be included in a FOP's standardised price list (under the price list remedy);
- (b) a requirement to allow a minimum of two working days for a pet owner to consider their options if they do not want to make a decision immediately after discussing the relevant options with their vet; and
- (c) a requirement to provide a one working day period in which pet owners who make decisions about cremations immediately at the end of their pet's life may change their mind.

The aim of the remedy

7.4 This remedy complements other elements of our package of remedies. Those include the common ownership remedy (as outlined above) and the price list remedy which requires FOPs and crematoria (and other service providers) to publish prices. The aim of the remedy, together with those others, is to ensure that all pet owners are:

- (a) aware of the different options available to them for their deceased pet;
- (b) able to obtain a basic communal cremation, if preferred;
- (c) aware of the price of individual and communal cremations, and the prices for any discretionary add-ons, before making a choice;¹⁰⁴³ and
- (d) able to compare the prices offered by different FOPs and crematoria (if purchasing directly).

7.5 Pet owners make decisions about cremation services during highly emotional and distressing moments (as described in part A section 14). In these situations, they are likely to place a high reliance on their vet's guidance. Most pet owners opt for cremation services provided via their FOP and may be reluctant to request or engage with alternative purchasing options. Evidence suggested that pet owners were often not made aware of their ability to choose their own cremation provider rather than use the one offered by their FOP.

7.6 In a well-functioning market, the options and prices for cremation services would always be made clear to pet owners in an appropriately sensitive manner. The majority of responses to our PDR¹⁰⁴⁴ and our Remedies Working Paper that commented on the requirements to provide options and prices supported the idea

¹⁰⁴³ The common ownership remedy would also ensure transparency of ownership, meaning that pet owners are aware if their chosen crematorium is owned by the same group as their FOP.

¹⁰⁴⁴ We received around 100 responses to our PDR which commented on this remedy. A subset of these commented specifically on the requirement to inform pet owners of their options and the prices of those options.

that pet owners should be given this information.¹⁰⁴⁵ Its provision should play a part in helping the market work better.

- 7.7 We appreciate that many veterinary businesses may already be providing pet owners with information about their options and associated prices. However, we found that some FOPs (both LVGs and independents) were not providing enough information for pet owners to make informed decisions and compare providers. That is likely to dampen the competitive constraints faced in the supply of cremations.¹⁰⁴⁶
- 7.8 We found, from our analysis of LVGs' costs and mark-ups in the sale of individual cremations, that mark-ups and prices were higher than we would expect if competition was working well.¹⁰⁴⁷ Improving transparency should help pet owners make choices and exert downward pressure on prices. Pricing information could be used by intermediaries, including consumer bodies, price comparison services and the media to publicise the different options available to pet owners and the corresponding prices.

How the remedy addresses the AEC and resulting customer detriment

- 7.9 The provision of information on price and available options by veterinary businesses operating one or more FOPs:
- (a) will ensure pet owners have access to information in relation to the full range of options available, supporting them in choosing between cremation and taking their deceased pet home for burial, and between individual and communal cremation;
 - (b) is important to those pet owners who consider price to be a relevant criterion when selecting a cremation service;
 - (c) will help those who may wish to consider purchasing direct from a crematorium (as some now do);
 - (d) is one indicator among many that will collectively impact pet owners' views on relative prices and value when choosing a FOP; and
 - (e) will help intermediaries like consumer groups, price comparison services and/or the media publicise veterinary businesses' charging practices to pet owners.

¹⁰⁴⁵ CMA summary of RWP responses. For example, BVA BSAVA BVNA SPVS VMG's response to the RWP, IVC's response to the RWP, Animal Trust's response to the RWP, Respondent 28's response to the RWP, APPC's response to the RWP, ADUK's response to the RWP. Pets at Home [redacted], Anonymous Respondent 21 [redacted], Portland Vets Ltd [redacted] responses to PDR.

¹⁰⁴⁶ Part A section 14: Cremations, subsection Our assessment of competition.

¹⁰⁴⁷ Part A section 14: Cremations, subsection Our assessment of competition.

- 7.10 Each requirement will, accordingly, help pet owners make choices about the cremation services that are best for them and drive competition in the supply of those services (and between businesses operating FOPs more broadly). They will address the AEC that arises where pet owners cannot, or do not, make informed choices and the downward pressure on prices that can exist in a well-functioning market is absent.

Remedy design considerations

- 7.11 The key remedy design considerations are:

- (a) how information on options and prices should be made available to pet owners; and
- (b) what services should comprise a basic communal cremation.

How information on options and prices should be made available to pet owners

- 7.12 A handful of responses to our PDR and our Remedies Working Paper suggested that it was inappropriate to require extensive discussion of prices during a euthanasia consultation. We were told that vets would be perceived as being insensitive, that pushing price discussions could erode trust¹⁰⁴⁸ and cause distress,¹⁰⁴⁹ and that communication at this time should not be overly prescriptive.¹⁰⁵⁰ We agree that it would be inappropriate to mandate extensive oral discussion of prices during the consultation at the end of the pet's life.
- 7.13 Our view is that where a pet owner is considering purchasing a cremation via their FOP, it is appropriate for the information to be presented to them in writing. All the options on offer, as well as the option of taking their pet away and making separate arrangements themselves, should be set out with equal prominence. The pricing information for individual and communal cremation must be:
- (a) presented at a suitable time prior to the pet owner making a decision, for example listed on a separate leaflet or on the euthanasia consent form; and
 - (b) published as part of the standard price list on each FOP website and in their premises in accordance with the requirements of the price list remedy.¹⁰⁵¹

¹⁰⁴⁸ South Moor Vets response to PDR [X] CMA summary of RWP responses, for example Roker Park Vets' response to the RWP and Respondent 9's response to the RWP.

¹⁰⁴⁹ Anonymous Respondent 31 [X] response to PDR.

¹⁰⁵⁰ CMA summary of RWP responses, for example Respondent 28's response to the RWP, Pennard Vets' response to the RWP, and CVS's response to the RWP.

¹⁰⁵¹ Noting, as we do above, that prices should also be provided in writing for any discretionary add-ons which are charged as extra, but these add-ons do not need to be listed in the FOP's standardised price list.

- 7.14 Our views are consistent with responses to our Remedies Working Paper which suggested that relevant information should be made available in advance of consultations, for example on websites.¹⁰⁵² Attendees at our post-PDR roundtable supported this, suggesting that clients often prefer to make decisions in advance of the end of their pet's life.¹⁰⁵³

Services comprising a basic communal cremation

- 7.15 While the communal cremation services offered vary to a degree across cremation providers,¹⁰⁵⁴ we consider that a basic communal cremation covers administration, handling and storage of the deceased pet, transportation to the crematorium, any payment processing fees, and a communal cremation whereby a number of different animals are cremated together, and no ashes are returned to the owner (as set out in part A section 14).¹⁰⁵⁵

Remedy implementation considerations

Method of implementation

- 7.16 This remedy will be implemented via an Order on veterinary businesses operating one or more FOPs.

Costs of implementation

- 7.17 Implementation of the requirement to present information about prices and options on websites and on customer-facing materials will result in some direct costs for the veterinary businesses to which the remedy applies. These are labour costs and materials costs.
- 7.18 The costs would likely relate to:
- (a) updating websites; and
 - (b) designing and updating customer literature.
- 7.19 The requirements may require limited new investment by the relevant businesses, but our assessment is that the costs are very limited. Businesses should already give pet owners price information to comply with their obligations under consumer protection law. Many of the relevant resources and materials – such as websites, signage, leaflets, brochures and product packaging – already exist and are routinely updated by businesses (or should be as and when prices change). Any

¹⁰⁵² CMA summary of RWP responses, for example Respondent 17, Roker Park vets' response to the RWP.

¹⁰⁵³ Summary of post-PDR roundtable.

¹⁰⁵⁴ APPCC response to the PDR. [§8]

¹⁰⁵⁵ Respondent 11 response to RWP lists costs incurred by veterinary businesses when processing animals for cremation.

costs should, accordingly, be minimal and incremental additions to those already incurred in the normal course of business.

Implementation timeframe

- 7.20 The requirements set out above relate mainly to the provision of information by veterinary businesses already offering cremation services through their FOPs. Some FOPs may need to enter into or vary agreements with crematoria. Any FOPs which do not currently offer communal cremations may need to enter into new agreements.¹⁰⁵⁶
- 7.21 We have decided that, once the Order has been made, larger businesses (those with 15 FOPs or more) will have three months to take the necessary steps and smaller businesses will have six months. This is because we consider that implementation periods should be proportionate to the scale and complexity of the changes required and should take account of the differing operational capacities of businesses. LVGs generally have more developed systems and centralised functions that enable quicker implementation, whereas smaller practices may face greater practical and resource constraints. Staggered implementation ensures that the remedy can be implemented effectively without placing a disproportionate burden on smaller businesses.¹⁰⁵⁷ We explain more about our decisions on the implementation of our remedies in part B section 2.

Monitoring of compliance

- 7.22 In part B section 2, we set out that the RCVS will undertake the remedies monitoring role for a number of remedies, including this one. The role requires the RCVS, to monitor attestations and use spot checks to examine a sample of websites and customer literature.

Effectiveness

- 7.23 This remedy is part of our package of remedies designed to ensure that pet owners have access to relevant information, and, as a result, can make choices that align with their preferences.
- 7.24 These specific requirements in relation to the cremation services that veterinary businesses provide through their FOPs will ensure that pet owners have the necessary information before and after the death of their pet to help them to

¹⁰⁵⁶ No respondents indicated that it would not be feasible for them to offer communal cremations through either their existing contracts with suppliers or a contract with another supplier.

¹⁰⁵⁷ In its response to our PDR, CVS [X] suggested that all FOPs should have a six-month period to implement the requirements because, it said, implementation will likely take just as long, if not longer, for LVGs. It also said that given the remedy is designed to give consumers more information to enable better choices, having the same implementation period would 'level the playing field'.

engage with their options more effectively than they may currently be able to. They will help pet owners to shop around where they would like to do so.

- 7.25 We expect the remedy to be effective in creating more competitive pressure than currently exists. Evidence indicated that pet owners were overpaying by around £100 for individual cremations at a substantial number of FOPs, compared to the prices they would pay if FOPs were subject to greater pressure.¹⁰⁵⁸ Although the majority of pet owners may not currently want to shop around, our pet owners survey found that around 20% of pet owners did consider price to be a relevant criterion when selecting a provider of cremation services.¹⁰⁵⁹ Where pet owners have more ability to shop around, FOPs have more incentive to respond in the prices they offer.
- 7.26 The remedy will also ensure that cremation prices are made clear and accessible so pet owners can take them into account (along with other price indicators) when initially choosing a FOP. Although cremations pricing would not be a primary factor for most pet owners when making that choice, this transparency ensures that those who do wish to consider such costs (either individually or as part of a wider assessment of a FOP's pricing competitiveness) can make informed decisions.
- 7.27 Where a moderate number of pet owners become engaged and prices change in response to increased competitive pressure, other pet owners would benefit too. Consumer groups and media could use pricing information to highlight comparative charging practices by veterinary businesses.
- 7.28 We expect the remedy to be effective notwithstanding that we have decided not to include some of the elements proposed in our PDR. The majority of FOPs already offer pet owners time to consider their options, without the need for a mandatory period of consideration or reflection in all cases, and we expect this to continue. The requirement to provide the price of add-on services separately, although as part of the published price list required by the price list remedy, will improve price transparency for pet owners.
- 7.29 Our view is that the remedy can be implemented, monitored and enforced effectively, in the ways we have carefully considered and set out above. Its relative simplicity means that it can be expected to take effect quickly. The requirements it imposes are consistent with existing laws (for example consumer protection laws which require pet owners to be given information about services and prices).

¹⁰⁵⁸ Part A section 14: Cremations, subsection Our assessment.

¹⁰⁵⁹ [Pet owners survey](#), Q107.

Proportionality¹⁰⁶⁰

- 7.30 Our assessment is that, for the reasons described above, this remedy will be effective in achieving its aims of improving transparency, helping pet owners make better choices about their options at the end of their pet's life and driving competition in relation to the services providers offer.
- 7.31 Our assessment is that the remedy is no more onerous than necessary to achieve its aims.
- 7.32 The AEC we have identified relates to the emotional context in which pet owners make decisions about what to do at the end of their pet's life, and the limitations on the information available to pet owners and the challenges they face in assessing that information (and their consequent reliance on their vet). To address those effects, a remedy that requires businesses to ensure that pet owners have that information is necessary. That is essential so that pet owners can make informed choices and select the services which best suit their preferences and budget.
- 7.33 We have taken into account that the requirements of the remedy relate to steps which veterinary businesses operating FOPs must already take, or which most are already taking. It is important that *all* relevant businesses take those steps. As a result, the requirements likely impose only minimal incremental costs rather than material new burdens and costs:
- (a) Consumer protection law requires that the businesses provide price information. Most have websites and currently provide some written information and communications that they refresh from time to time.
 - (b) Since most businesses do offer a communal cremation service through their FOPs already, our remedy imposes additional requirements on only a relatively small number of businesses and those requirements are limited.
- 7.34 We have decided not to adopt elements of the remedy proposed in the PDR that respondents told us would add to the burden but not the effectiveness of the remedy. We explain why below (This is set out in 'Requirements we are not imposing').
- 7.35 We have not identified other remedies that we think are likely to be effective in addressing the AEC. We have considered whether we should impose a price control remedy but, for the reasons set out below, our assessment is that such a remedy would be less effective than those we are imposing and more, rather than less, onerous.

¹⁰⁶⁰ This reflects the approach to assessing the proportionality of remedial measures as set out in paragraph 344 of CC3 and *Tesco v Competition Commission* (4 March 2009).

- 7.36 We have carefully considered whether the remedy produces disadvantages which are disproportionate to its aims, including aspects of remedy design to address these where necessary. For example, we have chosen not to require extensive verbal discussions of price during euthanasia consultations to avoid insensitivity or the erosion of trust between pet owners and their vets.¹⁰⁶¹
- 7.37 We have considered the impact of the remedy on parties of different sizes and accordingly allowed a longer implementation period for small veterinary businesses operating fewer than 15 FOPs, as set out above.¹⁰⁶²
- 7.38 We therefore conclude that our remedy is proportionate as part of a package of measures to address the AECs and resulting customer detriment that we have found.

Requirements we are not imposing

- 7.39 We have decided not to impose the following:
- (a) these requirements that formed part of the proposed remedy put forward in our PDR:
 - (i) a minimum of two working days for a pet owner to consider their options if they do not want to make a decision immediately;
 - (ii) a one working day period where pet owners who decide immediately to opt for a cremation bought via their FOP may change their mind; and
 - (iii) inclusion of the price of discretionary add-ons to cremation services in a FOP's standardised price list under the price list remedy;
 - (b) a price control on fees charged for cremations.

Periods for consideration and reflection

- 7.40 Evidence received in response to our PDR showed that the majority of FOPs already offered pet owners time to consider their options away from the immediate emotional aftermath of their pet's death, and stored the body while the owner made that decision.¹⁰⁶³ Our Veterinary Advisory Panel suggested that many businesses allowed up to seven days where a pet owner was undecided on what to do. We understand that it is already best practice for relevant businesses to

¹⁰⁶¹ Sub-section Remedy Design Considerations above contains further details.

¹⁰⁶² As noted above, this is for all aspects of the remedy apart from the requirement to offer communal cremation, for which all parties would have a longer six month implementation period.

¹⁰⁶³ Anonymous Respondent 14 [§], Wrights Veterinary Service [§], VetPartners response to [§]. Discussion with our Veterinary Advisory Panel. BVA response hearing. [§]

ensure that pet owners have time to consider their options and make their decision without a need to impose that requirement in all cases.

- 7.41 We also received evidence to suggest that clients did not often change their minds once they had chosen what they wished to do with their pet's body. One PDR response said that 'we can only recall a handful of cases in our combined 30 years of practice of clients changing their minds'.¹⁰⁶⁴ IVC suggested that pet owners changed their mind about their preferred cremation option in fewer than [REDACTED]% of all cremations carried out by CPC¹⁰⁶⁵ in the 12-month period ending September 2025.¹⁰⁶⁶ This suggests that a very low proportion of pet owners would benefit from the requirements.
- 7.42 Engagement with stakeholders following publication of our PDR suggested that the requirement to provide the one working day period of reflection in all cases would be burdensome and the burden would not be outweighed by significant customer benefits. Many respondents opposed this requirement, for the following reasons:
- (a) It would lead to delays in the pet's body being transported to a crematorium, which might be distressing for some clients who wish to receive their pet's ashes without delay.¹⁰⁶⁷
 - (b) It might require the FOP to have additional storage space which would not previously have been needed.¹⁰⁶⁸
 - (c) It would increase the operational burden and cost for FOPs. For example, additional collections may be required.¹⁰⁶⁹
 - (d) New systems would be required within FOPs to ensure that pets' bodies were appropriately labelled, which would increase the logistical burden on businesses.¹⁰⁷⁰
 - (e) It would increase the risk of errors,¹⁰⁷¹ for example misplaced remains or incorrect processing.¹⁰⁷²
 - (f) The exception we proposed for exceptional cases in which a business operates a small FOP with limited storage capacity would be confusing,¹⁰⁷³

¹⁰⁶⁴ Wrights Veterinary Services response to the PDR.

¹⁰⁶⁵ CPC is a pet cremation service owned by IVC Evidensia.

¹⁰⁶⁶ IVC response to the PDR.

¹⁰⁶⁷ Hook Norton Veterinary Group, individual [REDACTED], individual [REDACTED] responses to the PDR.

¹⁰⁶⁸ Anonymous Respondent 4 [REDACTED], Anonymous Respondent 30 [REDACTED], veterinary business or practice [REDACTED] responses to the PDR.

¹⁰⁶⁹ Hook Norton Veterinary Group, Arrowfield Veterinary Practice responses to PDR. [REDACTED]

¹⁰⁷⁰ Summary of post-PDR roundtable.

¹⁰⁷¹ Royal Veterinary College response to PDR, summary of post-PDR roundtable.

¹⁰⁷² Anonymous Respondent 30 [REDACTED], CVS response to the PDR.

¹⁰⁷³ For example, Linnaeus response to the PDR.

might apply to a large number of businesses¹⁰⁷⁴ and would be difficult to monitor and enforce.

- 7.43 We have therefore decided not to impose requirements for periods of consideration and reflection. In light of the submissions we have received, our judgement is that such requirements would add little benefit to pet owners at the cost of a significant burden for veterinary businesses. The requirements that we have decided to impose would effectively address the AEC.

Discretionary add-ons

- 7.44 In our PDR, we suggested that the prices of discretionary add-ons to the cremation services FOPs offer should be included in their standardised price lists under the price list remedy. In response, a handful of stakeholders told us that listing each discretionary add-on would make the price list unnecessarily long and unhelpful for pet owners. For example, IVC told us it has over 80 options¹⁰⁷⁵ for add-ons and VetPartners said it has 100.¹⁰⁷⁶
- 7.45 Our assessment is that the inclusion of so many individual prices could adversely affect the usefulness to pet owners of the standardised price list. We have therefore decided that the prices of these add-ons do not need to be included in that price list but should be provided to pet owners separately.

A price control on retail fees charged by FOPs for individual cremations

- 7.46 We proposed in our PDR not to impose a price control on fees charged for cremations. We have decided that we will not do so.
- 7.47 The majority of respondents to our Remedies Working Paper did not support a price control on cremation fees.¹⁰⁷⁷ They raised concerns regarding its effectiveness and the burden it would impose, stating that it would not be proportionate or appropriate.¹⁰⁷⁸ Some stated that a price control would distort competition or that customers were already exercising choice between different cremation options.¹⁰⁷⁹ Many also raised concerns about unintended consequences, including impacts on euthanasia fees or communal cremation fees

¹⁰⁷⁴ VetPartners response to the PDR. [X].

¹⁰⁷⁵ IVC response to the PDR.

¹⁰⁷⁶ VetPartners hearing summary.

¹⁰⁷⁷ A minority of respondents at that working paper stage supported a price cap, citing customer vulnerability or the need to prevent high markups. Some supported capping prices only for corporate groups that are vertically integrated. CMA summary of RWP responses. For example, Respondent 2's response to the RWP, Bay Vet Group's response to the RWP, Pennard Vets' response to the RWP, The George Vet Group's response to the RWP.

¹⁰⁷⁸ CMA summary of RWP responses. For example, Pets At Home's response to the RWP, XL Vets' response to the RWP, Pennard Vets' response to the RWP, Medivet's response to the RWP, Respondent 23's response to the RWP, BVA's response to the RWP, BSAVA, BVNA, SPVS and VMG's response to the RWP, CVS's response to the RWP, IVC's response to the RWP, Linnaeus's response to the RWP, VetPartners' response to the RWP.

¹⁰⁷⁹ CMA summary of RWP responses. For example, Pennard Vets' response to the RWP, Pets At Home's response to the RWP, Respondent 28's response to the RWP, Respondent 7's response to the RWP, Briar Vets' response to the RWP, Respondent 16's response to the RWP.

(with impacts on animal welfare or vulnerable pet owners), or worsening services for pet owners.¹⁰⁸⁰

- 7.48 The vast majority of respondents to our PDR supported or did not dispute the proposal not to impose a price control.¹⁰⁸¹ We have decided that doing so would be neither an effective nor a proportionate remedy to the AEC and resulting customer detriment. We considered a range of approaches to designing a price control, but we have concerns regarding the effectiveness of any form it might take. We consider that a price control on cremations would pose a risk of adverse consequences that would undermine its effectiveness and/or impose onerous and disproportionate costs and burdens on FOPs, crematoria and pet owners. These risks are increased by the likely practical limitations in setting the level of a cap on individual cremations at an appropriate level, particularly given the lack of reliable cost data on cremations services and the difficulties in gathering such cost information.
- 7.49 We have made the judgement not to impose a price control on fees charged for cremations on the basis that:
- (a) The remedies we are imposing, to increase transparency and choice, are an effective and significantly less onerous intervention to address the AEC and customer detriment.
 - (b) A price control would not be effective in addressing our concerns, whether implemented on a standalone or incremental basis. Indeed, if combined with transparency measures, a price control would risk undermining the positive impact of those transparency measures.
 - (c) Designing and implementing a price control would impose significant burdens on FOPs such that pet owners might face additional costs or decreases in the range or quality of services.

¹⁰⁸⁰ CMA summary of RWP responses. For example, XL Vets' response to the RWP, BVA, BSAVA, BVNA, SPVS and VMG's response to the RWP, CVS's response to the RWP, Pets At Home's response to the RWP, IVC's response to the RWP, Medivet's response to the RWP, Respondent 11's response to the RWP, Animal Trust's response to the RWP, Respondent 8's response to the RWP, Blue Cross's response to the RWP.

¹⁰⁸¹ A small minority supported a price cap, citing high fees charged by veterinary practices. For example, individual [X] response to the PDR.

8. Complaints and redress

We have decided to:

Remedy 13: Require all veterinary businesses operating one or more FOPs to ensure that each of their FOPs has and follows a written in-house complaint process which meets certain minimum criteria. This includes requirements to inform pet owners of how to complain about services provided at the FOP, when pet owners can expect a reply from the FOP to any complaint made and what options are available when it is not possible to resolve the complaint in-house. There will be a requirement for in-house complaint processes to be made accessible to pet owners, including through publication on veterinary business or FOP websites. Veterinary businesses will be required to ensure that each of their FOPs keeps a complaint log, shares this log with the regulator when requested to do so, and reviews it periodically to facilitate learning from individual cases and identify any systemic issues.

Remedy 14: Require all veterinary businesses operating one or more FOPs to participate in mediation in good faith where the pet owner wishes to do so and in-house complaints processes have been exhausted. The proposed resolution will be binding only if both parties agree to it. The RCVS will contract an Alternative Dispute Resolution (**ADR**) provider which offers mediation services to relevant veterinary businesses operating FOPs.

The requirements of the in-house complaint process and mediation remedies, which apply to veterinary businesses operating one or more FOPs, also apply:

- where the business offers retail out-of-hours (**OOH**) services in one or more of those FOPs; and
- where a business offers retail OOH services in an OOH centre, premises or location (whether or not it also offers FOP services there at other times).

Remedy 15a: The RCVS will develop a decision tree setting out pet owners' routes to redress, which will include consumer-friendly explainers of the pet owner's options when they want to raise a complaint. The decision tree will explain when, and about what, pet owners may approach each of the relevant sources of resolution and redress, the nature of the service offered by each such source, the cost to the pet owner and whether veterinary businesses must participate. Veterinary businesses will be required to include this decision tree in their FOPs' complaint processes, provide it to pet owners at specified points in this process, and display it in prominently placed signage in FOP receptions and on their websites (as set out in the in-house complaint process remedy).

Remedy 15b: The RCVS will collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.¹⁰⁸² This will inform and enrich the regulator's thinking in its role as a statutory regulator and a Royal College.

We recommend in part B, section 9,¹⁰⁸³ that as a part of a package of long-term regulatory reform government¹⁰⁸⁴ establishes a comprehensive system for complaint handling and redress in the veterinary sector. This should include the in-house complaint process and mediation remedies described above and an independent statutory redress scheme which is binding on veterinary businesses operating FOPs.

Introduction

- 8.1 We have found that the current regulatory framework contains only limited provision for effective complaint handling and consumer redress across the sector and that this adversely affects competition and contributes to poor outcomes for pet owners.¹⁰⁸⁵
- 8.2 This is a concern because, as explained in part A, section 14, effective consumer complaints and redress mechanisms can play an important role in a competitive market.¹⁰⁸⁶ They can discipline firms in terms of the quality of the goods and services they provide, give consumers confidence to spend their money, encourage compliance with regulatory rules and support improvements in standards and refinement of the regulatory framework through complaints data that can be collected and analysed.
- 8.3 A comprehensive regulatory framework for complaint handling and consumer redress is important in this market. Veterinary services are complex credence goods, there is an information asymmetry between pet owners and veterinary professionals, high sums of money can be spent by pet owners, and some complaints can be emotionally charged.
- 8.4 It is our view that the existing complaints and redress mechanisms are unlikely to deliver the positive outcomes we have described above. There are no regulatory requirements that set standards for FOPs' in-house complaint processes and some pet owners appear to be unwilling or unable to pursue complaints.¹⁰⁸⁷ While the Veterinary Client Mediation Service (**VCMS**) provides a voluntary mediation service, veterinary businesses are not required to participate, and there is limited

¹⁰⁸² Or we could make an Order.

¹⁰⁸³ Part B, section 9: Recommendations for future regulatory reform, subsection Complaints and redress.

¹⁰⁸⁴ In this section, references to recommendations to government mean recommendations to the UK government in consultation with the Scottish Government, Welsh Government and Northern Ireland Executive as appropriate.

¹⁰⁸⁵ As set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

¹⁰⁸⁶ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

¹⁰⁸⁷ For example, our pet owners survey found that less than half of those who considered complaining to their FOP went on to do so. When asked why not, the most common answers were: 'Didn't think anything would come of it' (53% of relevant respondents), 'Worried about ongoing relationship with vet' (38%) and 'Didn't know who to complain to' (32%). This is set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

consumer awareness of, and engagement with, the scheme. There is currently no clear route for pet owners to seek a binding resolution to their complaints outside of the traditional court system. The different elements needed for an effective system of consumer redress are not appropriately connected and coordinated. Nor does the RCVS use the insights and lessons available from complaints data to strengthen regulatory practice and drive standards up across the sector as effectively as it could.¹⁰⁸⁸

8.5 To address these weaknesses, we have decided to:

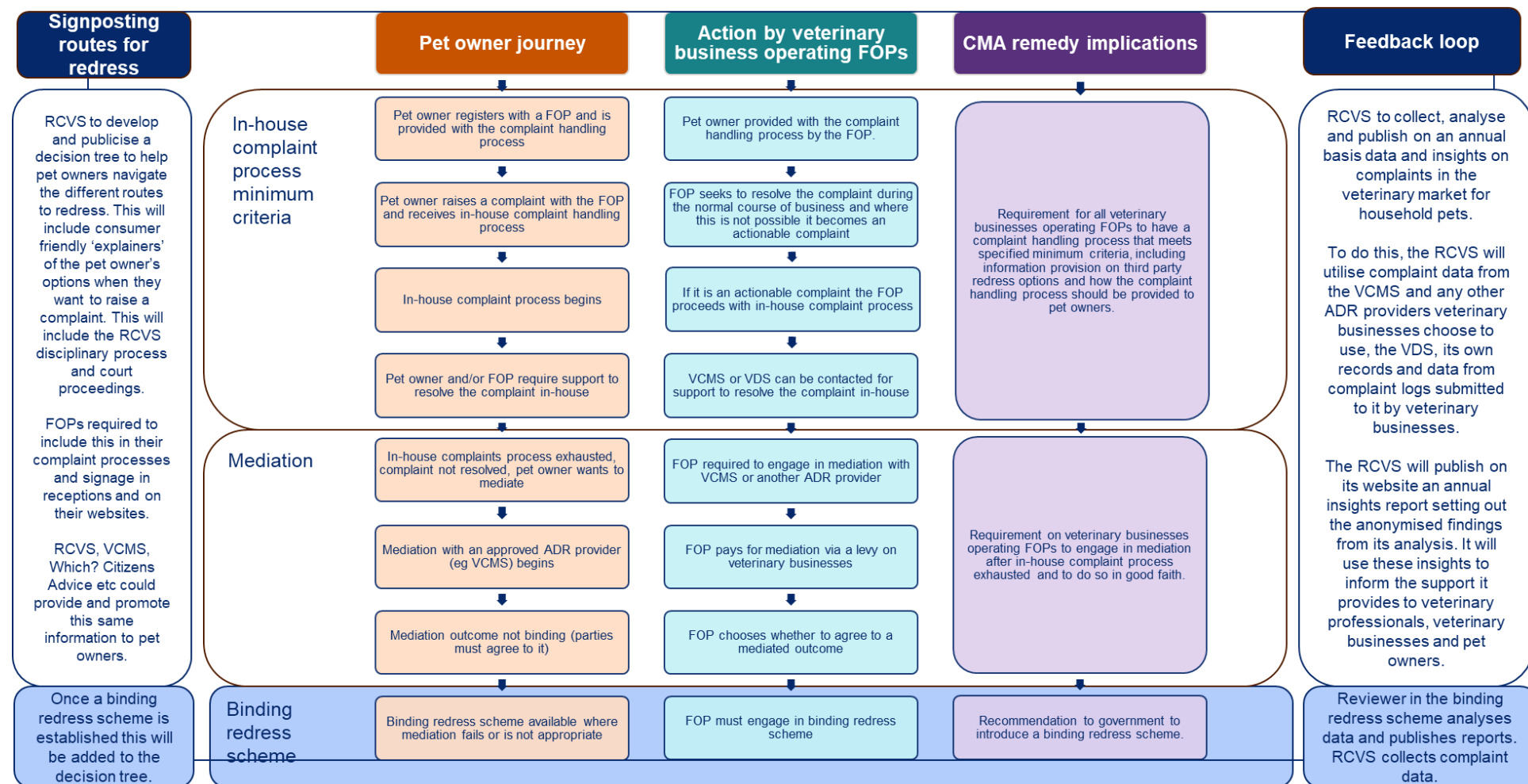
- Impose a requirement for all veterinary businesses operating one or more FOPs to ensure that each of their FOPs has and follows a written in-house complaint process which meets specified minimum criteria, including making the complaint process accessible to pet owners in specified ways (remedy 13). This remedy will ensure that all FOPs use effective and consistent in-house complaint handling processes which inform pet owners about their right to complain and give them confidence in their options for doing so.
- Impose a requirement for all veterinary businesses operating one or more FOPs 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. We will seek an Undertaking from the RCVS (or require it by Order) to contract an ADR provider which offers mediation services to relevant veterinary businesses operating FOPs (remedy 14). This will address our concern that those businesses do not currently have to participate in mediation even if the pet owner would like to do so.
- Seek an undertaking from the RCVS (or require it by Order) to develop and publicise a decision tree to help pet owners navigate the different routes to redress (remedy 15a). Veterinary businesses will be required to include this decision tree in their FOPs' complaint processes, provide it to pet owners at specified points in this process, and display it in prominently placed signage in FOP receptions and on their websites (remedy 13). This will help ensure that all pet owners consistently receive clear and comprehensive information on their options if they have a complaint they would like resolved.
- Seek an undertaking from the RCVS (or require it by Order) to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets (remedy 15b). This will ensure that complaints data and insights are used to support continuous learning and improvements among veterinary businesses and professionals and inform the broader regulation of the market.

¹⁰⁸⁸ As set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

- 8.6 We recommend in part B, section 9, that as a part of a package of long-term regulatory reform government establishes a comprehensive system for complaint handling and redress in the veterinary sector.¹⁰⁸⁹ This should include the in-house complaint process and mediation remedies and an independent statutory redress scheme which is binding on veterinary businesses operating FOPs.
- 8.7 Figure 8.1 below shows how these remedies will work together to form a coherent complaints and redress system. Remedies in the white boxes will be implemented relatively quickly via requirements in an Order and an undertaking from the RCVS (or an Order made in respect of it). The grey boxes indicate recommendations to government.

¹⁰⁸⁹ Part B, section 9: Recommendations for future regulatory reform, subsection Complaints and redress.

Figure 8.1: Complaint and redress remedies overview



Source: CMA.

Note: VDS refers to the Veterinary Defence Society.

8.8 Our assessment is that these remedies will result in the following outcomes:

- Pet owners will be more aware of how to complain to FOPs and will be better able, and more confident in their ability, to have their complaints considered and resolved.
- Where complaints are resolved because of our remedies, pet owners and veterinary businesses can benefit from retaining or increasing levels of customer satisfaction and trust. Where the outcome of the complaint is in the pet owner's favour, they may benefit from redress such as an apology, compensation or action to improve services.
- The knowledge that pet owners are more aware of their right to complain and of their options in doing so means that veterinary businesses operating FOPs will face a stronger incentive to comply with the substantive regulatory rules which apply to them, including those that facilitate or promote competition and protect consumers. For the same reason they will also face a strong incentive to comply with the rules relating to good complaint handling.
- Continuous feedback loops will support veterinary businesses operating FOPs to assess the complaints they receive and improve the veterinary services they provide. They will better enable the regulator to recognise trends in complaints and redress and therefore know where to focus efforts to improve outcomes.

Remedy 13: A requirement for all veterinary businesses operating FOPs to ensure that each of their FOPs has and follows a written in-house complaint process which meets specified minimum criteria.

We have decided to require all veterinary businesses operating one or more FOPs to ensure that each of their FOPs has and follows a written in-house complaint process which meets certain minimum criteria. This includes requirements to inform pet owners of how to complain about services provided at the FOP, when pet owners can expect a reply from the FOP to any complaint made and what options are available when it is not possible to resolve the complaint in-house. There will be a requirement for complaint processes to be made accessible to pet owners, including through publication on veterinary business or FOP websites. Veterinary businesses will be required to that each of their FOPs keeps a complaint log, shares this with the regulator when requested to do so, and reviews it periodically to facilitate learning from individual cases and identify any systemic issues.

These requirements, which apply to veterinary businesses operating one of more FOPs, also apply:

- where the veterinary business offers retail OOH services in one or more of its FOPs; and

- where a business offers retail OOH services in an OOH centre, premises or location (whether or not it also offers FOP services there at other times).

Description of the remedy

8.9 This remedy will require all veterinary businesses operating FOPs to ensure that each of their FOPs has in place, follows, and publishes and provides to pet owners,¹⁰⁹⁰ an in-house complaint process which meets specified minimum criteria. These minimum criteria are set out in Figure 8.2 below. The remedy imposes the same requirements:

- (a) on those businesses in respect of any retail OOH services they offer in their FOPs; and
- (b) where a business offers retail OOH services in an OOH centre, premises or location (whether or not it also offers FOP services there at other times).¹⁰⁹¹

8.10 In designing this remedy, we have considered current guidance on complaint handling in the veterinary sector as well as practice and guidance in other sectors,^{1092, 1093} and responses to our RWP and PDR. The form in which we have decided to adopt the remedy is largely the same as we proposed in our PDR. Technical amendments to its design and implementation are discussed in the sub-sections which follow.

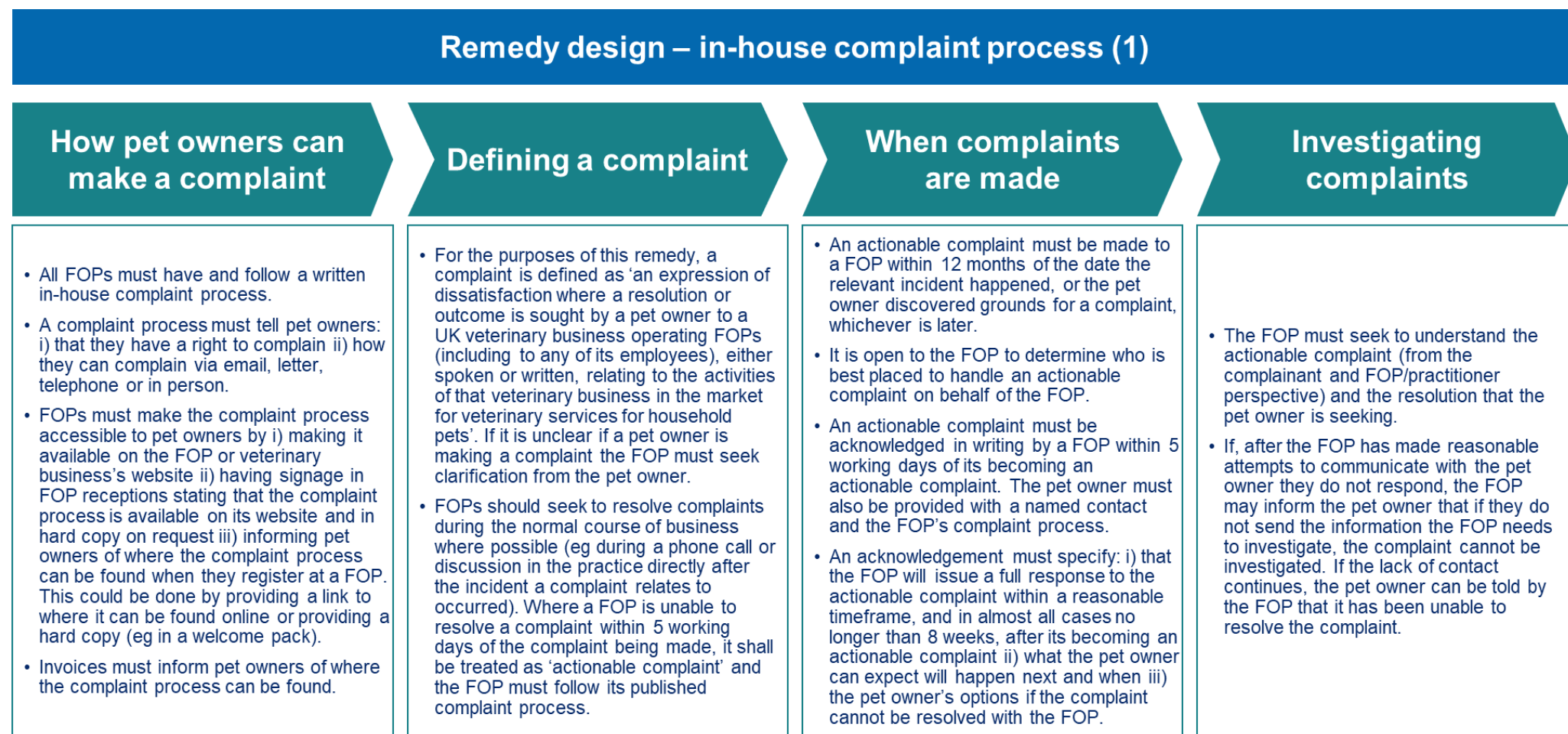
¹⁰⁹⁰ We consider at this stage that complaint handling policies should refer to the 'pet owner'. That term would be defined to include the legal owner of the household pet and any other person in charge of it or entering into an arrangement with a FOP to provide care to that pet. This reflects the fact that anyone taking a household pet to the vet should expect a good service and be able to complain where this is not the case, regardless of whether that person is the legal owner of the animal. For example, whether the owner or another family member takes the family pet for a check-up, both should expect to receive high levels of service both with regards to the pet and themselves.

¹⁰⁹¹ On the basis that the services offered OOH are often the same as FOP services and their provision should be disciplined in a similar way.

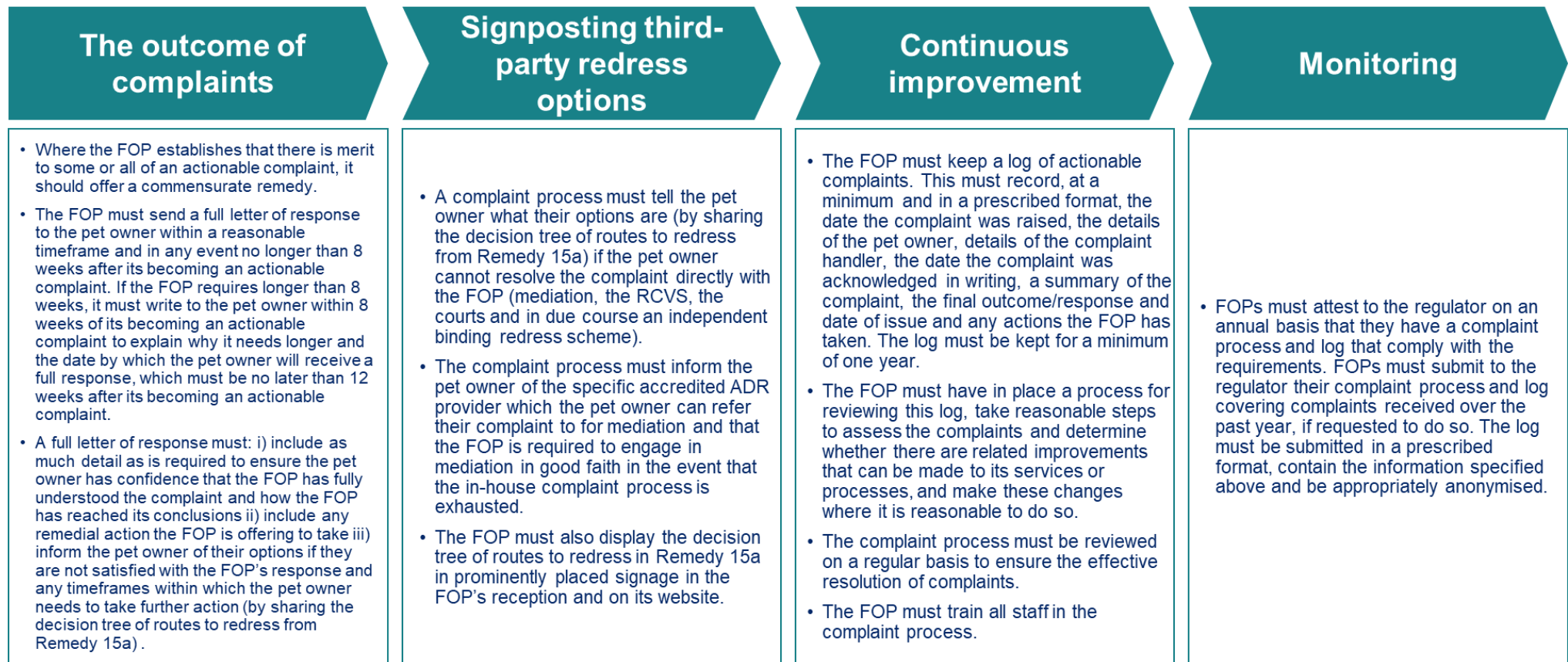
¹⁰⁹² This includes the factors we found when reviewing guidance on complaint handling in the veterinary and other sectors were prevalent in good in-house complaint handling processes.

¹⁰⁹³ General Dental Council, [Complaint handling](#) (accessed 16 July 2025). Legal Ombudsman, [Best practice complaint handling guide | Legal Ombudsman](#) (accessed 16 July 2025). OCCS, [FAQs - Consumers - Optical Complaints - Optical Consumer Complaints Service](#) (accessed 16 July 2025). UK Government Complaint Standards: [managing challenging situations in complaint handling](#) and [Model Complaints Handling Procedure](#) (accessed 16 July 2025). RCVS, PSS Award Level Requirements, [1small-animal-modules-and-awards-v3.4-.pdf](#). Royal Institution of Chartered Surveyors, [Complaints handling](#) (accessed 03 August 2025). VCMS, [Raising-a-Complaint-VCMS.pdf](#) (accessed 16 July 2025) and presentation to the CMA.). Veterinary Defence Society, [Claims and Complaints](#) (accessed 03 August 2025).

Figure 8.2 In-house complaint process minimum criteria



Remedy design – in-house complaint process (2)



Source: CMA.

The aim of the remedy

- 8.11 This remedy will create a consistent minimum level of complaint handling across all FOPs. It will help to ensure that pet owners know how to complain, that their complaints are acknowledged promptly, are responded to fully and within a reasonable timeframe, and that veterinary businesses operating FOPs learn from complaints they receive.
- 8.12 There are already some obligations on individual vets in relation to in-house complaint handling and the voluntary PSS places some requirements on accredited veterinary businesses.¹⁰⁹⁴ However, for the reasons set out in part A, section 14,¹⁰⁹⁵ our view is that there are insufficient requirements on veterinary businesses operating FOPs to help ensure that consistent in-house complaint processes are in place across the market. As a result, in-house complaint processes vary in quality and effectiveness.
- 8.13 In a well-functioning market, we would expect a higher proportion of pet owners than is currently the case to be aware of how to complain and to do so where they felt this was warranted. This is important in a professional services market involving credence goods and an asymmetry of information between veterinary professionals and pet owners. Our pet owners survey found that less than half of those who considered complaining to their practice went on to do so.¹⁰⁹⁶ When asked why not, the most common answers were: 'didn't think anything would come of it' (53% of relevant respondents), 'worried about ongoing relationship with vet' (38%) and 'didn't know who to complain to' (32%) (respondents could choose more than one response).¹⁰⁹⁷
- 8.14 This remedy directly addresses the weaknesses in the regulatory framework we have identified by requiring that all FOPs have an in-house complaint process which meets a set of specified minimum criteria. Placing obligations on veterinary businesses operating FOPs, in addition to those already placed on vets themselves, will help to ensure the provision of consistently effective complaint processes across the veterinary market for household pets.¹⁰⁹⁸

How the remedy addresses the AEC and resulting customer detriment

- 8.15 This remedy, alongside a requirement for veterinary businesses to engage in mediation (remedy 14),¹⁰⁹⁹ and, in the longer term, enabling pet owners to seek a

¹⁰⁹⁴ A description of these requirements is set out in in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

¹⁰⁹⁵ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

¹⁰⁹⁶ Pet owners survey, Q117 (35% 'Yes') and Q118 (75% 'the vet or vet practice staff', 17% 'the owner(s) of the vet practice').

¹⁰⁹⁷ Pet owners survey, Q117.

¹⁰⁹⁸ As set out in in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

¹⁰⁹⁹ Those operating FOPs.

determination from an independent binding redress scheme,¹¹⁰⁰ will address the lack of appropriate redress mechanisms in the current regulatory framework, and particularly the limited provision for effective complaint handling across the sector. The outcomes the remedy will support are that:

- (a) Pet owners will be better informed about how to complain to their FOP and what it involves, as well as how to proceed if the complaint cannot be resolved at the local level.
- (b) Pet owners will feel more confident to complain to their FOP and expect better processes when they do raise a complaint.
- (c) More complaints will be resolved between pet owners and veterinary businesses operating FOPs. Where redress is needed more pet owners will receive it.
- (d) Increasing pet owners' awareness of other routes to redress (should local resolution fail) will incentivise veterinary businesses to resolve legitimate complaints themselves where possible and provide redress where needed, to avoid the additional time and cost associated with engaging in third-party dispute resolution mechanisms.
- (e) Where veterinary businesses fail to resolve complaints, pet owners will be more confident in taking their complaints to the next appropriate step, such as mediation, if they wish to do so. As a result, more complaints which are not resolved with the veterinary businesses at the FOP level, and which are suitable for mediation, will progress to this step.
- (f) Recognising that pet owners will be more empowered to raise and resolve complaints, veterinary businesses operating FOPs will be incentivised to maintain or improve the quality of the services they provide. This includes examining complaints data to identify lessons learned and make improvements.

8.16 Our judgement that the remedy will achieve these effects has received considerable support. Over half of respondents to our PDR who commented on this remedy indicated general support for it. The British Veterinary Association's (**BVA**), British Small Animal Veterinary Association's (**BSAVA**) and British Veterinary Nursing Association's (**BVNA**), Society of Practising Veterinary Surgeons (**SPVS**) and Veterinary Management Group (**VMG**) welcomed the remedy.¹¹⁰¹ Which? said that the remedy would help pet owners know how to

¹¹⁰⁰ As set out in part B, section 9: Recommendations for future regulatory reform, subsection Complaints and redress.

¹¹⁰¹ BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, p 5. Concerns raised in this response regarding the submission of complaint logs to the regulator are discussed in relation to remedy 15b.

complain and reduce the barriers to their doing so.¹¹⁰² XL Vets told us that the remedy supports effective client redress and continuous professional development for practice teams.^{1103, 1104} A small minority of respondents to our PDR who commented on this remedy were not supportive.¹¹⁰⁵

Remedy design considerations

8.17 We outline our remedy design considerations in the sub-sections that follow.¹¹⁰⁶ They cover:

- (a) the specificity of in-house complaint process requirements;
- (b) the timeframe for responding to complaints;
- (c) the use of complaints data as a source of continuous learning;
- (d) limiting the costs and burdens to businesses;
- (e) a 'complaint officer' role; and
- (f) supporting vulnerable pet owners.

Specificity of in-house complaint process requirements

8.18 A key concern we are seeking to address is that consistent and high-quality in-house complaint processes are not operated by all veterinary businesses. Accordingly, while some flexibility is desirable, there are some key principles and specific requirements that are necessary for in-house complaint processes to be consistent and effective.

8.19 In particular, there should be specific requirements on veterinary businesses operating FOPs relating to each of the matters specified in Figure 8.2 above. These ensure that pet owners are made aware of the in-house complaint process and other third-party redress options, and that their complaints are investigated and responded to within standard timeframes. The decision tree to be produced

¹¹⁰² Such as pet owners regarding complaints as unlikely to be successful, or as involving process that are too long and complicated or that they do not feel comfortable using. Which? response to the PDR, p 6.

¹¹⁰³ XL Vet UK Ltd response to the PDR, p 21.

¹¹⁰⁴ Respondents to our RWP also said that this remedy would improve consistency in how complaints were dealt with, improve transparency for pet owners, reduce barriers to pet owners complaining, deliver a fair process and help practices to resolve complaints earlier. For example, [IVC response to the RWP, paragraph 6.19\(ii\)](#). [Linnaeus response to the RWP, p 53](#). [XL Vets response to the RWP, p 59](#). [Which? response to the RWP, p 6](#). [Thrums Vets response to the RWP, p 25](#).

¹¹⁰⁵ Reasons submitted for this included that routes to resolve complaints already exist and that pet owners are generally aware of how to complain. There were also concerns about a rise in unfounded or vexatious complaints and the mental health of veterinary professionals. We address these concerns below (subsection: limiting business burden). For example, Anonymous Respondent 27 [X] response to the PDR, pp 6-7. Just over a quarter of respondents to our PDR who commented on this remedy were neutral or not specific about their support for this remedy.

¹¹⁰⁶ Some respondents to our PDR submitted points of detail (in relation to this remedy and others in this section of this report) which it is more appropriate to address via the publication of and consultation on our draft Order.

(remedy 15a) will be an effective complement to this, helping pet owners understand the various options open to them.

- 8.20 Our decision takes into account that many firms submitted to us that they already operate effective in-house complaint processes.¹¹⁰⁷ The remedy will not undermine those processes.^{1108, 1109}
- 8.21 Rather, the remedy provides a framework within which complaint processes must be established. The principles and requirements that make up that framework are based on guidance and principles of best practice in the veterinary sector and in other regulated industries and responses to our RWP and PDR.¹¹¹⁰ Existing high quality in-house complaint processes will already adhere to many of the requirements. There will be a baseline for complaint processes across the market, ensuring a level of consistency and effectiveness for pet owners who make complaints.
- 8.22 The BVA, BSAVA, BVNA, SPVS and VMG agree with our view. In response to our PDR they said ‘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’.¹¹¹¹

¹¹⁰⁷ Just over a quarter of respondents to our PDR who commented on this aspect of our PDR said that they already had effective processes in place. For example, Anonymous Respondent 28 [§] response to the PDR, p 3. PDSA response to the PDR, p 7. Anonymous Respondent 14 [§] response to the PDR, p 3. Anonymous Respondent 2 [§] response to the PDR, p 5.

¹¹⁰⁸ A small minority of respondents to the PDR submitted that the remedy would not add value where complaint handling already works well. For example, Hook Norton Veterinary Group response to the PDR, p 12.

Some stakeholders responding to our RWP made the same point and said that in-house complaint handling processes should avoid being too formulaic, for example, [the VCMS response to the RWP, p 11](#), [Respondent 27 response to the RWP, p 18.](#), and [the PDSA's response to the RWP, p 25](#).

¹¹⁰⁹ Some stakeholders have told us that the variation in practice type and size meant it would be difficult to create criteria which suited every veterinary business. For example, [the British Veterinary Union response to the RWP, paragraph 3.2.237](#), [Medivet's response to the RWP, paragraph 2.5\(e\)\(i\)](#). Veterinary Defence Society response to the RWP, p 6.

¹¹¹⁰ General Dental Council, [Complaint handling](#) (accessed 16 July 2025). Legal Ombudsman, [Best practice complaint handling guide | Legal Ombudsman](#) (accessed 16 July 2025). OCCS, [FAQs - Consumers - Optical Complaints - Optical Consumer Complaints Service](#) (accessed 16 July 2025). UK Government Complaint Standards: [managing challenging situations in complaint handling](#) and [Model Complaints Handling Procedure](#) (accessed 16 July 2025). RCVS, PSS Award Level Requirements, [1small-animal-modules-and-awards-v3.4-.pdf](#). Royal Institution of Chartered Surveyors, [Complaints handling](#) (accessed 03 August 2025). VCMS, [Raising-a-Complaint-VCMS.pdf](#) (accessed 16 July 2025) and presentation to the CMA). Veterinary Defence Society, [Claims and Complaints](#) (accessed 03 August 2025). Office of Rail and Road [Guidance on complaints handling procedures](#) (accessed 16 July 2025). We have considered research commissioned by the Solicitors Regulation Authority and Legal Ombudsman into the experiences and effectiveness of solicitors' first tier complaints handling processes, [SRA | Research into the experiences and effectiveness of solicitors' first tier complaints handling processes | Solicitors Regulation Authority](#), December 2017. We have also considered the Financial Conduct Authority's guidance on complaint handling which was suggested to us as a helpful framework by one respondent to our PDR. We note that it reflects some of the key principles and requirements that we have included in our remedy, including timely responses and keeping complaints logs. Financial Conduct Authority, [DISP 1 Treating complainants fairly](#). We also set out a detailed complaint handling process in the PDR, about which we received feedback, which is similar to that which has been included in this decision report.

¹¹¹¹ BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, p 25.

A requirement for FOPs to send a full letter of response to actionable complaints within eight weeks

- 8.23 An important element, in our view, of an effective complaint process is that it provides for prompt handling and investigation of, and responses to, complaints. That speed must be balanced with a need for thoroughness and reflect the complexity and emotional context that will apply in some cases. It must take account of considerations relating to the welfare of other animals under a veterinary surgeon's care, and to the other professional obligations and commercial objectives to which businesses and their staff are subject.
- 8.24 Properly calibrated though, a requirement of promptness can operate in the interests of fairness to pet owners. It can also provide an incentive for veterinary businesses (i) to provide a quality of service that reduces the risk of complaints and (ii) to respond to complaints effectively when they are made.
- 8.25 In our PDR, we proposed that FOPs must send a full letter of response to the pet owner within a reasonable timeframe and in any event no longer than eight weeks after a complaint becomes an actionable complaint. We heard from a small minority of those who commented on this proposal that longer than eight weeks may be required in some circumstances. Specifically:
- Pets at Home submitted that 12 weeks, with a possible further six-week extension where a pet morbidity review is carried out, would be appropriate. It said that 'A twelve-week timeframe reflects evidence-based best practice in safety-critical industries such as healthcare, ensuring investigations are thorough, fair, and focused on learning rather than blame. The extended time period in these circumstances also reflects the need to acknowledge the impact of the emotional toll of cases involving an unexpected death, serious complications or safety incidents on the local clinical team.'¹¹¹²
 - The VDS submitted that eight weeks would 'not be appropriate for complaints which include an allegation of professional negligence' and that 'Practices are obliged to carry professional indemnity insurance (for the benefit of consumer protection) and the proposed remedy should not act as a discouragement for practices to rely on their professional indemnity insurance policy where appropriate.'¹¹¹³
- 8.26 Having considered these submissions, we have decided that FOPs will be required to provide a response to all actionable complaints within eight weeks. If additional time is required to fully resolve a complaint,¹¹¹⁴ the veterinary business

¹¹¹² Pets at Home response to the PDR, p 48.

¹¹¹³ The Veterinary Defence Society Ltd response to the PDR, p 1.

¹¹¹⁴ Because, for example, a pet morbidity review is necessary or if investigations in relation to allegations of professional negligence are ongoing.

must communicate this to the complainant within the eight-week period. It must explain why it requires more time to fully resolve the complaint and the date by which it will respond in full, which must be no later than 12 weeks after receiving the actionable complaint. Our judgement is that this strikes the right balance between ensuring that pet owners receive a timely response to complaints and ensuring that FOPs have adequate time to fully investigate more complex complaints when necessary.

- 8.27 In making that judgement, we have considered the guidance for firms in other sectors, such as the complaints handling guidance published by the Financial Conduct Authority (with which one respondent to our PDR said we should align aspects of this remedy).¹¹¹⁵ We note that this guidance states that ‘It is expected that within eight weeks of their receipt almost all complaints...will have been substantively addressed’.¹¹¹⁶ While that guidance relates to a different sector, the complaints it covers may be complex and high-value and the regulator considers that they should generally be capable of being addressed in eight weeks.^{1117, 1118}

Continuous learning culture

- 8.28 As well as helping pet owners obtain satisfaction where things go wrong, an effective in-house complaint process can be a rich source of material that veterinary businesses use to improve the quality of their services. If they record and assess them effectively, the complaints they receive and resolve would provide a valuable source of learning.
- 8.29 That is a view shared by around a third of respondents to our PDR who supported this remedy, and who said that it would benefit veterinary professionals and businesses, via learning and development opportunities.^{1119, 1120, 1121} For example, the VCMS submitted that ‘veterinary business operating FOPs should seek to

¹¹¹⁵ Pet and Equine Insurance Association response to the PDR, p 6

¹¹¹⁶ Financial Conduct Authority, [DISP 1 Treating complainants fairly](#), 1.6.7

¹¹¹⁷ The FCA guidance also says that if a regulated firm receives a complaint that had been forwarded by another business, the standard time limits would apply from the date on which the business received the forwarded complaint. Financial Conduct Authority, [DISP 1 Treating complainants fairly](#), 1.7.3

¹¹¹⁸ We have also taken into account that, in its response to the PDR, the VDS suggested that remedy 13 may conflict with the Pre-Action Protocol in cases involving professional negligence because the Pre-Action Protocol gives more time for a response. Having considered this point we do not think that the requirement to respond with 8 weeks conflicts with the Pre-Action Protocol but rather is consistent with the aims of the Protocol and the emphasis it places of court action being a last resort and parties seeking to settle disputes through other means first when appropriate - Veterinary Defence Society Ltd response to the PDR, p 1.

¹¹¹⁹ For example: Northvet Veterinary Group response to the PDR, p 5; Armour Veterinary Group Ltd response to the PDR, p 3; Anonymous Respondent 26 [redacted] response to the PDR, p 4; Anonymous Respondent 14 [redacted] response to the PDR, p 6.

¹¹²⁰ Around half of those respondents were veterinary businesses, most of whom said that they supported professional learning from complaints.

¹¹²¹ Some stakeholders also told us in response to our RWP that the remedy should focus on learning from mistakes. For example, Hook Norton Veterinary Group response to the RWP, p 19. [IVC response to the RWP, paragraph 6.19\(ii\)](#). [Thruns Vets response to the RWP, p 26](#).

learn from the complaints they receive and [the VCMS] has worked with the sector to encourage and facilitate this since 2017'.¹¹²²

- 8.30 We have accordingly decided to impose requirements that veterinary businesses operating FOPs must keep a complaint log. They must have a process for reviewing this log, take reasonable steps to assess the complaints they receive and make related improvements to their services or processes where it is reasonable to do so.
- 8.31 These complaint logs will also help the regulator to support continuous improvement amongst veterinary professionals and businesses and to improve outcomes for pet owners and their pets.¹¹²³ This is discussed in detail below in relation to our decision to seek an undertaking from the RCVS to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets (remedy 15b).

Limiting business burden

- 8.32 We are mindful that, as with any measure we impose, this remedy should impose no more costs and burdens on veterinary businesses than is necessary to achieve its objectives.
- 8.33 Concerns we have heard about the remedy include that:¹¹²⁴
- (a) a mandated process would be overburdensome and bureaucratic;¹¹²⁵
 - (b) it may be more difficult for smaller veterinary businesses to comply with than larger ones;^{1126, 1127}
 - (c) it could increase the costs and burdens on veterinary businesses;
 - (d) it might lead to a rise in complaints (which may be unfounded or vexatious);
 - (e) it could put pressure and stress on veterinary professionals; and
 - (f) ways to complain already exist (such as via the RCVS, social media, search engines).

¹¹²² VCMS response to the PDR, p. 21.

¹¹²³ Complaint logs will need to be submitted to the regulator by a sample of veterinary businesses each year on request, and therefore will need to be kept by veterinary businesses for one year at a minimum.

¹¹²⁴ From a small group of respondents to our PDR who commented on this remedy in each case and who were a mix of those who broadly support the remedy, were neutral or not specific, or not in favour. We also received a template response from Veterinary Voices. This was submitted by 87 respondents and made a point about the cost and burdens of this remedy as described below.

¹¹²⁵ This is set out in [the summary of responses to the Remedies Working Paper, paragraph 101](#).

¹¹²⁶ For example, [Respondent 12 response to the RWP, p 24](#). [Blue Cross' response to the RWP, p 16](#). Hook Norton Veterinary Group response to the RWP, p 19.

¹¹²⁷ A small group of respondents to the PDR, who were a mix of those who broadly support the remedy, were neutral or not specific, or not in favour, also made this point.

- 8.34 One particular set of responses to our PDR – a template from Veterinary Voices UK, which was submitted by 87 respondents – made these specific comments on the costs and burdens of this remedy:
- Technological infrastructure would need to be developed across practice management systems. To account for this, the responses recommended ‘.... an extended 18-month implementation period following the final order and engage[ment] directly with PMS developers, RCVS, and professional bodies to ensure realistic, secure delivery.’¹¹²⁸
 - The cost per site of making the necessary changes would be higher for independents than LVGs, and veterinary businesses with a turnover below a certain threshold should be subject to simplified requirements.
 - Reporting requirements should not place an additional burden on veterinary businesses and the submission of data to the regulator should be automated.
 - The cost of monitoring compliance, and the sampling of data, by the regulator is a concern.
- 8.35 Some other stakeholders have raised concerns that the remedy should ensure that the resolution of complaints is focussed at local, practice level.¹¹²⁹ The BVA, BSAVA, BVNA, SPVS and VMG, for example, told us that, ‘Wherever possible local and first-tier complaint resolution is optimal for clients and veterinary practices’.¹¹³⁰
- 8.36 We recognise that smaller veterinary businesses may have more limited resources (for example no centralised administrative or complaint handling function) for complying with this remedy. They may need to do more to comply with it, given our assessment in part A, section 14 that, amongst existing complaint handling processes, those operated by smaller businesses may have more shortcomings.¹¹³¹
- 8.37 We have considered whether it would be appropriate to exempt the very smallest veterinary businesses from this remedy. However, this is likely to result in some pet owners having more limited ability to raise and resolve their complaints with FOPs, which would undermine the extent to which this remedy will deliver consistently effective complaint handling processes across the market. It would

¹¹²⁸ Veterinary Voices UK Template response, p 10.

¹¹²⁹ Several respondents to our RWP that broadly supported the remedy highlighted that they were in favour of resolution at a local level (that is, within the vet practice itself) where possible. For example, [BVA, BSAVA, BVNA, SPVS and VMG’s Response to the RWP](#), p 40. VDS response to the RWP, p 6. [Respondent 28 response to the RWP](#), paragraph 89. [British Veterinary Union response to the RWP](#), paragraph 3.2.241.

¹¹³⁰ [BVA, BSAVA, BVNA, SPVS and VMG’s response to the RWP](#), p 4.

¹¹³¹ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

remove the disciplinary effect of this remedy on non-participating veterinary business.

8.38 Our judgement is that the remedy sets reasonable baseline requirements which all veterinary businesses operating FOPs must meet to ensure that this remedy is effective. They take as a starting point that complaints should be resolved at practice level wherever possible, and they reflect good practice that some FOPs already adopt. That they may enhance pet owners' abilities to make complaints and therefore the overall number of complaints may rise is not in itself a reason not to pursue the remedy. That possibility demonstrates both the potential effectiveness of the remedy and the incentive it will give veterinary businesses to maintain or improve the quality of their services.

8.39 In that latter connection, we concur with some of the views expressed to us by the VCMS.¹¹³² It told us that:

By encouraging consumers to raise concerns, this presents an opportunity for businesses to address and resolve those concerns. In the short term, this could incur additional labour costs (veterinary professionals and administrative staff) and some very low material costs (for example producing complaint acknowledgement and final response letters). These should be seen as a standard and reasonable business overhead given the nature of the consumer/business relationship. In time, with investment in insight led quality improvement, this should reduce and become cost neutral to even cost saving. In any event it is necessary for consumers to have a clear pathway to raise and resolve concerns.¹¹³³

8.40 There are other ways, rather than exempting some of them from the remedy, to support veterinary businesses, especially smaller ones, to meet the requirements. The CMA, working with stakeholders, will produce guidance for veterinary businesses to use when designing their FOPs' in-house complaint handling processes. For example, the BVA, the BSAVA, the SPVS, the VMG, the BVNA, and the Veterinary Defence Society (**VDS**) have indicated that they would be keen to contribute to this process.¹¹³⁴ Veterinary businesses will be able to draw on this to reduce the cost and burden of compliance. Guidance, rather than a template process, will effectively support compliance while enabling some flexibility for

¹¹³² In the context of the internal forecast it submitted to us (and which we describe more fully below), which predicted that the number of complaints submitted to the VCMS may increase significantly [44%-67%] as a result of our remedies. VCMS response to RF14, Q1. [X].

¹¹³³ VCMS response to the PDR, p 22.

¹¹³⁴ BVA, BVNA, BSAVA, SPVS and VMG response to PDR, p 26 and The Veterinary Defence Society Ltd response to the PDR, p 1.

businesses, particularly where effective in-house complaint processes already exist.

- 8.41 We will also work with stakeholders such as the RCVS, VCMS and VDS to produce a template complaint log. This will provide veterinary businesses with clarity on what complaint data they must collect and in what format this should be submitted to the RCVS, if requested to do so. The provision of this template will help reduce the cost and burden of a requirement for veterinary businesses to log complaints to facilitate learning and development.
- 8.42 As to the suggestion that technological infrastructure would need to be developed across practice management systems over an 18-month period, we understand from the Veterinary Advisory Panel that practice management systems do not currently tend to have the functionality to track and monitor complaint handling comprehensively or keep complaint logs. We understand that there are confidentiality concerns with holding complaint data in practice management systems, specifically when client records are transferred to new practices. Instead, spreadsheets or other software are used to track complaints.¹¹³⁵ In light of these comments, we do not anticipate it will be necessary for practice management systems to be capable of supporting veterinary businesses to comply with this remedy.

A 'complaint officer' role

- 8.43 We have considered whether it would be appropriate to require veterinary businesses operating FOPs to have a named person as a complaint officer, responsible for managing any complaint received and ensuring that FOPs adhere to the requirements of this remedy. This could be a veterinary or non-veterinary staff member and in large groups could be a centralised role covering multiple practices.
- 8.44 Given the broad diversity of business models, differing sizes of practices, and the importance of avoiding unnecessary burden, we have decided not to include such a requirement. However, veterinary businesses may choose to appoint a complaint officer if they think this would help ensure complaints are handled effectively, efficiently and in accordance with the requirements of the remedy.

Supporting vulnerable pet owners

- 8.45 It is important that all pet owners have fair and consistent access to an effective framework for complaints and redress.¹¹³⁶ Some of them may feel vulnerable when

¹¹³⁵ Discussion with the CMA's Veterinary Advisory Panel, 14.01.26, pp 2-3.

¹¹³⁶ A small number of respondents to our PDR commenting on this remedy noted that there should be consideration for vulnerable customers (Pet and Equine Insurance Association response to the PDR, p 6.), and that policies must have flexibility to respond to their needs (VCMS response to the PDR, p 21).

making or considering a complaint, which may for example be associated with their personal circumstances or with distress following a poor clinical outcome or the death of a pet.¹¹³⁷ Such vulnerability may make pet owners less able to engage with the practice and seek redress when they have a complaint.

- 8.46 While not part of our remedy package, it may be that the RCVS, working in cooperation with a group of veterinary professional associations, would be well-placed to develop guidance for veterinary businesses operating FOPs. That could help them ensure that their staff, especially those in consumer-facing roles, are supported when managing complaints involving vulnerable pet owners.¹¹³⁸

Remedy implementation considerations

Method of implementation and scope

- 8.47 Implementation of this remedy will be via an Order in the first instance. As part B, section 9 explains, in the longer-term we consider the requirements relating to in-house complaint processes should form part of a reformed regulatory framework created by new legislation.^{1139, 1140, 1141}
- 8.48 With regards to the scope of this remedy, the BVA, BSAVA, BVNA, SPVS and VMG submitted that it should also apply to referral services, OOH practices, laboratories and online pharmacies.¹¹⁴² The VCMS sought clarification on whether the remedy applies to OOH providers and referral centres.¹¹⁴³ The VDS submitted that the remedy, ‘... should apply to FOPs, referral centres and out-of-hours providers to ensure fairness across the profession.’¹¹⁴⁴

¹¹³⁷ CMA (2019), *Consumer vulnerability: challenges and potential solutions*, p 4.

¹¹³⁸ For example, we note that RCVS Knowledge and the VCMS worked together to develop a course for veterinary professionals on how to deal with complaints: <https://www.rcvs.org.uk/about-us/news-and-views/news/rcvs-academy-launches-new-course-to-help-veterinary-professionals> (accessed 30 September 2025). Two examples of how other sectors have published guidance on supporting vulnerable consumers are the Financial Conduct Authority, *Guidance for firms on the fair treatment of vulnerable customers* (accessed 1 October 2025) and Scottish Public Services Ombudsman, *Complainants with vulnerabilities: guidance* (accessed 1 October 2025).

¹¹³⁹ Part B, section 9: Recommendations for future regulatory reform, subsection Complaints and redress.

¹¹⁴⁰ We did not receive any significant objections from stakeholders responding to our PDR with regards our proposal to implement this remedy through requirements set out in an Order. The BVA, BSAVA, BVNA, SPVS and VMG in its response to our RWP submitted that a formal, agreed and consistent complaints process for the veterinary sector, that is both pragmatic and proportionate, should be introduced as part of Guidance to the RCVS Code of Conduct and then made part of requirements of mandatory practice regulation. BVA, BSAVA, BVNA, SPVS and VMG, response to the RWP, p 4. It subsequently, in its response to our PDR said ‘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.’ BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, p 25.

¹¹⁴¹ Defra has proposed in its consultation that reformed legislation would require all veterinary/animal healthcare businesses to adhere to minimum standards. We welcome Defra’s proposal that this could include requirements for all veterinary businesses operating FOPs to have a complaint handling process and to participate in an external mediation service, which is aligned with the requirements we will be imposing on veterinary businesses as part of remedies 13 and 14. *Defra consultation, Reform of the Veterinary Surgeons Act 1966*, January 2026, p 31.

¹¹⁴² BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, p 25.

¹¹⁴³ It sought the same clarification with regards to the mediation remedy (remedy 14). VCMS response to the PDR, p 17.

¹¹⁴⁴ The Veterinary Defence Society Ltd response to the PDR, p 3.

- 8.49 We have decided that the requirements of this remedy will apply to veterinary business operating one or more FOPs.¹¹⁴⁵ It also applies where the business offers retail OOH services in one or more of those FOPs and where a business offers OOH services in an OOH centre, premises or location (whether or not it provides FOP services there at other times).¹¹⁴⁶ The services offered by OOH in these settings are often the same as FOP services. Their provision should be disciplined in a similar way.
- 8.50 Our assessment of competition has focussed on the effect of existing regulatory requirements and complaint processes in FOPs, not referral services, laboratories or online pharmacies, so the latter services are outside the scope of this remedy. However, businesses operating these services may wish voluntarily to ensure that they operate good complaint processes.

Cost of implementation

- 8.51 In part B, section 2 we set out the types of costs that veterinary businesses may incur in complying with our remedies, such as capital costs and staff costs, and how costs might be one-off or ongoing.¹¹⁴⁷ With regard to this remedy:
- (a) For FOPs which already have good complaints processes in place, veterinary businesses will incur relatively limited labour costs to check that their policies comply and to amend them where necessary.
 - (b) For FOPs with no complaint process, or a complaint process that does not meet the specified minimum standards, veterinary businesses may incur:
 - (i) Staff costs developing a compliant complaint process and training staff on its content. The provision of guidance on the complaint process and a template complaint log will help mitigate the initial cost of compliance.
 - (ii) Materials costs of making the in-house complaint process accessible to pet owners:
 - (1) A one-off cost in making the complaint process available on their website and having signage in practice receptions stating that the complaint process is available in hard copy on request. Most FOPs already have websites and/or practice literature that veterinary businesses update from time to time.

¹¹⁴⁵ The requirements of the mediation remedy (remedy 14) will similarly apply to veterinary business operating one or more FOPs.

¹¹⁴⁶ The remedy will also apply in those FOPs or other place in respect of those OOH services.

¹¹⁴⁷ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

- (2) A relatively small but ongoing cost in informing pet owners about the complaint process when they register at a FOP. This could be done by providing a link to where it can be found online or providing a hard copy (such as in a welcome pack).
- (3) A small one-off cost involved in adding a line to the standard form of invoice informing pet owners where the complaint process can be found.

8.52 There may be an increase in complaints made by pet owners as a result of this remedy, particularly for those FOPs which did not have well publicised or effective complaint processes in place. Handling and logging these complaints is likely to result in additional labour costs (for veterinary professionals and administrative staff) and some small materials costs (for example, producing complaint acknowledgement and final response letters). We set out in 'Limiting business burdens' above the potential for those costs to reduce over time. Businesses will incur some relatively small costs from complying with monitoring requirements.

Implementation timeframe

8.53 Part B, section 2 sets out our decision on the timing of implementation for our remedy package.¹¹⁴⁸ With regard to this remedy, all veterinary businesses operating FOPs would be required to be compliant six months after our Order has been made.

8.54 Some parties have questioned this period.¹¹⁴⁹ Our view is that a six-month implementation period will give veterinary businesses with established complaint processes time to check that these comply. It will give those veterinary businesses without complaint processes, with very basic processes or with relatively limited capacity, sufficient time to ensure they have compliant processes in place (taking account, for example, of the principles that will be clearly set out in our Order and the guidance and template that we will produce to help them comply).¹¹⁵⁰

Monitoring of compliance

8.55 The requirement for all veterinary businesses operating FOPs to ensure that each of their FOPs has and follows an in-house complaint process is one of the remedies that would be subject to the monitoring function described in part B,

¹¹⁴⁸ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

¹¹⁴⁹ Notably, those respondents to our PDR who submitted the Veterinary Voice template recommended an 18-month implementation period to 'engage directly with PMS developers, RCVS, and professional bodies to ensure realistic, secure delivery. Veterinary Voices UK Template response, p 10.

¹¹⁵⁰ We note that the VCMS submitted that a six-month timeline is reasonable. VCMS response to the PDR, p 22.

section 2.¹¹⁵¹ In this case, monitoring will involve a requirement for veterinary businesses to attest annually to the RCVS that all the FOPs they operate have a compliant complaint process and log, and to submit copies to the RCVS, if requested to do so.¹¹⁵² The log will need to be submitted in a prescribed format and contain the information specified in Figure 8.2 appropriately anonymised.

- 8.56 The RCVS will review annual attestations and request, on an annual basis, that for a sample of FOPs (for example, 50 of them) the relevant veterinary businesses submit their complaint processes and logs. The RCVS will check if, for each of those FOPs, the veterinary businesses had fulfilled the specified minimum criteria.¹¹⁵³
- 8.57 The RCVS is well placed to monitor compliance with this proposed remedy. The complaints data received in the sample of complaint logs will inform its understanding of the problems pet owners experience and how it supports the veterinary profession and fulfils its regulatory functions (as set out in remedy 15b).
- 8.58 As noted previously, some respondents to our PDR who commented on this remedy submitted concerns about the cost of monitoring compliance and the sharing of complaint data with the regulator.¹¹⁵⁴ However, effective monitoring is necessary to encourage compliance and to enable non-compliance to be addressed where necessary. An approach that requires annual attestations, combined with sampling of complaint processes and suitably anonymised logs, limits the administrative burden placed on businesses.¹¹⁵⁵

Remedy 14: A requirement for 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 have decided to require all veterinary businesses operating one or more FOPs to participate in mediation in good faith where the pet owner wishes to do so and in-house complaints processes have been exhausted. The proposed resolution will be binding only if both parties agree to it. The requirements of the remedy, which apply to veterinary businesses operating one or more FOPs, will also apply:

¹¹⁵¹ Part B, section 2: Remedies: framework, form and implementation subsection Practical design and implementation considerations.

¹¹⁵² In such cases, veterinary businesses would be required to submit their complaint handling log covering complaints received over the past year. The obligation to do so would arise no earlier than 18 months after publication of our Order.

¹¹⁵³ The CMA could then consider, based on this monitoring information, if enforcement action is warranted against the relevant veterinary businesses.

¹¹⁵⁴ CVS response to the PDR, p 18. The RCVS response to the PDR, p 16.

¹¹⁵⁵ We address the queries and concerns we received about the use of complaint log data by the RCVS, other than for the purpose of monitoring compliance with this remedy, in relation to remedy 15b. That sub-section discusses our decision seek an undertaking from the RCVS to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.

- where a veterinary business offers retail OOH services in one or more of its FOPs; and
- where a business offers retail OOH services in an OOH centre, premises or location (whether or not it also offers FOP services there at other times).

The RCVS will contract an ADR provider which offers mediation services to relevant veterinary businesses operating FOPs.

Description of the remedy

8.59 All veterinary businesses operating one or more FOPs will be required (i) to choose a specific independent and approved ADR provider offering mediation services,¹¹⁵⁶ to which pet owners can refer unresolved complaints for mediation, and (ii) to communicate this to pet owners as part of the business' FOP complaint process (remedy 13). Where the pet owner opts to refer a complaint to mediation after exhausting the FOP's complaint process, the veterinary business will be required to engage with the mediation process in good faith.

8.60 The same requirements apply:

- (a) to veterinary businesses in respect of any retail OOH services they offer in their FOPs; and
- (b) where a business offers retail OOH services in an OOH centre, premises or location (whether or not it also offers FOP services there at other times).¹¹⁵⁷

8.61 We anticipate that most veterinary businesses will select the VCMS as their ADR provider given that, to our knowledge, the VCMS is the only provider currently approved to offer a mediation service specifically for the veterinary sector.^{1158, 1159} However, we do not consider that it is necessary to limit our remedy to this scheme only, and where suitable alternative approved ADR providers offering mediation exist, it will be open to veterinary businesses to use them.

8.62 The requirement for veterinary businesses to engage in mediation in good faith means that they must engage proactively with the mediation process in a genuine attempt to resolve complaints fairly and without undue delay.¹¹⁶⁰ Veterinary

¹¹⁵⁶ In line with the [Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015](#). Approved in this context will mean 'accredited' once Chapter 4, Part 4 of the Digital Markets, Competition and Consumers Act 2024 is brought into force, replacing the ADR Regulations.

¹¹⁵⁷ Because the services offered OOH are often the same as FOP services and their provision should be disciplined in a similar way.

¹¹⁵⁸ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress describes the VCMS.

¹¹⁵⁹ Where it continues to provide services to the veterinary market, both parties to a complaint will also continue to have the option to engage with the VCMS to support local complaint resolution prior to any mediation, as set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

¹¹⁶⁰ The requirement to engage in mediation in good faith will have the same meaning for relevant individual veterinary professionals working for these veterinary businesses.

businesses should be represented in the process by someone of appropriate authority who is able to explain the business' position in relation to the complaint and resolve the dispute on behalf of the business, including by offering a commensurate remedy where there is merit to some or all of the complaint.

- 8.63 The outcome of mediation will, as is the case currently, not be binding unless both parties accept it as a full and final settlement of the complaint. Any agreed settlement will then provide the parties with rights they may enforce under contract law if necessary.¹¹⁶¹
- 8.64 We will seek an undertaking from the RCVS (or require it by Order) to contract an approved ADR provider which offers mediation services to relevant veterinary businesses operating FOPs. This obligation on the RCVS will ensure that veterinary businesses operating FOPs always have a suitable mediation scheme to participate in (although, as noted above, veterinary businesses operating FOPs may select another approved ADR provider if they wish). The RCVS currently delivers the VCMS via a contract with Nockolds Solicitors. In future, the RCVS may choose to contract another provider, which has been approved in accordance with the Alternative Dispute Resolution for Consumer Disputes Regulations 2015 (**ADR Regulations**), to deliver a mediation service.
- 8.65 The contract between the RCVS and the approved ADR provider will require the ADR provider to share with the RCVS monitoring data and other data about complaints mediated to support the analysis and publication of complaints data and insights (remedy 15b).
- 8.66 The design of this remedy is largely the same as we proposed in our PDR. Technical amendments to the design of this remedy are discussed in the sub-sections which follow.

Aim of the remedy

- 8.67 This remedy will tackle one of the deficiencies we have identified in the third-party redress framework: that engagement in mediation by veterinary businesses is voluntary only. It will do this by requiring veterinary businesses operating FOPs to participate in mediation in good faith, once in-house complaint processes have been exhausted, where the pet owner would like to engage in that process.
- 8.68 Requiring veterinary businesses to participate in mediation will benefit both pet owners and those businesses. Mediation can help to address asymmetries of information between the parties, it can be flexible, confidential and responsive to the emotional nature of some complaints and help to preserve the vet-client relationship. It can, in some cases, offer an alternative to lengthy and expensive

¹¹⁶¹ Set out further in [VCMS response to the RWP](#), p 16.

court proceedings. It can encourage veterinary businesses operating FOPs to maintain or improve their own in-house complaint processes and the quality of their services, incentivising compliance with substantive regulatory rules as well as the resolution of legitimate complaints at the earliest possible stage.

How the remedy addresses the AEC and resulting customer detriment

8.69 This remedy will address the lack of appropriate, consistent and joined up complaint and redress mechanisms in the current regulatory framework.¹¹⁶² It will support the following outcomes:

- More of those complaints which are not resolved at a local level will progress to mediation, where this is a suitable option.¹¹⁶³ This is because:
 - pet owners will be more aware of mediation as an option and confident that veterinary businesses would have to engage meaningfully in the process; and
 - veterinary businesses will no longer be able to decline mediation, and instead they will be required to participate in good faith.
- When complaints cannot be resolved at a local level, but can be resolved through mediation, all parties are likely to benefit from being able to reach an agreed resolution without the need for further potentially costly action (such as litigation). Specifically:
 - where redress is needed, we expect that more pet owners would receive it;
 - mediation is more likely to support a continuing vet-pet owner relationship than adversarial court proceedings;
 - successful resolution of complaints via mediation is likely to improve customer satisfaction overall; and
 - participation in the process will provide veterinary businesses with important insights into their own practices as they go through the mediation process. Sector wide learning from data on mediated complaints is considered below (remedy 15b).

¹¹⁶² As will a requirement for the relevant businesses to have an in-house complaint process for their FOPs (remedy 13) and, in due course, enabling pet owners to seek independent binding redress (as set out in part B, section 9: Recommendations for future regulatory reform, subsection Complaints and redress).

¹¹⁶³ Our assessment of consumer willingness or ability to complain is set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

- The knowledge that pet owners are more aware of and confident in using third party routes to redress will encourage veterinary businesses to resolve complaints themselves wherever possible to prevent unnecessary escalation.
- Similarly, recognising that pet owners are more empowered to seek a resolution to their complaint via mediation, the businesses will be incentivised to ensure that their FOPs consistently meet the standards expected of them, both in terms of the level of service provided to pet owners and compliance with their regulatory obligations.

- 8.70 We have decided that requiring mandatory participation in mediation strikes the right balance between encouraging parties to settle disputes amicably and ensuring that pet owners have effective means of resolving legitimate complaints without the need for litigation. This remedy will be most effective if both parties engage in good faith and ultimately agree to a settlement. If veterinary businesses refuse to agree to what would otherwise be an appropriate settlement at the conclusion of mediation, this may amount to a breach of the requirement of good faith (and, therefore, of the requirements of our Order). Where businesses consistently refuse to settle complaints following mediation, the CMA will consider enforcement action.
- 8.71 To strengthen the incentives on veterinary businesses to resolve legitimate complaints at the earliest possible stage, we are recommending that government legislates for the introduction of an additional independent redress mechanism, the outcomes of which would be binding on veterinary businesses.¹¹⁶⁴
- 8.72 Our view that this remedy will help address our concerns has received support from stakeholders. Over half of those who commented on this remedy in response to our PDR, including most of the LVGs and around two thirds of independent veterinary businesses who commented, were generally supportive.¹¹⁶⁵ Those who explained their views said that the remedy could help pet owners resolve their

¹¹⁶⁴ As set out in part B, section 9: Recommendations for future regulatory reform, subsection Complaints and redress.

¹¹⁶⁵ Some independent veterinary businesses were also supportive of this remedy in response to the RWP. Some told us that this proposed remedy could provide pet owners with an accessible and independent way to resolve complaints. For example, [Respondent 12 response to the RWP, p 25](#). [Respondent 26 response to the RWP, p 10](#). Some also indicated that they had found the VCMS process a helpful and useful resource and thought the remedy could encourage effective complaint handling at practice level. For example, [Respondent 23 response to the RWP, p 9](#). [The George Vet Group response to the RWP, p 23](#). [Respondent 12 response to the RWP, p 25](#). [Milestone Veterinary Centre response to the RWP, p 16](#).

complaints.¹¹⁶⁶ other broadly supportive organisations included the RCVS, the BVA, BSAVA, BVNA, SPVS and VMG as well as FIVP.^{1167, 1168, 1169, 1170, 1171}

- 8.73 The exception among the LVGs was Pets at Home. It said that businesses should not be required to engage in mediation where they can ‘demonstrate that due process has been followed’.¹¹⁷² We agree that adherence to in-house complaint processes is important. So too, however, are substantive outcomes. A pet owner’s ability to take an unresolved complaint to mediation will give veterinary businesses the incentive both to adhere to those processes and resolve complaints fairly, helping to address our competition concerns in the ways described above.

Remedy design considerations

- 8.74 We outline our remedy design considerations in the sub-sections that follow. They cover:

- (a) complaint acceptance criteria; and
- (b) the effectiveness of the VCMS.

¹¹⁶⁶ For example, [IVC response to the RWP, paragraph 6.19\(iii\)](#) and [IVC response to the PDR, paragraph 4.17\(ii\)](#). [Linnaeus response to the RWP, p 55](#) and [Linnaeus response to the PDR, p 25](#). [CVS response to the RWP, p 41](#), and [CVS response to the PDR, p 18](#). [VCMS response to the PDR, p 18](#). See also [Medivet response to the RWP, paragraph 2.5\(f\)](#). Medivet did not comment on this remedy in its response to the PDR.

¹¹⁶⁷ In its response to the RWP, the RCVS had told us that ‘a voluntary approach was effective in dealing with most unresolved complaints in mediation, as evidenced by the VCMS scheme’. ([RCVS response to the RWP, pp 44 and 49](#).) In its response to the PDR, however, it stated that it is ‘generally supportive of this measure’ (while still expressing some concerns including in relation to VCMS funding). ([RCVS response to the PDR, p 17](#))

¹¹⁶⁸ Despite having expressed a preference for a voluntary mediation service when responding to our RWP ([BVA, BSAVA, BVNA, SPVS and VMG response to the RWP, p 41](#)). BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, p 26.

¹¹⁶⁹ Despite submitting previously (alongside SPVS) a concern that mandating additional layers of process and regulations would not further the client experience but would ‘add cost and reduce owner morale’. ([FIVP response to the PDR, p 12](#).) [FIVP and SPVS’ response to the RWP, p 35](#).

¹¹⁷⁰ The group of broadly supportive stakeholders also included the British Veterinary Union ([BVU](#)) (see [BVU response to the RWP, paragraph 3.2.239](#). The BVU did not comment on this remedy in its response to the PDR), the VCMS ([VCMS response to the RWP, p 12](#). [VCMS response to the PDR, p 10](#)), the VDS ([VDS response to the RWP, p 6](#). The Veterinary Defence Society Ltd response to the PDR, p 2), Which? ([Which? response to the RWP, p 7](#). Which? response to the PDR, p 7), as well as the Blue Cross and the PDSA animal charities ([Blue Cross response to the RWP, p 16](#). The Blue Cross did not comment on this remedy in its response to the PDR.) ([PDSA response to the RWP, p 25](#). The PDSA did not comment on whether it supports this remedy in its response to the PDR). XL Vets was also broadly supportive ([XL Vet UK Ltd response to the PDR, p 21](#)), as were just over half of stakeholders replying as individuals to our PDR and who commented on this remedy.

¹¹⁷¹ A small number of organisations were not supportive, with some saying that the remedy did not go far enough (for example, the Veterinary Complaint Reform raised concerns that mediators would not have investigative powers or be able to compel the disclosure of information (Veterinary Complaint Reform response to the PDR, p 3), and others, such as the Merlin Vet-cel Ltd buying group being concerned about the costs and burdens for independent veterinary businesses ([Merlin Vet-cel Ltd response to the PDR, p 2](#)). Some independent practices have expressed concerns about the remedy, including that pet owners may inappropriately request mediation or misuse the service, about the burden and pressure that could be placed on veterinary surgeons, and about the effectiveness of the VCMS. For example, [Respondent 20 response to the RWP, p 13](#). [Roker Part Vets response to the RWP, p 15](#). [Respondent 11 response to the RWP, pp 16-17](#). A very small number of individual respondents also raised some of these concerns.

¹¹⁷² [Pets at Home response to the PDR, p 49](#).

Complaint acceptance criteria

- 8.75 We have decided that the following criteria must be met before the obligation on veterinary businesses to engage in mediation is triggered. The criteria are designed to reduce the risk of inappropriate cases being mediated and to help ensure that the resources required to comply with this remedy are focused on those complaints which are most likely to benefit from mediation.
- (a) It has not been possible for the veterinary business and pet owner to resolve the complaint through the FOP's complaint process (remedy 13). That will be the case when the pet owner made an actionable complaint in accordance with the veterinary business' complaint process, and either:
 - (i) the pet owner has received a final response letter from the business but is dissatisfied with the outcome;
 - (ii) the complaint became an actionable complaint more than eight weeks earlier but the business has not provided the pet owner with a final response letter; or
 - (iii) the business has written to the pet owner within the eight week time period to explain that more time is needed to investigate the issue (and how much time), but the pet owner is dissatisfied with this response.¹¹⁷³
 - (b) A request to mediate is made within 12 months of the date the business provides a final response to the pet owner's complaint. This is consistent with the ADR Regulations.¹¹⁷⁴ Where the business does not provide a response to the pet owner's complaint, a request to mediate should be made within 12 months and eight weeks of the date the complaint became an actionable complaint.
 - (c) The complainant is the owner or person who otherwise has primary care of the affected pet, or any other person in temporary or delegated charge of that pet or who enters into an arrangement with a FOP to provide care to that pet.
- 8.76 We have decided that:
- (a) The obligation on veterinary businesses to engage in mediation will not arise where the ADR provider considers that the complaint is frivolous or

¹¹⁷³ Meaning the response provided within the eight-week time period. The mediation provider will be able to consider the fact that the veterinary business had said it needs longer to investigate the complaint and the reasons for this and decide whether it is preferable to commence mediation immediately or once a final response is provided.

¹¹⁷⁴ [The Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015, Schedule 3, paragraph 13\(A\)](#) (accessed 15 September 2025). We have also considered this remedy in light of Chapter 4, Part 4 of the Digital Markets, Competition and Consumers Act 2024, which will replace the ADR Regulations in due course.

vexatious.¹¹⁷⁵ This is consistent with the ADR Regulations and will directly address concerns we heard about pet owners making such complaints or making opportunistic attempts to reduce their bills.^{1176, 1177, 1178} An ADR provider will be able to determine that a complaint is frivolous or vexatious before mediation begins or during the process, and should in all cases seek to do so as soon as possible (to provide certainty to pet owners, veterinary businesses and the professionals involved).¹¹⁷⁹

- (b) The mediation process should be capable of operating alongside other forms of proceedings:
 - (i) Veterinary businesses will not be required to mediate a complaint which is the subject of ongoing court action. This will avoid conflict between the parties' interests in those proceedings and in any mediation. Parties would, however, be free to engage in mediation in these circumstances if they wish.
 - (ii) There may be some cases where other investigations are ongoing (for example, where the RCVS investigates the case as a professional misconduct matter or professional indemnity insurers have been instructed to investigate the complaint).^{1180, 1181} Pet owners should not necessarily be denied the right to mediation of their complaints in these

¹¹⁷⁵ For example, where the ADR provider reasonably determines that the complaint has no reasonable foundation or no reasonable prospects of success, and would amount to manifestly unjustified, inappropriate or improper use of a formal mediation procedure.

¹¹⁷⁶ The ADR Regulations provide that an approved ADR provider may refuse to deal with a domestic dispute which it is competent to deal with when the complaint is frivolous or vexatious. [The Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015, Schedule 3, paragraph 13\(b\)](#) (accessed 06 August 2025). We also consider this to be consistent with the criteria for accreditation of ADR providers set out in schedule 26 of the Digital Markets, Competition and Consumers Act 2024, which includes not unreasonably refusing to carry out ADR (at the time of writing the ADR provisions of the Digital Markets, Competition and Consumers Act 2024 are not yet in force).

¹¹⁷⁷ Concerns about vexatious or frivolous complaints were raised by, for example, by VetPartners (VetPartners response to the PDR, p 3), by Pets at Home (Pets at Home response to the PDR, p 49), by [Linnaeus in response to the RWP, p 54](#), by [Medivet response to the RWP, p 76](#). Pets at Home also said, in its response to our RWP, that it 'supports the proposal that FOPs be required to register with the VCMS and to raise VCMS awareness with customers. However, a mandatory requirement to engage in VCMS mediation would not be appropriate as not every complaint is necessarily suitable for mediation under the VCMS'. [Pets at Home response to the RWP, p 7](#).

¹¹⁷⁸ Around a third of respondents to our PDR commenting on this remedy were concerned that it could encourage pet owners to seek opportunistic reductions in their bill. Some independent practices and individual respondents to our PDR told us that clients may inappropriately request mediation or misuse the service. Some expressed concerns about the pressure that could be placed on veterinary surgeons including with regard to their time, the administrative burden, and the emotional energy spent on engaging in mediation when complaints are unjustified. Anonymous Respondent 7 [§] response to the PDR, p 2. Anonymous Respondent 4 [§] response to the PDR, p 11. A buying group, Merlin Vet-cel, was also concerned about the costs and burdens for independent veterinary businesses. Merlin Vet-cel Ltd response to the PDR, p 2. Similar concerns were raised in response to our RWP. For example, [Respondent 20 response to the RWP, p 13](#). [Roker Park Vets response to the RWP, p 15](#). [Respondent 11 response to the RWP, pp 16-17](#).

¹¹⁷⁹ Pets at Home submitted that there should be a deadline of five working days for this determination. We consider a fixed time limit to be inappropriate given complaints will vary in complexity and it will be important for the ADR provider to have sufficient time to establish relevant facts. Pets at Home response to the PDR, p 49.

¹¹⁸⁰ Professional misconduct matters will continue to be handled by the RCVS. RCVS, [Concerns about veterinary care](#) (accessed 5 March 2026).

¹¹⁸¹ The VDS submitted to us that it is 'broadly supportive of mandatory mediation but only for those complaints which do not include an allegation of professional negligence. Enforcing a blanket approach to all complaints may in some cases serve to delay pet owners receiving appropriate financial compensation from a professional indemnity insurance provider.' The Veterinary Defence Society Ltd response to the PDR, p 2.

circumstances.¹¹⁸² The ADR provider should, however, consider whether mediation would unduly prejudice those other forms of proceedings or investigation such that any mediation should only proceed once a reasonable time has been allowed for them to conclude.

- (c) Veterinary businesses will not be required to engage in mediation where the same complaint has previously been subject to another form of ADR, provided that the pet owner entered into that process voluntarily and the veterinary business engaged in it in good faith. The consent of the pet owner to that other form of ADR should be evidenced in writing.¹¹⁸³

- 8.77 We have decided not to include certain criteria or requirements which were suggested to us by stakeholders in response to our PDR. There will be no financial threshold above or below which the obligation on veterinary businesses to mediate will be disapplied. Pet owners should not be required to bear some of the cost of mediation (to disincentivise vexatious or frivolous complaints, as was suggested to us by Pets at Home, or for any other reason).¹¹⁸⁴ Neither will pet owners be required to settle their bills before mediation begins.¹¹⁸⁵
- 8.78 Such provisions would be liable to disincentivise pet owners from pursuing legitimate complaints, including those that relate to billing. That would reduce the disciplining effect we would expect access to mediation to have on veterinary businesses. Those businesses would be protected by the ADR provider's ability to determine that complaints are frivolous or vexatious and, as far as bills are concerned, they would be able to take debt recovery action.
- 8.79 Our judgement is that the criteria we have adopted appropriately balance a range of considerations. They will ensure pet owners can pursue legitimate complaints with a third party. That protects pet owners' interests and drives the right incentives for veterinary businesses to improve service levels and complaint handling. The criteria also respond to concerns we heard from veterinary businesses about frivolous and vexatious complaints and the burdens a third party redress scheme could place on them. The criteria prescribe a set of filters that mean complaints should first be subject to in-house complaint processes and that only genuine unresolved complaints will be subject to mediation, enabling an appropriate focussing of resources on cases that merit further investigation.

¹¹⁸² That is, where the RCVS disciplinary proceedings or other investigations are ongoing.

¹¹⁸³ We received very few responses to our PDR with regards to this design criterion. The VCMS told us that it 'agrees and this is consistent with the current VCMS remit criteria.' VCMS response to the PDR, p 32.

¹¹⁸⁴ Pets at Home response to the PDR, p 49.

¹¹⁸⁵ The VCMS does not currently accept complaints made by commercial animal owners or when the complaint involves veterinary surgeons and their practices located outside the UK. Since all our remedies relate only to the UK market for household pets, the obligation on veterinary businesses operating FOPs to mediate complaints in accordance with this remedy would not extend to complaints of this nature.

Effectiveness of the VCMS

- 8.80 A minority of respondents to our PDR who commented on this remedy said they had experienced, or had heard from others about, variable service quality from the VCMS. Most of them submitted that the scheme focusses overly on financial goodwill gestures, not on understanding and addressing the concerns raised by complaints. They said this could encourage pet owners opportunistically to seek financial redress.¹¹⁸⁶ Other stakeholders have questioned the VCMS's capacity and capability to scale up in the event that more complaints are subject to mediation.¹¹⁸⁷
- 8.81 The VCMS is an approved ADR provider under the ADR Regulations. This means it has met the set of criteria specified in the regulations relating to access to ADR, expertise, independence and impartiality, conflicts of interest procedure, transparency, effectiveness, fairness, legality and grounds for refusing a dispute.¹¹⁸⁸ This should ensure that, where veterinary businesses choose the VCMS as their mediation service provider, a high minimum level of service quality is maintained.
- 8.82 The VCMS has told us that it has a 60-day target for resolving complaints.¹¹⁸⁹ It also said that over half of its team have veterinary experience and dispute-resolution expertise. It noted that the scheme can draw on a panel of veterinary advisors and that complaint mediation does not involve adjudication or judgement on the standard of clinical care or skill.
- 8.83 There is evidence that the VCMS performs reasonably well in those cases where both veterinary businesses and pet owners have agreed to mediate. Specifically, and as set out in part A, section 14,¹¹⁹⁰ we have found:
- (a) In 2023-2024, according to VCMS's Annual Report, 3,618 complaints to the scheme reached a conclusion and many cases were resolved before the full mediation stage was reached. Of the complaints concluded in that period, 26% progressed to that stage.¹¹⁹¹ Of these, 82% were resolved during the mediation process, 11% concluded without resolution and in 7% of cases the

¹¹⁸⁶ Some respondents to our RWP reported dissatisfaction with aspects of the VCMS service, such as the speed of VCMS response, a lack of clinical nuance or a disproportionate focus on financial compensation which may encourage pet owners to opportunistically seek to reduce their veterinary bills. For example, Pennard Vet response to the RWP, p 11. [Milestone Veterinary Centre response to the RWP, p 16](#). [Bay Vet Group response to the RWP, p 26](#).

¹¹⁸⁷ This was a point also made by some respondents to our RWP. For example, [Medivet response to the RWP, p 76](#). Hook Norton Veterinary Group response to the RWP, p 20.

¹¹⁸⁸ CTSI, ADR Approved Bodies, [Veterinary Client Mediation Services](#) (accessed 6 August 2025). [The Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015](#), Schedule 3 (accessed 2 October 2025). This will continue to be the case once the system for accrediting ADR providers is brought into force under the Digital Markets, Competition and Consumers Act 2024.

¹¹⁸⁹ VCMS response to the PDR, pp 29-30.

¹¹⁹⁰ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

¹¹⁹¹ [VCMS Annual Report 2023-24](#), p 3 (accessed 6 January 2026).

process was brought to an end because other formal action (such as legal proceedings) was required.¹¹⁹²

- (b) The VCMS also asks participants about their satisfaction with it.¹¹⁹³ In 2023-2024, it received 227 responses, amounting to 24.25% of completed mediations.¹¹⁹⁴ 98% of practices which replied said they would use the scheme again, while 96% of the pet owners who responded said the same. 9.7 out of 10 pet owners felt the VCMS understood their concerns, with 9.5 out of 10 satisfied with the process and 8.6 out of 10 satisfied with the outcome.¹¹⁹⁵

8.84 It may be that, over time, more approved ADR providers are able to offer a mediation service which is suitable for the veterinary sector. This would provide veterinary businesses with options when selecting an approved ADR provider, exerting competitive pressure on existing providers to deliver better service. In the meantime, however, the points in the preceding three paragraphs give us reassurance that a mediation scheme operated by the VCMS, and that we might expect veterinary businesses to use in order to comply with this remedy, would help address our concerns. We would expect that the RCVS, as the body contracting for the VCMS, would continue carefully to monitor the quality of that scheme.

Remedy implementation considerations

Method of implementation

8.85 This remedy will be implemented via a requirement in an Order for veterinary businesses operating one or more FOPs delivering care to household pets to participate in good faith in mediation with pet owners.^{1196, 1197}

8.86 A small number of respondents to our PDR highlighted that the VCMS is currently available to a broader group of consumers, such as equine owners. The RCVS submitted that 'Currently the VCMS is available to all. To tell clients that it's only compulsory for small animal owners would seem unfair to other animal owners, so it seems logical that we would continue to offer it to all.'¹¹⁹⁸ The VCMS similarly submitted that 'Access to the VCMS should be available to all consumers, and so

¹¹⁹² [VCMS Annual Report 2023-24](#), p 31 (accessed 2 October 2025).

¹¹⁹³ Although only involving a limited sample size from which it is difficult to draw conclusions.

¹¹⁹⁴ [VCMS Annual Report 2023-24](#), p 38 (accessed 2 October 2025). [3<]

¹¹⁹⁵ [VCMS, Annual Report 2023-24](#), p 38 (accessed 2 October 2025).

¹¹⁹⁶ The remedy will also apply where the business offers retail OOH services in one or more of those FOPs and where a business offers OOH services in an OOH centre, premises or location.

¹¹⁹⁷ We did not receive any substantive responses to our PDR on the method of implementation.

¹¹⁹⁸ RCVS response to the PDR, p 17.

there needs to be consideration as to how this can be fairly and appropriately funded.’¹¹⁹⁹

- 8.87 Our investigation is into the veterinary market for household pets.¹²⁰⁰ Our remedies must (but may only) address problems with competition that we have found in that market. The remedy does not preclude other animal owners using the VCMS, but it only requires businesses operating one or more FOPs delivering care to household pets to participate in mediation.¹²⁰¹ It is open to the RCVS to fund the VCMS for a broader group of animal owners if it wishes to do so.
- 8.88 We have also decided that it would not be appropriate to require only some veterinary businesses with FOPs delivering care to household pets to comply with this remedy. While such a partial implementation would address, for some veterinary businesses, the concerns we have heard¹²⁰² about the cost and burdens of this remedy, it would result in pet owners having unequal access to redress and reduce the disciplinary effect of this element of the complaints and redress framework on non-participating businesses.
- 8.89 Separately, we will seek an undertaking from the RCVS (or require it by Order) to contract an ADR provider which offers mediation services to relevant veterinary businesses operating FOPs. As we set out in our description of the remedy above, given the current circumstances, it may be most efficient and effective for the RCVS in the first place to continue to secure the delivery of the VCMS to support the implementation of this remedy.

Cost of implementation

- 8.90 The VCMS is currently funded by the RCVS.¹²⁰³ It is free at the point of use for veterinary businesses and pet owners. It will be important that mediation continues to remain free for pet owners at the point of use so that the cost of pursuing a complaint does not put them off doing so.^{1204, 1205}
- 8.91 There are many different funding models for redress schemes and no one size fits all approach. The appropriate funding model depends on the characteristics of the market, and in particular the number and size of businesses involved and the

¹¹⁹⁹ VCMS response to the PDR, p 35.

¹²⁰⁰ ‘Household pet’ means an animal such as a dog or a cat, but not a farm animal, that is kept for companionship or protection and habitually resides in the owner’s dwelling.

¹²⁰¹ The same requirements apply: (a) to veterinary businesses in respect of any retail OOH services they offer in their FOPs; and (b) where a business offers retail OOH services in an OOH centre, premises or location (whether or not it also offers FOP services there at other times).

¹²⁰² In response to our PDR and RWP.

¹²⁰³ VCMS, [Guide to the VCMS – How We Can Help](#), p 1 (accessed 2 October 2025).

¹²⁰⁴ [The Alternative Dispute Resolution for Consumer Disputes \(Competent Authorities and Information\) Regulations 2015](#), Schedule 3, paragraph 6 (b) (ii) require that approved ADR providers deliver their services free of charge or for a nominal fee to consumers.

¹²⁰⁵ In subsection: remedy design considerations above we explain why we do not consider that pet owners should bear some of the costs of mediation to disincentivise vexatious or frivolous complaints.

regulatory framework in place (if any). In other professional service sectors where businesses are regulated and there is an ombudsman service, these tend to be funded by the businesses in that market.¹²⁰⁶ In some other sectors, third-party redress services are funded via registrant fees.¹²⁰⁷ We have decided that it would be appropriate for the veterinary businesses operating FOPs, as opposed to individual veterinary professionals, to fund the provision of the VCMS.¹²⁰⁸ Those businesses are well positioned to make decisions about complaint handling processes and consequential interactions with pet owners.¹²⁰⁹ In other words, there is strong connection between the conduct of the businesses and the likelihood of cases requiring mediation. The requirement for the veterinary businesses to pay fees will place responsibility on the party best positioned to bear it. They will be able to spread the cost across their FOP business.¹²¹⁰

8.92 We have decided that the most appropriate funding model will require veterinary businesses operating FOPs to pay an annual fee, proportionate to the size of their business, to the RCVS. Part B, section 11,¹²¹¹ discusses the different ways of weighting the fees and outlines our decision to apportion fees on a per (small animal) FOP basis.

8.93 The fees paid by the relevant businesses will be used to fund the mediation service contracted by the RCVS.¹²¹² The level of the fees will be set by the RCVS based on the estimated costs of providing the service and will be revisited at prescribed intervals to ensure that the costs of delivering the service are being covered and that the VCMS is able to scale up and operate with the necessary capacity to serve the demand for mediation.¹²¹³ As to the cost of implementation, we anticipate that the number of complaints, and therefore the cost of funding the VCMS, may rise as our remedies come into effect. The VCMS has submitted an internal forecasting exercise, indicating how it anticipates complaint volumes may

¹²⁰⁶ For example, The Financial Ombudsman Service is free to use for consumers and funded by financial businesses which are covered by the FOS service and regulated by the Financial Conduct Authority. Financial Ombudsman Service, [Governance and funding](#) (accessed 6 August 2025). From 1 April 2025 complaints referred to the Financial Ombudsman Service (FOS) by a professional representative authorised in England, Scotland or Wales – and which fall within its compulsory jurisdiction - are eligible as chargeable complaints under the FOS rules. As a further example, the Legal Services Ombudsman gets the vast majority of its funding from the annual fee that service providers pay to their regulators and in certain circumstances it also charges a case fee to the service providers it investigates. Legal Ombudsman, [Corporate publications](#) (accessed 6 August 2025).

¹²⁰⁷ The Dental Complaints Service is funded by the General Dental Council via the income it collects from dental professionals. General Dental Council, [Annual report and Accounts 2024](#), p 6 (accessed 2 October 2025). The Optical Consumer Complaints Service is funded by the General Optical Council which receives the majority of its income from registrant fees. General Optical Council, [Annual Report for the year ended 31 March 2024](#), p 7 (accessed 06 August 2025).

¹²⁰⁸ Both the support it provides for the resolution of complaints at local level and its mediation service.

¹²⁰⁹ Part A, section 14: Regulatory framework for veterinary services.

¹²¹⁰ Most respondents to our RWP and PDR who commented on this remedy did not comment on how mediation should be funded. A small number, though, indicated support for a service funded by those businesses. For example, [The RCVS response to the RWP, p 45](#). BVA, BSAVA, BVNA, SPVS and VMG [Response to the RWP, p 41](#). Vets4u [response to the RWP, page 30](#). BVA, BVNA, BSAVA, SPVS and VMG [response to the PDR, p 26](#).

¹²¹¹ Part B, section 11: Effectiveness and proportionality of our remedy package as a whole, subsection Proportionality of the remedies package.

¹²¹² Currently the VCMS.

¹²¹³ Which was a concern put to us by some respondents to our PDR. For example, Northvet Veterinary Group [response to the PDR, p 6](#) and Armour Veterinary Group Ltd [response to the PDR, p 4](#).

go up. This forecast considered factors such as an increase in consumer awareness of complaint processes, the impact of mandatory good faith engagement on veterinary business behaviour, long-term improvements in local practice complaint resolution processes, and how these factors may change the number and type of complaints received by the VCMS over time. It also considered how the impact of these factors may vary between the initial implementation period and the longer term, and modelled both optimistic and pessimistic assumptions.¹²¹⁴

8.94 The VCMS estimated that:

- In the short to medium term, the total number of complaints it receives annually may rise by approximately 30% compared to current levels.¹²¹⁵ It expected there would be an increase in the number of 'Phase A' and 'Phase C' complaints, with a decrease in the number of 'Phase B' complaints. In Phase A, the VCMS provides advice and support for local resolution, which is relatively less resource intensive, while in Phase C, it delivers the full mediation process which is more complex and hence incurs greater costs.
- In the medium to long term, the total number of complaints it receives annually may rise by between 44% and 67% compared to current levels.¹²¹⁶ It forecasts that over this period a substantially larger proportion of the complaints it handles would be 'Phase C' compared to current levels, with a lower proportion of 'Phase A' and 'Phase B' complaints than it handles currently.

8.95 The VCMS cost £50-£150 per small animal FOP in 2023/24.¹²¹⁷ If costs were to rise by between 44% and 67%, in line with the increase in complaints predicted by the VMCS, this would lead to a cost per FOP of between £100-£200 and £100-£200 per year.¹²¹⁸ This cost would not vary based on the size of the FOP.

¹²¹⁴ The forecast referred to the 'short to medium term' impact and the 'medium to long term' impact. The short to medium term covers an initial implementation period of two years, while the medium to long term captures changes from year three onwards. VCMS response to RFI 4, Q1. [§].

¹²¹⁵ VCMS response to RFI 4, Q1. [§].

¹²¹⁶ We note that the VCMS describe this forecasting exercise as 'anecdotal' and based on 'insight from VCMS activity'. It notes that 'it is not detailed, scientific analysis, and [the VCMS] have not been able to apply weightings to each criteria'. Similarly, the VCMS submitted that the analysis may not account for differences in the implementation times of various remedies in our package, or how wider societal, economic, or political factors may alter consumer or business behaviour. VCMS response to RFI 4, Q1. [§]. We consider that these limitations are to be expected given the challenges involved in estimating the impact of a wide ranging package of remedies. Despite this, we consider that the VCMS' estimated complaint increases are a helpful indicative figure of how the number and type of complaints, and the cost of providing the VCMS, may change over time.

¹²¹⁷ As discussed in part A, section 2: Market context, there were 4,417 small animal FOPs in the UK as of May 2025. We note that this cost estimate is based on the full cost of providing the VCMS. Small animal FOPs will only be required to fund that portion of the VCMS which relates to services provided to small animal FOPs. Therefore, this estimate may be slightly high. The VCMS told us that only a small minority of its cases relate to non-small animal FOPs.

¹²¹⁸ Uncertainty about how the mix of complaints handled by the VCMS will change over time means the VCMS has been unable to forecast how costs per complaint may change. VCMS response to RFI 4, Q1. [§]. Therefore, our estimate of costs assumes the current cost per complaint is maintained.

- 8.96 Given the importance of effective complaints and redress mechanisms, including those provided by third parties, in helping the market to work well, we have decided that such a cost would be reasonable. It is a limited amount which is relatively simple to calculate but would nonetheless add to veterinary businesses' incentives to maintain and improve the quality of their services and handle complaints well. The scaling of the cost of funding the mediation service to the size of veterinary business ensures that this proposed remedy is proportionate and reflective of the likely usage of the mediation service.
- 8.97 We did hear some concerns about this approach in response to our PDR.¹²¹⁹ A handful of respondents submitted that veterinary businesses should contribute based on usage of a mediation scheme rather than on a per FOP basis as we had proposed. They submitted that this would be fairer as independent veterinary businesses would have fewer complaints progressing to mediation.¹²²⁰
- 8.98 The VCMS said:
- If the cost of the VCMS were to be apportioned based on the number of FOPs a veterinary business operates, rather than by FTE this may also result in an unfair apportionment. There are veterinary businesses with a lower turnover but smaller multiple sites, and in the alternative, businesses with higher turnover based on one or two sites. This could impact smaller independent businesses, particularly those covering more rural or less affluent areas which may establish a number of smaller units.¹²²¹
- 8.99 Having considered these submissions carefully, we have decided not to adopt these alternative approaches (fees based on usage of mediation or on the FTE staff a business employs). It does not follow that independent businesses would necessarily be subject to fewer relevant complaints per FOP,¹²²² nor that 'per complaint' fees is an appropriate response to that possibility.¹²²³ Apportioning fees based on FTE vets or turnover would be more complex and likely involve additional administrative costs.
- 8.100 Other costs which would be incurred as a result of this remedy would be labour costs (administrative and veterinary professional) associated with engaging in the mediation process. The exact amount of time spent and therefore the total labour

¹²¹⁹ Less than half of stakeholders responding in relation to this remedy commented on how we proposed in the PDR that it should be funded. Of these respondents less than half submitted that veterinary businesses should contribute based on usage of the mediation scheme rather than on a per FOP basis as we proposed.

¹²²⁰ For example, Northvet Veterinary Group response to PDR, p 6. Individual [X] response to the PDR, p 4.

¹²²¹ VCMS response to the PDR, p 36.

¹²²² Which would depend on a range of factors including the quality of service offered and the way in which complaints are handled under the in-house process, as well as the size of a FOP.

¹²²³ For example, we have heard that some veterinary businesses can receive more complaints than others through no fault of their own. A usage-based fee would be more burdensome for veterinary business because a smaller group of businesses would bear the full costs of the service and they would have less certainty over how much they need to pay in a given year.

costs depend on the volume of complaints mediated and their nature. Vets and the businesses they work for would be incentivised to maintain the quality of their services and deal efficiently with complaints in order to mitigate these costs.

- 8.101 Veterinary businesses which choose to use an alternative ADR provider may incur additional costs related to funding that alternative provider.

Implementation timeframe

- 8.102 Part B, section 2 sets out our decision on the timing of implementation for our remedy package.¹²²⁴ For this remedy, we have decided that all relevant veterinary businesses will be required to participate in mediation within six months of the publication of our Order.¹²²⁵ Such participation will be a reactive action, required in only a limited number of cases. Relevant veterinary businesses, large or small, will not need to undertake significant activities to prepare for the introduction of a requirement to participate. This remedy will come into effect at the same time as the in-house complaint process remedy (remedy 13).
- 8.103 The RCVS will be required to enter into the contract with an ADR provider within six months of the publication of our Order (to support compliance with the remedy by veterinary businesses operating FOPs). While some preparation will be needed to ensure that the RCVS's existing contracting arrangements with the VCMS align with the acceptance criteria outlined above, we do not anticipate that this will require significant preparatory activities or resources.

Monitoring of compliance

- 8.104 This remedy is another part of our remedies package that would be subject to the monitoring function we described in part B, section 2.¹²²⁶ In this case, veterinary businesses will be required to attest annually that their FOPs have in-house complaint processes (remedy 13), and indicate which approved ADR provider they have chosen should pet owners wish to refer complaints for mediation. A failure by a veterinary business to engage in mediation in good faith would be reported by the ADR provider to the RCVS.¹²²⁷ The RCVS would then inform the CMA for consideration of enforcement action against the relevant veterinary business.

¹²²⁴ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

¹²²⁵ We received very few responses to our PDR on the timing we proposed for implementing this remedy. The VCMS submitted the timescale for implementation is reasonable and that 'With regard to Remedy 16b, operational planning can now take place to indicate whether the timeline is achievable for all the necessary components to be in place.' VCMS response to the PDR, p 39.

¹²²⁶ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

¹²²⁷ The ADR provider contracted by the RCVS will be required to provide this information to the RCVS under its contract. We would expect any alternative ADR providers used to support the work of the RCVS and provide monitoring and other data when requested to do so.

Alternative options considered

8.105 In designing this remedy, we considered several options:

- (a) An opt out model where, instead of being compelled to engage in mediation, veterinary businesses would be able to opt out. However, they would need to explain to the pet owner why they did not wish to engage in mediation. We have not seen any PDR responses which favour or comment on this option.
- (b) An opt out model of engagement in mediation where specific criteria or conditions are met, for example, when a complaint relates to a bill where the costs are under a certain amount (for example £100), or allowing veterinary businesses which are under a certain size threshold (such as number of veterinary professionals working for the veterinary business) to opt out. Relatedly, the RCVS submitted in response to our PDR that ‘there is a risk that the VCMS is a disproportionate solution for low-value cases’.¹²²⁸ We have also considered the criteria proposed by Pets at Home, that FOPs which demonstrate that due process has been followed in relation to the complaint should not be required to mediate.¹²²⁹
- (c) Do nothing. In this scenario there would be no requirement for veterinary businesses operating FOPs to engage in mediation.

8.106 Options (a) and (b) would have been likely, compared to the status quo, to encourage more veterinary businesses to participate in mediation once in-house complaint processes had been exhausted. Option (a) would have provided veterinary businesses with discretion around engagement with the process, helping to allay concerns about potential misuse of mediation by pet owners and regarding its effectiveness.¹²³⁰ Option (b) would not have provided all veterinary businesses with discretion around when to participate in mediation but would have allowed certain complaints or businesses to fall outside the scheme. This could help allay concerns about mediation of low value cases being disproportionate.

8.107 We have decided that the benefits of options (a) and (b) are outweighed by the fact that they would not ensure that all pet owners have access to mediation at the point at which in-house complaint processes have been exhausted. This would disadvantage pet owners and reduce the disciplining effect we would expect access to mediation to have on veterinary businesses operating FOPs. These are also the key disadvantages of a do-nothing option.

¹²²⁸ RCVS response to the PDR p 17.

¹²²⁹ Pets at Home response to the PDR, paragraph 11.4.

¹²³⁰ Examples of potential misuse are the making of vexatious or financially motivated complaints.

Remedy 15a: An undertaking from (or requirement on) the RCVS to develop and publicise a decision tree to help pet owners navigate the different routes to obtaining redress.

The RCVS will develop a decision tree of pet owners' routes to redress, which will include consumer-friendly explainers of the pet owner's options when they want to raise a complaint.¹²³¹ The decision tree will explain when, and about what, pet owners may approach each of the relevant sources of resolution and redress, the nature of the service offered by each such source, the cost to the pet owner and whether veterinary businesses must participate. Veterinary businesses will be required to include this decision tree in their FOPs' complaint handling processes, provide it to pet owners at specified points in this process, and display it in prominently placed signage in FOP receptions and on their websites (as set out in the in-house complaint process remedy).

Description of the remedy

- 8.108 We have decided that pet owners would benefit from having clear and consistent information explaining their options for raising a complaint and seeking redress. Some such information is already available to pet owners,¹²³² but we take the view that the relevant information could be made easier to navigate for pet owners and be more widely publicised.
- 8.109 We have decided that this can be achieved by designing and publishing a 'decision tree' type diagram. This will include easy to understand 'explainers' of the different options for pet owners, including seeking to resolve problems directly with the veterinary business via its complaint handling process (remedy 13) or progressing to mediation where earlier resolution has not been possible (remedy 14). This remedy could be implemented effectively by the RCVS.
- 8.110 The decision tree will cover:
- how to raise complaints with FOPs in the first instance and what the pet owner should expect from FOPs in accordance with remedy 13;
 - the role of ADR, the details of the VCMS,¹²³³ and the obligation on veterinary businesses operating FOPs to engage with mediation in good faith in accordance with remedy 14;
 - details of the RCVS disciplinary process and how that might be relevant to resolving pet owners' complaints; and

¹²³¹ Or we could make an Order.

¹²³² For example: [Concerns about veterinary care](#) (accessed 5 March 2026).

¹²³³ Both with regard to the support it offers to resolve complaints at local level and its mediation service.

- court proceedings.

- 8.111 If government proceeds with our recommendation to introduce an independent binding redress scheme this will be added to the decision tree.¹²³⁴
- 8.112 The ‘explainers’ of the different options for pet owners will be in accessible language, describing when, and about what, pet owners may approach each of the relevant sources of resolution and redress, the nature of the service each source offers, the cost to the pet owner and whether veterinary businesses must participate. These explainers will be included on the decision tree so that pet owners can quickly and easily access the information they need.
- 8.113 We have decided that veterinary businesses will be required to include this decision tree in their FOPs’ complaint handling processes, provide it to pet owners at specified points in this process, and display it in prominently placed signage in FOP receptions and on their websites (as set out in remedy 13).
- 8.114 By setting out a clear and consistent diagram of the options open to all pet owners, regardless of the specific FOP they have dealt with, the information will be easier both to disseminate and for pet owners to absorb. We expect, for example, that the RCVS could use the information to help all pet owners raise complaints across the sector, and that organisations offering advice to consumers more broadly, such as Which? and Citizens Advice, will find it easier to publicise the information given its relevance to all pet owners.
- 8.115 The design of this remedy is largely the same as we proposed in our PDR.

The aim of the remedy

- 8.116 Our assessment is that pet owners’ awareness of how to complain, and their confidence to do so, is lower than we would expect in a well-functioning market.¹²³⁵ In conjunction with the others set out in this section, this remedy will contribute to addressing this concern by ensuring that information about how to complain, and about pet owners’ options for seeking redress, is more readily accessible. It will ensure that the information provided to pet owners is consistent and clear.
- 8.117 Raising pet owners’ awareness of their options in relation to mediation is particularly important given that we have found that their knowledge of the VCMS is relatively low (as is veterinary businesses’).¹²³⁶ The impact of our decision to require veterinary businesses to engage in mediation in certain circumstances

¹²³⁴ As set out in part B, section 9: Recommendations for future regulatory reform, subsection Complaints and redress.

¹²³⁵ As set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

¹²³⁶ The VCMS is the current and likely future mediation provider.

(remedy 14) will be improved where pet owners' awareness of their options is increased.

- 8.118 We do not consider that requiring veterinary businesses to publicise a decision tree, including information about mediation, is likely to lead to the premature escalation of complaints, as was suggested by a small number of respondents to our RWP.¹²³⁷ Part of the service provided by the VCMS is support for in-house complaint resolution.¹²³⁸ Complaints will only be able to proceed to mediation once in-house complaint processes have been exhausted, and vexatious or frivolous complaints will be screened out by the VCMS, or any other approved ADR provider offering mediation services which veterinary businesses choose to use.

How the remedy addresses the AEC and resulting customer detriment

- 8.119 For our complaints and redress remedies to be as effective as possible, pet owners need to be aware of their options when they have a complaint. Our view is that this remedy will support competition in respect of the quality of services veterinary businesses provide, and improve outcomes for pet owners, by increasing knowledge and awareness of the effective complaint handling and redress mechanisms open to them, including those implemented through our other remedies.
- 8.120 Our view is supported by almost all respondents to our PDR that commented on this remedy. Many of them said the remedy would simplify and clarify the routes to redress, helping to reduce confusion amongst pet owners and ensuring that they understand their options.¹²³⁹

Remedy design considerations

- 8.121 To ensure that this remedy is effective, the information provided to pet owners must be both (i) comprehensive enough to increase their awareness of their options and their confidence in using them and (ii) easy to understand. This will be achieved through careful design and engagement with relevant stakeholders, both those with expertise in the veterinary market and those representing pet owner interests.

¹²³⁷ Our RWP asked specifically what form any requirements to publicise or promote the VCMS (or a scheme of mediation) should take, but did not consult more broadly on the development and publication of a decision tree. In response, some stakeholders said such publication would not be appropriate before pet owners have complaints or before it has been established that complaints cannot be resolved in-house, and that the requirement could lead to an increase in complaints and their inappropriate escalation. As set out in the [summary of responses to the RWP](#), paragraph 112.

¹²³⁸ The VCMS is the current and likely future mediation provider.

¹²³⁹ For example, BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, p 27. Which? response to the PDR, p 8. Anonymous Respondent 12 [redacted] response to the PDR, p 5. Hook Norton Veterinary Group response to the PDR, p 13. We did not receive any substantial unsupportive responses from stakeholders responding to our PDR.

8.122 Respondents to our RWP and our PDR¹²⁴⁰ made a number of helpful suggestions that we will take into account in the final design of the decision tree.¹²⁴¹ These were that:

- (a) complaints could be multi-faceted, and care would need to be taken to ensure pet owners could select the most suitable and proportionate pathway;¹²⁴²
- (b) the decision tree would need to include accurate and consumer-friendly descriptors and be easy to find and accessible;¹²⁴³ and
- (c) there is scope for greater promotion of the VCMS by veterinary businesses.^{1244, 1245, 1246}

Remedy implementation considerations

Method of implementation

- 8.123 The RCVS is well placed to develop a decision tree to help pet owners navigate the different routes to obtaining redress. It already hosts a web page with some relevant information for pet owners, operates the veterinary disciplinary process and procures the VCMS mediation service.¹²⁴⁷
- 8.124 For these reasons, we will seek an undertaking from the RCVS (or may require it by Order) to develop, publicise and update as is necessary a decision tree to help pet owners navigate the different routes to obtaining redress.¹²⁴⁸ We welcome the VCMS', BVA, BVNA and BSAVA's offer to support the RCVS with the development of accurate and consumer-friendly language.¹²⁴⁹

¹²⁴⁰ Around a quarter of stakeholders who responded to our PDR and were supportive of this remedy made suggestions regarding its design.

¹²⁴¹ We explain below how we have taken these into account.

¹²⁴² RCVS response to the PDR, p 17 and VCMS response to the PDR, p 36.

¹²⁴³ BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, p. 27. Which? response to the PDR, pp 8-9. The Veterinary Defence Society Ltd response to the PDR, p 2.

¹²⁴⁴ The majority of respondents commenting on this remedy in response to our RWP told us that there was such scope. Most said that this could be done in multiple ways including in complaint handling processes, via signage on practice websites and receptions and in correspondence with clients such as welcome packs. [Respondent 11 response to the RWP, p 17](#). [BVA, BSAVA, BVNA, SPVS and VMG response to the RWP, p 41](#). [Respondent 27 response to the RWP, p 18](#).

¹²⁴⁵ A few respondents told us that templates and materials should be provided. [Respondent 12 response to the RWP, p 26](#). [XL Vets response to the RWP, p 60](#).

¹²⁴⁶ A small number who were supportive of a requirement for veterinary businesses to raise awareness of the VCMS nonetheless said that it would be sufficient to do this through in-house complaint processes only. [Respondent 1 response to the RWP, p 18](#). [Respondent 17 response to the RWP, p 18](#).

¹²⁴⁷ RCVS, [Concerns about veterinary care](#) (accessed 5 March 2026).

¹²⁴⁸ Or we could make an CMA Order.

¹²⁴⁹ VCMS response to the PDR, p 37. BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, p 27.

Cost of implementation

- 8.125 We expect that the labour and materials costs of designing the decision tree will be low. The time and resources required of the RCVS to finalise an effective design using its existing relevant expertise would be limited. It already publishes, and from time-to-time updates, relevant web pages in the ordinary course of its operations.
- 8.126 Our assessment is that the materials and labour costs to veterinary businesses of including the decision tree in their complaint processes, and displaying it prominently in their FOP receptions and on their websites, would likely be negligible. The decision tree will be in a standard form produced by the RCVS which FOPs can easily transplant into digital communications and print and display it at minimal cost.

Implementation timeframe

- 8.127 Part B, section 2 sets out our decision on the timing of implementation for our remedy package.¹²⁵⁰ With regard to this remedy, the decision tree will be made available during the implementation period for the requirement for veterinary businesses operating FOPs to have and follow a complaint handling process for each of its FOPs (a six month period commencing when our Order is made). This timing reflects that veterinary businesses will be required to include it in their FOPs' in-house complaint handling processes and in prominently placed signage in FOP receptions and on their websites.

Remedy 15b: An undertaking from (or requirement on) the RCVS to collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.

The RCVS will collect, analyse and publish on an annual basis data and insights on complaints in the veterinary market for household pets.¹²⁵¹ This will inform and enrich the regulator's thinking in its role as a statutory regulator and a Royal College.

Description of the remedy

- 8.128 We have decided that we will seek an undertaking from the RCVS (or may require it by Order) to collect, analyse and publish on an annual basis data and insights on complaints in the market for veterinary services for household pets.

¹²⁵⁰ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

¹²⁵¹ Or we could make an Order.

8.129 In fulfilling this role, the RCVS will assess, as a minimum:

- Trends in complaints, including the number and type of complaints being raised.
- The most frequently raised complaints and their underlying causes.
- Outcomes for pet owners after making a complaint.
- Best practice in complaint handling and the need for education on this across the sector.

8.130 The RCVS will publish on its website an annual insights report setting out the findings from its analysis. This might include, for example, total number of complaints, the top ten issues pet owners complained about and trends in complaints over time. Insights presented in annual reports will be anonymised.¹²⁵² The RCVS will use these insights to inform the support it provides to veterinary professionals, veterinary businesses and pet owners.

8.131 To deliver annual insights reports the RCVS will draw on complaint data from the VCMS and request similar data from any other approved ADR providers offering mediation which veterinary businesses may choose to use,¹²⁵³ the VDS Vetsafe reporting tool and from its own records.¹²⁵⁴ It will also draw on information from the complaint logs we have decided to require a sample of veterinary businesses to submit in a standardised format to the RCVS.¹²⁵⁵ Before data is provided to the regulator, veterinary businesses will be required to ensure that it is anonymised.¹²⁵⁶

8.132 The design of this remedy is largely the same as we proposed in our PDR. Technical amendments to its design are discussed in the sub-sections which follow.

The aim of the remedy

8.133 This remedy will increase the RCVS's ability to provide insights and guidance in relation to the veterinary market for household pets. That will enhance its role as a statutory regulator and a Royal College.

¹²⁵² As to the veterinary businesses, veterinary professionals and pet owners involved.

¹²⁵³ The ADR provider contracted by the RCVS will be required to provide this information to the RCVS under its contract. We would expect any alternative ADR providers used to support the work of the RCVS and provide relevant data when requested to do so.

¹²⁵⁴ For example, in relation to adherence to the Practice Standards Scheme or professional misconduct allegations.

¹²⁵⁵ As we set out in remedy 13 veterinary businesses will be required to record in their complaint logs, and for all actionable complaints, the date the complaint was raised, the details of the pet owner, details of the complaint handler, date the complaint was acknowledged in writing, a summary of the complaint, the final outcome/response and date of issue and any actions the FOP takes. When requested to do so, veterinary businesses will be required to produce these logs to the RCVS as part of its monitoring of compliance with remedy 13.

¹²⁵⁶ As to the veterinary professionals and pet owners involved.

How the remedy addresses the AEC and resulting customer detriment

- 8.134 This remedy will support effective complaint handling and consumer redress processes across the sector. Improving those processes will help to drive competition in respect of the quality of services and protect pet owners against poor outcomes.
- 8.135 Complaint processes can provide a rich source of data that may be used, for example, to improve services or identify the need to modify or update the guidance and support given to the profession. In its April 2021 report on ADR, Which? suggested that regulation should require data from disputes to be collected, analysed and published in a consistent and usable way, together with meaningful recommendations for how services can be improved and complaints reduced.¹²⁵⁷
- 8.136 There is currently no comprehensive, regular and publicly available assessment of pet owners' complaints. Although the VCMS publishes Annual Insights Reports which give a helpful description of veterinary complaints that have come to the VCMS,¹²⁵⁸ this only provides a partial picture. Complaints resolved at the local level without the support of the VCMS are not included. Nor are professional misconduct allegations made directly to the RCVS by pet owners without involving the VCMS.
- 8.137 Our view of the value of complaints data, and the way it should be used, was broadly supported in principle by most respondents to our PDR that commented on this remedy. While not all of them explained their view, just under half told us that this remedy provided an opportunity to understand the causes of pet owner dissatisfaction and to facilitate improvements in quality and learning.^{1259, 1260, 1261}

¹²⁵⁷ Which?, [Are Alternative Dispute Resolution schemes working for consumers?](#), April 2021, p 9 (accessed 2 October 2025).

¹²⁵⁸ [Downloads | Veterinary Client Mediation Service - Optical Consumer Complaints Service](#).

¹²⁵⁹ For example, RCVS response to the PDR, p 17, BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, pp 27-28, FIVP response to the PDR, p 12, Linnaeus response to the PDR, p 25, VetPartners response to the PDR, p 64, VCMS response to the PDR, p. 38, and Which? response to the PDR, p 9. Around a quarter of supportive respondents were independent veterinary businesses, including XL Vets (XL Vet UK Ltd response to the PDR, p 22, Northvet Veterinary Group response to the PDR, pp 6-7, Anonymous Respondent 14 [redacted] response to the PDR, p 8).

¹²⁶⁰ A handful of respondents commenting on this remedy in response to our PDR were not supportive. For example, CVS stated that it has 'significant concerns about the material unintended consequences of this remedy', including under reporting to the RCVS and risks to good record keeping and cultivating a safe environment for learning and development. CVS response to the PDR, p 18. Around a fifth of stakeholders commenting on this remedy in response to our PDR held a neutral view or were not specific.

¹²⁶¹ Many respondents to our RWP broadly supported the greater use of complaints data by the regulator. Their reasons included that it could support the identification of trends and common issues in complaints, the provision of insights to, and continuous professional development for, the profession, a continuous learning culture and quality improvements. For example, [RCVS response to the RWP, pp 46-47](#). [CVS response to the RWP, p 42](#). [Linnaeus' response to the RWP, p 56](#). [XL Vets response to the RWP, p 61](#). [The Paragon Veterinary Group response to the RWP, p 21](#). [Which? response to the RWP, pp 7-8](#). In our RWP we proposed a bigger role for the regulator in using complaints data to drive improvements in services and to ensure that regulation remains appropriately targeted but did not set out in detail the possible design of this remedy.

Remedy design considerations

Sharing complaint logs with the regulator

- 8.138 We have decided that the RCVS is best placed to develop the mechanisms for the collection, analysis and publication of complaints and insights data. As well as capitalising on its sectoral expertise, it will be able to make effective and efficient use of existing channels of data collection and develop new ones for sharing insights and information.¹²⁶² There would be synergies with its role in monitoring veterinary businesses' compliance with the mediation remedy (remedy 14). It could, if it wished to augment its existing capacity and capabilities, contract a third party to deliver elements of the requirements.¹²⁶³
- 8.139 The complaint logs, which a sample of veterinary businesses will be required to submit to the RCVS (remedy 13), will enable it to gain insights into the numbers, nature and outcomes of complaints being made. Information on complaints from the VCMS, which the RCVS already collects,¹²⁶⁴ will provide a view of some of the more difficult complaints businesses receive. It could be used to generate best practice complaint handling case studies to support veterinary businesses and the professionals they employ. Information on complaints from the VDS's Vetsafe reporting tool is another rich data source the RCVS could use.¹²⁶⁵ The same is true of complaints data the RCVS already holds.¹²⁶⁶
- 8.140 We do not share the concerns that some stakeholders have put to us about this remedy. Those included questions about the anonymisation of the relevant data and of compliance with data protection legislation,¹²⁶⁷ concerns that the RCVS could use the relevant data to take disciplinary action against vets¹²⁶⁸ and concerns that requiring veterinary businesses to share complaint data with the regulator could encourage under-reporting of complaints or prejudice unfairly

¹²⁶² As we explain in part A, section 14: Regulatory framework for veterinary services, the VCMS shares with the RCVS and with the profession some of the insights gathered from its mediation process. The RCVS also makes use of some complaints data to ensure appropriate concerns are being raised to it, to support CPD training as part of the RCVS Academy and to develop materials to support veterinary surgeons and nurses.

¹²⁶³ For the reasons in this paragraph, we do not share the concerns we heard, from a small minority of respondents to our PDR that commented on this remedy, about the capacity and capability of the regulator to fulfil this role. Veterinary Complaint Reform submitted that it is in favour of this remedy but that the role should be carried out by an independent ombudsman. Veterinary Complaint Reform response to the PDR, p 6.

¹²⁶⁴ Which the RCVS could continue to collect under its contractual arrangements with the VCMS.

¹²⁶⁵ The VDS has submitted that, while it would not be able to share confidential information about its membership and data on complaints directly with the RCVS, it could instead provide data to practices to enable them to comply with any requests from the regulator. The Veterinary Defence Society Ltd response to the PDR, p 3.

¹²⁶⁶ Including, for example, in relation to adherence to the Practice Standards Scheme and professional misconduct allegations. If government legislates to introduce a binding redress scheme for complaints, which we recommend in part B, section 9, it may be more effective for the administrator of this scheme to collect, analyse and regularly publish data and insights on complaints in the relevant market (or for the RCVS to collect and publish data from that source too).

¹²⁶⁷ Hilltop Vets response to the PDR, p 12. BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, pp 27-28.

RCVS response to the PDR, p 16.

¹²⁶⁸ VetPartners response to the PDR, p 64. BVA, BVNA, BSAVA, SPVS and VMG response to the PDR, pp 27-28. The Veterinary Defence Society Ltd response to the PDR, p 2. FIVP response to the PDR, p 12.

those veterinary businesses with more solid record keeping standards.¹²⁶⁹ It was also put to us that any RCVS report should be shared only with veterinary businesses, not published.¹²⁷⁰

- 8.141 Veterinary businesses will be required, before submitting their complaint logs to the regulator, to anonymise them. These logs will not contain personal information relating to veterinary professionals, other staff working for the veterinary business or pet owners. Veterinary businesses and the RCVS will need to remain fully compliant with their legal obligations relating to data protection. The anonymisation will help them in this respect.
- 8.142 Publishing the RCVS report, rather than the RCVS sharing complaints insights only with concerned veterinary businesses, will add to those businesses' incentives to learn from the insights the report contains and to make improvements in the quality of their services. Consumer representative bodies may use the data to increase pet owners' awareness of the most common issues they might encounter and to empower them in dealing with those issues.
- 8.143 The published report will use the anonymised data submitted by veterinary businesses. Other data it contains, obtained from the VCMS and from the RCVS's own records, will be similarly anonymised. The report will present that anonymised data at an aggregated level. That being so, and given that veterinary businesses will be under an obligation to maintain accurate complaint logs, the risk of under-reporting of complaints is mitigated.¹²⁷¹

¹²⁶⁹ For example, CVS submitted that it 'has significant concerns' and that, 'There is a real risk of vet practices under-reporting to the RCVS the number of complaints they have received particularly where that results in them appearing to have a low complaint rate when the data is published. CVS' view is that this remedy could compromise the extent to which practices ensure they maintain good record keeping and cultivate a safe environment for learning and development. It would be more proportionate to require the RCVS to monitor, collate, and publish a report on whether practices have a robust and effective complaints mechanism in place, together with industry-wide recommendations for suggested improvements.' CVS response to the PDR, p 18. This is also set out in VetPartners response to the PDR, p 64.

¹²⁷⁰ In response to our RWP, there were mixed views on whether complaints data should be published. Some respondents were supportive, stating that this could facilitate learning among the profession, and noting that similar reporting occurs in other sectors. For example, [Respondent 1 response to the RWP, pp 1 and 18](#), [Respondent 12 response to the RWP, p 26](#), [IVC response to the RWP, p 61](#), [AMTRA response to the RWP, p 8](#). Others raised concerns about whether complaints data would be appropriately interpreted. For example, [Respondent 4 response to the RWP, p 5](#), [Pennard Vet response to the RWP, p 12](#), [The Animal Trust response to the RWP, p 10](#). Some told us that the collated complaints data should be shared with practices/veterinary professionals or that analysis of and learning from complaints should take place at the local level.

¹²⁷¹ We also note that, were the RCVS to identify issues of misconduct falling within its remit, it would be proper for it to take action. That it may do so would not be a reason for us not to adopt this remedy.

Remedy implementation considerations

Method of implementation

- 8.144 We have decided that we will seek an undertaking from the RCVS (or may require it by Order) to collect, analyse and publish on an annual basis data and insights on complaints in the market for veterinary services for household pets.¹²⁷²

The cost of implementation

- 8.145 There will be some costs incurred by the RCVS and organisations from which it obtains data (such as the VCMS and veterinary businesses). These will include the administrative and legal costs of ensuring data sharing agreements and appropriate protections are in place. There may also be some costs in setting up, and then using on an ongoing basis, IT systems to collate, anonymise and transfer data.¹²⁷³ These costs would, to some extent, depend on the systems the relevant organisations already have in place, and we note that some sharing of complaints data already occurs between the VCMS and the RCVS.
- 8.146 The RCVS will also incur some staffing costs in collating, analysing and preparing complaint data and insights for publication. These costs would relate to functions that it might be expected to perform as a Royal College that regulates and it may be possible to capitalise on some existing processes it employs. Those costs could be expected to diminish over time as the relevant processes become more familiar and efficient.
- 8.147 This remedy would play an important role in helping veterinary businesses to focus on continuous learning and improvements. It would also add to their incentives to do so. Some costs incurred in pursuit of those objectives are therefore, in our judgement justified, and we have sought to mitigate them in our design of the remedy. We have identified ways in which the remedy can use the RCVS's existing expertise and processes. We have also decided that we will produce a template complaints log veterinary businesses could adopt.¹²⁷⁴ This template will reduce the burden of data collection on veterinary businesses and the regulator which will, as a result, receive data in a standardised format.

¹²⁷² The RCVS could choose to discharge this duty by delegating it to a third party such as the VCMS.

¹²⁷³ In that connection, just under half of respondents to our PDR who commented on this remedy (and who were all either broadly supportive of this remedy or neutral/not specific) told us that data collection should be automated, not manual, to avoid adding additional burdens to veterinary businesses. For example, Armour Veterinary Group Ltd response to the PDR, p 4. XL Vet UK Ltd response to the PDR, p 22. Anonymous Respondent 14 [X] response to the PDR, p. 8. A small minority of respondents also noted that the regulator would incur costs because of this remedy, with some of them saying that such costs would be passed back to veterinary businesses. Anonymous Respondent 15 [X] response to the PDR, p 4. RCVS response to the PDR, p 16. We similarly heard from some stakeholders in response to our RWP that this remedy could be burdensome particularly for smaller veterinary businesses if they were required to submit complaints data. For example, [Respondent 2 response to the RWP, p 29](#). [Paragon Veterinary Group response to the RWP, p 21](#). [Medivet response to the RWP, p 40](#). [Progressive Veterinary Association response to the RWP, p 16](#).

¹²⁷⁴ As explained in the in-house complaint process remedy.

Implementation timeframe

- 8.148 The first annual report will be published 24 months after publication of our Order. This will allow one year of complaints data to be compiled by veterinary businesses in their complaint handling logs and a further six months for the RCVS to collate and analyse it and publish a report.¹²⁷⁵

Effectiveness of the complaints and redress remedies

How the remedies will work with the other remedies to address the AECs and resulting customer detriment

- 8.149 We have found that the current regulatory framework does not contain appropriate complaints and redress mechanisms to support the competitive processes and outcomes we would expect in a well-functioning market for the supply of veterinary services by FOPs (as set out in part A, section 14).¹²⁷⁶
- 8.150 Our judgement is that each of the complaints and redress remedies we have decided to implement will address the AEC and resulting customer detriment. Together, the effect of these remedies will be to create a more comprehensive and effective complaints and redress framework across the market:
- Pet owners will be better informed about how to complain to their FOP and what it involves, as well as how to proceed if the complaint cannot be resolved at the local level.
 - Pet owners will feel more confident to complain to their FOP and expect better processes when they do raise a complaint.
 - As a result of this, it will be possible for more complaints to be resolved between the pet owner and veterinary business. Where redress is needed more pet owners will receive it.
 - Increasing pet owners' awareness of other routes to redress (should local resolution fail), will incentivise veterinary businesses operating FOPs to resolve complaints themselves where possible and provide redress where needed, to avoid the time and cost associated with engaging in third-party dispute resolution mechanisms.
 - Where the veterinary business fails to resolve complaints, pet owners will be more confident in taking their complaint to the next appropriate step, such as mediation, if they wish to do so. More complaints which are not resolved with

¹²⁷⁵ We did not receive any substantive responses to our PDR regarding the timing of the implementation of this remedy.

¹²⁷⁶ Part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

the business will progress to the next step, such as mediation, and be resolved.

- Recognising that pet owners will be more empowered to raise and resolve complaints, veterinary businesses will be incentivised to ensure that they maintain or improve the quality of their services. This includes examining complaints data to identify lessons learned and make improvements.
- The RCVS will gain improved insights into the experiences of, and problems faced by, pet owners in the veterinary market for household pets. This will enhance its ability to support veterinary professionals and businesses and thereby to improve services and outcomes for pet owners.

8.151 In part B, section 9 we recommend that, in the long-term, the remedies we have outlined here are complemented by the introduction of a binding independent redress scheme for complaints.¹²⁷⁷ This will provide pet owners and veterinary businesses operating FOPs with an independent and final resolution to their dispute (pet owners would also have the option to go to court, as they do now).

Effective implementation, monitoring and enforcement

8.152 We have decided that each of the remedies will be capable of effective implementation, monitoring and enforcement.

8.153 The in-house complaint process and mediation remedies (remedies 13 and 14) will be set out in our Order, non-compliance with which will be enforced by the CMA. To increase the effectiveness of the complaints and redress remedies we have decided to implement, we have indicated where monitoring will be required. As set out in part B, section 2,¹²⁷⁸ we have decided that the RCVS will have a key role in helping to monitor compliance with the remedies we impose on veterinary businesses through an Order, including the in-house complaint process and mediation remedies.

Timescales for implementation

8.154 The complaints and redress remedies described in this section (remedies 13 to 15) will be implemented, and will begin to remedy the AEC, promptly (but with some lead in time). Specifically:

- Remedy 13: a requirement for all veterinary businesses operating FOPs to ensure that each of their FOPs has and follows an in-house complaints process. All relevant veterinary businesses will need to be compliant within

¹²⁷⁷ Part B, section 9: Recommendations for future regulatory reform, subsection Complaints and redress.

¹²⁷⁸ Part B, section 2: Remedies: framework, form and implementation, subsection Practical design and implementation considerations.

six months of the publication of our Order. This will give those businesses time to review their FOPs' existing processes and update them where needed, or develop a complaint handling process if they do not already have one.

- Remedy 14: a requirement for veterinary businesses operating FOPs to engage in good faith with mediation. All relevant veterinary businesses will need to ensure that they are ready to participate in mediation within six months of the publication of our Order. We do not anticipate that relevant veterinary businesses, large or small, will need to undertake significant activities to prepare for the introduction of a requirement to participate in mediation. The RCVS will also be required to contract an ADR provider which offers mediation services to relevant veterinary businesses operating FOPs within six months of the publication of our Order to ensure veterinary businesses operating FOPs are able to comply with the remedy.
- Remedy 15a: an undertaking from the RCVS (or a requirement by Order for it) to develop a decision tree of pet owners' routes to redress. This will be made available during the implementation period for the requirement for veterinary businesses operating FOPs to have and follow a complaint handling process for each of its FOPs (remedy 13). This is because we will require these businesses to include this in their FOPs' in-house complaint handling processes, in prominently placed signage in FOP receptions and on their websites.
- Remedy 15b: an undertaking from the RCVS (or a requirement by Order for it) to collect, analyse and publish on a regular basis data and insights on complaints in the veterinary market for household pets. The first annual report will be published 24 months after publication of our Order.

Consistency with existing and anticipated future laws and regulations

- 8.155 We expect that the proposed complaints and redress remedies will be consistent with existing laws and regulations applicable to the market. This includes The ADR Regulations 2015 which provide for a scheme by which ADR providers can become approved ADR entities and thereby entered onto the official list of approved ADR providers (currently published by CTSI).¹²⁷⁹ We note that the VCMS, as delivered by Nockolds Solicitors, is an approved ADR entity. We do not expect the remedies we have decided to implement to affect whether the VCMS

¹²⁷⁹ CTSI, [ADR Approved Bodies](#) (accessed 20 September 2025). We have also considered this remedy in light of Chapter 4, Part 4 of the Digital Markets, Competition and Consumers Act 2024, which will replace the ADR Regulations once brought into force. Under the new regime ADR providers may be 'accredited' by the Secretary of State, which for the purposes of this remedy will be the equivalent to being 'approved'.

maintains its approved ADR entity status in accordance with the requirements set out in those regulations.

Proportionality¹²⁸⁰

How the remedies are effective in achieving their aims

- 8.156 For the reasons set out above, we have concluded that the complaints and redress remedies we have decided to implement, in combination with others set out in this final decision report, represent an effective solution to the AEC and resulting customer detriment that we have found.

How the remedies are no more onerous than necessary to achieve their aims

- 8.157 Our assessment is that the remedies will be no more onerous than is necessary to achieve the aims we have described. In making that assessment, we have taken into account three main points.
- 8.158 First, there is a need for remedies that ensure there are consistent and effective processes pursuant to which pet owners can make complaints and obtain redress. The remedies also need to increase pet owners' awareness of how to make complaints and their confidence in doing so.
- 8.159 Second, there may in principle be more than one way in which the relevant aims could be met. In particular, the remedies could impose a series of novel requirements and demand the establishment of new or additional processes and bodies. Alternatively, they could seek to build on existing complaints and redress processes and structures, to exploit areas of existing good practice and to reduce costs.
- 8.160 In designing each of the remedies, we have sought to adopt the latter of the possibilities described in the previous paragraph. We have assessed the key remedy design considerations and sought to limit costs and other burdens on veterinary businesses and any other affected parties.
- 8.161 For example:
- Many veterinary businesses already have complaints processes in place for their FOPs. Our remedies adopt key principles and best practices from those. A combination of a principles-based approach and specific requirements will allow veterinary businesses some flexibility to adapt processes they already apply, while also ensuring that pet owners receive the benefit of consistent

¹²⁸⁰ This reflects the approach to assessing the proportionality of remedial measures as set out in paragraph 344 of CC3 and *Tesco v Competition Commission* (4 March 2009).

and effective complaint and redress mechanisms and clear information about them.

- The mediation remedy will build on the existing VCMS to a large degree. That scheme is already known and used by some veterinary businesses and pet owners. There will be efficiencies in allowing businesses to continue to use the same scheme if they chose.
- An undertaking from the RCVS (or a requirement by Order for it) to develop information for pet owners which can be ‘plugged into’ veterinary business in-house complaints processes and displayed in FOPs, will:
 - make use of the RCVS’s existing expertise and resources; and
 - minimise the burden on veterinary businesses which will be able to make ready use of that information at low cost.

8.162 Third, we have considered whether there are less onerous remedies, than those we are minded to adopt, that would be similarly effective. Those could include, for example, requirements that veterinary businesses maintain and formalise whatever in-house complaints processes they currently use, or simply to tell pet owners where they do not generally participate in mediation under the VCMS. We have also considered an alternative option suggested to us by Pets at Home in response to the proposal in our PDR to require all veterinary businesses operating FOPs to participate in mediation. Specifically, Pets at Home submitted that FOPs which demonstrate that due process has been followed in relation to the complaint should not be required to mediate.¹²⁸¹

8.163 We have decided that such remedies would not be effective in addressing the lack of consistency in complaints and redress mechanisms. Nor would they be as effective in disciplining veterinary businesses with regard to the quality of their FOP services.

8.164 To illustrate that point, we have considered a ‘do nothing’ option in relation to veterinary businesses’ in-house complaints processes. In the absence of meaningful regulatory requirements, it is open to those businesses to design and operate a complaint handling process. Many already do, and some do it well. However, we have found that not all in-house complaints processes are consistent and high quality.¹²⁸²

8.165 On that basis, our assessment is that doing nothing – and leaving the market to its own devices – will not address the feature of the market leading to the AEC and support good outcomes for pet owners. If the incentives existed, we would expect

¹²⁸¹ Further details are provided above with regards to the mediation remedy.

¹²⁸² As set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

veterinary businesses already to have such consistent and high quality processes in place.

How the remedies are the least onerous if there is a choice between several effective measures

- 8.166 This particular consideration is relevant where we identify a choice of similarly effective remedies - in which case, we would adopt the remedy we judged least onerous. In forming our assessment here, we have not identified similarly effective remedies from which we should make that choice.
- 8.167 We have considered whether requiring veterinary businesses to participate in an alternative mediation scheme to the VCMS would be similarly effective and less onerous. Our judgement is that it would be neither. While veterinary businesses will be free to use an alternative scheme, such a scheme would incur set-up costs that the VCMS would not and would lack the familiarity of the existing scheme. On that basis, mandating the use of another scheme would not be appropriate.

Whether the remedies produce disadvantages which are disproportionate to their aims

- 8.168 We have considered the additional costs and burdens on some veterinary businesses that would result from the remedies we have decided to implement. For the reasons we have set out, we consider those would likely be limited.
- Where stakeholders responding to our RWP raised concerns about unintended or undesirable consequences, such as the imposition of inflexible processes, an increase in vexatious complaints or the harassment of individuals, and the imposition of unfair administrative (or timing) burdens, we developed our remedies to mitigate the risks.
 - Similarly, we have carefully considered the feedback to our PDR and adjusted our remedies where we judge it appropriate to do so. For example, we have adjusted our in-house complaint process remedy (remedy 13) so that FOPs have additional time to respond to actionable complaints where this is necessary to fully resolve a complaint.
 - We have also provided reassurances in relation to the complaint data remedy (remedy 15b) with regards to how complaint data submitted by veterinary businesses will be used by the RCVS. Specifically, we have confirmed that complaint data submitted to the regulator will be anonymised.
- 8.169 Overall, our judgement is that the remedies will not have significant disadvantages which are disproportionate to their aims or those of the overall package of remedies.

9. Recommendations for future regulatory reform

Remedy 16: We have decided to recommend to the UK government, in consultation with the Scottish Government, the Welsh Government and the Northern Ireland Executive as appropriate, to establish a replacement statutory regime for the regulation of veterinary services for household pets, which should include the following:

Business regulation: veterinary businesses¹²⁸³ (and the practices they own) should be included within the scope of regulation, in addition to individual vets and vet nurses. Veterinary businesses should be subject to mandatory minimum requirements which, in addition to the protection of animal welfare and the wider public interest, (i) promote competition and protect consumers, and (ii) ensure a baseline level of quality with respect to clinical standards. There should be an improved voluntary accreditation scheme under which veterinary businesses may seek additional quality accreditations and awards for aspects of their services which exceed the baseline.

The requirements on veterinary businesses should as a minimum reflect the contents of our Order imposed on veterinary businesses. Regulation should apply at the organisational level to the legal person carrying on that business.

Professional regulation: regulation of veterinary professionals should be strengthened, with regulatory requirements to better promote competition, to ensure that pet owners have information that enables them to choose between providers and services.

Monitoring and enforcement: robust and effective monitoring and enforcement powers for the regulator, including a lower threshold for regulatory action and a broader range of sanctions, which support and incentivise compliance with regulatory rules by veterinary businesses and professionals.

Complaints and redress: an effective complaints and redress system which disciplines the conduct of veterinary businesses operating FOPs and supports the competitive process. This should include a requirement that all veterinary businesses operating one or more FOPs ensure that each of their FOPs has and follows a written in-house complaint process, which meets certain minimum criteria, alongside provision for mediation and a binding independent redress scheme.

Statutory duties for the regulator: additional statutory duties for the veterinary regulator to promote competition and further the interests of pet owners in the discharge of its statutory functions.

¹²⁸³ A person (any entity whether they are a legal person like a company, in a joint venture or partnership, or an individual) carrying on a business that comprises the retail provision of one or more Veterinary Services to pet owners for their household pets.

Governance and structure of a veterinary regulator: a veterinary regulator structured appropriately, guided by a series of operational principles, to ensure the effectiveness and independence of a modern regulatory regime.

Recommendations to the veterinary regulator:

We have decided to recommend that the veterinary regulator should engage with stakeholders including Defra, RCVS-K or any successor body, the veterinary sector associations and consumer groups to support the design of a scheme for measuring and communicating to pet owners the quality of services that veterinary businesses provide as part of a reformed regulatory framework.

We recommend that the RCVS should engage with RCVS-K, Defra and consumer groups, in the immediate term, to help improve the current PSS as a quality signal for the time that remains before wider reform of the regulatory framework takes place.

Description of the remedy

- 9.1 We have decided to recommend to the UK government, in consultation with the Scottish Government, Welsh Government and Northern Ireland Executive as appropriate,¹²⁸⁴ the establishment of a replacement statutory regime for the regulation of veterinary services. We recommend that this should include the features summarised in the box above. As explained below, we consider that a single regulatory framework for veterinary services across the four nations of the UK is preferable.
- 9.2 Putting these reforms on a statutory footing is, in our view, an essential step in addressing the AEC we have identified for the long term. This would establish a regulatory system that is appropriate for the market context in which veterinary services for household pets are now supplied:¹²⁸⁵ one that is able, in the public interest, effectively to discipline the conduct, and ensure the accountability, of the non-vet owners of veterinary practices and the corporate entities operating in the sector.

How the remedy addresses the AEC and resulting customer detriment

- 9.3 We set out in part A, section 14¹²⁸⁶ how regulation is required in the market for the supply of veterinary services to address risks created by asymmetry of information between vets and pet owners and to protect a range of wider public interests. We

¹²⁸⁴ In the rest of this section, references to recommendations to government mean recommendations to the UK government in consultation with the Scottish Government, Welsh Government and Northern Ireland Executive as appropriate.

¹²⁸⁵ That is, a context characterised by much higher levels of pet ownership and much larger non-vet owned businesses which place greater emphasis on providing veterinary care as a commercial proposition, than when existing rules were first developed.

¹²⁸⁶ Part A, section 14: Regulatory framework for veterinary services.

explained that to mitigate the possibility of market failure we would expect the system of regulation to, among other things, (a) promote effective competition, and (b) provide effectively for assuring, monitoring and enforcing appropriate minimum or baseline standards of competence, quality and conduct in relation to veterinary professionals and providers.

- 9.4 We have found that the current regulatory framework for veterinary services for household pets is inadequate and not fit for purpose. It does not contain appropriate substantive requirements, or monitoring, enforcement and redress mechanisms, to support the competitive processes and outcomes we would expect in a well-functioning market for the supply of veterinary services. These concerns mean that the system also fails to protect animal welfare as effectively as it could.¹²⁸⁷
- 9.5 Our conclusion is that the regulatory system in the veterinary sector must be reformed. We have assessed what measures we can take to address the AEC we have identified.¹²⁸⁸ Those measures include, as set out in this report:
- (a) imposing a range of obligations on veterinary businesses under our Order, which aim to empower consumers to make effective choices about the FOPs, referral providers and treatments that are right for them and their pet;¹²⁸⁹
 - (b) imposing obligations on the RCVS to present certain information on its Find a Vet website,¹²⁹⁰ to collect and analyse complaints data,¹²⁹¹ and to monitor compliance by veterinary businesses with the requirements imposed on them under our Order; and
 - (c) recommending to the RCVS that it should adopt certain measures including amending the Codes¹²⁹² and the Guidance.¹²⁹³
- 9.6 While these measures are part of an effective and proportionate package of remedies to address the AEC, there are limits on our legal powers.¹²⁹⁴ We cannot, for example, extend the RCVS's remit or powers, nor require changes to its

¹²⁸⁷ This is because pet owners cannot always afford treatments or medicines or do not receive appropriate choices that meet their, and their pets', needs.

¹²⁸⁸ As reflected in the various remedies set out above, this could include imposing obligations on veterinary businesses or other persons under an Order or making recommendations to other bodies, such as the RCVS or the VMD, proposing that they take specified actions to help address an AEC identified in the market for veterinary services for household pets.

¹²⁸⁹ Part B, sections 3: Pet owner empowerment remedies, 4: Choice of treatments, referrals and diagnostics, 5: Medicines market opening remedies and prescription price controls, 6: Out-of-hours contracts, 7: Cremations and 8: Complaints and redress.

¹²⁹⁰ Part B, section 3: Pet owner empowerment remedies.

¹²⁹¹ Part B, section 8: Complaints and redress.

¹²⁹² The RCVS Code of Conduct for Veterinary Surgeons and the RCVS Code of Conduct for Veterinary Nurses.

¹²⁹³ Part B, section 4: Choice of treatments, referrals and diagnostics.

¹²⁹⁴ In the EA02, Schedule 8 in particular.

structure or governance, which we consider critical for the effective operation of the market on an enduring basis.

9.7 We have therefore considered the best long-term regulatory framework for ensuring that veterinary services are provided in a way that serves the public interest in terms of animal welfare, public health and the environment, and in the promotion of competition and the protection of consumers. We take into account that:

- (a) veterinary services are complex and, for the reasons described in part A, section 3 and section 14,¹²⁹⁵ an effective system of regulation would continue to be required even in a well-functioning market;¹²⁹⁶
- (b) the system of regulation would cover a broad range of matters that relate to clinical standards and animal welfare, not just the promotion of competition and the protection of consumers (though these aspects are linked), and some of these matters (the former especially) require the consideration of clinical experts and public policy makers, not only the CMA;
- (c) the system of regulation would cover the whole veterinary sector and the broad range of veterinary services it provides, not only those for household pets;
- (d) the supervision, ongoing management and enforcement of that system would be better conducted by an independent sector specific regulator which includes people with the relevant professional, clinical and technical expertise, not the CMA; and
- (e) a single regulatory framework rather than a system in which some requirements continue to be imposed and enforced by the CMA and others by a veterinary regulator will in the longer term be simpler, more readily understood by those it regulates and those who use veterinary services, less burdensome for businesses, and more effective and efficient.

9.8 For these reasons, our view is that a new statutory regime for the regulation of veterinary services for household pets is required, in addition to the measures we are imposing under our Order, comprehensively to address the AEC. We urge government to move swiftly to implement our recommendation in new legislation.¹²⁹⁷

¹²⁹⁵ Part A, section 3: Factors which affect how competition works in the market for veterinary services and part A, section 14: Regulatory framework for veterinary services.

¹²⁹⁶ Indeed, to ensure the market is a well-functioning one.

¹²⁹⁷ Likely a mixture of primary and secondary legislation. Some aspects of the regulatory framework may be better delivered by secondary, rather than primary, enactments, especially where flexibility for ministers to make amendments in future would be beneficial. This point is explored further below.

- 9.9 A reformed regulatory framework with the features we have recommended would promote competition and protect consumers while also safeguarding animal welfare.¹²⁹⁸ It would support pet owners to make informed choices about the services they buy, while incentivising veterinary businesses to offer prices and a range of services that would better meet the requirements and needs of pet owners and their animals. The recommended model would also strengthen the regulation of baseline quality standards in clinical terms, supplementing the regulation of professional conduct with obligations on veterinary businesses (and their practices) to meet specified standards.
- 9.10 In making our recommendation, we have taken into account the need to ensure that the regulatory burden on businesses is no greater than required for the market to function well. We are conscious that, while regulation is necessary in this market (as is recognised by the existence of the current regulatory framework), ineffective or disproportionate regulation results in unnecessary costs and burdens for businesses and higher prices for pet owners. What we are recommending is the replacement of a not fully effective system of regulation with an effective and targeted one that promotes competition and good outcomes for pet owners and that enables businesses to compete fairly and efficiently and to grow.
- 9.11 We are encouraged by Defra’s consultation on proposals for reform of the Veterinary Surgeons Act 1966 (**VSA**), many of which align with our recommendation. The key aims of Defra’s proposed reform include consumer protection and enhanced competition. Its consultation document notes that a regulatory regime which supports consumers and promotes competition would, ‘.... help pet owners make informed choices about the services they buy and incentivise vet businesses to offer prices and a range of services that would better meet their needs and requirements’.¹²⁹⁹

Regulating veterinary businesses

- 9.12 The shortfalls we have identified in the current regulatory framework include that it is too narrow – binding only individual vets and nurses but not veterinary businesses¹³⁰⁰ – and is not as helpful as it could be in giving pet owners indicators of the relative quality of the services businesses provide.¹³⁰¹

¹²⁹⁸ This is set out in part A, section 14: Regulatory framework for veterinary services, subsection Our assessment, where we describe how an effectively regulated competitive market will serve to promote animal welfare.

¹²⁹⁹ [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026, p iv.

¹³⁰⁰ Which, as explained below, means a natural or legal person carrying on a business providing veterinary services for household pets.

¹³⁰¹ In part A, section 14: Regulatory framework for veterinary services, subsection Aspects of the regulatory framework leading to weak and ineffective regulation, we noted that the RCVS is currently undertaking a multi-phased review of PSS standards which would likely include new consumer facing standards. We note that such changes, if implemented, have some potential to help promote competition between businesses which are part of the scheme. However, for the reasons stated in that section, which includes that we can only assess the effectiveness of requirements which are in force, our AEC analysis with respect to the regulatory framework stands.

- 9.13 The structure of the veterinary industry has changed significantly in recent years. Non-vet ownership of veterinary businesses has increased substantially. The LVGs now own the majority of veterinary practices in the UK. The regulatory framework has failed to keep pace with these developments. There is a disconnection between those with responsibilities under the regulatory framework (individual vets and vet nurses) and those with much of the power to ensure that these responsibilities are met (non-vet owners and corporate entities). This disconnection, or ‘accountability gap’, needs urgently to be addressed through regulatory reform.

We recommend to government that veterinary businesses (and the practices they own) should be included within the scope of regulation, in addition to individual vets and vet nurses. Veterinary businesses should be subject to mandatory minimum requirements with respect to both clinical standards and competition and consumer matters. We refer to these mandatory minimum requirements as the **Standards for Veterinary Businesses**. We are also recommending the establishment of an effective voluntary accreditation scheme as part of a reformed regulatory framework.

- 9.14 Below, we set out the key remedy design issues that are relevant to our recommendation and we conclude that:

- (a) the scope of business regulation should be as follows:
 - (i) the subject matter of the Standards for Veterinary Businesses should reflect (1) a set of appropriate baseline requirements for clinical standards at veterinary practices, and (2) the substantive content of the pro-competition requirements we are imposing on businesses under our Order; and
 - (ii) regulation should apply to the natural or legal person carrying on a business providing veterinary services for household pets;
- (b) the regulation of veterinary businesses should, so far as possible, take the form of an outcomes-based model; and
- (c) in addition to the Standards for Veterinary Businesses, which would provide a baseline level of quality assurance for the sector, there should be an effective voluntary accreditation scheme which enables pet owners to understand the relative quality of the services provided by veterinary businesses beyond that baseline level.

- 9.15 Our assessment of the measures required to ensure effective monitoring and enforcement of veterinary businesses' compliance with regulation is set out below.¹³⁰²
- 9.16 Implementing our recommendation would mean that veterinary businesses, which have control over decisions affecting the operations of individual veterinary practices, are subject to the disciplining effect of regulation. They would have to play their part in making sure pet owners have appropriate and timely information and advice enabling them to make informed choices. Our recommendation would also drive consistent baseline quality standards (ie standards that apply to all businesses) and quality differentiators (additional voluntary accreditations) across the sector, and support vets' and vet nurses' clinical independence.
- 9.17 We have referred in part A, section 14 to the wide support, from a range of stakeholders across the sector, for the regulation of veterinary businesses and practices.¹³⁰³ For example:¹³⁰⁴
- (a) Pets at Home told us that, 'Extending the regulatory framework to bring vet businesses within its remit... would be an effective and proportionate way of ensuring that there is a connection between those with responsibilities under the regulatory framework and the FOP owner'.¹³⁰⁵
 - (b) FIVP's survey of independent practices says that 74.88% of practices which responded to the survey supported the recommendation for the RCVS to have the power to regulate veterinary practices.¹³⁰⁶
 - (c) Which? said, 'We strongly support the introduction of regulatory requirements on vet businesses, as we think the current regulation of individual professionals only is fundamentally incompatible with the modern veterinary market and cannot adequately address the issues consumers frequently face when using veterinary services'.¹³⁰⁷ Which? also said that 'Many policies and procedures that have a direct impact on consumers, like pricing or the

¹³⁰² As set out in subsections titled Effective monitoring of compliance with regulation and Effective enforcement of regulation.

¹³⁰³ Part A, section 14: Regulatory framework for veterinary services, subsection Effectiveness of the regulatory framework.

¹³⁰⁴ The RCVS and BVA, BVNA, BSAVA, SPVS and VMG thought a mandatory practice regulation scheme should be introduced as part of legislative reform. The RCVS thought it would improve consumer protection, support and standards within practices and for veterinary professionals. [BVA, BVNA, BSAVA, SPVS, VMG response to the February 2025 working papers](#), p 5. RCVS response to RWP, p 35. Five of the six LVGs supported extending regulation to veterinary businesses to ensure accountability. Linnaeus and XL Vets indicated such regulation would reflect 'modern' and 'non-veterinary business ownership' more adequately. Linnaeus response to RWP, p 6. [XL Vets response to February 2025 working papers](#), p 6.

¹³⁰⁵ Pets at Home response to RWP, paragraph 5.1. Pets at Home response to the PDR, paragraph 12.1.

¹³⁰⁶ FIVP response to the PDR, Appendix A, p 4.

¹³⁰⁷ Which? response to RWP, p 3.

information provided to new customers, will be determined at the business level and as such the business should be accountable for them'.¹³⁰⁸

- 9.18 The reasons stakeholders gave us for their support included that business regulation would ensure the accountability of veterinary business,¹³⁰⁹ reflect changes in the ownership of practices¹³¹⁰ and ensure that service quality and standards are met.¹³¹¹ Many of the supportive stakeholders told us that the VSA is unfit for purpose and new regulation is required to reflect modern veterinary practice and market structures.
- 9.19 Defra's consultation acknowledges the need, and rationale, for regulating businesses. It states that, '... legislative reform also provides the opportunity to regulate veterinary practices as businesses, bringing the sector in line with other modern professions and further protecting animal welfare'.¹³¹²

Scope

We have decided to recommend that (i) the requirements on veterinary businesses should as a minimum reflect the contents of our Order imposed on veterinary businesses,¹³¹³ (ii) there should be a requirement to satisfy basic clinical standards, and (iii) regulation should apply at the organisational level to the legal person carrying on that business.

What should be the subject matter of regulation?

- 9.20 Our recommendation is that new regulatory requirements introduced by a future reformed regulator, pursuant to a new set of legislative powers, should incorporate each of our substantive remedies that are imposed on veterinary businesses.¹³¹⁴ In addition to the baseline clinical requirements referred to below, the subject matter of the Standards for Veterinary Businesses should therefore, as a minimum, reflect:
- (a) transparency requirements creating obligations to publish:
- (i) the prices of common vet services and products, including parasiticides, and information about pet care plans;

¹³⁰⁸ 'Which?' response to the PDR, p 10.

¹³⁰⁹ Anonymous Respondent 21 [redacted] response to PDR, p 4. Individual [redacted] response to the PDR p 1. Individual [redacted] response to the PDR, p 2.

¹³¹⁰ Treforest Veterinary Clinic Ltd response to the PDR, p 2. Pet and Equine Insurance Association response to the PDR, p 5.

¹³¹¹ Blue Cross response to the PDR p 3.

¹³¹² [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026, p iii.

¹³¹³ Part B, sections 3: Pet owner empowerment remedies, 4: Choice of treatments, referrals and diagnostics, 5: Medicines market opening remedies and prescription price controls, 6: Out-of-hours contracts, 7: Cremations and 8: Complaints and redress.

¹³¹⁴ As set out in part B, section 2 Remedies: Framework, form and implementation, subsection Practical design and implementation considerations.

- (ii) the identity of the main entity in any ownership group or common network of practices;
 - (iii) details of staff qualifications, practice accreditations and awards, or other quality ratings;
 - (iv) any prescription, dispensing and (medicine) administration fees; and
 - (v) any cremation services offered and their prices;
- (b) a requirement for veterinary businesses to ensure that the veterinary professionals whom they employ at practices have the ability to exercise clinical autonomy without inappropriate business practices, financial incentives, systems, processes and procedures which may improperly impede their clinical freedom or put undue pressure on them;
 - (c) requirements relating to the sale of veterinary medicines, including rules about how pet owners should be told about, and offered, prescriptions, and about the sources from which they can buy medicines;
 - (d) a requirement to have and follow a written in-house complaint process which meets certain minimum criteria; and
 - (e) a requirement to participate in mediation and a binding independent redress scheme.

9.21 These provisions should apply in addition to a set of requirements which ensure a baseline level of quality in terms of clinical standards at veterinary practices.

9.22 The resulting package of measures would:

- (a) put a set of requirements designed to help pet owners make informed choices about the services they buy, and from whom, on a permanent statutory footing under the control of an expert regulator; and
- (b) include assurance that minimum levels of clinical safety and quality would be maintained by businesses providing veterinary services.

9.23 We are pleased to see that Defra is proposing that the requirements we are imposing on veterinary businesses under our Order should be included within the scope of the reformed VSA. Likewise, we are pleased that it is proposing that the standards for veterinary businesses would include consumer focused duties.¹³¹⁵

¹³¹⁵ Defra consultation, [Reform of the Veterinary Surgeons Act 1966](#), January 2026, p 33.

Who should be subject to regulation?

9.24 Regulation should apply at the organisational level to veterinary businesses. This means the natural or legal person carrying on a business providing veterinary services for household pets. That person would be the corporate entity (company), partnership or individual owner(s) which, or who, carries on the business, as each case may be.¹³¹⁶ There are three main reasons why:

- (a) **Responsibility should sit with those who shape how services are provided and hold the power to determine whether regulatory requirements are met.** Veterinary businesses, and their (increasingly non-vet) owners, have control over, and take decisions about, the range, quality and price of the services they provide. They control the information that is provided to pet owners via their websites. Through its contractual and employment relationships, the business can direct the activities of vets and vet nurses who work for it. The business's policies and protocols can influence what pet owners are told in the consulting room about treatment and referral options, and can affect clinical standards across practices. These degrees of influence and control over the way services are provided and the way regulatory requirements are met mean that the person carrying on a veterinary business is the appropriate subject of regulatory requirements.¹³¹⁷
- (b) **The commercial interest in veterinary services.** Veterinary services are provided mainly by commercial operators with legitimate interests in making profits. They quite properly make business decisions that serve those interests, but there is the potential for conflict between those interests and pet owners' (and the wider public interests the veterinary profession serves). Regulating them would mitigate that risk.
- (c) **Ensuring an effective and proportionate approach.** While their contractual relationship would be with the relevant veterinary business, pet owners receive services at individual practices or premises (which may be one of a number owned by the business). That is where the pet owner experiences the quality of the services provided and it is at that location where clinical standards must be maintained. It is important that the system of regulation recognises this and effectively influences what happens there, without placing undue burdens on businesses or their practices. We consider this is best secured by regulatory requirements imposed on veterinary businesses

¹³¹⁶ In part B, section 2 Remedies: framework, form and implementation, we describe what we mean by the person 'carrying on' a business. This would be the person who determines and directs the operation of the veterinary business.

¹³¹⁷ Whether that person be an LVG, a smaller corporate group, a limited company, in a joint venture, partnership or sole trader, and in addition to the regulation that applies to individual vets and veterinary nurses.

to ensure that each practice or premises they own or control meets prescribed standards.¹³¹⁸

- (i) Veterinary businesses which sit above and control multiple individual practices can ensure, and demonstrate, compliance with their regulatory obligations across the whole business,¹³¹⁹ maintaining the baseline clinical and consumer standards at each practice without each one individually (and in a way that is duplicative) having to demonstrate its compliance.¹³²⁰
- (ii) It would be more effective and efficient for the regulator to deal with one entity having legal personality, which has the relevant degree of control and on whom legal responsibility can be fixed, in relation to each practice¹³²¹ it owns.

9.25 Each veterinary business should be required to register with the regulator. To ensure an element of local responsibility in individual practices, the reformed regulatory system could require veterinary businesses to appoint a ‘responsible person’ in each of its practice premises. That person could, for example, have a designated role in ensuring that the business meets its obligations in the relevant premises and could support individual vets’ and nurses’ compliance with their professional obligations.

9.26 Similar (but not identical) roles exist in other sectors. For example, pharmacies are required to nominate a ‘responsible pharmacist’ whose role is to secure the safe and effective running of the registered pharmacy when it is operational.¹³²² Providers of health and care services are also required to appoint a ‘nominated individual’ who is responsible for supervising the management of the regulated activity provided.¹³²³

9.27 Currently the RCVS Code of Conduct (**Code**) requires all veterinary practices to have an ‘appointed senior veterinary surgeon’ who is responsible for making sure practice standards, policies and procedures are compliant with the Code and that legislation and guidance in areas such as veterinary medicines, consumer choice

¹³¹⁸ For example, that for each FOP they carry on, they publish details of services and prices. We would expect the regulator to set minimum regulatory standards in respect of both (i) individual veterinary practices or premises and (ii) the businesses which carry on those individual practices. This could for example be achieved through two sets of standards within the Standards for Veterinary Businesses, which focus on the conduct of the individual practices and businesses respectively. We consider that such an approach would be necessary on the basis that there are regulatory requirements that may be appropriate to impose on veterinary businesses but not on individual practices (and vice versa), such as, for example, a requirement to ensure that operational and commercial pressures do not unreasonably inhibit the exercise of professional judgement by vets and vet nurses.

¹³¹⁹ For example, by implementing a common set of policies and procedures.

¹³²⁰ Alternatively, it would be open to those carrying on the business to demonstrate compliance in different ways in different practices if they chose, if they considered that more efficient or otherwise better for the business.

¹³²¹ And all practices it owns.

¹³²² General Pharmaceutical Council, [Being a responsible pharmacist | General Pharmaceutical Council](#) (accessed 22 January 2026).

¹³²³ Care Quality Commission, [Regulation 6: Requirement where the service provider is a body other than a partnership - Care Quality Commission](#) (accessed 20 January 2026).

and professional autonomy are being met.¹³²⁴ It may be appropriate for the appointed senior veterinary surgeon role to be expanded to fulfil the role of any responsible individual.

- 9.28 In addition to a responsible person in each practice, the regulatory system could include a requirement for a responsible individual at veterinary business level, who would have professional responsibility for ensuring the business's overall compliance with its regulatory obligations in each of its practices.
- 9.29 Defra's proposals for veterinary business regulation include many similar aspects to those recommended above. Defra envisages that businesses would be required to register with a regulator and demonstrate that the business, as well as each premises it operates, complies with specified standards. It is also envisaged that there would be a named responsible person at each premises and within a centralised team within the business (if part of a corporation) who is responsible for ensuring that the running of the premises is compliant with the standards.¹³²⁵

Regulatory model

The regulation of veterinary businesses could take the form of a rules-based or an outcomes-based¹³²⁶ model (or some combination of the two). Our recommendation is that while regulation should strike an appropriate balance between prescriptive requirements and the adoption of principles, a focus on outcomes where possible would be more proportionate and preferable in the longer term.

- 9.30 A rules-based regulatory approach generally involves precisely drafted and prescriptive requirements giving limited flexibility to regulated parties in meeting those requirements. As this approach is more precise, it can provide greater certainty and may be more effective in constraining regulatory discretion.¹³²⁷
- 9.31 An outcomes-based model typically involves the setting of goals, outcomes, principles or standards, usually cast at a high level, and gives greater flexibility to those being regulated in meeting those requirements.¹³²⁸ This approach is perceived to be more adaptive to market changes and enabling the regulator to be more flexible in its approach to enforcement.¹³²⁹

¹³²⁴ RCVS, [RCVS Academy launches course on the role of the 'appointed senior veterinary surgeon' - Professionals](#), 26 September 2025 (accessed 20 January 2026).

¹³²⁵ [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026, pp 31, 34 and 35.

¹³²⁶ Also known as a principles-based or a goals-based regulatory approach.

¹³²⁷ [Goals-based and rules-based approaches to regulation. BEIS Research Paper Number 8](#), May 2018, p 5 (accessed 27 February 2026).

¹³²⁸ [Goals-based and rules-based approaches to regulation. BEIS Research Paper Number 8](#), May 2018, p 5 (accessed 27 February 2026).

¹³²⁹ [Goals-based and rules-based approaches to regulation. BEIS Research Paper Number 8](#), May 2018, p 5 (accessed 27 February 2026).

- 9.32 In response to our PDR, a number of stakeholders who commented on veterinary business regulation were supportive of an outcomes-based regulatory approach. For example, VetPartners said it ‘supports the general recommendation to the UK government to establish a replacement statutory regime which takes the form of an outcomes-based model’.¹³³⁰ Some stakeholders suggested that an outcomes-based model would be less bureaucratic and more proportionate.¹³³¹ We also received a number of template responses from individuals which stated that standards in a system of practice regulation ‘must be assessed in terms of outcomes, rather than a tick box exercise of whether policies are in place or not’.^{1332, 1333}
- 9.33 There are circumstances where a rules-based approach would be necessary, for example due to the risks associated with certain activities or conduct or to respond to wider market conditions or public health considerations. Indeed, the substantive requirements we are imposing on veterinary businesses (for example, concerning prescriptions or price information on treatments) involve detailed rules. We have found that such requirements are a necessary and proportionate response to the AEC and accordingly that targeted and prescriptive rules are needed to better promote competition after a period of market failure.¹³³⁴ Similarly, a rules-based approach may be more appropriate or effective for measures involving certain clinical, animal safety or public health risks.
- 9.34 Our view is that, if it can, a system of regulation should strike an appropriate balance between prescriptive requirements and the adoption of principles. In the longer term a focus on outcomes if and where possible will be more proportionate. There are at least two reasons:
- (a) An outcomes-based regulatory approach is a flexible and adaptable one that may be well-suited to an industry characterised by market participants of different types and sizes and diverse business models. While the specified regulatory ‘outcomes’ would be the same for all firms, there could be flexibility in the way they achieve compliance with them, reflecting their size, capacity and capability.¹³³⁵

¹³³⁰ VetPartners response to PDR, paragraph 236.

¹³³¹ Armour Veterinary Group response to the PDR, p 4. Nantwich Farm Vets response to the PDR, p 1. XL Vets response to the PDR, p 22.

¹³³² BVU Template response to PDR, p 1.

¹³³³ One stakeholder, however, was not supportive of an outcomes-based regulatory approach and stated that it could ‘increase asymmetry and result in consumer detriment’. Veterinary Complaint Reform response to the PDR, p 5.

¹³³⁴ Part A, sections 6 to 15 of this report outline our reasoning on features of the market which give rise to an AEC in the market for veterinary services to household pets. Part B, sections 3 to 10 set out the corresponding remedy proposals.

¹³³⁵ As set out in part A, section 14, we have expressed concerns that the RCVS’s Practice Standards Scheme may disproportionately focus on inputs and processes (or, ‘paperwork and box ticking’, as one respondent described, Respondent 26 response to RWP, p 2) and as a result places undue administrative burden on FOPs who participate in the scheme. Switching to an outcomes-based approach would address these concerns and reduce the administrative burden on veterinary businesses and practices, while enabling them to take steps to support their compliance with regulation. Overly prescriptive rules can stifle innovation and creativity, whereas an open approach puts the onus on the entity to consider different approaches to achieving compliance.

- (b) Focusing on outcomes or goals,¹³³⁶ that may be supplemented with a set of minimum prescriptive requirements, can contribute to more meaningful protections and benefits for pet owners. Outcomes-based regulation binds parties and requires that they secure the required outcomes, but can help to foster a culture of accountability which may not be the case under a rules-based approach, where providers must comply with a list of specified requirements without being empowered to determine how they would do so.¹³³⁷

9.35 The outcomes, or principles, of the regulatory model would need to be supported by guidance for businesses, to minimise the risk of circumvention or non-compliance. Such guidance would also be helpful for smaller businesses particularly in limiting the time needed to be spent on interpreting the rules and establishing their own guidelines.

Quality measures

We have decided to recommend to government that, as part of a reformed regulatory framework, there should be a scheme for measuring and communicating to pet owners the quality of services that veterinary businesses provide. The scheme should include: (a) mandatory minimum standards that ensure a baseline of quality; and (b) a set of measures under which veterinary businesses may seek additional quality accreditations and awards for aspects of their services which exceed the baseline.

We recommend that the veterinary regulator should engage with stakeholders including Defra, RCVS-K or any successor body, the veterinary sector associations and consumer groups to support the design of such a scheme as part of a reformed regulatory framework.

In the immediate term, we recommend that the RCVS should engage with RCVS-K, Defra and consumer groups, to help improve the current PSS as a quality signal for the time that remains before wider reform of the regulatory framework takes place.

9.36 We have identified barriers that make it difficult for veterinary businesses to measure and communicate quality and for pet owners to effectively compare the quality of competing FOPs and the services they provide.¹³³⁸ There are some metrics that seek to measure clinical and non-clinical quality. They are not, however, as helpful as they could be in supporting pet owners to make informed decisions.¹³³⁹ Our concerns flow in part from inherent features in the market such

¹³³⁶ Such as 'treating customers fairly' and 'ensuring transparency of information'.

¹³³⁷ [Goals-based and rules-based approaches to regulation](#). BEIS Research Paper Number 8, May 2018, at p 5 (accessed 27 February 2026).

¹³³⁸ This is set out in part A, section 8: Competition between FOPs.

¹³³⁹ They are not sufficiently complete, objective or comparable, as set out in part A, section 8: Competition between FOPs.

as the informational asymmetry between pet owner and vet and the nature of veterinary services which involves the supply of credence goods.¹³⁴⁰

- 9.37 In a well-functioning market, we would expect to see a regulatory framework that provides for both:
- (a) a baseline level of quality of the services that are provided by veterinary businesses across the whole of the market; and
 - (b) further assistance for consumers to determine the relative levels of quality above this baseline, and to incentivise businesses to compete based on quality.

Baseline or minimum quality assurance

- 9.38 A core function of regulation in the veterinary sector 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 (and the vets and vet nurses who work there¹³⁴¹). This baseline level of quality should be provided for through a set of mandatory core standards that all veterinary businesses must meet (ie the Standards for Veterinary Businesses described above).¹³⁴² These requirements would reinforce the professional standards currently required of registered vets and vet nurses.

Relative quality of providers

- 9.39 The quality of services businesses offer can be a key differentiator between them and one of the bases on which they compete with one another. The baseline standards described above would help give pet owners confidence that a minimum level of quality is met by all practices, but they would not distinguish practices or businesses based on their relative quality.
- 9.40 We therefore consider that the regulatory framework should provide for a system of quality differentiation which recognises, and makes pet owners aware of, those aspects of the service provided by a veterinary business which exceed the baseline requirements. Such a system, if effectively designed, would send pet owners signals about the relative quality of providers, enabling them to make more informed choices based on quality as well as price and thereby driving veterinary businesses to compete more effectively on that basis too.

¹³⁴⁰ This is set out in part A, section 3: Factors which affect how competition works in the market for veterinary services.

¹³⁴¹ The enforcement of entry requirements for individuals to practise as vets or vet nurses, and the regulation of their professional conduct, also serve to provide a baseline level of competence and quality in the veterinary sector.

¹³⁴² As set out above. These standards should include both a set of competition-focused requirements and requirements relating to clinical standards, patient safety etc.

- 9.41 We recognise that the Practice Standards Scheme (**PSS**) goes some way towards providing indications of quality. However, we have cited several reasons why the PSS in its current form is an imperfect mechanism for helping pet owners choose between FOPs based on quality,¹³⁴³ including that consumer awareness of the scheme is low. We have therefore considered what remedial action could be taken to provide better indicators of service quality to pet owners.

Short term measures

- 9.42 In the short term, as set out in part B, section 3,¹³⁴⁴ we are requiring veterinary businesses to inform consumers of any current PSS accreditations and awards they hold, as well as details of qualifications held by practice staff. While imperfect, these provide pet owners with some signals of the relative quality of different practices.

An improved voluntary accreditation scheme

- 9.43 We have assessed how in the long term a reformed regulatory framework might help provide better indicators of service quality to pet owners and further stimulate quality as a parameter of competition between veterinary businesses.
- 9.44 Our recommendation is that there should be a voluntary accreditation scheme under which veterinary businesses may seek additional quality accreditations and awards for aspects of their services which exceed the baseline standards outlined above.
- 9.45 A number of respondents to our PDR supported a voluntary accreditation scheme.¹³⁴⁵ For example:
- (a) the VCMS said it was supportive of ‘an effective voluntary accreditation scheme which includes indicators of service quality to pet owners to help inform consumer choice and further stimulate competition’;¹³⁴⁶
 - (b) Pets at Home said it ‘would support an effective voluntary accreditation scheme which enables consumers to understand the relative quality of the services provided by veterinary businesses beyond this baseline level’;¹³⁴⁷ and

¹³⁴³ This is set out in part A, section 14: Regulatory framework for veterinary services, paragraphs 1.91-1.115.

¹³⁴⁴ Part B, section 3: Pet owner empowerment remedies.

¹³⁴⁵ We only received a few submissions on this topic in response to our PDR. However, the majority of these responses supported a voluntary accreditation scheme. One independent practice told us that ‘any reworked voluntary accreditation scheme needs to be useful to the practice to encourage involvement and over time demonstrate industry-wide improvement’. Hook Norton Veterinary Group response to the PDR, p 14. Another individual told us that it is important that pet owners are able to understand the ‘quality and meaning’ of voluntary accreditations. Individual [§] response to the PDR, p 2.

¹³⁴⁶ VCMS response to the PDR, p 44.

¹³⁴⁷ Pets at Home response to the PDR, paragraph 12.2.

- (c) RCVS Knowledge told us that it ‘welcome[s] the recommendation that a voluntary accreditation scheme should “in the longer term and subject to engagement with the profession, incorporat[e] clinical elements”’.¹³⁴⁸

9.46 The existing PSS could be the starting point for the development of those enhanced additional voluntary accreditations which would enable veterinary businesses to distinguish their practices. We agree with those stakeholders¹³⁴⁹ who told us there is scope for an enhanced PSS, or a similar scheme, which provides better signals of service quality, and which is made better known to pet owners, to be the voluntary accreditation scheme for the sector under a reformed regulatory framework. This would build on the current PSS, which is already familiar to many veterinary businesses (around 69% of eligible practices are members).¹³⁵⁰

9.47 An improved voluntary accreditation scheme should include the following features:

- *A range of accreditations.* These should include some specifically targeting consumer matters (such as front of house engagement, appointment availability, average wait times for consultations, time taken to resolve a complaint and online experience including bookings), and, in the longer term and subject to engagement with the profession, incorporating clinical elements.
- *Accessibility.* This means a range of appropriate accreditations are available such that most veterinary businesses may acquire at least one or more additional accreditations, to the extent that they consider this commercially valuable, whatever the nature of their practice or areas of expertise.
- *A proportionate approach which encourages participation in the scheme, particularly among smaller independents.* This should recognise the differing administrative resources of businesses of different sizes and avoid overly

¹³⁴⁸ RCVS Knowledge response to the PDR, paragraph 10.

¹³⁴⁹ Medivet said that ‘the PSS plays an important role as a quality indicator, both to identify that a minimum standard is met by a practice and to differentiate between the quality offered by practices’. Medivet response to RWP, paragraph 2.5(b)(i)(A). The BVA, BSAVA, BVNA, SPVS and VMG said that ‘mandatory PSS (or a similar baseline scheme) could help to fill a gap in the measures and signifiers of the quality of services veterinary businesses provide’ and that ‘The PSS scheme in its current form provides excellent information for clients, but it is poorly promoted and poorly understood’. BVA, BSAVA, BVNA, SPVS and VMG response to RWP, pp 37 and 38. Respondent 12 said ‘An enhanced RCVS PSS, or a similar quality assurance framework as described, could support consumer decision-making and help drive competition based on quality...’. Respondent 12 response to RWP, p 21. IVC told us that a voluntary accreditation scheme should be based on the PSS because it already exists and is well-understood by the industry. IVC response to PDR, paragraphs 3.40 and 3.41. A vet told us ‘The practice standards scheme offered by the RCVS is a solid basis for practice, but the differentiation between “core” standards and “general practice” are significant, and there is no education for clients on the importance of this scheme’. Anonymous Respondent 5 [§] response to the PDR, p 1. An independent veterinary business suggested that ‘a remedy could be to mandate PSS membership for all practices to improve compliance across the sector’. Tysul Vets response to the PDR, p 2. Pets at Home said that the ‘CMA should consider using the existing PSS framework to improve aspects of quality in veterinary practices (e.g. safety) alongside the new elements which result from the remedies’. Pets at Home response to PDR, paragraph 43.

¹³⁵⁰ CMA, Regulatory Framework for Veterinary Professionals and Veterinary Services working paper, 6 February 2025, paragraph 4.11.

bureaucratic or otherwise burdensome requirements that may operate as a barrier to participation.

- *Effective monitoring and enforcement* to build pet owner trust in the accreditation system and assure veterinary businesses that the scheme appropriately signals the relevant quality of services on offer.
- *A clear structure and communication of the scheme* which both enables pet owners to navigate it and ascertain what level of service is most appropriate for them, and raises awareness of high standards across the market as a whole and therefore in the profession itself.

9.48 To support the design of a voluntary accreditation scheme with these features as part of a reformed regulatory framework, we have decided to recommend that the veterinary regulator should engage with the following stakeholders:

- (a) its charity partner, RCVS-K, and Defra;
- (b) veterinary sector associations such as the BVA, BVNA, BSAVA, FIVP, the British Veterinary Union (**BVU**), the Society of Practising Veterinary Surgeons (**SPVS**) and the Veterinary Management Group (**VMG**); and
- (c) consumer groups such as Which? and Citizens Advice to raise consumer awareness of, and trust in, the voluntary quality accreditations to identify differences between veterinary businesses.

9.49 Beyond these longer-term reform considerations, we recommend that the RCVS should engage with RCVS-K, Defra and consumer groups in the immediate term, to help improve the current PSS as a quality signal for the time that remains before wider reform of the regulatory framework takes place.¹³⁵¹

9.50 A greater emphasis on quality differentiation dovetails with the other remedies we are imposing or recommending in three main areas:

- Regulation of businesses as well as individual veterinary professionals. This represents a significant shift in the regulatory model as regards where accountability, including for quality assurance, would lie. Businesses should be more motivated to communicate the quality of their offering to consumers in a helpful way.
- Greater transparency of ownership, pricing and treatment options. Pet owners would receive more information and therefore require suitable tools to enable them to process and apply this information when making informed

¹³⁵¹ We understand that the RCVS is working to update its PSS framework in the next year, with a view to adding new 'consumer facing' standards. This includes reviewing the Core Standards for the Client Experience module.

choices. Businesses would require a framework which allows them to compete for this increased engagement.

- Enhanced focus on consumer interests and the promotion of competition. Including accreditations which focus on these factors alone, or in conjunction with clinical outcomes, should further embed these considerations into the regulatory framework and lead to tangible outcomes which can be used by pet owners and veterinary businesses alike.

Alternative approaches

- 9.51 As an alternative to a voluntary quality accreditation scheme, we considered the establishment of a system of mandatory inspections and ratings. This would involve the regulator conducting regular inspections of veterinary practices to assess the quality of services provided against a set of defined standards and then rating each practice against those standards and publishing its findings.
- 9.52 Such systems of inspection and rating operate in other sectors. For example:
- (a) the Care Quality Commission (**CQC**) operates a system of inspections of health and social care providers¹³⁵² and publishes reports and quality ratings (which the providers themselves must also display),¹³⁵³ and
 - (b) Ofsted inspects services providing education and uses a four-point grading scale to assess the provider on quality of education, behaviour and attitudes, personal development and leadership management.
- 9.53 In response to the PDR and RWP some stakeholders indicated support for a model similar to the CQC.¹³⁵⁴ The BVU, for instance, said that it supports 'mandatory practice regulation, similar to the... CQC...' and that it believes 'this system is understood by the public and would give rise to greater confidence from pet owners'.¹³⁵⁵
- 9.54 Our assessment is that a voluntary accreditation scheme should be the preferred option for a quality differentiation system in the veterinary sector. We consider this to be a more proportionate and lighter touch approach, for both veterinary businesses and professionals. It has the strong advantage of building on an existing infrastructure in the form of the PSS.

¹³⁵² The CQC inspections focus on five key questions for each provider: (i) Is it safe; (ii) Is it effective; (iii) Is it caring; (iv) Is it responsive to needs; and (v) Is it well-led? CQC, [The 5 key questions we ask - Care Quality Commission](#) (accessed 27 February 2026).

¹³⁵³ The ratings are: (i) Outstanding (for providers scoring 88%-100%); (ii) Good (63%-87%); (iii) Requires Improvement (39%-62%); and (iv) Inadequate (38% or lower). CQC, [Our ratings and scores - Care Quality Commission](#) (accessed 27 February 2026).

¹³⁵⁴ BVU Template PDR response, p 1. Individual [redacted] response to the PDR, p 1. Animal Trust response to the RWP, p 9.

¹³⁵⁵ BVU response to the PDR, paragraph 8.

Regulation of veterinary professionals

We are recommending to government that regulation of veterinary professionals should be strengthened, with regulatory requirements to better promote competition, to ensure that pet owners have information that enables them to choose between providers and services.

- 9.55 We have found that weaknesses in the regulation of individual vets and vet nurses affect competition and contribute to poor outcomes for pet owners. We describe in part A, section 14 that, while the Code and Guidance do contain some provisions which seek to protect consumers of veterinary services, these appear to have limited effect in helping pet owners make informed choices and do not promote competition to the extent we would expect in a well-functioning market.¹³⁵⁶
- 9.56 Therefore, in addition to imposing obligations on veterinary businesses, we are also recommending to government that regulation of veterinary professionals should be strengthened to better promote competition by ensuring that pet owners have information that enables them to make appropriate choices between providers and services.¹³⁵⁷
- 9.57 The regulatory requirements and guidance¹³⁵⁸ that apply to veterinary professionals under a reformed framework should have as a sufficient focus the promotion of competition and good consumer outcomes. They should contain the necessary pro-competitive provisions to achieve this. As a minimum, these provisions should reflect, so far as practicable, the requirements that would be imposed on veterinary businesses under a new regulatory framework.¹³⁵⁹
- 9.58 It may also be appropriate to incorporate some of these competition and consumer responsibilities for veterinary professionals into any new fitness to practise requirements, such as those recently proposed by Defra¹³⁶⁰ and advocated by the RCVS.¹³⁶¹ However, the need for and development of any such requirements

¹³⁵⁶ As described in part A, section 14: Regulatory framework for veterinary services, subsection Aspects of the regulatory framework leading to weak and ineffective regulation.

¹³⁵⁷ We received very few submissions on this aspect of our recommendation in response to the PDR. However, most of those who did respond on this topic were supportive. VCMS response to the PDR, p 11. Apex Vets Ltd response to the PDR, p 2.

¹³⁵⁸ I.e the RCVS Code and Guidance or equivalent instrument under a new regulatory framework established in legislation.

¹³⁵⁹ Noting that some obligations may only be suitable for application to the business or practice providing the service as opposed to individual vets or vet nurses. For example, a requirement to display appropriate literature in the reception area of a veterinary practice could be appropriate for a veterinary business but is not a requirement we would expect to be applied to an individual vet or vet nurse.

¹³⁶⁰ In its consultation Defra envisages a licence to practise model and a fitness to practise regime. [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026, pp 1 and 17.

¹³⁶¹ The RCVS has recommended the introduction of a 'Fitness to Practise' model which would focus on whether an individual professional's practice is 'currently impaired' rather than if they have been guilty of serious professional misconduct. The RCVS considers that moving away from the serious professional misconduct threshold would allow it to 'consider matters where a practitioner's fitness to practise is impaired for other reasons'. Within this framework the RCVS also recommends introducing a wider range of enforcement sanctions. The enforcement of consumer-focused requirements in the manner we recommend above should be part of the proposed fitness to practise model and considered alongside the clinical requirements. [RCVS recommendations for future veterinary legislation](#) (accessed 27 February 2026).

requires consideration of issues beyond competition and consumer protection, and this is a matter for government to take forward.

- 9.59 Under a new fitness to practise model, we would expect that the continuous professional development (**CPD**) regime would be upgraded to reflect the larger emphasis on competition and consumer elements of practice, commensurate with the amendments to the regulatory requirements and guidance for vets and vet nurses suggested above. It seems to us important that CPD requirements are flexible and proportionate, reflecting the different circumstances of individual professionals.

Effective monitoring of compliance with regulation

- 9.60 A system of regulation that works well should provide for effective monitoring of compliance with regulatory rules. This includes appropriate processes and powers for the regulator to identify and investigate non-compliance.
- 9.61 In part A, section 14¹³⁶² we assessed that the RCVS's current monitoring powers are limited. With respect to individual professionals, the RCVS operates a 'reactive, complaints-based system of investigation'¹³⁶³ in which its enforcement activities are driven by the complaints made to it by members of the public and the profession. Its ability to monitor and assess compliance with regulation by individuals is limited by its lack of statutory powers, including to gather information and to enter and inspect premises.¹³⁶⁴ Since existing regulation does not formally extend beyond vets and vet nurses,¹³⁶⁵ the RCVS does not have any monitoring powers with respect to veterinary businesses or practices.

We have decided to recommend 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.

Monitoring of compliance with regulation by veterinary businesses

- 9.62 We recommend that a system of self-reporting by veterinary businesses by way of annual return to the regulator should be introduced.¹³⁶⁶ This should include:

¹³⁶² Part A, section 14: Regulatory framework for veterinary services.

¹³⁶³ [RCVS Response to the Issues Statement](#), 30 July 2024 (**RCVS IS Response**), p 17. The RCVS also notes that it 'couple[s] this with a more proactive programme of education and culture change that promotes compliance'.

¹³⁶⁴ This contrasts with the monitoring powers available to other regulators. Part A, section 14: Regulatory framework for veterinary services, subsection Monitoring and enforcement of regulatory compliance.

¹³⁶⁵ Save in certain respects relating to medicines under the VMRs and businesses which choose to join the voluntary PSS.

¹³⁶⁶ We note that a system of annual self-reporting by businesses is consistent with the approach we are adopting for monitoring compliance with the requirements imposed by our Order.

- (a) the provision of specified information, such as complaints data, services offered, staff qualifications, and ownership details; and
- (b) a declaration of compliance with the regulatory requirements applying to them.

- 9.63 In addition to the information provided in the annual return, the regulator should be able to request further information from veterinary businesses where it considers that this is necessary to support a formal investigation or more generally when monitoring the business's compliance with its obligations.
- 9.64 The regulator should be able to conduct inspections of business premises to assess their compliance with obligations, especially those which cannot be adequately assessed remotely.¹³⁶⁷ We anticipate that routine inspections of vet premises would be necessary for the purposes of assessing compliance with clinical standards and note that compliance with certain of the competition requirements in the Standards for Veterinary Businesses could also be assessed during such inspections.
- 9.65 The regulator should also have a general inspection power, enabling inspections on a risk basis (for example, based on complaints it receives, issues flagged during the annual return, and/or the type of services provided by a veterinary practice).¹³⁶⁸ It could publish certain information following inspections, to indicate to pet owners the compliance levels of veterinary businesses.
- 9.66 We envisage that where veterinary practices are part of a larger veterinary business (as defined above¹³⁶⁹) much of the compliance with monitoring obligations can be undertaken at the group level.¹³⁷⁰ For example, the group would submit the annual attestation, and provide the specified information, for all its practices. Individual practices would only need to provide the information to their parent entity. This should limit the burden placed on individual practices and streamline the process where possible. However, the regulator would have the power to require information about, or inspect, specific practices within a larger group as part of its routine review or where a risk assessment indicated potential concerns.

¹³⁶⁷ The RCVS has recommended that it should be given powers of entry as part of mandatory practice regulation. [RCVS recommendations for future legislation](#) (accessed 27 February 2026).

¹³⁶⁸ Currently the RCVS carries out inspections of practice premises which are part of the PSS. Separately, all premises supplying veterinary medicines products are inspected by the Veterinary Medicines Directorate (VMD) unless they are part of the PSS in which case the PSS assessment and inspection process covers the VMD requirements. The inspection powers described in this sub-section should apply to all veterinary businesses and assess compliance with these wider range of requirements.

¹³⁶⁹ This is set out in this section, subsection Regulating veterinary businesses, sub-subsection Scope.

¹³⁷⁰ This could be part of the role of the responsible individual at veterinary business level.

Monitoring of compliance with regulation by vets and vet nurses

- 9.67 We recommend that a redesigned regulatory framework should include a requirement for vet professionals to complete an annual declaration of compliance. This could be completed at the same time as payment of their annual registration fees. As part of the annual declaration individual vets and vet nurses should confirm that:
- (a) they have understood and complied with their Code of Conduct and related guidance (or any equivalent instruments under a new regime);
 - (b) they have completed the required CPD hours; and
 - (c) they are fit to practise as a vet or vet nurse, should a fitness to practise model be brought forward into legislation.
- 9.68 Our recommendations on additional monitoring mechanisms would align with the wider proposals for regulatory reform. In its consultation, Defra contemplates that, as part of a licence to practise model, veterinary professionals would complete CPD requirements and annual self-declarations.¹³⁷¹ Defra foresees that businesses would self-declare that their premises meet required standards and that the regulator would have the power to carry out inspections and request information from businesses.¹³⁷² The RCVS, has recommended various mechanisms to improve its registration process, including having the power to introduce a revalidation requirement for registrants.¹³⁷³

Stakeholder views

- 9.69 We have received broad support for the idea that, as part of an effective regulatory framework, the regulator should have proportionate monitoring powers (although some stakeholders raised concerns about their costs and intrusiveness¹³⁷⁴). For example:
- (a) CVS has said to us that it is 'generally supportive of the CMA's proposal to design a reformed statutory framework to enhance compliance monitoring,

¹³⁷¹ [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026, p 7.

¹³⁷² [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026, p 34.

¹³⁷³ [RCVS recommendations for future veterinary legislation](#) (accessed 27 February 2026).

¹³⁷⁴ For example, the RCVS said it was concerned that the impact of increased regulatory costs may be felt by consumers to the extent it could compromise animal welfare by reducing access to care. RCVS response to RWP, p 41. Milestone Veterinary Centre similarly highlighted the potential for increased costs to be passed on to the consumer. Milestone Veterinary Centre response to RWP, p 15. Medivet have also told us that the PSS already has most of the monitoring and enforcement mechanisms in place. Medivet response to RWP, pp 73-74. The Progressive Veterinary Association agreed that monitoring mechanisms should be available in relation to businesses, but considered that vet professionals do not need additional monitoring. It also did not support mandatory inspection of premises. PVA response to the PDR, p 33.

including mechanisms for registration, self-auditing and declarations, complaints reporting etc.’.¹³⁷⁵

- (b) Which? has said that ‘a replacement regulatory regime should allow for a broadening of their [RCVS’s] powers to monitor compliance with regulation’.¹³⁷⁶
- (c) The Veterinary School Council has agreed ‘that effective and proportionate compliance monitoring and enforcement is fundamental to credible regulation of veterinary businesses’.¹³⁷⁷
- (d) IVC told us that ‘Robust monitoring and enforcement of the new regulatory regime by an empowered industry regulator (RCVS) effectively supports transparency remedies (including e.g. quality transparency) and regulatory reforms (e.g. new requirements on complaints handling / mediation); and offers more robust protection to pets, pet owners, and the profession’.¹³⁷⁸
- (e) XL Vets told us that appropriately targeted monitoring could ‘promote transparency and positive outcomes, deter anti-competitive practices and raise public trust’.¹³⁷⁹
- (f) Paragon Veterinary Group told us that effective monitoring would result in ‘increased trust from pet owners, proper market oversight and clarity of standards’.¹³⁸⁰

9.70 We have taken this broad support from stakeholders into account and have considered how any monitoring mechanisms could be designed so that the costs and burdens they involve for businesses are limited.

Effective enforcement of regulation

9.71 An effective regulatory framework should provide for effective enforcement of regulatory rules against both individual professionals and businesses. This

¹³⁷⁵ CVS response to RWP, p 39. In response to the PDR the CVS said that it is supportive of this recommendation but did not comment on this specific aspect of the recommendation.

¹³⁷⁶ Which? response to the PDR, p 10. In response to the RWP Which? said ‘The mechanisms outlined in the consultation seem to be a proportionate way to introduce good practice from other sectors and we would anticipate their introduction to lead to substantial benefits through increased regulatory compliance and improved standards’. Which? response to RWP, p 5.

¹³⁷⁷ Veterinary School Council response to RWP, p 2. In response to the PDR the Veterinary School Council did not comment on this specific aspect of the recommendation.

¹³⁷⁸ IVC response to PDR, p 56.

¹³⁷⁹ XL Vets response to the RWP, p 57.

¹³⁸⁰ Paragon Veterinary Group response to the RWP, p 19.

includes proportionate adjudication powers and the ability to impose a range of sanctions.¹³⁸¹

- 9.72 In part A, section 14 we concluded that the RCVS's statutory enforcement powers are too narrow. We identified that the threshold for enforcement action against vets and vet nurses is prohibitively high,¹³⁸² and the rules and guidance provisions relating to the protection of consumer interests are rarely enforced. Moreover, because the scope of existing regulation does not include veterinary businesses, the RCVS's current powers of enforcement apply only to individual professionals. The possibility of enforcement action in respect of a wider range of infringements by both individuals and businesses would promote compliance with requirements that are designed to protect consumers and promote competition.

We have decided to recommend to government that the relevant legal thresholds for regulatory action should be designed to ensure that enforcement action (against both veterinary businesses and professionals) can take place in respect of a much wider range of infringements than only the most egregious misconduct cases.

- 9.73 In part A, section 14 we concluded that the range of sanctions available to the RCVS was limited.¹³⁸³ For the regulation of veterinary businesses and professionals to be effective, a regulator must have strong and proportionate enforcement powers to address non-compliance. We also consider that where there is non-compliance there should, in addition (or as an alternative) to sanctions and especially in less serious cases, be appropriate support and training to help ensure future compliance.¹³⁸⁴

We have decided to recommend to government that the regulator should be given a wide range of enforcement powers to address non-compliance with regulation by veterinary businesses, vets and vet nurses. These enforcement mechanisms should be available both in relation to breach of the substantive regulatory requirements and in respect of monitoring obligations.¹³⁸⁵

¹³⁸¹ Indeed, other regulators are able to impose a wider set of sanctions when those they regulate fall short of their obligations. This is set out in part A, section 14: Regulatory framework for veterinary services, subsection Monitoring and enforcement of regulatory compliance.

¹³⁸² Part A, section 14: Regulatory framework for veterinary services, subsection Monitoring and enforcement of regulatory compliance.

¹³⁸³ Part A, section 14: Regulatory framework for veterinary services, subsection Monitoring and enforcement of regulatory compliance.

¹³⁸⁴ For example, support and training may be appropriate where veterinary business's in-house complaints processes do not meet the specified minimum criteria or where the guidance provided by FOPs to their veterinary professionals does not adequately support giving information and advice to pet owners about treatment options, referrals and/or diagnostic tests.

¹³⁸⁵ For example, the regulator should be able to impose a fine on a business which refuses to provide information requested by the regulator under its information gathering powers.

Proposed sanctions available to the regulator

- 9.74 The regulator should have a wide range of sanctions available to it to support enforcement action against non-compliance with regulatory rules.
- 9.75 With respect to veterinary businesses, the sanctions should include:
- (a) accepting undertakings from businesses;
 - (b) issuing formal advice and warnings;
 - (c) making interim orders;
 - (d) issuing fines;
 - (e) imposing conditions on the registration of the business (or on that of one or more of its practices); and
 - (f) suspending or removing the registration of the business (or of that of one or more of its practices).
- 9.76 With respect to vets and vet nurses, the sanctions should include:
- (a) accepting undertakings from individuals;
 - (b) issuing formal advice and warnings;
 - (c) making interim orders;
 - (d) imposing conditions on the registration of individuals; and
 - (e) suspending and removing the individual from the register.
- 9.77 The regulator should also have the power to publish a notice on the 'profile' or 'details' page of the register for individual veterinary professionals and any similar register for businesses where they have been subject to disciplinary or enforcement action. This would support our transparency remedies by giving pet owners access to information that is relevant to their assessment of the quality of services being provided by specific veterinary businesses. We note there is precedent for publishing details of disciplinary and regulatory action in other sectors, such as financial services.
- 9.78 The regulator having a wide range of sanctions at its disposal, combined with appropriately designed thresholds for enforcement action, would enable more effective enforcement in a wider range of scenarios than only the most serious infringements. This would incentivise compliance with regulatory requirements by

veterinary businesses, vets and vet nurses and support a proportionate approach being taken in individual cases.¹³⁸⁶

- 9.79 These enhanced enforcement powers could be built into the proposals for future regulation of individual veterinary professionals, such as the fitness to practise model recently proposed by Defra¹³⁸⁷ and the RCVS.¹³⁸⁸ They could also be part of the system of regulatory enforcement relating to veterinary businesses. In its consultation about reforming the VSA, Defra proposes sanctions including imposing fines, issuing improvement notices and suspending or removing licences to operate premises.¹³⁸⁹

Stakeholder views

- 9.80 In the responses to our RWP, there was a broad consensus in support of giving the regulator a wider range of enforcement powers (although some respondents raised concerns about the costs and the impact on smaller businesses¹³⁹⁰). For example:
- (a) Linnaeus said that it was supportive of giving the regulator effective and proportionate enforcement powers ‘as this would align the vet sector with modern business regulation and ensure accountability and responsibility is at both the individual/clinical and organisation/practice level. Such powers could deter poor practice and drive enhancement of clinical standards.’¹³⁹¹
 - (b) The BVU supported a regulator having the enforcement powers we contemplated and stated that ‘Without these powers, the regulation is materially worthless and unworkable’.¹³⁹²
 - (c) The VMD said that ‘Any regulator requires those powers to enforce the regulations they are responsible for effectively’.¹³⁹³

¹³⁸⁶ The softer enforcement mechanisms could be used in response to minor cases of non-compliance while the more serious sanctions could be reserved for serious breaches of professional obligations. For example, we do not consider that removal of a veterinary professional from the register, or the removal of a registration to practice for a business, would be appropriate for most cases of breach of consumer-focused requirements.

¹³⁸⁷ [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026, p 17.

¹³⁸⁸ [RCVS recommendations for future veterinary legislation](#) (accessed 27 February 2026).

¹³⁸⁹ [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026, p 38.

¹³⁹⁰ For example, Pets at Home expressed concern that the range of sanctions under consideration has the potential to significantly add to the costs of running a FOP business. Pets at Home response to RWP, paragraph 5.8. Pets At Home expressed similar concerns in its response to the PDR, paragraph 12.4. Paragon Veterinary Group was supportive of introducing a range of sanctions but flagged its concern around creating undue fear for smaller businesses and younger professionals. Paragon Veterinary Group response to RWP, p 20. XL Vets suggested that there could be different levels of sanction for business versus professional failings, and guidance on proportional response tailored to practice size. XL Vets response to RWP, p 58.

¹³⁹¹ Linnaeus response to RWP, p 51. In its response to the PDR Linnaeus said that it is supportive of the CMA's recommendation, but did not specifically comment on this aspect of the recommendation. Linnaeus response to the PDR, p 27.

¹³⁹² BVU response to RWP, paragraph 3.2.228. The BVU did not comment on this topic in response to the PDR.

¹³⁹³ VMD response to RWP, p 2. The VMD did not comment on this topic in response to the PDR.

- 9.81 We received fewer responses on this subject in response to our PDR, but the majority of those who did respond were supportive. For example, Which? said:
- ... we agree that the threshold for regulatory action should be lowered and that, complementary to this, the investigative powers and range of sanctions available to the regulator should be widened. It was a recurring theme in our complaints and redress research that the RCVS threshold for investigating complaints is extremely high, to the point that it is very rare for an individual consumer's complaint to reach it, even if there is an allegation of severe negligence.¹³⁹⁴
- 9.82 An independent veterinary business told us that the regulatory framework must 'Equip the regulator with powers to address genuine malpractice or exploitation of loopholes'.¹³⁹⁵
- 9.83 A small minority of respondents supported stronger enforcement powers than those we proposed.¹³⁹⁶ Others, however, told us that the proposed powers were excessive.¹³⁹⁷
- 9.84 We have taken into account the broad support from stakeholders for the idea that the regulatory regime requires an effective and proportionate enforcement function. We have considered how any enforcement mechanisms should be designed, with the aim that the regulatory framework we recommend government adopts includes appropriate enforcement powers but imposes no greater costs than necessary on businesses.

Complaints and redress

- 9.85 We have found that the current regulatory framework contains limited provisions for effective complaint handling and consumer redress. Those provisions do not support the competitive processes and outcomes we would expect in a well-functioning market.¹³⁹⁸

We are recommending to government that a comprehensive system for complaint handling and redress in the veterinary sector be established through (or using powers granted to a regulator by) legislation. This should include a requirement that all veterinary businesses operating one or more FOPs ensure that each of their FOPs has and follows a written in-

¹³⁹⁴ Which? response to the PDR, p 10.

¹³⁹⁵ Nantwich Farm Vets response to the PDR, p 1.

¹³⁹⁶ Individual [redacted] response to the PDR, p 2. Veterinary Complaint Reform response to the PDR, p 4.

¹³⁹⁷ Abbey Veterinary Centre (Grimsby) Limited and Lincolnshire Veterinary Referrals response to the PDR, p 75. Individual [redacted] response to the PDR, p 4. The Progressive Veterinary Association disagreed with the proposal to lower the standard of proof for disciplinary cases, that enforcement action should take place for a much wider range of infringements, and that details of any disciplinary action should be posted publicly. PVA response to the PDR, p 35.

¹³⁹⁸ Information on the AEC is set out in part A, section 14: Regulatory framework for veterinary services, subsection Complaints and redress.

house complaint process, which meets certain minimum criteria, alongside provision for mediation and a binding independent redress scheme.

Description of the remedy

- 9.86 We recommend to government that the following requirements are placed on a statutory footing (or that a regulator is given a statutory power to impose the requirements). That is, for all veterinary businesses operating one or more FOPs to ensure that each of its FOPs:
- (a) has and follows a written in-house complaint process which meets certain minimum criteria (remedy 13); and
 - (b) participates in good faith in mediation via an independent and approved Alternative Dispute Resolution (**ADR**) provider where the pet owner's complaint is not resolved in-house and the pet owner wishes to participate in mediation (remedy 14).
- 9.87 We further recommend to government that, when complaints have not been resolved at local level and mediation is not suitable or has been unsuccessful,¹³⁹⁹ pet owners should have the option to seek a determination from a binding independent redress scheme. Such a scheme should involve an independent party considering complaints and making determinations as to how they should be resolved.
- 9.88 All veterinary business operating FOPs should be required to ensure that each of its FOPs participates in the independent redress scheme. The outcome should be binding on the veterinary business, but not the pet owner (who should also have the option to go to court, as they do now). The service should be free for pet owners and funded by veterinary businesses operating FOPs.
- 9.89 Defra has proposed in its consultation that a reformed VSA would require all veterinary businesses to adhere to minimum standards. We welcome its proposal that this could include requirements for all businesses operating FOPs to have a complaint process and to participate in an external mediation service (which is aligned with the requirements we will be imposing on veterinary businesses as part of the in-house complaint process and mediation remedies (remedies 13 and 14)).¹⁴⁰⁰ For the reasons we set out here, we encourage Defra to augment this proposal with a binding independent redress scheme.

¹³⁹⁹ Including because mediation does not deliver an outcome which is binding on veterinary businesses operating FOPs.

¹⁴⁰⁰ [Defra consultation, Reform of the Veterinary Surgeons Act 1966, January 2026, p 31.](#)

Aim of the remedy

- 9.90 Putting the in-house complaint process and mediation remedies (remedies 13 and 14) on a statutory footing and introducing a statutory binding independent redress scheme would put in place a long-term solution which would provide pet owners with confidence and certainty that their complaints will be resolved. It would create strong incentives for veterinary businesses operating FOPs to:
- (a) provide good standards of service that mitigate the risk of pet owners making complaints; and
 - (b) where they do face complaints, to handle them well and at the earliest possible stage.
- 9.91 The specific aims of the in-house complaint process and mediation remedies (remedies 13 and 14), and relevant stakeholder responses to our RWP and our PDR, are covered in more detail in part B, section 8 of this report.¹⁴⁰¹ Here we focus on the aims of introducing a binding independent redress scheme.
- 9.92 Binding independent redress schemes are not a feature in every professional services sector. For example, the Optical Consumer Complaints Service (**OCCS**) operates a voluntary mediation scheme for consumers of opticians' services.¹⁴⁰² In the dental sector, the Dental Complaints Service (**DCS**)¹⁴⁰³ provides voluntary mediation of consumer complaints about private dental treatment.
- 9.93 However, binding schemes are part of the complaints and redress system in a number of sectors. For example:
- The Financial Ombudsman Service provides information and advice for businesses on handling consumer complaints and can make binding decisions on complaints between financial businesses and consumers.¹⁴⁰⁴
 - Specified licence holders of the Office of Rail and Road (**ORR**) are required to establish and comply with a Complaints Handling Procedure (CHP) that meets the ORR's Complaints Code of Practice, and to join a relevant ADR scheme, and they must inform customers, where a complaint is unresolved, of their right to go to the ADR scheme and that its decision has to be accepted by the licence holder.¹⁴⁰⁵

¹⁴⁰¹ Part B, section 8: Complaints and redress.

¹⁴⁰² Optical Consumer Complaints Service, [Home - Optical Complaints - Optical Consumer Complaints Service](#) (accessed 27 February 2026).

¹⁴⁰³ [Dental Complaints Service](#) (accessed 27 February 2026).

¹⁴⁰⁴ The final decision is binding on the business if the consumer accepts it. Financial Ombudsman Service, [How we make decisions – Financial Ombudsman service](#) (accessed 27 February 2026).

¹⁴⁰⁵ But not the complainant. ORR, [Complaints Code of Practice](#), p 16 (accessed 27 February 2026).

- The Rail Ombudsman can also make decisions that are binding on Service Providers who participate in the Ombudsman Scheme.¹⁴⁰⁶
- Members of the Royal Institution of Chartered Surveyors (**RICS**) are required to include a RICS approved ADR provider in their complaints handling procedure.¹⁴⁰⁷ The default ADR provider selected by RICS (the Centre for Effective Dispute Resolution) can make decisions that are binding on the parties if the customer accepts them.¹⁴⁰⁸ The RICS Dispute Resolution Service supports access to a range of professional-led dispute resolution methods including adjudication to help resolve conflicts swiftly and fairly.¹⁴⁰⁹

9.94 There is academic literature that identifies these sorts of binding schemes as a means of protecting consumers and disciplining businesses' conduct. Professor Christopher Hodges, an international expert in regulatory systems and dispute resolution systems, has for example written that, 'For most consumer claims against traders...an ombuds is essential.' In support, he says that:

... ombuds deliver the fastest and most efficient process for consumer dispute resolution of all the other options, mechanisms and pathways. Their processes are typically free for consumers. They are user-friendly and investigative, rather than adversarial (the standard best practice avoids an arbitration style). They deploy all available techniques of investigation, communication between the parties, mediation, focusing on the core issues and delivering an independent decision if necessary. The best ombuds also provide various techniques aimed at ensuring that traders observe and implement settlements and decision, without the consumer having to take further action.¹⁴¹⁰

9.95 While the responses were mixed, a number of respondents to our RWP and our PDR supported the introduction of a binding redress scheme that disciplines the way businesses provide their services and how they handle complaints.

9.96 Those who were in favour told us that a binding redress scheme could deliver a final outcome for pet owners which is independent and fair, or encourage resolution of complaints at an earlier stage, and support confidence in the profession and sector.¹⁴¹¹ The BVA, BSAVA, BVNA, SPVS and VMG told us they:

¹⁴⁰⁶ But its decisions are not binding on the customer. The Rail Ombudsman, [Consumer Guide](#), p 9 (accessed 27 February 2026).

¹⁴⁰⁷ RICS, [Rules of Conduct](#), Appendix A: Profession obligations to RICS (accessed 27 February 2026).

¹⁴⁰⁸ Centre for Effective Dispute Resolution, [RICS Service Rules](#), p 13 (accessed 27 February 2026).

¹⁴⁰⁹ RICS, [DRS Services](#) (accessed 27 February 2026).

¹⁴¹⁰ Professor Christopher Hodges, *Nederlands-Vlaams tijdschrift voor Mediation en conflictmanagement* 2024 (28) 4, Why ombuds are essential, pp 52-54. Professor Hodges also notes that Ombudsmen can play a role in capturing and aggregating data on consumer complaints and questions asked and creating feedback loops.

¹⁴¹¹ Some also said that binding adjudication could help protect vets against spurious claims and support a reduction in the time spent on and emotional toll of prolonged claims. For example, [The BVA, BSAVA, BVNA, SPVS and VMG](#)

...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.¹⁴¹²

9.97 Some respondents commented specifically on the establishment of an ombudsman as part of a binding independent redress scheme. They said an ombudsman would be independent, impartial and transparent, would deliver fair, consistent and binding rulings and would be readily identifiable by, and accessible and free for, pet owners. Some said the presence of an ombudsman could increase trust in the redress process and the profession generally.¹⁴¹³

9.98 Which? said that an ombudsman scheme could deliver fair outcomes and protect against frivolous or unjustified complaints about businesses:

...an Ombudsman scheme ... could provide final and binding judgements on cases that under the current system are inappropriately deferred to the RCVS in the absence of other effective complaints channels, and may go on for months or even years. Furthermore, given that an Ombudsman makes an independent judgement based on both sides of a case, we would expect it to find in favour of a veterinary business or professional in the event of frivolous or solely financially motivated complaints, and so we would not expect the existence of an Ombudsman to lead to an increase of such complaints.¹⁴¹⁴

9.99 The Veterinary Complaint Reform group,¹⁴¹⁵ advocated an independent comprehensive complaints scheme, including an ombudsman:

...empowered to investigate complaints, ensure redress, make binding directions on the imposition of sanctions for breaches of both the Code of Conduct and Practice Standards and carry out the vital public role of being able to ensure systemic change.

[response to the RWP, p 42.](#) [Which? response to the RWP, p 2.](#) [The BVU response to the RWP, p 43.](#) [Respondent 9 response to the RWP, p 36.](#)

¹⁴¹² In response to our PDR, having previously told us they did not support the establishment of a binding independent redress scheme. BVA, BSAVA, BVNA, SPVS and VMG response to the PDR, p 29.

¹⁴¹³ Others told us that an ombudsman could also analyse trends in complaints across the market, identify systemic issues and support sector-wide improvements. For example, [Thrums Vets response to RWP, p 29.](#) [Respondent 12 response to RWP, p 27.](#) [Assistance Dogs UK response to RWP, p 18.](#) [Which? response to RWP, p 9.](#)

¹⁴¹⁴ Which? also expressed strong support for an ombudsman model because ombudsmen have powers to actively investigate and make independent binding judgements on cases brought to them, which is important to pet owners. Which? response to the PDR, pp 8 and 11.

¹⁴¹⁵ The Veterinary Complaint Reform group was set up to campaign for and highlight the need for an independent veterinary complaints body.

- 9.100 It also highlighted the considerable knowledge and information asymmetry between vets and pet owners, and the emotional bond between owners and their pets, the effects of which such a scheme could help to mitigate.¹⁴¹⁶
- 9.101 Other stakeholders were less supportive of, not supportive of, or raised concerns about, binding independent adjudication. They told us that a binding scheme or an ombudsman would:
- (a) add unnecessary complexity, time and administration, stress and cost to dispute resolution, particularly for small and independent veterinary businesses;
 - (b) cause duplication and confusion with the roles of existing bodies (for example, the RCVS's role in serious professional misconduct cases);
 - (c) encourage frivolous claims or influence practices to provide financial compensation for unmeritorious complaints;
 - (d) be inappropriate and ineffective in the context of the trust-based relationships that (must) exist between pet owners and vets, or lead to more confrontational relationships between them;
 - (e) be unable to include sufficiently independent investigations or to involve adjudicators with a high level of knowledge of veterinary care;
 - (f) reduce the success rate of any mediation process; and
 - (g) be a disproportionate response to concerns about the regulatory framework.¹⁴¹⁷
- 9.102 Our judgement is that a binding independent adjudication or ombudsman scheme would play a powerful role in protecting pet owners and guiding the conduct of veterinary businesses. We do not anticipate that large volumes of complaints will require the use of such a scheme. Its existence alone should incentivise better service provision and complaint handling, and better outcomes for pet owners. We have sought to address concerns about such a scheme in its design (which we consider below).

¹⁴¹⁶ Veterinary Complaint Reform response to the PDR, pp 1-2. Individual [§] similarly told us that 'What is urgently needed is a fully independent body, separate from the RCVS, with the power to investigate complaints, make binding recommendations, enforce sanctions where standards of care have fallen short and to transparently acknowledge and accept accountability to ensure that knowledge is gained and lessons are learnt from mistakes made in clinical practice'. Individual [§] response to the PDR, p 1.

¹⁴¹⁷ For example: The Veterinary Defence Society response to the PDR, p 3; [Pets at Home response to the RWP, paragraph 5.15](#); [Medivet response to the RWP, paragraph 2.5\(f\)\(iv\)](#); [Linnaeus response to the RWP, pp 55-56](#); [PDSA response to the RWP, p 27](#); [The George Vet Group response to the RWP, p 24](#); [VCMS response to RWP, p 21](#); [Animal Trust response to RWP, p10](#); [Thrums Vets response to RWP, p 29](#); [BVA, BSAVA, BVNA, SPVS and VMG response to RWP, p 43](#); [RCVS response to RWP, pp 50-51](#); IVC response to the PDR, paragraph 4.16; VCMS response to the PDR, p 46.

Remedy design considerations

9.103 Remedy design considerations for the in-house complaint process and mediation remedies (remedies 13 and 14), are set out in part B, section 8.¹⁴¹⁸ Here, we consider the principles which we consider should underpin the design of a binding redress scheme in a reformed regulatory framework. We then describe how all these remedies could be delivered.

Design principles for a binding redress scheme

9.104 We are recommending that, to meet the aims described above, a binding redress scheme should:

- Be available only:
 - once the in-house complaint process has been exhausted and either mediation is not a suitable next step or mediation has been attempted but no resolution agreed;^{1419, 1420} and
 - where the complaint is timely (for example, where it is raised within 12 months of the conclusion of an in-house complaint process).^{1421, 1422}
- Be independent, impartial and (so far as possible) transparent.
- Require the participation of all veterinary businesses operating FOPs.
- Include the ability to request information from those veterinary businesses and from pet owners.
- Be able to draw on a vet advisory group for clinical input.
- Enable the decision maker to make a range of outcome decisions which should be binding on veterinary businesses but not the pet owner.¹⁴²³

¹⁴¹⁸ Part B, section 8: Complaints and redress.

¹⁴¹⁹ In-house complaint process refers to FOPs' in-house complaint processes.

¹⁴²⁰ Mediation may not be a next suitable step because the pet owner has opted not to pursue mediation or because the mediator has ruled that mediation is not appropriate.

¹⁴²¹ An extension to the time limit should be allowed in certain circumstances. For example, an extension may be required where the pet owner was engaged in mediation, which ended after the 12-month timeframe without an agreement, and the pet owner would like to raise the complaint with the binding redress scheme in order to receive a final outcome to the complaint.

¹⁴²² For example, the Rail Ombudsman (which offers mediation and adjudication) requires complaints to be raised within 12 months of any final response from the rail service provider (unless there are exceptional circumstances). [The Rail Ombudsman | Office of Rail and Road](#) (accessed 27 February 2026).

¹⁴²³ For example, the case is not upheld so no remedy required, apology, financial compensation, action taken to improve systems including complaint handling. The complaint should also be able to be rejected on the grounds that it is vexatious or frivolous. The decision would not be binding on the pet owner so they are still able to go to court to seek a different remedy if they so wished.

- Include sanctions should those businesses fail to comply with their obligations.
- Have fair and proportionate rules of procedure.
- Ensure respect for all parties' rights under the European Convention on Human Rights including, in particular, the right to a fair trial under Article 6(1).
- Be funded by veterinary businesses operating FOPs and free for pet owners.

9.105 Depending on the delivery model chosen (see below), the decision maker may be an ombudsman, whose appointment and conduct would need to adhere to the Ombudsman Association Terms and Rules.¹⁴²⁴ If another form of redress were selected by government, such as independent binding adjudication, a lay panel of decision makers would be required.

9.106 Professional misconduct matters would continue to be handled by the RCVS. The independent redress scheme should be designed in such a way as to work alongside the regulation of veterinary professionals, to ensure that pet owners are able to access and successfully navigate the redress mechanism(s) most appropriate for their complaints.

9.107 There is, as explained in relation to the complaints data remedy (remedy 15b),¹⁴²⁵ also a wider role for the administrator of a binding redress scheme in publishing information about complaint handling in the sector. An important role for ombudsmen is to advise on systemic change. As the Cabinet Office notes in its guidance, ombudsmen can make recommendations for a change of practice or procedure in a particular institution, Department or across a whole sector of the economy.¹⁴²⁶

Delivery models

9.108 There are several possible models for delivering a comprehensive system for complaints handling and redress in the veterinary sector. The precise details of the legislative scheme should be determined by government, but careful consideration should be given to the evidence we have heard about ombudsmen.

9.109 One delivery option is to implement our recommendation through the establishment of a new veterinary services ombudsman with the power to make determinations which are binding on veterinary businesses (but not on pet owners). Such a service could be designed to include a mediation process (the

¹⁴²⁴ Ombudsman Association, [Terms and Rules Criteria for the recognition of Ombudsman offices](#) (accessed 27 February 2026). We note that the title of 'Ombudsman' should not be used unless the Association's Criteria for Recognition of Ombudsman's Offices are met.

¹⁴²⁵ Part B, section 8: Complaints and redress.

¹⁴²⁶ Cabinet Office, [Guidance on new Ombudsman scheme](#), updated 26 May 2022 (accessed 27 February 2026).

provision of which could be subject to a competitive tender) or it may be sufficient to maintain the existing VCMS mediation process and to limit the scope of any ombudsman service to adjudication only.

- 9.110 An alternative is to augment the existing VCMS with a binding independent redress process that falls within the scope of that scheme. An independent panel could be established within the VCMS framework to determine complaints referred to it, separate from any mediation process that may have been followed up to that point. This could offer efficiencies in terms of administration and cost because:
- (a) it would build on the existing structures; and
 - (b) some veterinary businesses and pet owners are already familiar with the VCMS, which would become more widely known because of the in-house complaint process, mediation and redress decision tree remedies (remedies 13, 14 and 15a).

Remedy implementation issues

- 9.111 Primary legislation is the most effective means through or under which to establish a binding independent redress scheme with the power to determine pet owner complaints and make decisions with which veterinary businesses must comply. It would, for example, ensure that all such businesses are required to participate in the scheme.
- 9.112 The nature and scale of the costs of setting up a binding independent redress scheme will depend on a range of factors including the delivery model which government chooses to pursue as well, as the exact scope and scale of the service offered. It will be for government to determine how to fund these costs.
- 9.113 There must be mechanisms for monitoring and enforcing the outcome of a determination. For example, a failure to comply with a determination should be treated as a breach of a veterinary business's regulatory obligations.

Consumer and competition duty for the regulator

We have decided to recommend to government that the regulator should have statutory consumer and competition duties.

- 9.114 We have reached the view that the current regulatory framework fails to sufficiently protect consumer interests or promote effective competition.¹⁴²⁷

¹⁴²⁷ For more detail on our concerns, see part A, section 14: Regulatory framework for veterinary services.

- 9.115 The current framework fails to address the inherent information asymmetry between vet and pet owner and sufficiently to protect the pet owner's interests when purchasing veterinary services.¹⁴²⁸ Where regulation works well to help pet owners make informed choices, it would drive competition between veterinary businesses, reducing prices, improving quality and widening access to services and treatments for the benefit of animals as well as their owners. That key driver of competition is missing.
- 9.116 We recognise that regulatory requirements need to be changed and adapted as processes, technologies and business models in the sector evolve. One way that flexibility could be created would be for a reformed statutory framework to include, among the duties imposed on a regulator such as the RCVS, duties to protect pet owners and promote competition for veterinary services.¹⁴²⁹
- 9.117 We are recommending the introduction of two statutory duties on the veterinary regulator which it would be required, so far as is reasonably possible, to take into account when carrying out its functions:
- **A consumer duty:** a duty, when carrying out its functions, to further the interests of pet owners in the veterinary market for household pets.
 - **A competition duty:** a duty to promote competition when carrying out those functions.
- 9.118 In its consultation, Defra has similarly proposed that the regulator should have specific statutory objectives which could include duties to protect consumers and ensure fair competition within the market.¹⁴³⁰

The consumer and competition duties in practice

- 9.119 Examples of themes which the regulator should consider when discharging a consumer duty include:
- (a) understanding pet owners' circumstances and meeting the needs of pets and their owners;
 - (b) the interests of pet owners in respect of the provision of adequate and timely information, choice and quality of service;
 - (c) how any negative impacts of its regulatory activities on the interests of pet owners could be mitigated; and

¹⁴²⁸ For more information on information asymmetry and credence goods, see part A, section 14: Regulatory framework for veterinary services.

¹⁴²⁹ [Remedies Working Paper](#), paragraph 6.53.

¹⁴³⁰ [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026, p 50.

- (a) whether it could take proactive steps to further support the interests of pet owners.

9.120 Examples of themes which the regulator should consider when discharging a competition duty include:

- (a) how transparency on price, ownership information, treatment options and relative quality measures can be used to stimulate competition between service providers;
- (b) how innovation in the market can be encouraged so pet owners can access new types of services and ensure that regulation keeps up with changes in consumer preferences and the development of new technologies;
- (c) the importance of maintaining and increasing access to services and ensuring that businesses are contributing to productivity and sustainable economic growth;
- (d) how the competition duty can help facilitate the achievement of the consumer duty and the RCVS's other duties;
- (e) how any negative impact of its regulatory activities on effective competition could be mitigated; and
- (f) whether it could take any other proactive steps to further support effective competition.

9.121 In practical terms, both statutory duties would apply when the regulator discharges its functions. This includes when setting standards, creating new regulations or policies, conducting risk assessments and monitoring activities, and prioritising enforcement action.

9.122 Stakeholder views on this recommendation have been generally supportive with commentary focusing on the need for the duties to be flexible enough to accurately reflect the nature of the veterinary profession and on the importance of animal welfare. There were also calls for clarity about how the duties would work in practice. For example:

- (a) The RCVS told us it supported a greater focus on consumer protection and effective competition but any duties would need to be weighted accordingly against its other objectives.¹⁴³¹
- (a) Most LVGs had no specific objections to the introduction of a consumer and competition duty for the regulator and some welcomed further detail and engagement from the industry on this matter, including how animal welfare

¹⁴³¹ RCVS response to RWP, p 38.

considerations would be safeguarded.¹⁴³² One LVG said that an additional consumer and competition duty would be unnecessary and could add uncertainty to the regulatory framework.¹⁴³³

- (b) An independent vet told us that they are broadly supportive of this proposal but cautioned against the creation of a 'race to the bottom on price'.¹⁴³⁴ Another vet indicated that this proposal would help the regulatory framework to evolve in line with an industry which is changing at pace¹⁴³⁵ and Paragon Veterinary Group stated this would help ensure public confidence in the profession is maintained.¹⁴³⁶
- (c) The PDSA submitted to us that a regulatory framework which includes consumer and competition elements has the potential to protect or improve animal welfare.¹⁴³⁷
- (d) The VCMS told us it was supportive of a consumer and competition duty on the regulator and cited the General Optical Council as an example of such an approach in another regulated professional sector.¹⁴³⁸
- (e) Which? supported the creation of a consumer duty, citing its own evidence that customers who engaged with the RCVS felt that the regulator had insufficient regard to their concerns. Which? added that it is ambivalent as to whether a competition duty should be included as it thought it unlikely the RCVS would have the requisite toolkit to meet such a duty.¹⁴³⁹

9.123 Only a few PDR respondents commented on this part of our recommendation. Those which did were generally supportive.¹⁴⁴⁰

9.124 We have taken these views into account when considering how this remedy should be designed. As outlined in part A, section 14,¹⁴⁴¹ we have also looked to other professional regulators which are required to discharge and balance various considerations when discharging their functions, including ones which explicitly refer to a consumer and/or competition duty.

¹⁴³² CVS response to RWP, p 38, IVC response to RWP, paragraph 6.5, Linnaeus response to RWP, p 50, Medivet response to RWP, p 37.

¹⁴³³ Pets at Home response to RWP, paragraph 5.6.

¹⁴³⁴ Respondent 28 response to RWP, p 13.

¹⁴³⁵ Respondent 14 response to RWP, p 20.

¹⁴³⁶ Paragon Veterinary Group response to RWP, p 19.

¹⁴³⁷ PDSA response to RWP, p 23, noting that it flagged consideration for ensuring this measure does not unduly increase administrative burden on operators within the market.

¹⁴³⁸ VCMS response to RWP, pp 8-10

¹⁴³⁹ Which? response to TWP, p 4.

¹⁴⁴⁰ For example, Which? response to the PDR, p 11. RSPCA response to the PDR, p 4.

¹⁴⁴¹ Part A, section 14: Regulatory framework for veterinary services.

Balancing duties

- 9.125 The consumer and competition duties we are recommending are not a replacement of the RCVS's existing duties relating to animal welfare and public health. They are supplementary (and complementary) obligations. We do not expect these new duties to outweigh those pre-existing ones. For the reasons described above, the promotion of pet owner interests and of competition is consistent with, and in many cases supports, objectives relating to animal health and welfare.
- 9.126 We note that some regulators receive strategic steers, directions, and guidance from government, usually from their sponsoring departments.¹⁴⁴² It could be beneficial for government, when considering our recommendation on the consumer and competition duties, to consider these strategic guidance tools.

Governance and structure of the regulator

We have decided to recommend to government a series of operational principles which guide the design of a future veterinary regulator. These principles recognise that the regulator would be given significant new powers and responsibilities. The governance of the regulator must enable it to carry out its functions fully, with the necessary resources, expertise, and strategic leadership, and supported by the trust and confidence of the public, professions, and sector.

- 9.127 We have designed a package of remedies to address the AEC that we have identified in the market for veterinary services. Part of this package is our recommendation that the veterinary regulator's role is enhanced with new powers to regulate individuals and businesses. We are also recommending that the regulator be given new duties to protect consumers and promote competition. In this modernised and expanded regulatory framework, it is essential that the regulator is appropriately equipped to carry out its functions, not only as to statutory powers and resources but also in terms of the relevant capabilities, clarity of purpose and focus of its board and staff, so that the public and the profession can have confidence in it.
- 9.128 To that end, the regulator's governance arrangements and structure should be set out in new legislation. They should be designed so that the regulator can discharge its functions most effectively.

¹⁴⁴² For example, [section 77 of the Higher Education and Research Act 2017](#) gives the Secretary of State power to give the Office for Students general directions about the performance of any of its functions. Other examples can be found in: [House of Lords, Industry and Regulators Committee, Who Watches the Watchdogs? Improving the performance, independence and accountability of UK regulators. HL Paper 56](#), p 21 (accessed 27 February 2026) which explains that many regulators now receive a strategic steer, strategic policy statement or remit letter which can set out the government's priorities in the areas they are responsible for.

9.129 We would expect an effective governance structure to contain the following elements:

- (a) a clear and well-communicated regulatory purpose which can be trusted by the public and the profession (and provides focus for the board and staff in the regulatory function);
- (b) sufficient and protected funding to ensure the effective operation of the regulatory function;
- (c) suitable capabilities and expertise within the organisation tasked with carrying out regulation;
- (d) effective management of conflicts of interest, both actual and perceived, between the regulatory and professional leadership functions; and
- (e) regulatory processes that are not overly burdensome.

We recommend to government a series of operational principles, set out below, to guide the design of the regulator in line with these expectations.

9.130 Defra's inclusion in its consultation of proposals for reformed regulatory governance is another welcome feature of that consultation. It notes that the regulatory changes it is contemplating, which are in broad alignment with our recommendation for a significantly modernised framework, '... would require changes to the current governance structure in order to ensure the regulator remains fit for purpose'.¹⁴⁴³ We urge government to consider how the governance, structure and funding of an independent regulatory function can be designed to deliver a well-resourced, capable regulator with clear purpose that can inspire trust and confidence in the public and the profession, especially given the enhanced functions that regulator would perform.

Operational principles for the governance of a veterinary regulator

9.131 Whatever model is adopted for the overall structure of the reformed regulator (see below), the governance of its regulatory function should give effect to the following principles:

- (a) Strategically and operationally independent governance of regulatory matters, delivering a clearly articulated and well-communicated purpose. There should be a clear delineation between (i) the memberships of regulatory boards, councils, committees, or working groups and (ii) those holding responsibility for professional leadership. In other words, the governance of regulatory activities should be separate from that for

¹⁴⁴³ Defra consultation, [Reform of the Veterinary Surgeons Act 1966](#), January 2026, p 49.

professional leadership functions. This is necessary to prevent confusion over the regulatory role, and any real or perceived conflicts of interest.

- (b) **Ringfenced and guaranteed funding for regulatory functions.** The regulatory function must have access to appropriate funding to carry out the full range of its duties. It is also important that funds raised from business and individual vets for regulatory purposes should not be used for other purposes. If the regulatory function were to sit within the structure of a single organisation, such as the Royal College with a wider set of responsibilities: (i) there should be robust foundational documents which guarantee that the funding required for regulatory activities is allocated, or 'ringfenced', from the organisation's overall budget; and (ii) the board of the regulatory function should have a material say in determining the amount of funding required to discharge its duties.
- (c) **Effective board size and committee structure.** Regulatory work is more effective when it can be completed in a timely way. Board sizes should be appropriate to allow for cohesive and timely discussion and decision making and committee structures should be streamlined to enable more agile working.¹⁴⁴⁴ The board of the regulatory function should nevertheless remain accountable, with major decisions reserved to the full regulatory board and sub-committees fully accountable to that board.
- (d) **Membership of the governing board and committees having the appropriate expertise to achieve their objectives.** We would expect the number of lay members to be at least equal to that of professional registrants. Lay members, who are those who are not, have not been, and are not eligible to be, registered as regulated professionals, bring invaluable experiences and perspectives, and help ensure that regulatory bodies are seen to be independent of their regulated professions. Lay parity alone would not guarantee appropriate independent oversight; the memberships of boards and committees would also need to contain the appropriate expertise for their function, and this balance would likely differ between boards and committees given their different roles and responsibilities.¹⁴⁴⁵
- (e) **Appointment of board members, as opposed to election by registrants.** Board members are not there to represent those who are regulated, and

¹⁴⁴⁴ The current board membership of 24 members for the RCVS Council appears to us to be out of line with modern best practice.

¹⁴⁴⁵ We recognise that a board or committee purely overseeing only the professional leadership role may have a different composition and there is a greater case for having a registrant majority in that setting.

should instead be selected to carry out, using their expertise, the different roles and responsibilities required of their position.¹⁴⁴⁶

- (f) **Clear articulation and design of the role of a chairperson, to ensure they are not seen as a figure of professional leadership.** A regulatory chairperson would be hindered in the operation of their role if they were seen as a president for the profession or ‘chief vet’. A lay chair can be, both symbolically and in practice, an important element in demonstrating independence from the profession, and would be particularly beneficial if there were lay and professional parity on the regulatory board.¹⁴⁴⁷ Given the complexity and high-profile nature of the regulatory function, the chairperson would also benefit from their term of office being for several years.¹⁴⁴⁸

9.132 An earlier, but very similar version of these principles set out in our PDR drew significant support from respondents:

- (a) More than half of the individuals and veterinary practices who commented on our governance proposals expressed support for governance reform and greater separation between or independence of regulatory and College functions. Several noted the importance of the regulator being trusted by both the public and the profession.¹⁴⁴⁹
- (b) The BVA, BSAVA, SPVS, VMG, and BVNA said that they ‘broadly support the operational principles for the governance of a veterinary regulator’.¹⁴⁵⁰
- (c) IVC told us that it supported an ‘enhanced regulatory remit for the RCVS (e.g. ability to impose a wider range of sanctions), subject to governance reforms (including switching to appointed governance and new resourcing arrangements)’.¹⁴⁵¹

9.133 The RCVS stated that most of our proposed operational principles aligned with its understanding of good governance and its own reform proposals. It raised concerns with the first two principles, saying that:

¹⁴⁴⁶ We note that across regulators different methods of selection are adopted, to ensure that appropriate appointments are made to boards. These include appointment by (or by the regulator itself with approval from) the Privy Council or the Secretary of State.

¹⁴⁴⁷ A number of regulators in other sectors are required to have a lay chairperson. For example, the Architects Registration Board ([Architects Act 1997, schedule 1 para 1](#)) and the Legal Services Board ([Legal Services Act 2007, schedule 1 para 2\(2\)](#)).

¹⁴⁴⁸ We recognise that there could be a stronger case for a registrant chair of a committee or board that is responsible for overseeing the professional leadership function.

¹⁴⁴⁹ Roughly a quarter of responses from individuals or veterinary practices who commented on the governance of a future regulator were more neutral or did not reference the proposed operational principles. Responses included those with past experiences of raising a complaint with the regulator and those who commented on the resource burden of regulation on the regulator, businesses, and individuals.

¹⁴⁵⁰ BVA, BSAVA, SPVS, VMG, and BVNA response to the PDR, p 29

¹⁴⁵¹ IVC response to the PDR, p 56

- (a) A requirement for strategic and operational independence for regulatory matters is 'rooted in the misunderstanding... that regulatory and leadership functions are in conflict' and that 'such a separation does not reflect modern approaches to regulation'.¹⁴⁵²
- (b) A requirement for ringfenced and guaranteed funding for regulatory functions was superfluous, would 'limit the ability of the RCVS to regulate in a holistic and effective way and in the public interest', and 'would introduce inefficiency into the organisation'.¹⁴⁵³

9.134 Those are not views we share. The principles we identify can be observed in the regulatory frameworks of other professions (as described in part A, section 14).¹⁴⁵⁴ They are important for ensuring that regulatory functions are conducted independently and effectively, free from perceived or real conflicts of interest and with the confidence of both those they regulate and the public (for whose benefit that regulation exists).^{1455, 1456}

9.135 This does not mean that we see regulatory and leadership roles as necessarily in conflict. However, they do serve different purposes and different aspects of the public interest:

- (a) Regulatory functions and duties protect animal welfare, public health and (under our proposals) consumer and competition interests.
- (b) Professional leadership is focused on professional development and support for veterinary professionals.

9.136 The former should be funded, under our proposals, by owners of veterinary businesses as well as individual vets. Funds raised in this way need to be clearly allocated to regulatory purposes. The regulatory board must be free from any conflicts of interest real or perceived. It is necessary that there is a strong lay element in the oversight of regulatory functions, while professional leadership may be more appropriately overseen by practitioners. Both functions are important, but they are not the same, and to ensure clarity of purpose and independence of the regulatory regime require separate consideration as regards the source and use of funds and governance oversight.

¹⁴⁵² RCVS response to the PDR, p 22. As discussed in part A, section 14, Regulatory framework for veterinary services, the RCVS stated that there is no inherent conflict between its various activities since they are all explicitly in the public interest, under the objectives set out in its Royal Charter. RCVS response to the PDR, p 20.

¹⁴⁵³ RCVS response to the PDR, p 22. The RCVS noted that it 'has not and never would deprioritise regulatory enforcement to fund more discretionary activities, nor are we aware that it has ever been suggested that the RCVS has ever done so'.

¹⁴⁵⁴ Part A, section 14: Regulatory framework for veterinary services.

¹⁴⁵⁵ And the RCVS did acknowledge that a degree of budgetary separation and greater transparency in respect of the budgeting of regulatory and leadership functions could be appropriate. RCVS response to the PDR, p 22.

¹⁴⁵⁶ The potential for such perceived or real conflicts may well be greater, if veterinary businesses are within the scope of regulation, where the RCVS Council includes practising vets who are employed by such businesses.

Structure of the regulator

9.137 The operational principles we describe above have been designed so that they could be implemented in a structure in which regulatory and professional leadership functions:

- (a) are independent parts of the same body; or
- (b) are performed by separate bodies.

9.138 Respondents to our PDR expressed mixed views as to which of these models might be adopted:

- (a) The BVA, BSAVA, SPVS, VMG, and BVNA agreed that there should 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’.¹⁴⁵⁷
- (b) Which? said that if ‘professional leadership and regulatory functions continue to coexist in a single [organisation] in an updated regulatory regime then it will be important that [the regulatory function’s] operational independence is communicated to pet owners so they can have confidence and trust in the way veterinary services are regulated’.¹⁴⁵⁸

- (c) XL Vets said:

We strongly support the continuation of a “Royal College that regulates” model, in which professional oversight, education, and standards are integrated within a single collegiate framework. The creation of a new General Veterinary Council would risk fragmenting this system and introducing a bureaucracy that has not served other professions well.¹⁴⁵⁹

- (d) The Progressive Veterinary Association said ‘We are strongly supportive of a separation of Royal College/professional and regulatory/disciplinary functions, and have long campaigned for it’. It also said it favoured the structure set out in figure 10.2 of our PDR (two separate organisations for regulatory and professional leadership).¹⁴⁶⁰

¹⁴⁵⁷ BVA, BSAVA, SPVS, VMG, and BVNA response to the PDR, p 29.

¹⁴⁵⁸ Which? response to the PDR, p 12.

¹⁴⁵⁹ XL Vets response to the PDR, p 22. XL Vets cited the General Medical Council and the Nursing and Midwifery Council as examples of healthcare regulators facing challenges in maintaining ‘public trust and professional confidence’.

¹⁴⁶⁰ PVA response to the PDR, p 35.

(e) A veterinary practice told us it has been ‘advocating for the RCV[S] to be split up for some years now... The model has lost trust with the profession’.¹⁴⁶¹

- 9.139 A small minority of responses from individuals and veterinary practices who commented on the matter submitted that amendments to the RCVS Code or to the PSS would be sufficient and no changes should be made to the RCVS’s structure and governance. A small number of veterinary professionals said that legislative changes should not undermine the fact that veterinary professionals pledge loyalty to the RCVS in the oath they make at registration.¹⁴⁶²
- 9.140 Our view is that, if government were designing the regulatory framework wholly anew, we would expect the veterinary regulator to be established separately from any professional leadership or ‘Royal College’ bodies. Such separation would more likely ensure that our operational principles for governance and funding were clearly and most effectively in place.
- 9.141 We recognise, however, that being a member, fellow, or associate of the RCVS is very important to many vets and vet nurses, who take their work to protect animal welfare, enshrined in their oath, extremely seriously. We note that the veterinary professions are smaller than some other professions, and it has been suggested that the long-term viability of a separate, voluntary Royal College could be at risk if the professional leadership and regulation functions were completely separated.¹⁴⁶³ As well as maintaining a sense of identity for its members and associates, there may be practical and financial reasons why preserving a ‘Royal College that regulates’ is desirable.
- 9.142 For those reasons, government may consider maintaining the Royal College that regulates model and building our recommended operational principles into that structure. However, what is most important, in our view, is that those principles are adopted. Should they be at risk, or be considered too complex to be delivered within a single organisation, government should instead adopt a more comprehensive approach and separate the regulatory and Royal College functions into distinct bodies, structurally as well as functionally.
- 9.143 Although the reasons for doing so vary, regulators in other sectors have undergone changes in their governance to ensure they are appropriately equipped

¹⁴⁶¹ Apex Vets Ltd response to the PDR, p 3.

¹⁴⁶² We note that since 2012 the oath made by veterinary professionals no longer contains ‘abide in all due loyalty to the Royal College of Veterinary Surgeons’.

¹⁴⁶³ We do, however, note that several professions that maintain separate regulators and Royal Colleges, including some of those referenced in part A, section 14 Regulatory framework for veterinary services, are considerably smaller than the veterinary professions (for example, the ophthalmology and chiropractic professions). Given that, we question the suggestion that a Royal College of Veterinary Surgeons serving only a professional representative or leadership function would not be viable.

to carry out their work, and so that the professions and the public can have trust and confidence in them. As we note in part A, section 14:¹⁴⁶⁴

- (a) The Royal Pharmaceutical Society of Great Britain was split into the Royal Pharmaceutical Society and the General Pharmaceutical Council in 2010.¹⁴⁶⁵
- (b) In a similar vein, the Legal Services Act 2007 required legal services regulators to be given strategic and operational independence from any representative or professional leadership function.¹⁴⁶⁶ The Solicitors Regulation Authority was consequently established as a formal but independent arm of The Law Society.

9.144 Most healthcare professions have had regulatory and professional leadership functions carried out by different bodies for decades. The General Medical Council and Royal College of Surgeons of England, for example, have existed since the nineteenth century. Other medical royal colleges are even older. It is also the model in other professions such as architecture, where the Royal Institute of British Architects and the Architects Registration Board perform the two roles. For surveyors, RICS houses both professional leadership and regulatory functions, with the latter conducted by an operationally independent board that sits within the wider structure of the Royal Institution.

9.145 We encourage government to have regard to these examples of regulatory independence in other sectors when considering the design of the veterinary regulator in a reformed regulatory regime.

Practical considerations

9.146 We do not intend to recommend in extensive detail what the internal structure of the regulator should be. However, it is worth reflecting on some practical considerations that emerge from our recommended operational principles.

9.147 One question is where the regulatory function should sit. To maintain strategic and operational independence, it would be necessary for the regulatory function to have its own board with clearly articulated purposes and responsibilities. If the regulatory function were within a single organisation that also had professional leadership responsibilities, membership of this regulatory board would have to be separate from any councils or committee structures tasked with professional leadership responsibilities.

¹⁴⁶⁴ Part A, section 14: Regulatory framework for veterinary services.

¹⁴⁶⁵ By the [Pharmacy Order 2010](#).

¹⁴⁶⁶ [Legal Services Act 2007](#).

- 9.148 Were government to prefer a single organisational structure, the regulatory function (and board) could be positioned beneath a small, top-level board for the whole organisation. With careful design and management, this could be appropriate.
- 9.149 The top-level board must not be able to direct the regulatory function, nor control its access to the funds or personnel required to carry out its role effectively. Its membership would include appointed non-executive members, rather than be wholly comprised of representatives or veterinary professional leaders. In this structure, the top-level board could have a responsibility to ensure that the regulatory board's functions were being discharged effectively and could receive annual reports to enable it to monitor the regulatory arm's delivery.
- 9.150 We recommend that, if the regulatory function (and regulatory board) were to sit underneath a top-level board, the regulatory function (and regulatory board) should have its foundation, purpose and right to sufficient funding established in legislation. That would protect its ability to perform its functions effectively, and give it the independence that generates trust and confidence from the public and the professions.
- 9.151 Beyond that recommendation, we do not intend to outline precisely how different aspects of regulatory reform should be enacted through primary or secondary legislation. We make four further observations.
- 9.152 First, the relevant primary legislation should allow for flexibility. The veterinary sector has undergone significant change in recent years. That may well continue. Legislation should be adaptable to future changes.
- 9.153 Second, where the regulator's structure and governance arrangements are not included in primary legislation, they should be set out in secondary enactments. It would be for Ministers to decide on the content of future secondary legislation, following consultation with the regulator, sector stakeholders, and the general public. It would be inappropriate to give the regulator the power to structure itself, or for it to decide on its own governance arrangements, and for these to put in place without first being subject to public and Parliamentary scrutiny.
- 9.154 Third, our recommendation for strategic and operational independence relates to both the future governance of and staff within the regulatory function. Should the regulatory function be housed within a single, larger organisation, we envisage that function requiring separate staff teams to ensure independence (although we see no reason why support staff (eg HR, finance, IT, etc.) should not be shared across functions).
- 9.155 Fourth, we would not expect the fees paid by individual veterinary professionals and veterinary businesses for regulatory purposes to be used for the purposes of the professional leadership function.

Professional leadership

- 9.156 The focus of our recommendation to government is regulation and how inappropriate governance could hamper the effectiveness of a new regulatory system. In our focus on that issue, we have considered the separation of regulatory and professional leadership functions from the perspective of effective regulation. There are, however, also advantages for the professional leadership function of its being kept suitably separate. Clearer articulation and independent governance of both functions may allow each to benefit.
- 9.157 A vital part of a well-functioning veterinary market is a motivated, valued, and well-supported veterinary profession. Veterinary professionals being members or associates of a Royal College can play a key role in this. In 2013, the ‘First Rate Regulator’ report commissioned by the RCVS recommended that the college ‘should consider whether and, if so, how it should develop a more coordinated approach to activities synonymous with a Royal College’.¹⁴⁶⁷
- (a) Councils for the professional leadership of veterinary surgeons, veterinary nurses, and other allied professionals could be housed within a Royal College structure and underpinned by a royal charter. These would need to sit separately from any regulatory responsibility.
 - (b) Given the strategic and operational independence of the regulatory function, professional leadership councils could be free to develop different governance arrangements, including some elected positions in keeping with other healthcare Royal Colleges. This may allow the professional leadership function to grow in prominence in future years.

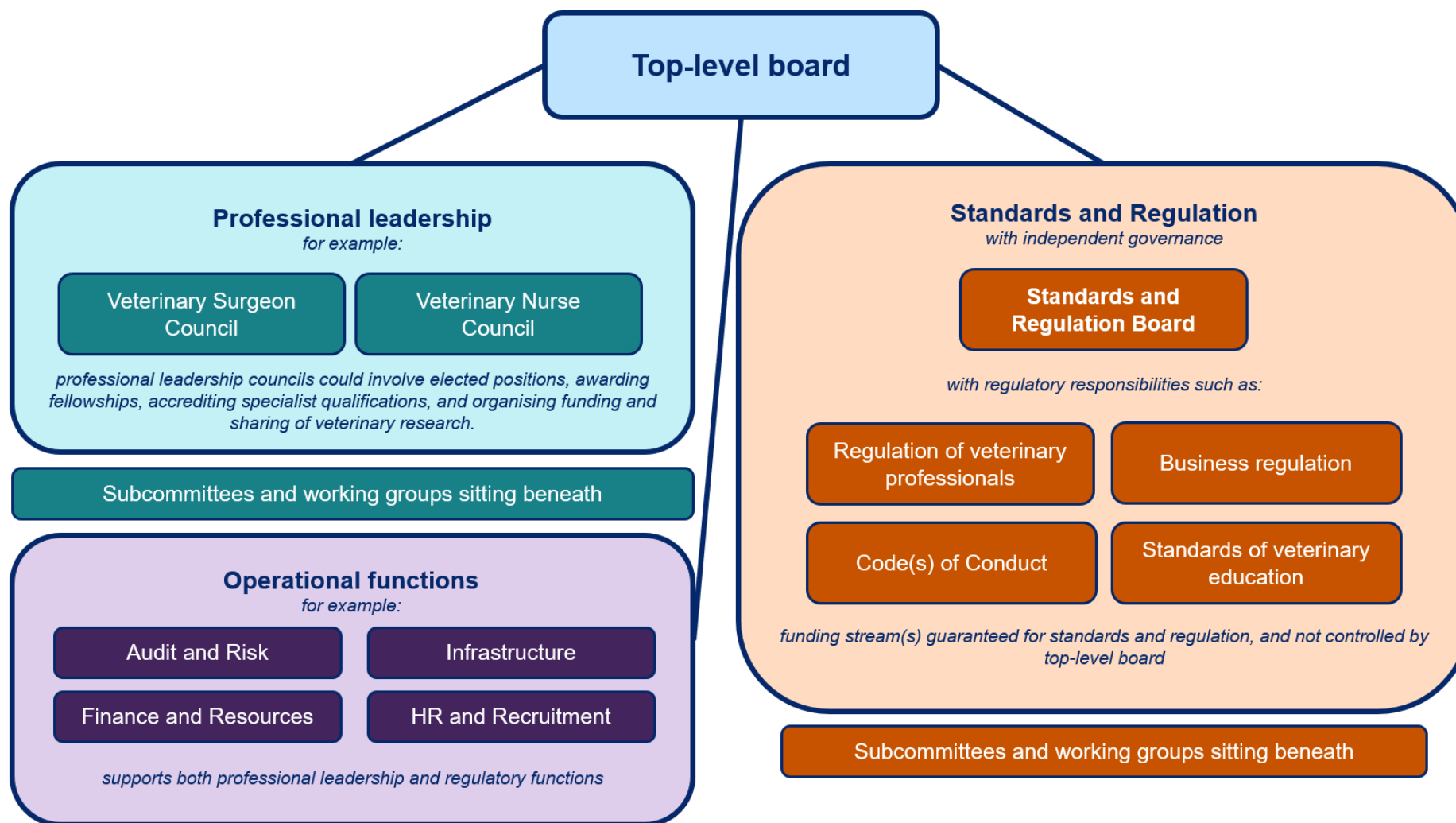
How our operational principles could guide the structure of the regulator

- 9.158 We have included two high-level illustrations to suggest how the different structural models could look in practice. One depicts a single organisation housing both regulatory and professional leadership functions and the other two separate organisations. These diagrams are intended to illustrate how our operational principles *could* be met, not how we think they *should*.¹⁴⁶⁸

¹⁴⁶⁷ Sally Williams & Associates (2013), [First Rate Regulator Initiative: Recommendations](#), p 9 (accessed 3 October 2025).

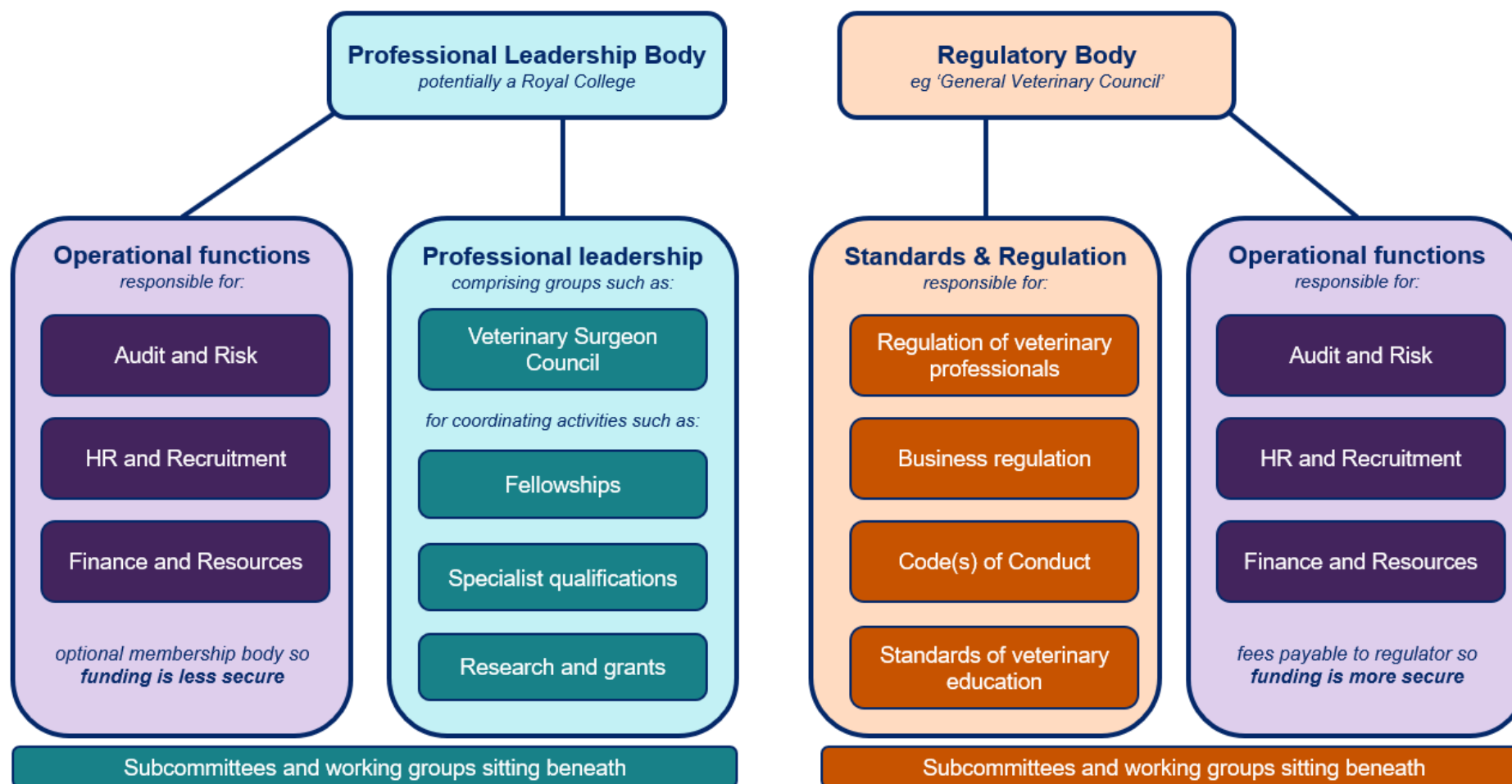
¹⁴⁶⁸ Other functions outside regulation, such as professional leadership, are included for illustrative purposes only. Our focus is on regulation.

Figure 9.1 A high-level illustration of a single organisation housing both regulatory and professional leadership functions



Source: CMA

Figure 9.2 A high-level illustration of two separate organisations for regulatory and professional leadership functions



Source: CMA

Remedy implementation issues

9.159 The key remedy implementation issues for our regulatory reform remedy, as a whole, are:

- (a) the method and timing of implementation;
- (b) monitoring and enforcement; and
- (c) cost of implementation and how the regime should be funded.

Method and timing of implementation

9.160 We are making a recommendation to government because legislation will be necessary to establish a regulatory framework that includes all the features described in this section of our report. Recommendations do not bind those to whom they are addressed. However, the UK government has committed to issuing an official response to such recommendations within 90 days of their publication, with a presumption that it will accept them unless there are compelling policy reasons not to do so.¹⁴⁶⁹

9.161 Updating the regulatory regime will require the UK government to consult on recommendations with the Scottish Government, the Welsh Government and the Northern Ireland Executive because the regulation of veterinary care is, to differing degrees, a devolved matter.¹⁴⁷⁰ We are mindful of the devolution of powers and the fact that participation in any proposed new regulatory regime covering more than one UK nation requires the consent of each devolved nation.

9.162 Currently, the VSA applies to the whole of the UK and the RCVS is the sole regulator of vets and vet nurses there. The Scottish Government, Welsh Government and Northern Ireland Executive have not to date legislated separately in this area. We consider that a single UK-wide regulatory framework for veterinary services is preferable to a model involving multiple, potentially divergent, frameworks across the nations. A single regime is likely to be more cost-effective, to ensure consistency of regulatory approach and of service standards, to provide predictability and certainty for businesses who own practices across the nations and to minimise trade barriers within the UK internal market.

¹⁴⁶⁹ [Strategic steer to the Competition and Markets Authority - GOV.UK](#), 15 May 2025 (accessed 3 October 2025).

¹⁴⁷⁰ In Scotland, the professions regulated by the VSA 1966 are reserved matters under Schedule 5 of the [Scotland Act 1998](#), but veterinary services are not a reserved matter. In Wales, the regulation of the profession of veterinary surgeon is a reserved matter under Schedule 7A of the [Government of Wales Act 2006](#) (as amended by the Wales Act 2017), but veterinary nurses and veterinary services are not reserved matters. In Northern Ireland, veterinary services and the regulation of veterinary surgeons and veterinary nurses are not reserved or excepted matters under Schedules 2 or 3 of the [Northern Ireland Act 1998](#).

- 9.163 The timescale for implementing the remedy would be a matter for government. We recognise that the establishment of a new statutory regime may take some time. However, given the strength of our concerns regarding the AEC and related customer detriment, we urge government to act promptly (and, in that regard, Defra's consultation on reforming the VSA is a helpful first step).
- 9.164 A handful of stakeholders who responded to our RWP¹⁴⁷¹ and our PDR¹⁴⁷² raised concerns about the possible effects of our recommendation on non-small animal veterinary practices. The scope of our investigation is limited to veterinary services for household pets. Our recommendation to establish a new regulatory framework is correspondingly limited. We nonetheless recognise that reform of the VSA will likely cover a wider range of veterinary services. It will be for government to consider how our recommendation fits within a wider set of reforms.

Monitoring and enforcement

- 9.165 It would be for the bodies to whom we are directing our recommendations to establish an appropriate monitoring and enforcement framework, in light of our consideration of these issues as set out above.

Cost of implementation

- 9.166 A number of parties told us that reforming the regulatory framework would impose upfront costs, as well as ongoing costs, on businesses and the regulator. For example, CVS said that 'increased self-reporting to, and monitoring functions of, the RCVS would require considerable funding. There is also a cost to FOPs of undertaking regular self-audits.'¹⁴⁷³ Which? told us that 'introducing greater regulatory requirements for veterinary businesses... would present a significant administrative burden for practices to fulfil these requirements',¹⁴⁷⁴ and the RCVS noted while automatic or online self-reporting would reduce the regulatory burden, this may increase the cost and time to set up such a system for practices and the regulator.¹⁴⁷⁵
- 9.167 There would be some additional costs for government and industry participants resulting from the regulatory reform we recommend. These may include:
- (a) businesses incurring additional costs by:

¹⁴⁷¹ Respondent 14 response to the RWP, p 18. RCVS response to the RWP, p 36.

¹⁴⁷² The British Equine Veterinary Association response to the PDR, p 4. Individual [redacted] response to the PDR, p 2. Giles & Parsons Farm Vets response to the PDR, p 2. South Moor Vets response to the PDR, p 5.

¹⁴⁷³ CVS response to RWP, p 39.

¹⁴⁷⁴ Which? response to RWP, p 3. Which? noted that the potential overall benefit from practice-level regulation is such that it must be introduced notwithstanding these additional burdens.

¹⁴⁷⁵ RCVS response to RWP, pp 39-40.

- (i) paying annual levies or fees to the regulator;
 - (ii) ensuring compliance with regulatory requirements¹⁴⁷⁶ and monitoring mechanisms;
 - (iii) dealing with higher levels of regulatory enforcement activity; and
 - (iv) contributing to the costs of sector redress mechanisms, such as mediation and adjudication schemes¹⁴⁷⁷;
- (b) the regulator incurring initial costs relating to:
- (i) developing new standards, rules, guidance and training for those it regulates;
 - (ii) investing in systems and processes to facilitate more effective monitoring; and
 - (iii) expanding its workforce to enable greater monitoring and enforcement activities and to satisfy new statutory duties;
- (c) government incurring some initial cost when developing amendments to the existing regulatory framework and introducing legislation.

9.168 We do not consider that the regulatory reforms recommended in this section will impose significant costs on individual vets and vet nurses.

9.169 There are several reasons why we consider the implementation costs will not be significant, at least in most cases (and will, in any event, be proportionate to the pro-competition benefits we expect regulatory reform to deliver):

- (a) some of the requirements that we are recommending should apply to veterinary businesses under new regulation¹⁴⁷⁸ reflect those we are imposing on businesses under our Order. The regulatory reform remedy would put these pro-competition requirements from that Order on a long-term statutory footing under an expert regulator. Those would be requirements that already

¹⁴⁷⁶ The inclusion of substantive requirements relating to clinical standards, in addition to competition and consumer focused requirements, as part of new baseline requirements for businesses (Standards for Veterinary Businesses) would represent a significant additional set of regulatory requirements that would not be covered by our Order. This could involve significant costs to design and subsequently monitor and enforce and may be expensive for some businesses to implement (ie those which are not meeting currently these basic standards).

¹⁴⁷⁷ Some respondents to our RWP said that the redress scheme should be funded by veterinary businesses based on the number of complaints which are escalated to the scheme. For example, Which? response to RWP, p 10. Other respondents told us that a funding a system whereby practices pay a fee in respect of each complaint would be unfair and encourage complaint avoidance. For example, RCVS response to RWP, p 58.

¹⁴⁷⁸ ie that they should feature as requirements within the Standards for Veterinary Businesses.

apply to veterinary businesses such that the regulatory reforms would not be adding significant burdens and costs;¹⁴⁷⁹

- (b) our proposed monitoring mechanisms are designed to limit the burden for veterinary businesses and professionals;
- (c) adopting an outcomes-based regulatory model so far as possible would provide flexibility for businesses in the way they achieve compliance with regulatory requirements and avoids a one-size-fits-all approach; and
- (d) the updated regulatory regime could be phased in over a transitional period, providing businesses and individual professionals with time to consider and implement new regulatory requirements.

9.170 The new regulatory regime should be funded through a combination of annual levies or fees imposed on veterinary businesses and registration fees for individual veterinary professionals. The cost of regulating veterinary businesses should be borne by those carrying on a business rather than through general taxation or contributions from professionals in the sector, while the regulation of vets and vet nurses should continue to be funded by their registration fees. A flat fee per individual premises could be charged to veterinary businesses, ensuring that their contributions to the costs of regulation accord with their size.

9.171 This method of funding the new regulatory regime was widely supported by stakeholders who responded to our RWP.¹⁴⁸⁰ Many respondents told us that the regulation of veterinary businesses should be funded by veterinary businesses, not by vet professionals.¹⁴⁸¹ Many stakeholders told us that any fee or levy imposed on veterinary businesses should be proportionate to their size.¹⁴⁸²

Effectiveness and proportionality

Effectiveness

How the remedy works with other remedies to address the AEC and resulting customer detriment

9.172 Our decision is that a replacement statutory regime for the regulation of veterinary services for household pets is required, in addition to the measures we are

¹⁴⁷⁹ However, as set out above, the clinical standards forming part of the new baseline requirements for businesses (Standards for Veterinary Businesses) would not be covered under our Order and may involve significant costs for some businesses.

¹⁴⁸⁰ The PDR responses did not engage with the method of funding the new regime.

¹⁴⁸¹ For example, the BVA, BSAVA, BVNA, SPVS and VMG said that 'We feel strongly that such funding should not be borne by regulated professionals, individual vets and RVNs...Veterinary businesses should pay their fair share of costs...' BVA, BSAVA, BVNA, SPVS and VMG response to RWP, p 46.

¹⁴⁸² For example, Paragon Veterinary Group said that 'Practice sized based fees or per FTE fees might be the fairest way of funding these'. Paragon Veterinary Group response to RWP, p 23.

imposing by our Order, comprehensively to address for the longer term the AEC and resulting customer detriment we have identified.

- 9.173 Regulatory reform using legislation will complement the package of measures we have decided to impose using our Order and help to promote competition and protect pet owners. It will, at the same time, safeguard wider public interests such as animal welfare. These reforms will support pet owners to make more informed choices about the services they buy, while incentivising veterinary businesses to offer prices and a range of services that would better meet the needs of pet owners and their animals. They will improve the baseline quality standards in the sector by (i) strengthening the protection provided by the regulation of individual vets' and vet nurses' conduct; and (ii) extending these protections to cover the behaviour of veterinary businesses.

Implementation, monitoring and enforcement

- 9.174 We have decided to make this recommendation to government since legislation is required to deliver an effective and proportionate regulatory regime on an enduring basis. An appropriately empowered and experienced regulator would be required to oversee regulation in the long term.
- 9.175 We have set out in this section what monitoring and enforcement mechanisms we would expect to see as part of an effective regulatory framework. However, the detailed monitoring and enforcement of the remedy would be a matter for government to determine.
- 9.176 A handful of respondents to the PDR raised concerns about the RCVS's ability and current capacity to manage additional regulatory responsibilities. For example,¹⁴⁸³ one vet professional told us:

It is unclear how the Royal College of Veterinary Surgeons (RCVS) would realistically manage the expanded regulatory remit proposed in the CMA's recommendations. The RCVS already faces capacity and workload challenges, and the implementation of additional regulatory and enforcement duties would require new departments, additional staffing, and substantial resources.¹⁴⁸⁴

- 9.177 The regulator will require additional funding to perform the enhanced role we envisage for it in a reformed regulatory system. We have set out how we anticipate that funding could be provided and why we consider the costs to be proportionate to the benefits that will result from the reforms we recommend.

¹⁴⁸³ This is also set out in Abbey Veterinary Centre (Grimsby) Limited and Lincolnshire Veterinary Referrals response to the PDR, p 71. Individual [redacted] response to the PDR, p 2.

¹⁴⁸⁴ Individual [redacted] response to the PDR, p 2.

Timescale over which the remedy will take effect

Time taken to implement remedy

- 9.178 The timescale for implementing the remedy will be a matter for government. However, we consider that prompt legislative reform is necessary to ensure the ongoing promotion of competition and protection of pet owners in the context of a significantly changed market.

Time taken for remedy to take effect

- 9.179 Once legislation has been introduced, and a new regulatory framework has been designed and established, we would expect most parts of the regime to have an impact on the competitive process, and on outcomes for pet owners, quickly.
- 9.180 In some respects, by the time legislation is enacted and reforms are in place, veterinary businesses will already be subject to, and complying with, the requirements we impose on them by our Order, and which we recommend are transposed into the reformed regulatory framework. By that time, we expect those requirements to be having, and to continue to have, a positive impact on competition and on pet owners and their animals.
- 9.181 In other respects, we anticipate that, to the extent necessary, businesses would improve their standards in line with new regulatory requirements. The regulator will have appropriate powers to monitor compliance and take enforcement action against businesses which do not comply, incentivising good conduct and improving choice for pet owners. Where appropriate, pet owners will be able to escalate complaints to mediation or to an independent redress scheme which would provide them with an outcome which is binding on the veterinary business (but not on the pet owner). We would expect the impact of reform to grow over time as the regulator exercises its functions and meets its competition and consumer duties.

Consistency of the remedy with other laws and regulations

- 9.182 Defra is considering new legislation to reform the VSA and has consulted on proposals for doing so.¹⁴⁸⁵ We have identified throughout this section where our recommendation is consistent with, and/or should form part of, the wider reform of the regulatory framework being considered by government. Our proposals would also be consistent with consumer protection legislation. There would be no conflict between our recommendation and any Order(s) we make (since we recommend

¹⁴⁸⁵ [Defra consultation, Reform of the Veterinary Surgeons Act 1966](#), January 2026.

that the contents of those Orders be transposed into the reformed regulatory framework).

Conclusion on the effectiveness of the measure we are taking forward

- 9.183 A reformed regulatory framework with the aspects and characteristics we have described would remedy the deficiencies we have identified in the existing framework and, by doing so, help to address the other features we have identified as contributing to the AEC. We conclude that our recommendation represents an effective remedy, and part of an effective package of remedies, to the AEC and the resulting customer detriment that we have identified.

Proportionality¹⁴⁸⁶

Effective in achieving its aims

- 9.184 We conclude, for the reasons set out above, that the recommended measures would be effective in remedying the AEC and the resulting customer detriment we have identified.

No more onerous than necessary

- 9.185 We consider that the reforms we recommend are no more onerous than necessary to achieve as comprehensive a solution as is reasonable and practicable to address the competition problems we have found.
- 9.186 In response to our RWP and our PDR some respondents were concerned that a reformed regulatory framework would impose an increased administrative burden and greater costs on veterinary businesses,¹⁴⁸⁷ and that these costs would be passed on to pet owners.¹⁴⁸⁸ Some said the administrative burden on independent practices would be disproportionate, and that the LVGs have more capacity to absorb the costs involved in meeting reformed regulatory requirements.¹⁴⁸⁹ 46.74% of independent practices which responded to FIVP's survey submitted that they believe practice regulation will negatively impact their practice's finances and their ability to provide veterinary services.¹⁴⁹⁰

¹⁴⁸⁶ This reflects the approach to assessing the proportionality of remedial measures as set out in paragraph 344 of CC3 and *Tesco v Competition Commission* (4 March 2009).

¹⁴⁸⁷ Dogs Trust response to the PDR, p 4. Nantwich Farm Vets response to the PDR, p 1. XL Vets response to the PDR, p 22.

¹⁴⁸⁸ Linnaeus said that 'The extent to which practices are able to absorb further substantial costs is unclear and therefore they may ultimately be passed on to the pet owner'. Linnaeus response to RWP, p 61.

¹⁴⁸⁹ For example, XL Vets said that 'Compliance time, staff training, software adaptation, and policy development represent a much larger proportion of operational capacity for independents than for corporates'. XL Vets response to RWP, p 66. Thrums Vets said that 'Increased regulation often brings disproportionate administrative burdens to small teams'. Thrums Vets response to RWP, p 31.

¹⁴⁹⁰ FIVP response to the PDR, [Appendix A: Impact Assessment of the CMA's proposed measures for the veterinary sector on independent practices](#), p 4.

- 9.187 Some stakeholders, however, recognised that some costs were necessary to establish a more effective regulatory regime. They said that the benefits would outweigh the costs in the long term.¹⁴⁹¹
- 9.188 In designing our recommendation on regulatory reform, we have pursued a model which does not impose costs and restrictions on veterinary businesses and professionals that go beyond what is needed for the market to function well. For example, we recommend:
- (a) including in the revised regulatory framework provisions that incorporate the requirements we impose by our Order;
 - (b) monitoring mechanisms which are based on self-declaration, to limit the burden on those to whom regulation applies;
 - (c) entity regulation targeted at the business (ie organisational) level to drive compliance while minimising the burden for individual veterinary practices and the vets and vet nurses working in them;
 - (d) a hybrid regulatory model which combines rules-based and outcomes-based approaches, but which proposes adopting the outcomes-based model wherever possible to enable greater flexibility for businesses to demonstrate compliance and protect innovation; and
 - (e) a broad range of enforcement powers for the regulator, to enable it to deploy sanctions which are commensurate with the nature of breaches in individual cases and deter non-compliance in a proportionate manner.
- 9.189 The measures we have outlined are in several respects standard features of the regulatory frameworks in other professional services markets.¹⁴⁹² They have been tried and tested there.

¹⁴⁹¹ For example, the RCVS said that 'The RCVS recognises that any increased powers and obligations in a regulatory framework will incur greater cost for those regulated to comply, and for the regulator to monitor and enforce, but that this is necessary to establish a more effective regulatory regime'. RCVS response to RWP, p 57. Respondent 12 said that 'While a reformed regulatory system would likely introduce additional costs... these are acceptable provided they lead to a more transparent, consistent, and competitive market environment'. Respondent 12 response to RWP, p 29.

¹⁴⁹² The CQC regulates entities which provide human healthcare services and the GPhC regulated pharmacy premises. The GPhC requires individuals and pharmacies to renew their registration on an annual basis. GPhC, [Revalidation Framework](#) (accessed 6 March 2026). GPhC, [Pharmacy renewal user guide](#) (accessed 6 March 2026). The sanctions available to the CQC where a registered provider has breached the regulations include cancellation or suspension from the register, conditions, and issuing warning notices. CQC, [Stage 3: Selecting the appropriate enforcement action - Care Quality Commission](#). Other sectors which feature a binding independent redress scheme are described in this section, subsection Complaints and redress.

Alternative remedy options

- 9.190 We have not been able to identify an alternative remedy that would be both less onerous and similarly effective in remedying the AEC and resulting customer detriment that we have found.
- 9.191 Following stakeholder responses proposing mandatory participation in the PSS,¹⁴⁹³ we have assessed whether ordering all veterinary practices to take part in that scheme would be an effective and proportionate alternative to remedy some of our concerns. We have decided that it would not for several reasons.
- (a) In terms of effectiveness, we could not:
- (i) give the RCVS the monitoring and enforcement powers it would need properly to enforce the PSS. Parliament would need to grant those powers, as part of a statutory jurisdiction over veterinary businesses that the RCVS does not currently have; or
 - (ii) remedy the PSS' bureaucratic and input-focused nature or the costs of compliance, which we described in part A, section 14.14⁹⁴ We would need to review and, in effect, re-write the provisions of the PSS and this would be outside our competition jurisdiction.
- (b) In terms of proportionality:
- (i) we have decided to impose a set of pro-competition requirements on veterinary businesses under our Order and the CMA can enforce these requirements. Those requirements are necessary so that our package of remedies is effective. Accordingly, it is unnecessary – disproportionate – to seek also to incorporate these requirements into the PSS (which the RCVS cannot enforce) or to require veterinary businesses to comply with all of the obligations of the PSS, many of which are unrelated to our concerns about competition; and
 - (ii) the PSS contains a broad range of requirements relating to clinical standards, patient safety etc. It has been suggested that some of these may be necessary to ensure the effectiveness of our competition remedies (eg to prevent a 'race to the bottom' in the context of greater price competition). However, existing professional standards regulation, including the Code and Guidance, mitigate against a decline in clinical standards and our recommendation for regulatory reform, including a

¹⁴⁹³ Respondent 27 response to RWP, p 17. VetPartners response to RWP, paragraph 6.1 and response to the PDR, paragraph 42. Respondent 11 response to RWP, p 14. Tysul Vets response to the PDR, p 2. Individual [X] response to the PDR, p 8.

¹⁴⁹⁴ Part A, section 14: Regulatory framework for veterinary services.

baseline quality standard, is a more proportionate approach to addressing any such concerns.

- 9.192 Moreover, for the reasons set out at the start of this section, replacing the existing regulatory system with a new and effective statutory regime for the regulation of veterinary services for household pets is essential, in addition to the measures imposed by our Order, comprehensively to address the AEC identified. The best long-term solution for ensuring veterinary services are supplied in a way that serves the public interest in animal welfare, public health and the environment, and in the promotion of competition and the protection of consumers, is wholesale regulatory reform supported by legislation.

Proportionality of any disadvantages

- 9.193 In reaching the decision to make our recommendation, we have considered the potential effects (both positive and negative) on those most likely to be affected by it. There will be implementation and ongoing costs and burdens for veterinary businesses and professionals, and regulatory bodies, resulting from the measures we are recommending. However, our judgement is that those are not disproportionate to the competition benefits that will result from reforming the regulatory framework in the manner set out.
- 9.194 We are recommending a regulatory model which imposes the minimum necessary burden to achieve its aims of protecting animal welfare and public health while promoting competition and consumer protection. Our recommended reforms would replace an ineffective and outdated system of regulation with an effective and proportionate regulatory framework which promotes competition, protects consumers and enables businesses to compete fairly and efficiently to grow.

Conclusion on the proportionality of the measure we are taking forward

- 9.195 We conclude that our recommendations for regulatory reform, as part of a package of remedies, represent a proportionate solution to the AEC and resulting customer detriment that we have found to result from (i) shortcomings in the existing regulatory framework and (ii) other features of the market for veterinary services for household pets.
- 9.196 It will, however, be for government, once it has finalised proposals for specific legislative provisions to establish the new regulatory framework, to undertake a more detailed and comprehensive assessment of the impact and proportionality of these measures.

10. Considerations for regulatory reform - veterinary nurses and veterinary medicines

- 10.1 We have assessed two areas which have an impact on competition and outcomes for pet owners but also bring in clinical considerations and trade-offs between wider policy objectives. In this section we set out our assessments of the positions in relation to veterinary nurses and the regulation of veterinary medicines and highlight some points that we would like government and the RCVS to consider.¹⁴⁹⁵

Points for the RCVS and government to consider: Veterinary nurses

We ask that:

- Government considers legislative reform that protects the title of veterinary nurse, reserving it to those holding relevant qualifications.
- The RCVS considers the scope for further guidance on the interpretation of the existing Schedule 3 and the tasks that may be delegated to veterinary nurses and publishes further guidance where it identifies such scope.
- Government considers changes to the VSA that expand the scope of tasks that may be performed by veterinary nurses.

We are encouraged by Defra's consultation on proposals for reform of the Veterinary Surgeons Act 1966 (VSA), which align with our suggestions in this section. We note that one ambition of the proposed reforms is to ensure the roles of the wider veterinary team, including veterinary nurses, are 'properly regulated, valued, and empowered to deliver high-quality care'.¹⁴⁹⁶

¹⁴⁹⁵ We explain in the Points for Consideration section below why we have framed our views and approach this way.

¹⁴⁹⁶ Defra consultation, Reform of the Veterinary Surgeons Act 1966, January 2026, p iii.

Points for Defra, the VMD and the RCVS to consider: Regulation of veterinary medicines

The Cascade rules

Defra, the Veterinary Medicines Directorate and the RCVS should consider whether there is an appropriate weighting between:

- animal welfare, public health and environmental protection; and
- the need to ensure veterinary services in the UK can deliver competitive prices, innovation and growth in step with technological change and consumer demand.

If they find that balance does not exist, they should consider changes to the Cascade so that it works better for pet owners and their pets, particularly in relation to the permissibility of taking treatment costs into account when prescribing certain medicines.

Clarity on the Cascade rules

The VMD and the RCVS should consider acknowledging that cost is already a significant factor in the treatment of pets and clarifying the circumstances in which cost might be taken into account (under existing rules) when prescribing according to the Cascade, to deliver effective contextualised care.

The Advertising Restriction

The VMD should consider whether there is further scope to minimise the impact of the Advertising Restriction on competition and entry by online pharmacies, and the ability of FOPs to give pet owners the price information they need to make informed choices on where they purchase POM-V medicines they have been prescribed, without disproportionate negative effects on public and animal health.

Under care requirements for prescribers of parasiticides

Defra, VMD and the RCVS should consider the way the framework takes account of animal welfare and public health considerations and competition and consumer interests and whether each of these factors is being given the appropriate weight given the developing nature of how veterinary services are now supplied in the UK.

Telemedicine

There may be opportunities to enhance competition if Defra, the VMD and RCVS keep under review, and actively identify, aspects of the regulatory framework that could be adjusted to enable more widespread, responsible use of Telemedicine. The role of innovative business models within the sector should be a point for consideration as part of the decision-making around reforming the regulation of veterinary businesses.

Re-classification of medicines

The VMD and other relevant bodies (Defra and RCVS) should reflect on ways to further stimulate the re-classification of veterinary medicines to increase access to these products outside of the FOP setting.

Veterinary nurses

Introduction

10.2 In this section we set out:

- (a) our assessment of how the regulation of veterinary nurses can affect competition in the market; and
- (b) what we are asking government and the RCVS to consider in terms of changes to the regulatory framework.¹⁴⁹⁷

Our assessment

The role of veterinary nurses

- 10.3 Veterinary nurses provide valuable supportive care to pets and pet owners. As part of veterinary teams, they carry out technical work and are skilled in undertaking a range of diagnostic tests, medical treatments and minor surgical procedures under the direction of a vet.¹⁴⁹⁸
- 10.4 To become a veterinary nurse, an RCVS-accredited qualification is required, which must include 1,800 hours of clinical training. Individuals can qualify either via a further education (diploma) or higher education (degree) route.¹⁴⁹⁹ Qualified veterinary nurses can undertake RCVS accredited post-registration awards in Advanced Veterinary Nursing.¹⁵⁰⁰
- 10.5 Nurses are trained to understand the basis of common diseases in animal body systems and how they present, and in the use of medications, including routes of administration and recognition of adverse reactions. They are not permitted to

¹⁴⁹⁸ Set out on the RCVS website, [I want to be a veterinary nurse](https://animalowners.rcvs.org.uk/veterinary-careers/i-want-to-be-a-veterinary-nurse/) (<https://animalowners.rcvs.org.uk/veterinary-careers/i-want-to-be-a-veterinary-nurse/> - [~:text=Veterinary%20nursing%20is%20the%20supportive%20care%20of%20animals%20receiving%20treatment](https://animalowners.rcvs.org.uk/veterinary-careers/i-want-to-be-a-veterinary-nurse/~:text=Veterinary%20nursing%20is%20the%20supportive%20care%20of%20animals%20receiving%20treatment)) (accessed 29 January 2025). Examples of duties which may be delegated include but are not limited to: second vaccinations; maintenance & monitoring of anaesthesia; routine dental hygiene work; IV catheterisation and injections; IM injections; placing urinary catheters, and blood sampling (RCVS internal document, submitted in response to RFI 1 [X]).

¹⁴⁹⁹ [UK-qualified veterinary nurses - Professionals](#)

¹⁵⁰⁰ We note that the RCVS has recently published an updated framework governing the development and delivery of the Certificate in Advanced Veterinary Nursing (CertAVN). RCVS (2025), Post Registration Framework for Veterinary Nursing. [Post Registration Framework for Veterinary Nursing - Professionals](#)

diagnose illness or health and are expected to refer cases to vets where appropriate.¹⁵⁰¹

10.6 Veterinary nurses are often involved in communications with pet owners about pricing and other relevant information. We learned from site visits and our roundtable discussions with nurses that they play an essential role in providing information to consumers following a consultation and ensuring pet owners have understood what vets have told them.¹⁵⁰²

10.7 Nurses can also play an important role in the education of pet owners, including in relation to preventative healthcare.¹⁵⁰³ The British Veterinary Nursing Association (the BVNA) has stated that:

Registered Veterinary Nurses (**RVNs**)¹⁵⁰⁴ that consult at present are doing so from the preventative healthcare perspective, so often give a holistic consultation, addressing all areas of preventative treatment. This leads to improved animal welfare standards. Often clients will feel more at ease with an RVN [than a vet] and divulge more important information about their pet.¹⁵⁰⁵

10.8 We were told that nurses are also sometimes used in practices as an alternative to recruiting to other roles, such as reception or administrative support staff.

The current regulatory framework for veterinary nurses

10.9 The current regulatory framework comprises the Veterinary Surgeons Act 1966 (**VSA**) and the provisions made in respect of veterinary nurses by the RCVS.

10.10 The VSA did not include reference to veterinary nurses when it was adopted in 1966. It was amended in 1991 and the role (but not the title) of ‘veterinary nurse’ was formally recognised¹⁵⁰⁶ in Schedule 3 of the Act (**Schedule 3**). Schedule 3 was amended in 2002 to allow a veterinary nurse (or a student veterinary nurse) to carry out certain medical treatments and minor surgeries under the direction of a registered veterinary surgeon.¹⁵⁰⁷

10.11 The RCVS regulates veterinary nurses. It introduced a non-statutory register of veterinary nurses in 2007 and a disciplinary system for RVNs, for which it is

¹⁵⁰¹ Supporting Guidance, [Treatment of animals by unqualified persons](#).

¹⁵⁰² CMA, [Summary of vet nurses roundtable discussion](#), 23 September 2024, paragraphs 22 – 24.

¹⁵⁰³ CMA, [Summary of vet nurses roundtable discussion](#), 23 September 2024, paragraph 4.

¹⁵⁰⁴ RVNs are ‘Registered Veterinary Nurses.’ Those are veterinary nurses registered with the RCVS on the non-statutory register it introduced in 2007 (set out below).

¹⁵⁰⁵ BVA [X].

¹⁵⁰⁶ In the sense that the term was used in the amended Act, but the title was not reserved for those with relevant qualifications.

¹⁵⁰⁷ Supervised medical treatments and minor surgery not involving entry into a body cavity. [The Veterinary Surgeons Act 1966 \(Schedule 3 Amendment\) Order 2002](#).

responsible, in 2011.¹⁵⁰⁸ In 2015, the RCVS used its Charter powers to strengthen the regulation of RVNs. It made RVNs associates of the RCVS.¹⁵⁰⁹ It provided for the Veterinary Nurses Council to continue as an RCVS committee and for it to set standards for pre-registration training and education, requirements for registration, and standards for conduct.¹⁵¹⁰

- 10.12 The RCVS has created the Code of Professional Conduct for Veterinary Nurses (**Nurses Code**). This largely mirrors the contents of the Code which applies to vets, and all RVNs are required to follow the Nurses Code. The RCVS has published a Supporting Guidance document for both Codes of Professional Conduct, in which it has set out its interpretation of Schedule 3.¹⁵¹¹

Weaknesses in the current regulatory framework

- 10.13 At a general level, the regulation of veterinary nurses appears to us to be vulnerable to similar weaknesses to those we have highlighted in part A Section 14 in respect of vets. These include: insufficient focus within the regulatory framework on the consumer-facing aspects of veterinary care and the promotion of competition; inadequate mechanisms for the RCVS to monitor and enforce compliance; and limited provision for pet owners to obtain redress where problems occur. As we cover those points in detail in part A Section 14, we do not do so again here.
- 10.14 We have considered three aspects of the regulatory framework that are specific to veterinary nurses: the protection of the ‘veterinary nurse’ title; the interpretation of current regulation; and the range of tasks that nurses are permitted by law to carry out. We have assessed the extent which each of these aspects could be affecting competition. Our assessment is that:
- (a) The title of veterinary nurse is not protected in law and, as a consequence, veterinary nurses do not play as prominent a role in the provision of services as might be expected in a well-functioning market. There is potential for them to play a greater role.
 - (b) There is uncertainty about the range of tasks that may be delegated to veterinary nurses under the existing regulatory framework. This has the potential to harm competition where in practice it restricts the range of services available to pet owners, and to harm animal welfare where it limits vet practices’ capacities to provide clinical services.

¹⁵⁰⁸ RCVS Knowledge, [Veterinary nursing timeline](https://knowledge.rcvs.org.uk/heritage-and-history/history-of-the-veterinary-profession/veterinary-nursing-timeline/) (https://knowledge.rcvs.org.uk/heritage-and-history/history-of-the-veterinary-profession/veterinary-nursing-timeline/) (accessed 29 January 2025).

¹⁵⁰⁹ This differs from vets, who are members.

¹⁵¹⁰ RCVS Knowledge, [Veterinary legislation in the UK](https://knowledge.rcvs.org.uk/heritage-and-history/history-of-the-rcvs/veterinary-legislation-in-the-uk/) (https://knowledge.rcvs.org.uk/heritage-and-history/history-of-the-rcvs/veterinary-legislation-in-the-uk/) (accessed 29 January 2025).

¹⁵¹¹ For example, Supporting guidance, [18. Delegation to Veterinary Nurses](#).

- (c) There is a risk that the existing regulatory framework provides, in any event, for too limited a range of tasks that may lawfully be delegated to veterinary nurses. This, too, risks limiting the services available to pet owners and increasing their cost.

Protection of the veterinary nurses' title

- 10.15 Although the term 'veterinary nurse' is now used in the VSA, and the RCVS regulates RVNs, the title 'veterinary nurse' is not protected in statute. That is, it is not reserved to those holding relevant qualifications. This means that an unqualified person may refer to themselves as a 'veterinary nurse'.¹⁵¹² A 2023 BVNA report suggested that 48% of veterinary professionals surveyed were aware of unqualified persons using the 'veterinary nurse' title in practice.¹⁵¹³
- 10.16 The lack of protection of the title has the potential to affect competition in the provision of relevant services for three reasons:
- (a) Pet owners should be confident that a qualified professional is caring for their pet (or be clear where this is not the case), and that the fees charged reflect this. While it is an offence for unqualified persons to use the titles 'vet' and 'veterinary surgeon', no such protection exists for the veterinary nurse title. Pet owners are unlikely to be aware of this so they may make incorrect assumptions about the professional qualifications of those caring for their pets.
 - (b) Recognition of veterinary nurse qualifications would confirm the professional status of those who have them. It could operate as a signal of the quality of services in practices which employ veterinary nurses. Offering pet owners those signals can help them make informed choices and drive competition. Their absence can have the opposite effect. Inconsistency in these signals can lead to consumer confusion and possible harm.
 - (c) Recognising the relevant qualifications, and protecting those who have them, could facilitate the delegation of tasks to veterinary nurses under Schedule 3. It could give vets more confidence and encouragement to make use of those delegations and broaden the group of persons by whom, and possibly the price points at which, services are provided, increasing pet owner choice.
- 10.17 Respondents to our RWP and our PDR agreed with this assessment.¹⁵¹⁴ They told us protecting the title of veterinary nurse would recognise the valuable role they

¹⁵¹² Although it should be noted that veterinary surgeons and veterinary nurses should not hold out a colleague as a 'veterinary nurse' unless that colleague is appropriately registered with the RCVS. Set out in Supporting Guidance for Nurses, [Treatment of animals by unqualified persons](#), paragraph 19.8.

¹⁵¹³ BVNA, [Protect the Title Campaign, Survey results](#), May 2023, p 7.

¹⁵¹⁴ We received supportive responses to our RWP and PDR from a wide range of stakeholders including LVGs, other main parties, independent practices and other industry bodies.

play, enable practices to differentiate themselves based on the qualifications of their staff, help pet owners make more informed choices, and improve pet safety and care standards; pet owners might not currently be aware of veterinary nurses' qualifications;¹⁵¹⁵ and that protection of the title would give pet owners greater understanding and confidence in the level of qualification of those caring for their pets.¹⁵¹⁶

- 10.18 We welcome Defra's proposal for a licence to practise scheme for anyone conducting veterinary acts, which would in turn mean that all regulated professions within the veterinary team, including veterinary nurses, would have recognised and protected titles.¹⁵¹⁷ Defra submits that these suggested reforms would 'strengthen the profession and provide clarity to the public'.¹⁵¹⁸

Interpretation of the existing framework

- 10.19 RVNs complete a high level of training and stakeholders including nurses, the BVA, the BVNA and the RCVS have suggested that the existing statutory framework allows nurses to undertake a greater range of tasks than many currently do.¹⁵¹⁹ Uncertainty about the tasks they may perform under this framework risks their being under-used.
- 10.20 The tasks that, under Schedule 3, RVNs and student RVNs may be delegated by a vet employed at the same practice to perform, under that vet's supervision,¹⁵²⁰ include carrying out medical treatments and performing minor surgery that does not involve entry into a body cavity.¹⁵²¹ The responsibility is on the relevant vet to decide whether it is appropriate to delegate, and to be available to answer any call for assistance once delegation has been made.¹⁵²²
- 10.21 Veterinary nurses who participated in our roundtable discussion,¹⁵²³ and in our qualitative research,¹⁵²⁴ told us that the opportunities to use their skills on a given day is subject to the discretion of the vet they are working with. Therefore, even where vets are clear about which tasks they can delegate, those opportunities will depend on an RVN's relationship with that vet and the level of trust the vet has in

¹⁵¹⁵ An individual response to the PDR [§], individual response to the PDR [§].

¹⁵¹⁶ IVC response to PDR.

¹⁵¹⁷ Defra consultation, Reform of the Veterinary Surgeons Act 1966, January 2026, pp 2-4.

¹⁵¹⁸ Defra consultation, Reform of the Veterinary Surgeons Act 1966, January 2026, p 5.

¹⁵¹⁹ RCVS response to RFI 3 Q15 [§], BVA Teach-in [§], CMA [Summary of vet nurses roundtable discussion](#) (23 September 2024) eg paragraph 7, and Visions of Future VN Regulation – (received 26 November 2024).

¹⁵²⁰ Paragraphs 6 and 7 of Schedule 3.

¹⁵²¹ [The Veterinary Surgeons Act 1966 \(Schedule 3 Amendment\) Order 2002](#).

¹⁵²² Supporting Guidance for Nurses, [Delegation to veterinary nurses](#).

¹⁵²³ [Summary of veterinary nurses roundtable discussion](#).

¹⁵²⁴ [Qualitative_Research_on_Pet_Owners__Experiences_of_Buying_Veterinary_Services_in_the_UK.pdf](#)

them, not least because the vet is responsible for the delegations they make to RVNs.¹⁵²⁵

- 10.22 Schedule 3 does not appear to be well understood by many vets and RVNs.¹⁵²⁶ The RCVS has issued advice and formal guidance¹⁵²⁷ on what may be delegated and how. The BVNA has developed guidance to support its members.¹⁵²⁸ There is, however, no defined list of activities which can be carried out under Schedule 3. We understand from our RVN roundtable that getting timely clarification, via a phone call with the RCVS, on what is included in Schedule 3 can be very difficult and this can on occasion prevent RVNs from being able to act.¹⁵²⁹
- 10.23 Uncertainty about the range of tasks that may be delegated to veterinary nurses can limit their role and has the potential to harm competition where it restricts the range of services that are in practice available to pet owners, the professionals by whom services are provided and the prices charged. It also has the potential to harm animal welfare where it limits practices' capacities to provide clinical services (such as nurse consultations on wellness, nutrition, or chronic disease monitoring).¹⁵³⁰
- 10.24 Respondents to our RWP¹⁵³¹ and our PDR¹⁵³² supported the need for clarification of Schedule 3. They said that the lack of clarity led to hesitancy among veterinary surgeons about delegating tasks and inconsistent practices.¹⁵³³ The BVA agreed that more effective use of nurses would free up vet time, relieving pressures on them and resulting in better overall use of veterinary skills. It also agreed that more clarity is needed about accountability when tasks are delegated to nurses.¹⁵³⁴ IVC said clarification of the current framework would facilitate 'more efficient allocation of staffing resources within veterinary practices, including by freeing up vets to undertake vet-specific tasks...'.¹⁵³⁵
- 10.25 We are encouraged to see that, in its consultation document, Defra acknowledges that Schedule 3 is unclear for many professionals and that this may prevent the full skill and expertise of the wider veterinary team being utilised.¹⁵³⁶ We are pleased that Defra's proposal of a licence to practise scheme would give greater clarity on

¹⁵²⁵ Whether a delegating vet would remain professionally responsible in situations where the decision to delegate itself was appropriate, but something then goes wrong in the execution of the task itself by the RVN, would depend on the particular context (RCVS meeting with the CMA on 16 October 2024, p 83).

¹⁵²⁶ For example, the [BVA, BSAVA, BVNA, SPVS, and VMG joint response to our RWP](#) said a lack of clarity around Schedule 3 impacts the confidence of vets and RVNs to increase its use.

¹⁵²⁷ Including case studies and a checklist. RCVS, [Advice on Schedule 3](#).

¹⁵²⁸ BVNA guidance, [Maximising the RVN Role under current legislation](#).

¹⁵²⁹ CMA, [Summary of veterinary nurses roundtable discussion](#), 23 September 2024, paragraph 19.

¹⁵³⁰ BVNA Congress 2024 'Why utilising your nursing team means a healthier business.' (received 26 November 2024).

¹⁵³¹ The majority of such respondents.

¹⁵³² All respondents to the PDR who commented on the current framework.

¹⁵³³ CMA summary of RWP responses, for example [BVA, BSAVA, BVNA, SPVS and VMG joint response](#), [Respondent 27](#), [Respondent 12](#).

¹⁵³⁴ [BVA, BSAVA, BVNA, SPVS and VMG joint response to RWP](#).

¹⁵³⁵ IVC response to PDR, p 56.

¹⁵³⁶ Defra consultation, Reform of the Veterinary Surgeons Act 1966, January 2026, p 1.

the activities that can be completed by veterinary nurses, by having the regulator determine these activities and any relevant conditions.

Legal limits on the veterinary nurse role

- 10.26 We have heard concerns that the range of tasks that may lawfully be delegated to veterinary nurses is in any event unduly restricted, limiting the services that could be made available to pet owners and increasing their cost.
- 10.27 Roundtable participants told us that, due to the confines of the VSA, nurses often refer to vets cases that they could deal with themselves, which leads to additional costs for pet owners.¹⁵³⁷ The BVNA has said that expanding the veterinary nurse's role would improve their job satisfaction and reduce the number leaving the profession, and would free up vets, '.... to do what only a vet can do: diagnose, prescribe and perform surgery'.¹⁵³⁸
- 10.28 The RCVS told us that it is considering whether community nursing would be possible under current legislation, but indicated this would be difficult without changes to the law which currently requires the nurse to be under the employment of a vet, meaning they cannot work alone.¹⁵³⁹ 'District nursing' style services provided in domestic settings would broaden the offering to pet owners, particularly those who find it difficult to travel to practices or whose pets experience stress when visiting them.
- 10.29 All the LVGs indicated their support for an expanded role for veterinary nurses,¹⁵⁴⁰ as did a number of other stakeholders including independent veterinary practices.¹⁵⁴¹ They cited potential benefits such as increased efficiencies, greater job satisfaction, broadened service offerings, and improved access to veterinary care. Some expressed support for advanced specialisms, whereby veterinary nurses could complete further qualifications that would enable them to take on roles as nurse practitioners or prescribers.^{1542, 1543}

¹⁵³⁷ CMA, [Summary of vet nurses roundtable discussion](#), 23 September 2024, paragraph 7.

¹⁵³⁸ [BVNA Issues Statement Response](#).

¹⁵³⁹ RCVS meeting with the CMA on 16 October 2024, p 73.

¹⁵⁴⁰ [CVS](#), [IVC](#), [Linnaeus](#), [PAH](#), [Medivet](#) RWP responses; [VetPartners Issues Statement response](#).

¹⁵⁴¹ CMA summary of RWP responses, for example PDSA, Hook Norton, Pennard Vets, Institute of Osteopathy; CMA summary of PDR responses, for example BVA, BSAVA, BVNA, SPVS and VMG, veterinary business or practice [redacted], Anonymous Respondent 6 [redacted], veterinary business or practice [redacted].

¹⁵⁴² CMA summary of RWP responses, for example Respondent 11, Respondent 13, Pets at Home, Institute of Osteopathy.

¹⁵⁴³ A few stakeholders, including independent vets, expressed concerns that businesses could use the expansion of the RVN role as a cost-saving measure: Hook Norton Veterinary Group response to PDR; Priory Veterinary Group; Individual [redacted] response to PDR. A few cautioned against veterinary nurses being used as cheap labour: Priory Veterinary Group; Individual [redacted] response to PDR. We agree that neither should happen, but do not see that they would necessarily follow as the consequences of a carefully calibrated expansion of the role nurses could play and an enhancing of the range of services vets and nurses could offer at a range of prices.

10.30 We note that, in its consultation document, Defra acknowledges that the current rules around delegation have impacted the way veterinary nurses can work.¹⁵⁴⁴ We agree that Defra's proposal for the regulator to determine the activities and conditions for each regulated veterinary professional could be an opportunity for the regulator to expand the veterinary nurse role. We note that Defra envisages reform to the rules around employment of veterinary nurses, such that nurses would not need to be employed by the same organisation as the veterinary surgeon supervising in order to undertake delegated tasks. Defra's proposals would therefore open up new ways of working for veterinary nurses, such as district nursing.¹⁵⁴⁵

Points for consideration

- 10.31 We are mindful that our investigation relates to matters that affect competition for relevant veterinary services, and that the role of veterinary nurses should primarily be shaped by animal welfare, as well as clinical and public health considerations. We note in that regard that, in response to our RWP, concerns were raised about possible unintended consequences.¹⁵⁴⁶
- 10.32 The concerns included that, without appropriate training, veterinary nurses would not have the clinical knowledge to undertake many procedures or to deal with complex diseases. It was suggested that an expanded role for nurses would limit opportunities for junior vets, erode their competence and ultimately require more surgery to be undertaken in (more expensive) referral centres. Another concern was that pet owners may perceive a drop in the quality of care if veterinary nurses perform tasks previously undertaken by vets. In response to our PDR, a small minority of respondents expressed concerns that businesses could use the expansion of the RVN role as a cost-saving measure.¹⁵⁴⁷
- 10.33 Schedule 3 applies to farmers, as well as to veterinary nurses, and limits the veterinary care farmers may provide to their own animals. There are likely to be additional considerations outside the scope of this investigation that arise in a farming context.¹⁵⁴⁸ Any consideration of legislative reform would need to take those aspects into account.

¹⁵⁴⁴ Defra consultation, Reform of the Veterinary Surgeons Act 1966, January 2026, p 1.

¹⁵⁴⁵ Defra consultation, Reform of the Veterinary Surgeons Act 1966, January 2026, p 4.

¹⁵⁴⁶ For example, [BVA](#), [BSAVA](#), [BVNA](#), [SPVS](#) and [VMG joint response to RWP](#).

¹⁵⁴⁷ Hook Norton Veterinary Group, and Priory Veterinary Group response to PDR. We agree that veterinary nurses should not be used beyond their training and qualifications in order to reduce costs, but we note that this risk already exists and it is not clear that the expansion of the RVN role increases the risk of this occurring.

¹⁵⁴⁸ We understand that any expansion of the definition of 'minor surgery', for example, to allow RVNs to perform more such surgery, would, absent any legislative carve-out, also extend to farmers. The RCVS is concerned to ensure animal health and welfare in the context of the veterinary care that farmers can lawfully provide to their animals (eg anaesthesia). Any legislative reform would therefore require careful consideration, and possible limitation, of what treatments farmers may administer to their animals (RCVS meeting with the CMA on 16 October 2024, p 85).

- 10.34 We are therefore asking that, taking into account the relevant animal welfare, clinical and public health concerns, the appropriate bodies consider whether there is scope to promote competition further by amending the regulatory framework that applies to veterinary nurses.¹⁵⁴⁹ In particular, we ask that:
- (a) Government considers legislative reform that protects the title of veterinary nurse, reserving it to those holding relevant qualifications.
 - (b) The RCVS considers the scope for further guidance on the interpretation of the existing Schedule 3 and the tasks that may be delegated to veterinary nurses, and publishes further guidance where it identifies such scope.
 - (c) Government considers changes to the VSA that expand the scope of tasks that may be performed by veterinary nurses. It could give the RCVS the powers to specify these tasks, and possibly also to define different categories of tasks which could be completed by vet nurses depending on their qualifications. Government may wish to consider issues of accountability, for example, by reallocating accountability for certain tasks carried out by veterinary nurses from vets to veterinary nurses.
- 10.35 Each of those steps could address the competition concerns we have identified. Formally recognising and protecting the veterinary nurse title, thus reserving it for those with relevant qualifications, would increase transparency, facilitate the communication of quality signals to pet owners, help them make informed choices about the practices they use and drive competition between practices.
- 10.36 Clarifying the existing scope of Schedule 3 could include consulting on and publishing a clearer list of treatments and procedures that may be delegated to veterinary nurses, and in what circumstances. There may also be scope for a more detailed framework which, for example, specifies qualifications or Continuing Professional Development (**CPD**) modules which, if completed by a veterinary nurse, could give vets more confidence in delegating specified tasks under the existing framework. More regularly updated guidance, containing examples and case studies to encourage consistency in the approach to delegation and to clarify lines of accountability, may also be beneficial.
- 10.37 We understand that the RCVS is currently leading a project on the effective use of veterinary nurses. Its stated potential outputs include, ‘... digital resources, clear communication, clarification of Schedule 3, process driven protocols, examples of what good looks like, and transferable scenarios’. The RCVS has said that there will be a focus on addressing the public perception of the nurse’s role in delivering

¹⁵⁴⁹ Rather than making a formal recommendation. A small minority of respondents to our PDR were disappointed that we did not include measures relating to veterinary nurses in our provisional remedy package set out in Part B of the PDR, which described our provisional remedy package. Other respondents stated they would like to see clearer recommendations to government on this topic, particularly including the protection of the veterinary nurses title.

veterinary healthcare, and support in developing interprofessional and public-facing communications.¹⁵⁵⁰

- 10.38 That project, it appears to us, provides the platform for the RCVS to act on our suggestions. Greater clarity about the tasks veterinary nurses may currently perform, and guidance for vets on the training carried out by RVNs, could encourage more delegation and increase the range of services that are available to pet owners (and by whom they are provided and at what price).
- 10.39 Legislative changes to the tasks veterinary nurses may perform would facilitate the effective use of veterinary nurses. As well as helping with shortages of veterinary surgeons, the ability of veterinary nurses to perform a greater range of tasks could provide a point of competitive differentiation between practices. For example, it may allow new ways of accessing nurse-specific services to emerge, particularly in areas like preventative health and palliative services,¹⁵⁵¹ and advanced specialisms for veterinary nurses could be developed.¹⁵⁵² Pet owners could distinguish between those practices which offer a range of services performed by veterinary nurses (at associated prices) and those which do not.
- 10.40 As noted above, we are encouraged by the proposals for legislative reform to the role of the veterinary nurse under the VSA, as outlined in Defra's recent consultation document and which align with the points we are asking government to consider.

Regulation of veterinary medicines

Introduction

- 10.41 The regulation of veterinary medicines is principally focussed on safety, public health and animal welfare. This is as we would expect and we would not wish to change this. However, ensuring the affordability of medicines, diverse sources of supply and innovation in how medicines are made available are not inconsistent with these wider public responsibilities. Animal welfare is enhanced if pet owners have a wider choice of appropriate medicines at lower costs.
- 10.42 We are concerned that the impact that regulatory restrictions may have on competition and consumers is not given sufficient weight by regulatory bodies and this may result in pet owners paying more than might otherwise be the case for medicines and, in the worst case, not acquiring the medicines their pets need, with consequent harm to animal welfare. We strongly recommend that the VMD, Defra and the RCVS consider whether the impact of their decisions on competition and

¹⁵⁵⁰ [RCVS response to RWP](#), p 54.

¹⁵⁵¹ [Hook Norton RWP response](#), p 21.

¹⁵⁵² In roles such as nurse practitioners or prescribers, or an increased role in anaesthesia.

consumers is consistent with their obligations in relation to public health and animal welfare.

- 10.43 This section sets out aspects of the regulatory framework that are relevant to how competition works in the supply of Prescribed Veterinary Medicines for household pets in the UK, including:
- (a) the main sources of veterinary medicines regulation;
 - (b) the ‘cascade’ provisions of the Veterinary Medicines Regulations 2013 (**VMRs**) that govern the circumstances in which vets may prescribe a non-authorised medicine (such as a human generic product) to treat an animal (the **Cascade Restriction**);
 - (c) restrictions on the advertisement of Prescribed Veterinary Medicines (the **Advertising Restriction**)
 - (d) the regulations and guidance governing the prescribing of Prescribed Veterinary Medicines, including the ‘under care’ provisions which informs the context in which these medicines can be prescribed (such as when a physical examination of the pet is required) (the **Under Care Restriction**);
 - (e) the ‘classification’ system that determines which medicines can only be prescribed by vets (**Classification Restriction**); and
 - (f) the restriction on retailers supplying FOPs (the **Wholesale Restriction**);
- 10.44 We outline the concerns we have encountered on whether the regulatory framework restricts access to certain products, or the way in which they can be prescribed, and therefore may impact competition in the supply of veterinary medicines.
- 10.45 We also discuss the potential policy reasons for some of these restrictions, and our views on points for consideration by policy makers when weighing these priorities.

Sources of veterinary medicines regulation

Overview

- 10.46 There are three sources of veterinary medicines regulation relevant to the issues we consider in this section:
- (a) the VMRs, which govern the manufacture, wholesaling, retailing and administration of veterinary medicines in the UK;

- (b) The RCVS' professional conduct rules and guidance on prescribing and dispensing of veterinary medicines (given the role of veterinary professionals in prescribing and administering Prescribed Veterinary Medicines); and
- (c) in relation to Prescribed Veterinary Medicines containing controlled substances (Controlled Drugs), the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001.

The VMRs

- 10.47 The VMRs govern the manufacture, wholesaling, retailing and administration of veterinary medicines in the UK.^{1553 1554}
- 10.48 Part 3 of the Medicines and Medical Devices Act 2021 (**MMDA**) empowers the Secretary of State to amend the VMRs by statutory instrument, but only where the overarching objective is one or more of:
- (a) 'the health and welfare of animals;
 - (b) the health and safety of the public;
 - (c) the protection of the environment'.¹⁵⁵⁵
- 10.49 Where the relevant regulations '...may have an impact on the safety of veterinary medicines, the appropriate authority may make the regulations only if the authority considers that the benefits of doing so outweigh the risks.'¹⁵⁵⁶
- 10.50 Further, in 'considering whether regulations...would contribute to this objective, the appropriate authority must have regard to—
- (a) the safety of veterinary medicines;
 - (b) the availability of veterinary medicines;
 - (c) the likelihood of the relevant part of the United Kingdom being seen as a favourable place in which to—
- develop veterinary medicines, or

¹⁵⁵³ As amended by The Veterinary Medicines (Amendment Etc.) Regulations 2024. The original Veterinary Medicines Regulations 2013 apply to all the United Kingdom (UK) – ie, England, Wales, Scotland and Northern Ireland. However, the amendments that came into effect in 2024 apply only in Great Britain (ie, England, Wales and Scotland). As such, the amended VMRs provide, in effect, two sets of Regulations having effect in GB and Northern Ireland, respectively.

¹⁵⁵⁴ The VMRs were made under section 2(2) of the European Communities Act 1972, which created the power to transpose EU law requirements by way of secondary legislation. The current version of the EU veterinary medicines regulation is Regulation (EU) 2019/6 (EU VMRs).

¹⁵⁵⁵ [MMDA, section 10\(2\)](#)

¹⁵⁵⁶ [MMDA, section 10\(4\)](#)

manufacture or supply veterinary medicines.¹⁵⁵⁷

- 10.51 As of 1 January 2026, the distribution of veterinary medicines in Northern Ireland must fully comply with relevant EU rules.¹⁵⁵⁸ Preceding this, a 'grace' period for veterinary medicines was in place which meant that the pre-existing rules for moving veterinary medicines between the rest of the UK and Northern Ireland remained.¹⁵⁵⁹ The requirements of the VMRs are still largely reflected in Northern Ireland. The VMD has provided guidance to explain what changes have come into place for certain stakeholders in Northern Ireland.¹⁵⁶⁰
- 10.52 The VMD is responsible for ensuring compliance with the VMRs, including the registration and inspection of vet practices (noting that practice inspections for PSS FOPs are delegated to the RCVS as described below).¹⁵⁶¹ It also administers the approval and authorisation of veterinary medicines, monitors adverse events from veterinary medicines and advises government on veterinary medicines policy (including updates to the VMRs).¹⁵⁶²

RCVS Code and Guidance and the PSS

- 10.53 The RCVS Code states that 'Veterinary surgeons who prescribe, supply and administer medicines must do so responsibly'.¹⁵⁶³ The Guidance contains more specific requirements regarding the prescription, administration and sale of veterinary medicines.
- 10.54 The PSS includes a module on medicines. Practices that participate in the PSS are exempt from VMD inspection as the VMD has delegated this function to the RCVS PSS Assessors.¹⁵⁶⁴ The VMD reserves the right to attend any PSS assessment and to enter any vet practice at any time under its own powers of enforcement.¹⁵⁶⁵

Controlled drugs legislation

- 10.55 Some veterinary medicines contain substances which are Controlled Drugs under the Misuse of Drugs Act 1971 and The Misuse of Drugs Regulations 2001. Prescribed Veterinary Medicines containing these substances must therefore be

¹⁵⁵⁷ MMDA, section 10(3).

¹⁵⁵⁸ Defra and VMD policy paper, *Protecting Animal Health: The Government's Approach to Veterinary Medicines in Northern Ireland*, updated 19 June 2025; VMD Guidance: *Veterinary medicines legislation (Legislation in NI)*.

¹⁵⁵⁹ European Commission announces three-year extension to the grace period for veterinary medicines - GOV.UK, 19 December 2022

¹⁵⁶⁰ VMD, *Northern Ireland Veterinary Medicines Supplementary Guidance*, 12 November 2025. The RCVS has also updated some parts of its Guidance with more to follow: *RCVS, veterinary medicines*

¹⁵⁶¹ VMD Guidance: *Registration and inspection of veterinary practice premises*.

¹⁵⁶² About us - Veterinary Medicines Directorate - GOV.UK (<https://www.gov.uk/government/organisations/veterinary-medicines-directorate/about>) (Accessed 19 March 2026)

¹⁵⁶³ RCVS Code, paragraph 1.5.

¹⁵⁶⁴ RCVS website, *Inspection of practice premises* (<https://www.rcvs.org.uk/registration/veterinary-premises/>) (accessed 19 March 2026).

¹⁵⁶⁵ RCVS, *Practice Standards Rules*, 1 January 2024, Rule 41.

stored, supplied and disposed of in accordance with these additional provisions.¹⁵⁶⁶

Prescribing regulations

- 10.56 Vets' prescribing activities are regulated under the VMRs, through RCVS Guidance and (in relation to controlled drugs) the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001.

Verbal and written prescriptions

- 10.57 The VMRs require that vets who prescribe POM-V medicines 'must first carry out a clinical assessment of the animal, and the animal must be under that veterinary surgeon's care'.¹⁵⁶⁷
- 10.58 A vet can issue a prescription either verbally or in writing. A verbal prescription amounts to a vet determining that a given medical product should be supplied and recording that fact in their clinical records and then dispensing the product themselves. A written prescription involves documenting the prescription in the way the VMRs stipulate, which other vets or pharmacists can rely on to supply to that pet owner POM-V medicines in the absence of the prescribing vet.
- 10.59 If a vet issues a prescription verbally, they must:
- (a) supply the product themselves (which they can do by individually authorising the supply and satisfying themselves that the person handing the product over to the pet owner is competent to do so);¹⁵⁶⁸
 - (b) maintain records of the reason for giving the verbal prescription;¹⁵⁶⁹ and
 - (c) where the verbal prescription is an on-going or repeat prescription (for example, permitting a monthly supply of a drug until a check-up of the animal due in six months' time), record additional details such as the product name, the pack size/volume/quantity of the product, dosage instructions, necessary warnings/instructions and details of the frequency of the repeat and time period it covers (for example, the date of the next check-up).¹⁵⁷⁰

¹⁵⁶⁶ These requirements include the need for a Controlled Drugs register and to keep certain CDs in secure storage [Veterinary Medicines Directorate, Controlled drugs: recording, using, storing and disposal, published 3 November 2014, last updated 17 May 2024](#) and [Veterinary Medicines Directorate, Controlled drugs in veterinary practice: a VMD inspectors top tips, 20 February 2025](#)

¹⁵⁶⁷ VMRs schedule 3, paragraph 4(1).

¹⁵⁶⁸ VMRs schedule 3, paragraph 9

¹⁵⁶⁹ VMRs, schedule 3, paragraph 5(1A)

¹⁵⁷⁰ For further details, see [VMD, Guidance on Retail of Veterinary Medicines 'Ongoing and repeat verbal prescriptions'](#)

- 10.60 In practice, as a verbal prescription will coincide with the supply of the product by that vet's practice, the vet's practice will also need to comply with the record-keeping requirements for the supply of a POM-V product.¹⁵⁷¹
- 10.61 On written prescriptions, vets must (among other things) include: the name, address and telephone number of the person prescribing the medication; the name and amount of the veterinary medicine prescribed; the dosage and administration instructions; details of the pet to which the prescription relates and any necessary warnings for the use of the medication.¹⁵⁷² Written prescriptions must be signed, but this can be an e-signature (unless for a controlled drug, in which case the prescription must be in wet-ink).¹⁵⁷³
- 10.62 The VMD has told us that a prescriber can either state the active substance or brand name on the prescription. If a brand name is stated, the supplier must supply only that product. If the active substance is used on the prescription, the supplier can supply any brand of that product they choose or check with the prescribing vet if needed. The VMD has also told us a vet may name a number of brand options on a prescription, where they deem this clinically appropriate.¹⁵⁷⁴
- 10.63 A written prescription is valid for up to six months, or 28 days in the case of controlled drugs. A written prescription for repeat dispensing may continue to be used to dispense the specified number of repeats after its validity period has expired, provided the first dispensing is made prior to that prescription's expiration date.¹⁵⁷⁵ Any prescription – verbal or written – for antimicrobials must be 'for the most limited period that is consistent with the risk to be addressed'.¹⁵⁷⁶

¹⁵⁷¹ VMRs regulation 23. Specifically, in this context: the date of the transaction under which the product was received or supplied; the name of the veterinary medicinal product; the pharmaceutical form and strength of the product; the batch number; the quantity of product received or supplied; the company name and the permanent address or registered place of business of the recipient; and the expiry date.

¹⁵⁷² [VMRs schedule 3](#), paragraph 6. Specifically, a written prescription must include: the name, address and telephone number of the person prescribing the product; the qualifications enabling the person to prescribe the product; the name and address of the owner or keeper; the identification (including the species) of the animal or group of animals to be treated; the premises at which the animals are kept if this is different from the address of the owner or keeper; the date of the prescription; the signature or other authentication of the person prescribing the product; the name and amount of the product prescribed; the dosage and administration instructions; any necessary warnings; the withdrawal period if relevant; and if it is prescribed under the cascade, a statement to that effect.

¹⁵⁷³ [The Misuse of Drugs Regulations 2001](#) para 15(1)(a)

¹⁵⁷⁴ VMD Remedies Working Paper Response (relating to paragraphs 4.79 and 4.81).

¹⁵⁷⁵ [VMD Guidance, 'Retail of veterinary medicines' | 'Written prescriptions'](#).

¹⁵⁷⁶ [The Veterinary Medicines Regulations 2013 schedule 3, paragraph 7\(2\)](#).

Our assessment

The Cascade Restriction

Cascade Restriction: what medicines may be administered to a household pet?

- 10.64 Regulation 8 of the VMRs provides that no person may administer a veterinary medicine product to an animal unless that product:
- (a) has a Marketing Authorisation (MA) in the territory in which the person is practising;¹⁵⁷⁷ or
 - (b) is administered under either Schedule 4 (the Cascade) or Schedule 6 of the VMRs (which sets out a simplified authorisation procedure for medicines intended for a closed list of ‘small pet animals’ including cage birds and small rodents).¹⁵⁷⁸
- 10.65 The Cascade¹⁵⁷⁹ in England, Scotland and Wales operates as an exception to the requirement that only a Prescribed Veterinary Medicine with an MA can be administered to animal, by providing that if ‘...there is no authorised veterinary medicinal product in the United Kingdom for a condition, the veterinary surgeon responsible for the animal may, in particular to avoid unacceptable suffering, treat the animal concerned with the following (‘the cascade’), cascaded in the following order—
- (a) a veterinary medicinal product authorised in the United Kingdom for use with another animal species, or for another condition in the same species; or
 - (b) if there is no such product that is suitable, either—
 - (i) a human medicinal product authorised in the United Kingdom; or
 - (ii) a veterinary medicinal product not authorised in the United Kingdom but authorised in another country for use with any animal species (in the case of a food-producing animal, it must be a food-producing species); or
 - (c) if there is no such product that is suitable, a veterinary medicinal product prepared extemporaneously by a pharmacist, a veterinary surgeon or a

¹⁵⁷⁷ As explained further below, a veterinary medicine with a Market Authorisation means it is authorised for a specific condition for a specific target species based on assessed data. For England, Scotland and Wales the product must have an MA authorising administration in the United Kingdom. For Northern Ireland, the MA must authorise administration in Northern Ireland.

¹⁵⁷⁸ The equivalent EU VMPR provision is Article 106(1).

¹⁵⁷⁹ VMRs, schedule 4, paragraph 2 and EU VMPR, Article 112.

person holding a manufacturing authorisation authorising the manufacture of that type of product.’

- 10.66 As explained above, the distribution of veterinary medicines in Northern Ireland must now fully comply with relevant EU rules. For vets in Northern Ireland this means that a veterinary medicine with an MA valid in Northern Ireland should always be considered first. Where there is no authorised veterinary medicine available in Northern Ireland, the vet may under their direct personal responsibility treat the animals concerned with medicines according to the cascade option relevant to the animal species being treated.¹⁵⁸⁰
- 10.67 The most notable change for vets using the prescribing Cascade in Northern Ireland from 1 January 2026 is that veterinary medicines authorised in Great Britain – but not in Northern Ireland – may be prescribed only if there is no available (or suitable) authorised EU veterinary medicine, human medicine, or extemporaneous preparation.¹⁵⁸¹
- 10.68 We refer to the requirements to prescribe following the Cascade as the ‘Cascade Restriction’.

Cascade: VMD Guidance

- 10.69 The VMD publishes guidance on the use of the Cascade by veterinary professionals.¹⁵⁸² Extracts relevant to the issues in this section include:
- (a) **‘Misuse of the cascade:** You must not promote or facilitate any use of the cascade which is not in accordance with Schedule 4 of the VMRs. This does not prevent a vet from discussing treatment options with the owner or keeper of the animal under treatment.’
 - (b) **‘Human medicines:** You are not allowed to prescribe a human medicine simply because it is cheaper than using an authorised veterinary medicine. Human medicines and veterinary medicines containing the same active substance may not be interchangeable.’
 - (c) **‘Unavailability of product:** If a product cannot be obtained despite a thorough search and in a reasonable time, you may conclude that in these circumstances it does not exist. You may follow the cascade to identify a suitable alternative. However, there may be cases where urgency dictates

¹⁵⁸⁰ VMRs, schedule 4, paragraph 2 (NI); For vets in Northern Ireland, the cascade is split into 3 options depending on the animal species being treated and use of the cascade is in accordance with Regulation (EU) 2019/6 Articles 112-114. The cascade steps for non-food producing animals can be seen in full here: [VMD Guidance, The cascade: prescribing unauthorised medicines](#)

¹⁵⁸¹ RCVS, [The prescribing cascade and new rules governing the distribution of veterinary medicines in Northern Ireland](#); VMD, [The Cascade: prescribing unauthorised medicines, last updated 19 June 2025](#), see section: For vets in Northern Ireland

¹⁵⁸² [VMD Guidance, The cascade: prescribing unauthorised medicines](#)

you use whatever is to hand, whether authorised or not. We publish details of supply issues which have the potential to cause animal welfare issues and provide information on alternative products, where possible. If you cannot obtain authorised products from your usual wholesaler, you may issue a written prescription for the animal owner to use with another supplier.'

- (d) '**Animal owner considerations:** You may conclude that an animal owner, perhaps due to age or disability, would have difficulties in administering the authorised product. In the interest of animal welfare and treatment compliance you could consider an alternative treatment under the cascade.'
- (e) '**Medicines commonly found around the home:** In exceptional emergency circumstances, you may judge there is a need to alleviate a pet's discomfort until a home visit can be made or the animal brought to the surgery. You could recommend that an animal owner use a human medicine that they already have in their possession, such as antihistamine tablets. This does not mean a pet owner should be encouraged to go into a pharmacy and ask for a human medicine for their pet.'

Cascade: RCVS Supporting Guidance on additional steps

- 10.70 The RCVS Supporting Guidance (**Guidance**) reiterates the VMRs' requirements and adds that a 'decision to use a medicine which is not authorised for the condition in the species being treated where one is available should not be taken lightly or without justification.'¹⁵⁸³
- 10.71 The Guidance says that pet owners are to be 'made aware of the intended use of unauthorised medicines and given a clear indication of potential side effects. Their consent should be obtained in writing'.¹⁵⁸⁴

Stakeholder views on the Cascade Restriction

- 10.72 There are long-standing concerns about the cost impacts of the Cascade Restriction, particularly in relation to household pets. In 2001, an independent review (the Marsh Report) recommended changes to the Cascade to permit more prescribing flexibility for companion animals, and the 2003 Competition Commission report on veterinary medicines also considered recommending changes to allow more prescribing flexibility for 'non-food producing animals', but declined to make a recommendation to that effect after consultation.¹⁵⁸⁵

¹⁵⁸³ Guidance, [Veterinary medicines](#), paragraph 4.25.

¹⁵⁸⁴ Guidance, [Veterinary medicines](#), paragraph 4.26.

¹⁵⁸⁵ [Regulation Working Paper](#) paragraphs 6.33 – 6.37 for an overview of the Marsh Report and 2003 CC Report's approach to the Cascade.

- 10.73 Throughout our investigation we have received stakeholder views that highlighted negative impacts of the Cascade Restriction.¹⁵⁸⁶ These generally focused on the cost implications of the restriction, in circumstances where it prohibits vets from prescribing an (often cheaper) human generic in place of the authorised medicine.
- 10.74 We have received stakeholders' views on why the Cascade Restriction may be necessary: (i) so that veterinary medicines benefit from the VMD's authorisation process in health and welfare terms and (ii) because the Cascade Restriction incentivises the development of veterinary-specific medicines.
- 10.75 In response to our Regulation Working Paper:
- (a) The BVA, BVNA, BSAVA, SPVS and VMG suggested that cost implications for pet owners¹⁵⁸⁷ may justify a review of the Cascade, recognising cost as a factor together with animal welfare.¹⁵⁸⁸
 - (b) Pets at Home supported changes to the Cascade Restriction that would allow cost to be taken into account for non-food producing animals.¹⁵⁸⁹
 - (c) Other respondents (including the VMD¹⁵⁹⁰) noted the importance of the Cascade in safeguarding animal and public welfare, and urged caution regarding any amendments to it.¹⁵⁹¹
 - (d) The VMD suggested that the Cascade Restriction ought not to be described as such, given it allows clinical freedom for vets to determine the most appropriate medication for the animal under their care.¹⁵⁹² It also noted the degree of risk vets undertake when prescribing non-authorised medicines under the Cascade.¹⁵⁹³
 - (e) The VMD said there are 'significant misconceptions' regarding the use of the Cascade among vets, and that it is taking steps to engage with the veterinary community to promote awareness.¹⁵⁹⁴
 - (f) CVS and IVC expressed support for the Cascade Restriction citing (for example) animal welfare benefits, and incentives on drug manufacturers to innovate.¹⁵⁹⁵ Linnaeus and Medivet said any changes to the Cascade Restriction must be carefully considered,¹⁵⁹⁶ and Medivet suggested

¹⁵⁸⁶ [Regulation Working Paper](#), paragraph 6.31

¹⁵⁸⁷ [FIVP response to the February Working Papers](#), p 5

¹⁵⁸⁸ BVA/BVNA/BSAVA/SPVS/VMG response to the PDR, p 6

¹⁵⁸⁹ [Pets at Home response to February Working Papers](#), pp 55-56

¹⁵⁹⁰ [VMD Feb WP response \[non-confil\]](#), p 4. [Respondent_B.pdf](#) p 17

¹⁵⁹¹ [XLVets response to February Working Papers](#); [BVA/BVNA/BSAVA/SPVS/VMG response](#) to February Working Papers, p 6

¹⁵⁹² [VMD response to February Working Papers](#), p 5

¹⁵⁹³ *Ibid*

¹⁵⁹⁴ *Ibid*

¹⁵⁹⁵ [IVC response to February 2025 Working Papers](#), p 61; [CVS response to February Working Papers](#), p 6

¹⁵⁹⁶ [Linnaeus response to February 2025 Working Paper](#), pp 47-48

introducing a cost element into the Cascade Restriction might increase ethical dilemmas for vets.¹⁵⁹⁷

10.76 In response to our Remedies Working Paper:

- (a) Some vets were critical of the Cascade. This included describing themselves as being ‘shackled to using POM-V licensed for one condition in one species where an alternative generic exists that is much cheaper’.¹⁵⁹⁸ Others have told us that the Cascade is a ‘systemic issue that directly impacts drug costs’¹⁵⁹⁹ and provides no incentive for pharmaceutical companies to lower the prices of their medications as long as they have the only licensed option.¹⁶⁰⁰
- (b) Some individual/independent vets¹⁶⁰¹ supported changes to the Cascade to permit the use of human medicines as a way of relieving cost pressures on pet owners, while others highlighted the protective role the Cascade plays in animal health. Others told us that changes to the Cascade may be welcomed so long as it does not have the unintended consequence of limiting research into new veterinary drugs given the small size of the market compared to human medicines.¹⁶⁰²

10.77 [X] submitted to us that the Cascade system ‘originally implemented as an EU regulation may now be considered obsolete. This system prohibits the use of human pharmaceuticals in animals, despite the fact that such medications are often more cost-effective and efficient.’ It added that ‘re-evaluation of this regulation could lead to potential cost savings.’¹⁶⁰³

10.78 Some respondents to our PDR made submissions on the Cascade Restriction (albeit fewer than commented on it at the earlier stages of our investigation). None of the main parties or the VMD commented on the ways we suggested the Cascade Restriction might be re-considered. The responses we did receive largely repeated the arguments made in response to our working papers:

- (a) A number of independent vets reiterated calls for the VMD to revisit the Cascade rules to provide them with more flexibility to provide a cheaper human generic when they deem it clinically appropriate.¹⁶⁰⁴ This included the Veterinary Voices submission which stated that there is confusion amongst

¹⁵⁹⁷ [Medivet response to February Working Papers](#), pp 71-72

¹⁵⁹⁸ [X] response to RWP

¹⁵⁹⁹ [X] response to RWP

¹⁶⁰⁰ [X] response to RWP

¹⁶⁰¹ [X] response to RWP; [X] response to RWP.

¹⁶⁰² [X] response to RWP; [X] response to RWP

¹⁶⁰³ Although it did not say that this could lead to unintended consequences if deployed. For example, reduced availability of medicines and less support by the pharmaceutical industry for new products. [X].

¹⁶⁰⁴ Individual [X] response to the PDR, p 1; Individual [X] response to the PDR, p 1; MyVet 24-7 response to the PDR, p 1

pet owners regarding the use of the Cascade and that further clarification would ease conflict between owners and vets. The same submission added that reforms to the Cascade would allow for appropriate flexibility in medicine selection and would directly support affordability, fairness, and animal welfare.¹⁶⁰⁵

- (b) The PVA submitted that the legislation governing the Cascade needs revision as it has the effect of restricting the prescribing options for vets to more expensive, branded, licensed veterinary medicines. It added that our analysis had put undue weight on the differences between licensed and generic medicines. It proposed that financial constraint should be included in the Cascade as another ‘animal owner consideration’ (in addition to the current considerations such as age, disability and ability to administer the authorised product).^{1606 1607}
- (c) PDSA stated that the imposition of the Cascade has, on balance, had a greater negative impact on animal welfare than positive, including via the resulting burdens it has placed on charitable care. It added the current rules make it impossible for vets to provide true contextualised care because they cannot account for financial constraints when prescribing.¹⁶⁰⁸ Another charity, Blue Cross, submitted that the Cascade has a significant impact on access to medication and, in turn, animal welfare.¹⁶⁰⁹
- (d) Other stakeholders repeated the view that the Cascade is an important regulatory safeguard and helps promote research and development within the veterinary medicines market.¹⁶¹⁰
- (e) One respondent suggested that explanatory wording on the Cascade should be presented alongside any price list for medicines to manage pet owner expectations.¹⁶¹¹

Cascade Restriction: points for wider consideration

- 10.79 There is a body of evidence – in the form of the strong views that vets in practice have consistently put to us – that, at least in certain instances, the Cascade Restriction is:

¹⁶⁰⁵ The Veterinary Voices UK template was used by 87 vets. Veterinary Voices UK Template response to PDR, pp 16-17.

¹⁶⁰⁶ PVA response to the PDR, pp 24-26

¹⁶⁰⁷ The BVU similarly stated that the current system does not allow for prescribers to consider cost as a factor in choosing the most appropriate medicine to prescribe. It added that the current rules are outdated and does not allow for differentiation between food producing animals and companion animals. BVU response to the PDR, p 4.

¹⁶⁰⁸ PDSA response to the PDR, p 9

¹⁶⁰⁹ Blue Cross response to the PDR, p 1. The charity Cats Protection also cited the Cascade as an area for potential future reform. Cats Protection response to the PDR, p 1.

¹⁶¹⁰ NOAH response to the PDR, p 1; Anonymous Respondent 5 [X] response to the PDR, p 2

¹⁶¹¹ Royal Veterinary College PDR response, p 2

- (a) a barrier to entry or expansion for products which otherwise might serve the needs of pet owners at a lower price than the authorised medicine which the Cascade Restriction requires vets to prescribe; and
- (b) harmful to the relationships between pet owners and vets.

That evidence is consistent with the recommendations in the Marsh Report and with some of the findings the Competition Commission contemplated during its review.

- 10.80 We see force in the contention that the Cascade Restriction could have an adverse impact on animal welfare in certain circumstances. That could occur if, for example, the restriction results in animals going untreated and/or euthanised in circumstances where their owners could afford a Cascade alternative, but not the authorised Prescribed Veterinary Medicine.
- 10.81 The VMD told us that, while financial reasons alone are never justification to use a human medicine over an authorised veterinary medicine, each case must be dealt with by a vet on a case-by-case basis. It submitted that the Cascade is a risk-based decision tree that the prescribing vet needs to review in line with the circumstances of an individual animal patient. Potential risks to the target species increase with each step down the Cascade.
- 10.82 The VMD noted that there may be situations where there is clinical justification for Cascade use of alternative medicines if:
- ... all the options of using an authorised veterinary medicine have been explored and the benefit:risk balance have been appropriately weighed...informed consent has been obtained from the owner [and the Cascade use is] in the interest of preventing animal suffering.¹⁶¹²
- 10.83 However (noting the published guidance referred to above), this VMD view does not appear to us to counter the evidence of the Cascade Restriction preventing pet owners from accessing less expensive alternative medicines in certain circumstances.
- 10.84 We are mindful of the possibility there could be increased risks associated with widespread use of Cascade alternatives, and of the costs which managing those risks could involve. We acknowledge that in a well-functioning market, regulation will reflect animal welfare, public health and safety considerations. We also recognise that incentives to research, develop and innovate in the field of medicines are important.

¹⁶¹² VMD written response to CMA queries, Q1 and evidence provided by the VMD, 24 January 2025.

- 10.85 Regulation can affect competition and consumers too, though. Its impact on competition and consumers can be considerable where it restricts consumer choice or leads to consumers paying higher prices than they otherwise would (which impacts may also affect animal welfare and public health and safety if, for example, the Cascade Restriction leads to animals going untreated or suffering detriment in their treatment).
- 10.86 For those reasons, it is important that the regulatory framework, including the Cascade Restriction, reflects the right balance of considerations – including animal welfare, public health and safety, and competition and consumer interests. There is a significant risk, worthy of further consideration, that this is not currently the case for the Cascade Restriction.
- 10.87 In identifying that risk, we recognise that we are not best placed to draw conclusions on the most effective weighting of competition and consumer factors against the wider public policy issues involved. Public bodies responsible for regulating the prescribing of medicines (Defra, the VMD and the RCVS) are in that position.
- 10.88 Where competition may be affected because the regulatory framework does not reflect the right balance of considerations, we urge those bodies to consider whether there is an appropriate weighting between:
- (a) animal welfare, public health and environmental protection; and
 - (b) the need to ensure veterinary services in the UK can deliver competitive prices, innovation and growth in step with technological change and consumer demand.
- 10.89 If those responsible bodies find that balance does not exist, they should consider changes to the Cascade so that it works better for pet owners and their pets, particularly in relation to the permissibility of taking treatment costs into account when prescribing certain medicines. Those changes could involve, for example, introducing more flexibility in the Cascade for specific circumstances (including in the provision of charitable care), or requiring medicines that are displacing what would otherwise be a widely-used Cascade alternative to demonstrate value-for-money.

Cascade Restriction: points for wider consideration on clarity

- 10.90 Our stakeholder engagement highlighted some of the difficulties veterinary professionals may experience in implementing the Cascade Restriction in practice. The VMD has stated in published guidance¹⁶¹³ that vets ‘are not allowed to

¹⁶¹³ VMD Guidance, [The cascade: prescribing unauthorised medicines](#)

prescribe a human medicine simply because it is cheaper than using an authorised veterinary medicine’ and the RCVS has stated that ‘...the cost of the medication cannot be taken as justification for prescribing under the cascade, and instead the decision should be made only to avoid unacceptable suffering.’¹⁶¹⁴

- 10.91 However, in the course of our engagement with stakeholders, it has not always been possible to clarify whether a clinical decision – for example, to avoid unacceptable suffering – might be made to resort to the Cascade, where the circumstances giving rise to that clinical situation are linked with cost (for example, the unaffordability to the pet owner of the authorised medicine).
- 10.92 Taken together with the perceived increased risk to vets resulting from the new criminal offence of promoting misuse of the Cascade¹⁶¹⁵, the evidence suggests that this lack of clarity is likely to restrict veterinary professionals when making prescribing decisions in difficult circumstances, particularly in a context when, for many pet owners, cost-of-living concerns are relevant.
- 10.93 We noted in our PDR that the VMD and the RCVS may wish to consider clarifying (for example, with case studies) the circumstances in which cost might, or might not, feature in circumstances that a VMRs-compliant clinical decision-making process might respond to.¹⁶¹⁶ In its response to those suggestions, the VMD stated that ‘allowing cost to be a factor would essentially be putting a price on animal welfare.’
- 10.94 Our concern, however, is that cost is already a significant factor in the treatment of pets (whether acknowledged or not). Where the regulatory framework allows, acknowledging in guidance the role cost could play in a treatment decision is likely to be helpful to vets and pet owners making choices about their pet’s treatment. There is an opportunity, in the context of cost-of-living pressures and of the ongoing discussion in the veterinary profession about the provision of contextualised care, for Defra, the VMD and the RCVS to do this. We urge them to take it.

Restrictions on advertising POM-V medicines

- 10.95 The VMRs prohibit retailers advertising POM-V medicines to pet owners (the **Advertising Restriction**).¹⁶¹⁷ This is consistent with the policy intention of ensuring that vets, rather than pet owners, determine the suitability of a given medicine product for treating an animal’s condition.

¹⁶¹⁴ As stated on the RCVS website, [Standards & advice update](https://www.rcvs.org.uk/news-and-views/features/standards-and-advice-update-november-2020/-paracetamol), November 2020 (<https://www.rcvs.org.uk/news-and-views/features/standards-and-advice-update-november-2020/-paracetamol>) (accessed 31 January 2025).

¹⁶¹⁵ Note that prescribing in breach of the Cascade Restriction has long been a criminal offence.

¹⁶¹⁶ [CMA Working Paper: Regulatory framework for veterinary professionals and veterinary services](#), paragraph 6.50.

¹⁶¹⁷ The offences for non-compliance with these requirements are under Regulation 43, (f), (fa) and (g) of the VMRs.

- 10.96 Advertising is widely defined as any activity in connection with a veterinary medicine that is aimed or designed to promote the sale, distribution, supply, prescription or the use of veterinary medicine, whether for profit or not. Examples include postal flyers, website banners or pop ups, and texts providing information about animal illness that specifically promotes a particular veterinary medicine, presentations and other verbal communications.¹⁶¹⁸
- 10.97 The VMD have produced guidance to aid in the interpretation of these regulations.¹⁶¹⁹ This clarifies aspects of the VMD's approach to enforcing the VMRs, including:
- (a) Price lists are not considered as advertising materials as long as all products are listed with equal prominence.
 - (b) Online retailers are permitted to direct customers to their websites in response to a search for a specific POM-V or POM-VPS medicines but cannot use generic terms such as 'arthritis in dogs' in order to channel online pet owners to their sites.¹⁶²⁰

Stakeholder views on the Advertising Restriction

- 10.98 At an earlier stage of our investigation, a number of online pharmacies referred to the impact of these restrictions on the current competitiveness of the online pharmacy channel:
- (a) [redacted] submitted the Advertising Restriction hinders its ability to inform pet owners of their options for POM-V online, and suggested awareness campaigns should be permitted.¹⁶²¹
 - (b) [redacted]¹⁶²² noted the difficulties breaking through to a mass audience in light of the restrictions (although it noted it was able to achieve awareness of their business as such while staying within the Advertising Restriction).
 - (c) Vets4U¹⁶²³ noted that to be compliant with the VMD's accreditation scheme meant having a website layout that was not optimised for online search result 'hits'. It suggested there is a 'grey area' in the regulations that means some businesses advertise by brand or ailment.

¹⁶¹⁸ VMD Guidance, [Advertise veterinary medicines legally](#), published 1 June 2015, last updated 16 September 2024

¹⁶¹⁹ *Ibid*

¹⁶²⁰ *Ibid*

¹⁶²¹ [redacted] response to CMA RFI 2, Q7.

¹⁶²² [redacted] response to CMA RFI 2, Q7.

¹⁶²³ Vets4U response to CMA RFI 2, Q7.

- (d) [REDACTED]¹⁶²⁴ noted that it relied on word-of-mouth and organic growth in the context of a regulated sector where demand often arises post-prescription.
- (e) CVS noted that in its experience, restrictions on advertising are strictly monitored and enforced by the VMD (and that CVS' online pharmacy made significant efforts to comply with this).¹⁶²⁵

10.99 In response to the PDR:

- (a) Many individual vets, and three LVGs (IVC,¹⁶²⁶ Pets at Home¹⁶²⁷ and VetPartners¹⁶²⁸), commented on the Advertising Restriction in relation to our the remedy to list parasiticide prices on FOP websites. We discuss the substance of these responses in section Pet owner empowerment remedies.
- (b) In the same context, several individual vets said they understood that the VMD's interpretation of the VMRs effectively prohibits all mention of POM-V trade names on a FOP website, and some referred to experiences of active enforcement by the VMD of these rules.¹⁶²⁹
- (c) There were no significant submissions on the merits of the Advertising Restriction.

Our view on the Advertising Restriction

- 10.100 We would expect the Advertising Restriction to affect competition, as it prevents the direct marketing of POM-V products to pet owners. This may have an impact on competition between POM-V medicine brands, and on competition between retail channels for those products (for example, online pharmacies versus FOPs). This is consistent with the evidence from online pharmacies referred to above.
- 10.101 The Advertising Restriction is therefore likely to contribute to pet owners being less informed about their choices in purchasing POM-V products.
- 10.102 We note that the publication of price lists is exempted from the Advertising Restriction. It also appears that in practice pet owners can access online pharmacies' pricing for products they search, and the VMD's guidance envisions pet owners being able to access the websites where these prices are listed when they search for particular POM-V products online.
- 10.103 Overall, while we consider the Advertising Restriction is likely to weaken the competitive constraint online pharmacies might otherwise be able to provide, we

¹⁶²⁴ [REDACTED] response to CMA RF12.

¹⁶²⁵ CVS response to CMA RF117.

¹⁶²⁶ IVC PDR response.

¹⁶²⁷ Pets at Home PDR response.

¹⁶²⁸ VetPartners PDR response.

¹⁶²⁹ PDR responses from individual [REDACTED]; individual [REDACTED]; and Anonymous Respondent 6 [REDACTED].

are aware of the animal and public health policy reasons underlying it. In light of those considerations, we do not conclude that the Advertising Restriction by itself is inconsistent with a well-functioning market.

- 10.104 The PDR consultation responses regarding provisional remedy on parasiticides referred to above suggest there is some uncertainty among the veterinary profession around the precise scope of the Advertising Restriction. Our wider remedies aim to empower pet owners to make informed choices, including on their preferred veterinary medicines supplier.
- 10.105 The VMD should consider whether there is further scope to minimise the impact of the Advertising Restriction on competition and entry by online pharmacies, and the ability of FOPs to give pet owners the price information they need to make informed choices on where they purchase POM-V medicines they have been prescribed, without disproportionate negative effects on public and animal health.

The Under Care Restriction and the prescription of parasiticides

- 10.106 The principles underpinning the ‘under care’ requirements are consistent with our understanding of the role of the vet as clinically responsible for the treatment they select for the animal under their care, and we recognise the animal and public health considerations that underpin it. However, in the course of our investigation, we have seen evidence that the way this requirement is applied could have an impact on competition, including within the context of the prescription of parasiticides, particularly on repeat prescription.
- 10.107 The terms ‘clinical assessment’ and ‘under care’ are not defined further in the VMRs, but the RCVS Guidance provides additional (professional) requirements on the interpretation of these concepts for practising vets. These include:
- (a) a requirement that the vet, or another veterinary service provider on their behalf, must be able ‘on a 24/7 basis’ to physically examine the animal. They should be able to carry out ‘any necessary investigation in the event that animals taken under their care do not improve, suffer an adverse reaction or deteriorate’;¹⁶³⁰ and
 - (b) confirmation that a ‘clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination; however, this may not be necessary in every case.’¹⁶³¹
- 10.108 The RCVS Guidance explains the factors that may be relevant in determining whether a physical examination is necessary. Notably, a ‘physical examination is

¹⁶³⁰ Guidance, [Veterinary medicines](#), paragraphs 4.13 and 4.14 .

¹⁶³¹ Guidance, [Veterinary medicines](#), paragraph 4.16.

required at the time of prescription in all but exceptional circumstances where a veterinary surgeon prescribes antibiotics, antifungals, anti-parasitics or antivirals' for, among others, household pets.¹⁶³²

- 10.109 The VMD told us that it is 'up to the prescribing vet alone to deem how often they need to physically examine the animal. In other words, there is no legal or regulatory restriction in the interval between physical examinations to enable ongoing prescriptions. However, the nature of POM-V medicines and potential need for continued monitoring means that vets will naturally want to clinically examine the animal on an ongoing basis.'¹⁶³³

Under care requirements: stakeholder views on 'under care' requirement for prescribers of parasiticides

- 10.110 Some stakeholders informed us that changes made in 2023 as to how the RCVS interprets the 'under care' guidance¹⁶³⁴ particularly as it relates to parasiticides, has meant that vets are required to conduct a physical examination before prescribing relatively routine parasiticides, with an impact on consumers in terms of cost and choice:
- (a) Some vets who participated in our qualitative research reported that these changes were badly received by vets and pet owners; for example, one vet suggested animals are sometimes unnecessarily required to attend consultations when alternatives would be feasible (such as a phone call), while another said the changes left pet owners feeling as though vets were seeking financial gain by requiring additional consultations.¹⁶³⁵
 - (b) Another vet in our qualitative research highlighted that parasiticides are included in most pet care plans on a routine basis which may be encouraging them to be prescribed more often than in the absence of such a plan, and that a more individualised approach could therefore be beneficial.¹⁶³⁶
 - (c) An independent FOP submitted that the new requirements for a consultation prior to prescribing such products increase administration times and professional fees to clients.¹⁶³⁷
 - (d) A large veterinary group noted the changes could frustrate pet owners given the increased cost and time required by the regulatory requirement of a vet's physical examination before prescribing parasiticides, therefore leading them

¹⁶³² Guidance, [Veterinary medicines](#), paragraph 4.29(a).

¹⁶³³ VMD Response to the CMA's working papers, p 5.

¹⁶³⁴ RCVS website, 'Under care' - guidance (<https://www.rcvs.org.uk/setting-standards/advice-and-guidance/under-care-new-guidance/>) (accessed 19 March 2026).

¹⁶³⁵ [Qualitative Research with Veterinary Professionals](#), p 79.

¹⁶³⁶ [Qualitative Research with Veterinary Professionals](#), p 99. We discuss this point further in the parasiticide price list remedy.

¹⁶³⁷ [REDACTED] response to RFI 3.

to purchase lower-priced, alternative over-the-counter drugs. These nonprescription products would be less effective for the pet's condition, or be administered by the owner at an inappropriate dosage given the lack of clinical assessment and guidance from vets.¹⁶³⁸

10.111 In response to our February working paper on medicine regulation:¹⁶³⁹

- (a) The BVA/BSAVA/SPVS/BVNA/VMG response recognised concerns caused by the changes to RCVS 'under care' guidance, while noting the need to tackle the growing risk of anti-microbial resistance caused by misuse and overuse, and environmental contamination. Given the negative impacts experienced by vets and owners, however, the response also acknowledged the requirement for a repeat examination may have caused inconvenience and possible additional cost, which may have outweighed the benefits of the resulting discussions around the responsible use of parasiticides, and expressed support for a review of the requirement, led by the RCVS.¹⁶⁴⁰
- (b) A medicine manufacturer told us in its response that the benefit of a specific requirement to examine an animal before prescribing parasiticides is questionable (especially where the prescription is preventative), and that it has observed a reduction in FOPs changing parasiticide treatments following the introduction of this change.¹⁶⁴¹
- (c) A vet said that a physical examination had always been required, but that an opportunity had been missed to clarify that where a recent physical examination had taken place, re-examination may not be necessary (though this response considered remote examination via telemedicine in lieu of any physical examination as insufficient).¹⁶⁴²
- (d) In the context of the exceptions to requiring a physical examination (which we consider below in the context of telemedicine), the RCVS noted the importance of limiting this to exceptional circumstances because of the potential impact of antimicrobial resistance on animal and human health.¹⁶⁴³

10.112 In response to our RWP and the PDR, Vet-AI submitted that the restriction on remote prescribing of anti-parasiticides was not justified, as most parasites are not microbes,¹⁶⁴⁴ and said the restriction did not improve outcomes or anti-microbial resistance.¹⁶⁴⁵ It also said that in most countries other than the UK, Isoxazolines

¹⁶³⁸ [§] response to RFI 3.

¹⁶³⁹ CMA Working Paper: Regulatory Framework for veterinary professionals and veterinary services'.

¹⁶⁴⁰ BVA/BSAVA/BVNA/SPVS/VMG joint response to CMA February working papers, paragraphs 35-36.

¹⁶⁴¹ Respondent A Working Paper Response, paragraph 5. The same manufacturer considers that vets should be able to exercise appropriate autonomy and judgement in relation to when they examine animals.

¹⁶⁴² Respondent B Working Paper Response, p17.

¹⁶⁴³ RCVS response to CMA February 2025 working papers, p 14.

¹⁶⁴⁴ VetsAI response to CMA February 2025 Working Papers p 2.

¹⁶⁴⁵ PDR response from Vet-AI.

(which are POM-V products in the UK) are generally subject to a lower-level classification, permitting more effective competition.

10.113 A number of other respondents to our PDR mentioned the under-care requirements as they apply to parasiticides. Specifically:

- (a) The Veterinary Voices UK template response, which 87 vets/vet businesses submitted, said that the new requirements made switching from Own Brand products more difficult because of the need to physically re-examine pets when changing a parasiticide prescription.¹⁶⁴⁶
- (b) An independent vet mentioned public lack of awareness of the under care requirements and associated pet owner irritation.¹⁶⁴⁷

Under care requirements for prescribers of parasiticides: wider considerations

10.114 The concerns caused by the ‘under care’ changes that require vets to physically (re-)examine pets when prescribing veterinary medicines such as parasiticides appear to be common. To the extent these changes make certain business models – particularly those focused on lower-cost or less intensive treatments – less feasible, they may constrain consumer choice and adversely affect competition.

10.115 We recognise that there are potentially wider policy and clinical concerns in play, relating to animal welfare and public health and safety. In a well-functioning market, we would expect competitive impacts (including on costs for consumers) to be factors that are considered when weighing relevant policy choices and setting the regulatory framework. These factors could also affect animal welfare and public health and safety if, for example, restricted choice or high prices mean animals go untreated. As explained throughout our investigation, we do not see these factors are counterintuitive of one another. Rather, we see the promotion of competition for the benefit of consumers as a way to improve animal welfare outcomes.

10.116 Although competition may be improved by the relaxation of these regulations, we recognise that the need to foster effective competition in a market is one consideration within a broad range of public interest factors that must be weighed. The development of ‘under care’ and ‘clinical assessment’ is underpinned by the need to ensure that animal welfare and public health remain at the heart of veterinary care in whatever form that may take.

10.117 The public bodies responsible for regulating the prescribing of parasiticides (Defra, VMD, RCVS) should consider the way the framework takes account of animal

¹⁶⁴⁶ Veterinary Voices UK Template response to the PDR.

¹⁶⁴⁷ PDR response from Abbey Veterinary Centre (Grimsby) Limited and Lincolnshire Veterinary Referrals.

welfare and public health considerations and competition and consumer interests and whether each of these factors is being given the appropriate weight given the developing nature of how veterinary services are now supplied in the UK.

- 10.118 Specific points to consider include whether, in respect of parasiticides, there could be alternative ways of ensuring responsible prescribing other than a specific physical examination for that purpose (for example, by stipulating a wider range of exceptions to the present requirement). It might also include consideration of the classification of Prescribed Veterinary Medicines which could reduce the number of products categorised as POM-V and broaden the range of medicines available for prescription outside the Under Care restrictions. It could likewise include defining the concept of Veterinary Client Pet Relationship (VCPR)¹⁶⁴⁸ in a way that might provide a clearer framework for helping to determine when physical re-examination of pets to receive repeat parasiticides should take place.

Under Care Restriction and Remote Prescribing (including telemedicine)

- 10.119 We have heard concerns that the regulations governing the provision of veterinary care and the prescription of medicines may be inhibiting consumers from being offered a range of options when seeking to obtain veterinary services, including innovative new services. Examples of such services include the use of telemedicine for certain treatments or prescribing and additional routes for vets or consumers to obtain medicines. This is predominantly due to the requirement to perform a physical examination of a pet before prescribing certain medications, as described above, which poses challenges for services provided remotely or otherwise outside of the traditional FOP setting.
- 10.120 The RCVS has defined telemedicine as the use of electronic communication and information techniques to provide clinical healthcare remotely. This includes the provision of veterinary services via video-link, text, instant messaging or telephone,¹⁶⁴⁹ or by other remote means to carry out:¹⁶⁵⁰
- (a) **Remote Veterinary Consultation:** where the vet has access to clinical notes and can perform activities such as check-ups following an initial appointment, ongoing management of chronic conditions and preventative care;
 - (b) **Remote Prescribing:** prescribing without veterinary clinical examination or direct observation at the time of prescribing or providing where any requisite

¹⁶⁴⁸ Which, in response to RCVS consultations, some organisations put forward as vital for understanding how veterinary services are provided today. [CVS Response to RCVS Review of "Under Care" and 24/7 Emergency Cover](#), pp5-6.

¹⁶⁴⁹ As contained in [RCVS review of the use of telemedicine within veterinary practice, Summary Analysis](#), March 2018, p2.

¹⁶⁵⁰ As contained in [BVA Policy statement, BVA policy position on under care and the remote provision of veterinary services](#), January 2021, p5.

clinical assessment is made remotely. This may include new or repeat prescriptions; and

- (c) **Remote Triage:** a service offered to clients in which a member of the vet-led team uses technology to make an initial assessment which does not include veterinary clinical examination or veterinary inspection and does not involve a diagnosis or prescribing. This can occur without access to clinical notes and will often result in referral to a vet, RVN or appropriately regulated allied professional

(together, **Telemedicine**).

- 10.121 Our pet owners survey indicates that the use of Telemedicine is currently very limited. 7% of respondents said that they had used 'remote consultations and/or telemedicine services' in the past two years, with only 3% saying that they still used them.¹⁶⁵¹ Additionally, the survey indicates that a majority of respondents (58%) were unaware of these services.¹⁶⁵²
- 10.122 Though current usage of Telemedicine is limited, even before the COVID-19 pandemic the RCVS noted that 'the industry is changing rapidly... [there] are increasing numbers of businesses seeking to develop telemedicine services such as video consultations and chat apps directly to clients'¹⁶⁵³
- 10.123 This reflects both the development and improvement of the technology required to carry out these services as well as a growing demand for such services exacerbated by the onset of the COVID-19 pandemic.¹⁶⁵⁴ The RCVS has acknowledged that human healthcare appears to be ahead of the veterinary profession in terms of developing regulatory regimes that allow for the provision of Telemedicine services.¹⁶⁵⁵
- 10.124 Telemedicine provides an additional avenue for consumers to access veterinary services and therefore widens access to professional care and broadens choices

¹⁶⁵¹ Pet owners survey, Q124.

¹⁶⁵² Pet owners survey, Q124.

¹⁶⁵³ As contained in [RCVS review of the use of telemedicine within veterinary practice, Summary Analysis](#), March 2018, p2.

¹⁶⁵⁴ As part of its Vet Futures initiative launched in 2015, the RCVS 'recognised the need to review the regulatory framework for veterinary businesses to ensure a level playing field, enable a range of business models to coexist, ensure professionalism in commercial settings, and explore the implications for regulation of new technologies (eg telemedicine)'. [Vet Futures, Taking charge of our future: a vision for the veterinary profession for 2030, 20 November 2015](#). During the COVID-19 pandemic, the RCVS temporarily permitted vets to remotely prescribe veterinary medicines: [RCVS Press Release, Coronavirus: RCVS Council temporarily permits vets to remotely prescribe veterinary medicines, March 2020](#). One professional online vet advice provider saw a 900% increase in demand due to the impact of COVID-19: [Summary of Pet Parent research commissioned by Vets-AI and Joii Pet Care, 5 May 2021](#), p3.

¹⁶⁵⁵ As contained in [RCVS review of the use of telemedicine within veterinary practice, Summary Analysis](#), March 2018, p3.

available to pet owners. Compared to in-person examinations, Telemedicine can sometimes offer a quicker and less expensive solution.¹⁶⁵⁶

- 10.125 Telemedicine can be beneficial for vets, too, as another tool at their disposal¹⁶⁵⁷ for them to reach existing and new patients (including those whose owners live in remote areas or have accessibility needs), prescribe certain medicines and communicate with pet owners where a visit to the consultation room may not be necessary, practical or may cause undue stress on the patient.¹⁶⁵⁸ Maximising the appropriate use of Telemedicine can mean more pets can be seen by vets more often which comes with benefits to animal welfare, and efficient resource utilisation.¹⁶⁵⁹
- 10.126 Veterinary businesses would benefit from Telemedicine as an additional service that they are able to charge for, and being able to provide it may improve their ability to win or retain customers who value the option of remote care.¹⁶⁶⁰ Submissions have also been made to the RCVS that Telemedicine offers a new way to deal with lower value items (particularly where there is no prescription or treatment needed) which means practices can concentrate on higher fee-earning consultations.¹⁶⁶¹
- 10.127 There is therefore scope for the benefits of Telemedicine to be further realised within the context of veterinary services to help improve consumer choice, reduce the resource burden on vets and promote animal welfare in a greater number of settings.
- 10.128 Nevertheless, the offering of Telemedicines as separate services or adjuncts to traditional veterinary services requires appropriate legal and regulatory safeguards to protect the health and welfare of animals as well as maintaining public confidence in the veterinary profession.¹⁶⁶² A cornerstone to ensuring this protection remains in place across varying degrees of physical proximity between vet and animal is the doctrine of ‘under care’ including the definition of ‘clinical assessment’ as defined above.

¹⁶⁵⁶ Pet owners survey, Q125. 13% of respondents to our pet owners survey mentioned using remote consultations, telemedicine, or video vet services because they were cheaper than in-person services. As part of the RCVS Telemedicine Consultation, efficiency and convenience was identified as an advantage by vet professional respondents. Lower cost, convenience and speed of access to vet were identified as advantages by public respondents: [RCVS review of the use of telemedicine within veterinary practice, Summary Analysis](#), March 2018, p 15.

¹⁶⁵⁷ [RCVS Council Papers](#), January 2023, p 13.

¹⁶⁵⁸ [RCVS review of the use of telemedicine within veterinary practice, Summary Analysis](#), March 2018, p 5.

¹⁶⁵⁹ PDSA Response to RCVS survey, January 2023 [RCVS Council Papers](#), 16 January 2023, p 63. The official policy position of the World Veterinary Association acknowledges that ‘telemedicine can provide benefits to animal welfare, in reduced costs and in ease of service where owners cannot travel, where there are shortages of veterinarians and in remote areas’: [WVA Position Statement on Veterinary Telehealth Services, 22 April 2021](#).

¹⁶⁶⁰ 8 in 10 (82%) cat and dog owners believe online veterinary services and support should be available to those who wish to use them (JOII) [Summary of Pet Parent research commissioned by Vets-AI and Joii Pet Care, 5 May 2021](#), p 2.

¹⁶⁶¹ RCVS response to RFI 3, Q12 [38] which includes minutes from a presentation from [38] made to the RCVS.

¹⁶⁶² [RCVS review of the use of telemedicine within veterinary practice, Summary Analysis](#), March 2018, p 2.

How the requirements around the continued requirement for physical examination may be hindering the development of Telemedicine

- 10.129 First, there is a lack of clarity on the exact meaning of ‘telemedicine’.¹⁶⁶³ There have been claims that this confusion has not been helped by a lack of transparency over the RCVS Council’s discussions on proposals for reform in this area.¹⁶⁶⁴ The BVA argues that, as the term has been developed within the context of medicines, this limits the concept to a temporal relationship to the act of prescribing even though the practice of veterinary medicine is much more than examining and prescribing.¹⁶⁶⁵
- 10.130 Second, our view is that there is a lack of clarity on the applicability of ‘under care’ and ‘clinical assessment’ outside of Remote Prescribing.
- (a) ‘Clinical assessment’ is not defined or contained in the VSA at all nor in the RCVS Code or Guidance outside of the context of Remote Prescribing.
 - (b) Whether an animal is under the care of a vet is referenced in Schedule 3 but is only in relation to delegation to nurses and student veterinary nurses when it comes to minor surgery.¹⁶⁶⁶ The concept of care and the responsibilities that come with having an animal under one’s care is referenced throughout the RCVS Code and Guidance¹⁶⁶⁷ but the definition of when an animal is under the care of a vet is only used specifically in relation to the prescription of POM-Vs.
 - (c) Third, there is a lack of clarity on the definition of ‘exceptional circumstances’ – that is, under what conditions vets can Remote Prescribe antibiotics, antifungals, antiparasitic or antivirals without carrying out (or being able to provide) a physical examination. This is because, although the RCVS has issued case studies which include some examples of exceptional decisions (for example a dangerous animal),¹⁶⁶⁸ the Guidance does not stipulate what ‘exceptional circumstances’ are.¹⁶⁶⁹

¹⁶⁶³ For example, [BVA, Policy Position on Under Care and the Remote Provision of Veterinary Services, January 2021](#), p4.

¹⁶⁶⁴ [RCVS, RCVS provide reassurance over recent Council decision to review ‘under care’ and 24/7 cover, 19 June 2019](#).

¹⁶⁶⁵ [BVA, Policy Position on Under Care and the Remote Provision of Veterinary Services, January 2021](#)

¹⁶⁶⁶ Treatment and operations which may be given or carried out by unqualified persons: sections 6 and 7 of the VSA and Guidance, [Schedule 3 exemption](#), paragraph 18.4.

¹⁶⁶⁷ For example, the Guidance on [Veterinary Care](#), states at paragraph 2.1, ‘The Codes of Professional Conduct state that veterinary surgeons and veterinary nurses must provide veterinary care and veterinary nursing care that is appropriate and adequate.’

¹⁶⁶⁸ The case study for what would constitute an ‘exceptional circumstance’ in the case of a controlled drug does involve only a phone-call given the animal is distressed and unable to be transported to the practice. Nevertheless, although the vet suspects the animal will need antibiotics, the case study indicates this assessment will wait until the vet comes into the practice.

¹⁶⁶⁹ The RCVS have told us that it is not possible to give an exhaustive list of what might be ‘exceptional’ and rely on individual vets to use their own professional judgement and use the RCVS Advice Line should they have any specific queries. The RCVS have also reiterated that it is very important that exemptions are limited to exceptional circumstances

- 10.131 Where there is uncertainty or confusion within the provision of regulated services, this can lead to a chilling effect on innovation as those looking to provide services within a regulatory ‘grey area’ do not have the required confidence they can operate in a different way to traditional practice. When regulation fails to keep up with developments in technology and changes in consumer demand, this arguably stifles innovation.¹⁶⁷⁰
- 10.132 The retention of the need to perform a physical examination, in all but limited circumstances, to adhere to the Guidance when Remote Prescribing restricts the provision of Telemedicine. We note that:
- (a) While the temporary guidance which allowed for Remote Prescribing without a physical consultation was in place during the COVID-19 pandemic, no serious safety concerns were identified.¹⁶⁷¹
 - (b) During this period the RCVS noted that clients were not making many complaints to it about remote consultations.¹⁶⁷²
 - (c) There has not been any disciplinary action brought against a vet for Remote Prescribing¹⁶⁷³ which suggests the ongoing relaxation of the rules is not leading to an uptick in complaints for gross misconduct and therefore an increased risk to animals.
- 10.133 In addition to the concerns raised by pet owners and vets in subsection Under care requirements and the prescription of parasiticides, business models looking to offer an alternative to bricks and mortar premises are arguably constrained by this requirement. The RCVS has also considered that the 24/7 emergency care and pain relief requirement could be seen as anticompetitive in favouring larger groups with national coverage over smaller groups.¹⁶⁷⁴

Under care requirements: stakeholder views on Telemedicine impact

- 10.134 We have received submissions from vets who underscore the importance of having ‘hands on the animal’ not only because this increases their confidence in accurately diagnosing¹⁶⁷⁵ and prescribing the best treatment, but also to ensure other symptoms are identified which are outside the initial purpose of a

because of the potential impact of resistance to antimicrobials on both human and animal health. RCVS Response to CMA February 2025 Working Papers, p 14.

¹⁶⁷⁰ [CMA Competition Assessment Guidelines, Part 2: guidelines](#), p 25, paragraph 4.1

¹⁶⁷¹ RCVS survey, January 2023.

¹⁶⁷² RCVS response to RFI1, Q12. We note that the COVID-19 pandemic did have an impact on complaints made to the VCMS: [VCMS Insight Report 2020-21](#) determined that COVID-19 may have contributed to and exacerbated complaints.

¹⁶⁷³ RCVS response to RFI 3, Q23.

¹⁶⁷⁴ RCVS response to RFI 1, Q12.

¹⁶⁷⁵ While the temporary guidance which allowed for Remote Prescribing without a physical consultation was in place during the COVID-19 pandemic, data was collected which showed that respondents felt less confident in carrying out their services remotely when compared to conducting a physical assessment: [ies Report, RCVS Covid-19 Survey 2020](#), September 2020, p 107.

consultation.¹⁶⁷⁶ Other concerns and views that we have been made aware of during this investigation include:

- (a) Leaving the need for a physical examination to the individual judgement of each vet has the potential to put undue pressure and challenge upon individuals and leaves scope for an increase in complaints. This pressure is said to be a greater cause of concern for less-experienced vets.¹⁶⁷⁷
- (b) The reduction in the need for a physical examination between vets and pets erodes the unique and important relationship between vet, pet and owner.¹⁶⁷⁸
- (c) There is a fear that telemedicine companies would be able to find a centralised/national out-of-hours provider and that this would disadvantage independent practices.¹⁶⁷⁹
- (d) Because the costs for a FOP to function (to cover premises and equipment, for example) is greater than that required by Remote Prescribers, this will lead to 'cherry picking the bread-and-butter income' that FOPs are legally required to provide.¹⁶⁸⁰

10.135 We received a number of responses to our February 2025 working papers on Telemedicine:

- (a) The BVA/BSAVA/SPVS/BVNA/VMG response outlined the value that an effective Telemedicine can add to veterinary services, while expressing the view that Telemedicine 'should be limited to offering generic information and advice only and making an onward referral to physical veterinary services'. It supported the view that the 'RCVS, as part of their review of the implementation of the Under Care guidance, could consider defining the concept of the VCPR in a way that might provide a clearer framework for developing telemedicine'.¹⁶⁸¹
- (b) FIVP noted that regulatory restrictions requiring physical examinations before prescribing certain medicines disproportionately impact the ability of independent FOPs to offer telemedicine services, and supported a review of the regulatory framework to ensure it supports competitive processes and good consumer outcomes while safeguarding animal and public welfare.¹⁶⁸²

¹⁶⁷⁶ For example, a pet could receive a Remote Veterinary Consultation for its long-term condition but the owner does not have enough knowledge to identify certain symptoms for another ailment which would be picked up in the physical presence of a vet. [ies Report, RCVS COVID-19 Survey 2020](#), September 2020, p 107.

¹⁶⁷⁷ RCVS response to RFI1, Q12, which summarises a response from [§] to the RCVS's under care survey.

¹⁶⁷⁸ [BVA Policy statement, BVA policy position on under care and the remote provision of veterinary services](#), January 21, p 13

¹⁶⁷⁹ RCVS RFI 3, Q28, summarising SPVS views as expressed in October 2022 on under care/out-of-hours.

¹⁶⁸⁰ RCVS, RFI 1, Q12, referencing SPVS views in response to the RCVS under care consultation.

¹⁶⁸¹ [BVA/BSAVA/BVNA/SPVS/VMG joint response to CMA February working papers](#), paragraphs 37-41.

¹⁶⁸² [FIVP response to CMA February 2025 Working Papers](#), pp 5-6.

- (c) An independent vet submitted that telemedicine cannot replace a physical VCPR, and that effective telemedicine is an adjunct to deliver services already under care of a vet (which will include a physical examination).¹⁶⁸³
- (d) As noted above, the RCVS considers it is important to limit the number of 'exceptional circumstances' under which vets can prescribe antibiotics, antifungals, antiparasitic or antiviral medication because of antimicrobial resistance concerns.¹⁶⁸⁴

10.136 We received two responses which referred to Telemedicine following the publication of the PDR.

- (a) Vet-AI submitted that amongst the proposals for regulatory reform, the promotion of safe, technology-supported models (from telemedicine to AI triage) should be included to reflect current and future ways of practising. It repeated its previous submissions that the definition of Under Care currently stifles innovation because some of its restrictions appear illogical.¹⁶⁸⁵
- (b) CVS submitted that there is a number of mobile vets and telemedicine providers which they cited as evidence that there is diversity in the types of FOP already present on the market.¹⁶⁸⁶

10.137 We consider that more could be done to facilitate the use of Telemedicine to deliver more choice and, potentially, more competitive pricing, to consumers. However, we also recognise that complex clinical, health and safety considerations likely be involved in any such adjustment of the regulatory framework.

10.138 Our view is that there may be opportunities to enhance competition if Defra, the VMD and RCVS, as the public bodies responsible for regulating the delivery of veterinary services (including the prescribing of medicines) keep under review, and actively identify, aspects of the regulatory framework that could be adjusted to enable more widespread, responsible use of Telemedicine. We would expect that the role of innovative business models within the sector would be a point for consideration as part of the decision-making around reforming the regulation of veterinary businesses.

¹⁶⁸³ [Respondent B Working Paper Response](#), pp 3 and 17.

¹⁶⁸⁴ [RCVS response to CMA February 2025 working papers](#), p 14.

¹⁶⁸⁵ See also above point on parasiticides. Vets-AI response to the PDR, pp 1-3

¹⁶⁸⁶ CVS response to the PDR, p 4.

Classification Restriction: (Re-) classification of Prescribed Veterinary Medicines

- 10.139 Determination of the initial classification for a veterinary medicine (for example, POM-V, POM-VPS or AVM-GSL,¹⁶⁸⁷ and decisions to reclassify those medicines are granted by the VMD following submissions made to them by the MA holders.¹⁶⁸⁸ The concern is the possibility some products might be classified at a more restrictive level than is necessary, in turn limiting choice and/or increasing costs for consumers. For example, if a product is classified as 'POM-V', it can only be administered after prescription by a veterinary surgeon, in contrast with a classification which permits 'off the shelf' purchases.

Observations and evidence on (re-) classification of Prescribed Veterinary Medicines

First Authorisation

- 10.140 When setting the distribution category at first authorisation, the VMD told us it will always use the least restrictive classification that is possible when considering the use, diagnosis and safety profile of a product upon first registration.¹⁶⁸⁹ The VMD also noted to us that this facilitates availability and thereby improves animal health/welfare.¹⁶⁹⁰ The VMRs also specify, for certain veterinary medicines, the initial distribution category: for example, products containing antimicrobials (except Northern Ireland) or those 'intended for administration following a diagnosis or clinical assessment by a veterinary surgeon' must be categorised as POM-V.¹⁶⁹¹
- 10.141 If the product is a generic, it will be granted the same distribution category as that of the reference product. If the MA applicant requests a higher distribution category, they will be 'advised that a lower distribution category is available' after assessment of the application.¹⁶⁹² It is unclear whether this sufficiently motivates MA holders to choose a lower distribution category for their generic and therefore widen the accessibility of certain medicines. Even when there is precedent for a lower distribution category for another generic of the same reference product, the new generic has to have the same distribution category as the reference product initially. The MA holder will then need to subsequently apply for a variation post-authorisation.¹⁶⁹³ It is possible this involves additional cost and resources for the MA holder; if so, this might discourage the MA holder from pursuing a lower categorisation (and may therefore be a reason for revising the approach to permit

¹⁶⁸⁷ [RCVS Code, Veterinary Medicines.](#)

¹⁶⁸⁸ VMD response to CMA Working Papers.

¹⁶⁸⁹ [VMD Response to CMA February 2025 Working Papers, p7.](#)

¹⁶⁹⁰ VMD letter to CMA. 9 October 2024.

¹⁶⁹¹ [VMRs, Schedule 3, paragraph 1.](#)

¹⁶⁹² VMD letter to CMA. 9 October 2024.

¹⁶⁹³ VMD letter to CMA. 9 October 2024.

a lower distribution category upon authorisation, if warranted from a safety perspective).

Review / change of the distribution category

- 10.142 Though there is evidence manufacturers have sought lower classifications in a number of instances, there is the possibility that products could be retained at a higher distribution category than is required vis-à-vis their risk profiles. Although the VMD is legally permitted to require a compulsory variation to change the distribution category, this is only to raise the distribution category to mitigate risks (the VMD is also permitted to require the distribution category to be lowered, but has told us it cannot envisage an example where this would be required or appropriate).¹⁶⁹⁴
- 10.143 Therefore, the only route to re-classification to a lower category and thus access to wider distribution channels appears to be through a decision by each MA holder to seek a variation to its licence for its specific product. AMTRA in its response to our Issues Statement submitted that although ‘those best placed to make safety assessments on existing authorised medicines are the Marketing Authorisation Holder and the VMD...it is not clear to AMTRA that all existing POM-V medicines, having demonstrated a five-year period of safe use in the field, continue to justify a POM-V classification.’¹⁶⁹⁵ We note that recent amendments to the VMRs removed the requirement to renew an MA five years following initial authorisation in England, Scotland and Wales.¹⁶⁹⁶ We have been told that the removal of this renewal process was to reduce burdens on pharmaceutical companies but may result in keeping medicines at POM-V as this removes an opportunity to reconsider reclassification.¹⁶⁹⁷
- 10.144 The distribution category is generally considered on a product specific basis. Once the first product in a class achieves a lower than initial distribution category, other MA holders may follow suit and submit a variation for their similar products. This is a decision for the MA holders as the VMD does not mandate that the distribution category of all similar products is changed.¹⁶⁹⁸ It is therefore possible that very similar products sit at different distribution levels simply because certain MA holders are not sufficiently incentivised to go through the re-classification process.
- 10.145 In the 2003 CC Report, the Competition Commission had concerns that ‘manufacturers can have a commercial interest in the choice of distribution

¹⁶⁹⁴ VMD letter to CMA. 9 October 2024.

¹⁶⁹⁵ [AMTRA IS Response](#), 30 July 2024, p 2.

¹⁶⁹⁶ [Explanatory Memorandum to The Veterinary Medicines \(Amendment etc.\) Regulations 2024](#), paragraph 7.6(e).

¹⁶⁹⁷ Note of CMA meeting with AMTRA, 25 May 2025.

¹⁶⁹⁸ VMD letter to CMA. 9 October 2024.

classification (including deciding whether to seek reclassification), going beyond questions of safety, quality and efficacy'.¹⁶⁹⁹

10.146 The 2003 CC Report recommended that the VMD automatically review classification at MA renewal, to address these concerns.¹⁷⁰⁰ Though government responded positively to this recommendation, it was noted that legislative amendment may be required to implement it.¹⁷⁰¹ We are not aware of any such legislative change, and the VMD does not routinely carry out such reviews at present (other than as a result of pharmacovigilance monitoring of adverse event signals).¹⁷⁰²

10.147 VMD told us that due to the established need for veterinary oversight to ensure safe (and effective) use, a significant number of veterinary medicinal products are unlikely to change to a lower distribution category.¹⁷⁰³

Stakeholder views on (re-) classification of Prescribed Veterinary Medicines

10.148 Some stakeholders suggested that some Prescribed Veterinary Medicines may be retaining their 'high' classification (eg POM-V) for longer than necessary, due in part to the way re-classification is driven by the MA holder (the manufacturer).¹⁷⁰⁴ This may make it more difficult – and expensive – than necessary for consumers to access these products. This is because the restrictions around POM-Vs (for example, the need for a prescription from a vet) means the pet owner will likely have fewer options for purchasing the product, which in turn may mean additional cost: for example, the payment of a consultation fee, and/or prescription/dispensing fees. Specifically, we note:

(a) [REDACTED]¹⁷⁰⁵

(b) We have also seen internal documents from manufacturers suggesting that, in certain instances, re-classifying to 'off the shelf' status was explored (even if as an isolated event) to drive sales of a medicine [REDACTED],¹⁷⁰⁶ [REDACTED],¹⁷⁰⁷ from which we infer there may be commercial incentives to seek such re-classification in specific cases.

(c) Medivet told us that the current classification rules work well for the sector and protect medicines from being sold outside of regulated channels which is

¹⁶⁹⁹ 2003 CC report, p 53, paragraph 2.204.

¹⁷⁰⁰ 2003 CC report, Recommendations on classification, p 53 onwards.

¹⁷⁰¹ House of Commons, Written Ministerial Statements, [Veterinary Medicines](#), 9 July 2003.

¹⁷⁰² VMD letter to CMA. 9 October 2024.

¹⁷⁰³ VMD response to CMA Working papers, p 7

¹⁷⁰⁴ [AMTRA Response to the Issues Statement](#) (AMTRA IS Response), 30 July 2024.

¹⁷⁰⁵ [REDACTED]

¹⁷⁰⁶ Medicine manufacturer response to RFI.

¹⁷⁰⁷ Medicine manufacturer response to RFI.

a risk to both animal and in the case of parasiticides, environmental health.¹⁷⁰⁸

- (d) The National Office for Animal Health (NOAH)¹⁷⁰⁹ told us that classification is not driven by MA holders but regulatory and legislative requirements. They broadly support the idea of reclassification in appropriate cases, where a thorough risk-benefit assessment has been conducted and where usage risks can be mitigated through information on the packaging.¹⁷¹⁰
- (e) An independent vet gave examples where reclassification had, in his view, negative effects on the environment and explained that it is often better that medicines retain a POM-V classification to ensure appropriate control.¹⁷¹¹

10.149 AMTRA told us that:

- (a) the reclassification of parasiticides as POM-VPS (one classification lower than POM-V which allows other regulated professionals to prescribe) could offer the advantage of making a wider choice of parasiticides more accessible to pet owners without removing clinical expertise altogether.¹⁷¹²
- (b) There are several active ingredients within the isoxazoline group which have been on the market for over five years which is the typical timeline for reclassification but which still remain at POM-V.¹⁷¹³ AMTRA considers that though there are no legislative barriers to reclassification, the ability of non-POM-V medicines to compete is constrained by the limited range on the market.¹⁷¹⁴

10.150 Similarly, Vet-AI submitted that in most countries other than the UK, Isoxazolines (which are POM-V products in the UK) are generally subject to a lower-level classification, permitting more effective competition.¹⁷¹⁵

10.151 The VMD has told us that despite potential widespread use, multiple authorised POM-V veterinary medicinal products are contraindicated for many conditions that only a veterinary surgeon is qualified to diagnose.¹⁷¹⁶

¹⁷⁰⁸ [Medivet response to February 2025 Working Papers](#), paragraph 7.39.

¹⁷⁰⁹ NOAH is the trade association representing the UK animal health industry - including companies that research, develop, manufacture and market licensed animal medicines in the UK.

¹⁷¹⁰ [NOAH response to February Working Papers](#), p 3

¹⁷¹¹ [Respondent B Working Paper Response](#), p 18

¹⁷¹² [AMTRA response to February Working Papers](#)

¹⁷¹³ Note of CMA meeting with AMTRA, 25 May 2025

¹⁷¹⁴ [AMTRA response to February Working Papers](#), Note of CMA meeting with AMTRA

¹⁷¹⁵ Vet-AI response to RWP, p 2 and Vet-AI response to the PDR, p 2

¹⁷¹⁶ VMD response to CMA working papers, p 6

Re-classification: points to consider

- 10.152 Overall, taking this evidence into account,¹⁷¹⁷ our view is that the Classification Restriction in principle is not creating significant barriers for pet owners to access a wider range of medication, including those which may be of a lower cost to them (including by removing the need to pay for a vet consultation). The Classification Restriction is driven by the policy goals of retaining necessary clinical oversight over the prescription of veterinary medication for the benefit of animal health and environmental protection and we recognise the importance of this.
- 10.153 Nevertheless, as part of our investigation it has been communicated to us that there are examples of products (particularly certain parasiticides) which either (a) have a safety record spanning several years which in theory would allow them to be re-classified to a lower category or (b) have been re-classified but could have potentially been re-classified sooner.
- 10.154 The VMD and other relevant bodies (Defra and RCVS) should consider reflecting on ways to further stimulate the re-classification of veterinary medicines to increase access to these products outside of the FOP setting.
- 10.155 We note this point for consideration particularly in light of the recent removal of the need to renew MAs, which represents the loss of a touchstone between manufacturers and the VMD to stress-test whether a POM-V classification continues to be appropriate after five years of use in the market.
- 10.156 Part of this consideration should be a renewed look at the role other regulated professionals such as SQPs and pharmacists could play in providing a level of clinical oversight and (in the case of parasiticides, environmental protection determinations) to provide comfort that more medications could be re-classified one step down to POM-VPS. In conjunction, work would need to be done to raise the awareness of these alternative regulated channels to acquire medication from these professions as opposed to a vet's consultation room.

Wholesale restriction

- 10.157 Under the VMRs, FOPs are permitted to obtain supplies of Prescribed Veterinary Medicines only from businesses holding a 'wholesale dealer's authorisation' (WDA).¹⁷¹⁸ Businesses that obtain such a licence must comply with the requirements of Good Distribution Practice (GDP) and the VMRs in managing the procurement, storage, transportation and supply of medicines into the veterinary market.¹⁷¹⁹

¹⁷¹⁷ We did not receive any new evidence on this matter in response to the publication of our PDR.

¹⁷¹⁸ [VMRs](#) regulation 13, and schedule 3 paragraphs 2 and 16.

¹⁷¹⁹ [VMD, Good Distribution Practice for Veterinary Medicinal Products in Great Britain, published June 2025.](#)

- 10.158 Consistent with that requirement, only businesses holding a WDA are permitted to supply veterinary medicines wholesale. Exceptionally, retailers of veterinary medicines are permitted to supply one another ‘for the purpose of alleviating a temporary supply shortage that could be detrimental to animal welfare’.¹⁷²⁰

Observations on the wholesale restriction

- 10.159 In principle, the Wholesale Restriction could affect competition by limiting the number of sellers of veterinary medicines from whom FOPs can purchase.
- 10.160 We are aware that the Wholesale Restriction may not be the primary factor that prevents such sales: in principle, we expect an online pharmacy business that wished to engage in equivalent wholesale to FOPs could obtain a Wholesale Dealer’s Authorisation and do so – either as a wholesaler or by utilising an alternative business model that allows for both business-to-business and retail sales of medicines.

Stakeholder views on the wholesale restriction

- 10.161 The VMD told us that the requirement for wholesalers to possess a Wholesale Dealer’s Authorisation is important as it safeguards the supply chain for Prescribed Veterinary Medicines: for example, the quantities that are involved in wholesale supply require a greater degree of control and scrutiny, which the requirement to hold a Wholesale Dealer’s Authorisation involves.
- 10.162 An LVG told us that the Wholesale Restriction ‘act[s] as a barrier to veterinary businesses accessing medicines at competitive prices and therefore limits their ability to set retail prices more competitively’.¹⁷²¹ They explained that allowing veterinary businesses to purchase directly from other retailers would increase purchasing options which potentially could reduce costs, noting that they have not identified any material risks involved with this avenue of purchase. This LVG would ‘likely consider acquiring POM from retailer should this become an alternative’.¹⁷²²
- 10.163 A number of independent businesses told us that veterinary practices should have more flexibility to purchase medicines online, rather than mandating wholesalers as the only route. They note that they cannot buy medicines as cheaply from their wholesalers compared to the prices pet owners are able to obtain when shopping online.¹⁷²³

¹⁷²⁰ VMRs, schedule 3, subparagraph 2(5).

¹⁷²¹ [Medivet response to February 2025 Working Papers](#). They added that they are in favour of ‘easing the regulatory restrictions that currently prescribe a very limited list of wholesalers from whom veterinary practices are allowed to purchase medicines’ and that ‘veterinary practices should be allowed to purchase from other retailers, such as online pharmacies.’ P 72

¹⁷²² *Ibid*

¹⁷²³ Individual [X] response to the PDR, p 1; Broadway Veterinary Group response to the PDR, p 2, Veterinary Voices UK Template response to the PDR, p 7

- 10.164 Another LVG told us that they would ‘not see an issue with online retailers being allowed to sell to FOPs’ but noted that they thought it would be very rare for online prices to be below wholesale prices for independents in practice given the impacts of buying group membership these practices are able to benefit from.¹⁷²⁴
- 10.165 The NVS said that ‘online pharmacies with a Wholesale Dealer’s Authorisation could choose to pursue wholesale supply but currently choose not to’ explaining that online pharmacies are primarily established as direct-to-consumer businesses rather than supplying the full range of medicines that wholesalers provide.¹⁷²⁵
- 10.166 As part of our investigation, we asked a number of online pharmacies why they have chosen not to enter the market as wholesalers.
- (a) We received evidence that a number of online pharmacies do hold a wholesale licence,¹⁷²⁶ which suggests that the requirement to have such a licence is not a barrier to entry.
 - (b) One online pharmacy explained to us that they are not set up as a wholesaler, particularly as wholesaling requires significant scale and the capacity to provide certain medications which are not made available direct to buyer, such as those used in euthanasia.¹⁷²⁷
- 10.167 Wholesalers offered us a number of explanations for the lack of online pharmacies entering the wholesale market. These include:
- (a) The stringent controls the Wholesale Dealers Authorisation imposes on the supply chain with which online pharmacies are not obligated to comply¹⁷²⁸ and the costs associated with adhering to these requirements.¹⁷²⁹
 - (b) Management and logistical challenges, staffing requirements and administrative burden of liaising with FOPs.¹⁷³⁰

¹⁷²⁴ [IVC response to CMA February 2025 Working Papers](#), p 61. We note that the PVA commented on this submission in its response to the PDR, stating that its members struggle to buy medicines at prices which are available to the general public, even when they are members of a buying group. Our assessment is that the rebates for veterinary medicines that customers can negotiate with manufacturers, either directly or through membership of buying groups, is a consequence of the customer’s negotiating power and reflects the volume of their purchases as well as the efficiencies achieved through certain procurement and purchasing practices (in particular, the selection of Preferred Products by LVGs and some membership schemes operated by buying groups). It appears to us that the differences we have observed in the purchase costs of FOPs and third-party retailers are based on the factors we would expect to result in different purchase costs in a well-functioning market. This is set out in part A, section 11: Veterinary Medicines, sub-section The negotiating power of FOPs and third-party retailers when purchasing medicines.

¹⁷²⁵ [NVS response to CMA February 2025 Working Paper](#), paragraphs 1.3.3 and 4.2.

¹⁷²⁶ [VMD Register of veterinary-only Wholesale Dealer Sites](#).

¹⁷²⁷ Note of CMA call with [REDACTED].

¹⁷²⁸ [REDACTED] response to CMA RFI. These include document management, temperature controls, hygiene principles, return and disposition of product, qualified persons and audits. [REDACTED] response to CMA RFI.

¹⁷²⁹ [REDACTED] response to CMA RFI.

¹⁷³⁰ [REDACTED] response to CMA RFI; [REDACTED] response to CMA RFI; [REDACTED] response to CMA RFI.

- (c) A lack of incentive for market entry as the majority of wholesaler discount is passed on to the online pharmacy (14% of 15% of list price).¹⁷³¹

10.168 We spoke to a number of independent FOPs and a membership organisation about the likelihood of their wanting to switch from their wholesale provider to an online pharmacy. Their responses included:

- (a) Wholesalers provide an excellent service (for example, next day delivery) and tend to have good relationships with their clients.¹⁷³²
- (b) Purchasing from online pharmacies would benefit LVGs given they own a number of online pharmacies.¹⁷³³
- (c) Purchasing from online pharmacies would lower rebates received from manufacturers as these purchases would not count towards their rebate calculations.¹⁷³⁴
- (d) One independent FOP told us it would consider purchasing from online pharmacies if the prices were sufficiently competitive.¹⁷³⁵

10.169 Overall, taking this evidence into account, our view is that the Wholesale Restriction is unlikely to be a primary factor that restricts the number of sellers of veterinary medicines from whom FOPs can purchase. It appears to us that an online pharmacy which obtained a Wholesale Dealer's Authorisation may face other barriers in effectively supplying FOPs. This includes the limited demand from FOPs to purchase medicines from an online pharmacy rather than their current wholesalers.

¹⁷³¹ [REDACTED] response to CMA RFI, p16.

¹⁷³² [REDACTED] response to RFI, p 3; [REDACTED] response to RFI, p 3.

¹⁷³³ [REDACTED] RFI response, p 2; [REDACTED] response to RFI, p 3.

¹⁷³⁴ [REDACTED] response to RFI, p 3.

¹⁷³⁵ *Ibid*

11. Effectiveness and proportionality of our remedies package as a whole

- 11.1 We have decided on a package of remedies which we consider will be effective and proportionate, both separately and in combination, to address the concerns we have identified in part A. These remedies are set out in part B, sections 3 to 10 and summarised in part B, section 1.¹⁷³⁶
- 11.2 In the earlier sections of part B, we considered the contribution that each of the components makes to the effectiveness of our remedies package and their proportionality in meeting this aim. In this section we assess the effectiveness and proportionality of our remedies package taken as a whole.

Effectiveness of the remedies package

- 11.3 Following the framework set out in part B, section 2,¹⁷³⁷ we have considered the following when assessing the effectiveness of the remedies package:
- (a) how the remedies work together to address the AEC and resulting customer detriment we have found;
 - (b) the extent to which the remedies are capable of effective implementation, monitoring and enforcement;
 - (c) the timescale over which the remedies will take effect; and
 - (d) the consistency of the remedies with existing and anticipated future laws and regulations.
- 11.4 We consider each of these in turn.

How the remedies address the AEC and resulting customer detriment

- 11.5 In our assessment of the individual remedies, we explained how each component of our remedies package will address the AECs and resulting customer detriment we have found. In this section, we summarise how the remedies will work together to achieve this.
- 11.6 The remedies can be grouped into various themes: measures to empower pet owners when they choose vet services (principally driven by increased

¹⁷³⁶ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform. Part B, section 1: Introduction to Part B, (remedies).

¹⁷³⁷ Part B, section 2: Remedies: framework, form and implementation.

transparency); measures to remove barriers to pet owner engagement and competition; and improvements in the regulatory framework.

Measures to empower pet owners when making choices

- 11.7 One key feature of the market contributing to the AEC we have found is that pet owners do not have the information they need to make informed choices about what is best for them and their pet. The ability of consumers to make informed choices is a key driver of competition between businesses, which have to respond to the choices consumers make. Where consumers cannot (or do not) make those choices, because they do not have the information they need, or the information that they do have is not easily accessed or assessed competition is dampened. Our remedies will, in our assessment, work together to ensure pet owners are given what they need to make choices that will drive better competition.

Information on ownership and transparency

- 11.8 Transparency of business ownership or control, together with increased transparency of information about FOPs and the prices of their services (including for services offered in an out-of-hours (**OOH**) premises and for medicines), and about the prices of services at referral centres and pet crematoria, will support customers in choosing the FOP, referral centre, crematorium and medicines provider that best meets their needs and budget.

Ability to compare FOPs directly

- 11.9 These measures and associated impacts will be strengthened and supported by the development by the RCVS of an enhanced version of its Find a Vet platform, as well as by ensuring that approved third-party providers of comparison tools can access the necessary information provided to the RCVS to enable such third parties to develop alternative comparator tools. To facilitate the development of Find a Vet and to increase its effectiveness, we recommend that the RCVS carries out appropriate user testing as part of its implementation process, considers the incorporation of additional functionalities such as side-by-side FOP comparison and distance or travel time radius filters, and conducts activities that increase awareness and use of Find a Vet among pet owners.
- 11.10 Further, as explained in part B section 3, while we do not consider a group or local-level survey to be a remedy we should impose, we recognise that a well-designed local-level survey could, in principle, provide valuable information for pet owners and veterinary businesses. We therefore recommend that in future the regulator of veterinary businesses explores the possibility of a practice-level survey mechanism that could be used to gauge pet owner satisfaction and provide

signals of perceived quality that help drive competition.¹⁷³⁸ Such a survey could enhance the effectiveness of competition on aspects of the quality of the services veterinary businesses offer.

Better pricing information when choosing treatments and services

- 11.11 The requirement to provide pet owners with a written estimate for higher cost treatments, and the requirements for increased transparency of pet care plans, will help pet owners have pricing information in a form that enables them to make a considered decision about the services they buy. Itemised bills will allow them to understand what they have been charged for and how that compares to any price estimates or quotes they were given, and help them make choices about the FOPs and other services they use in future. To support this, and add to the effect on competition, we recommend that the RCVS amends its Codes and Guidance to reflect these requirements.

Increased awareness of the ability to purchase medicines online and potential savings

- 11.12 Increasing pet owners' awareness of the option to request a written prescription, and of the savings that can be made when buying medicines from third party retailers, especially online, will enable more pet owners to benefit directly from lower medicine prices. These measures will also increase competitive pressure on FOPs, which may lead them to reduce medicine prices in order to compete effectively.

Clear information on end-of-life options

- 11.13 Requiring all veterinary businesses to ensure their FOPs include an option of communal cremation, together with a requirement to make pet owners aware of the options available to them when a pet reaches the end of its life (and pricing information), will ensure that pet owners are better placed to make well informed decisions at what can be a stressful and vulnerable time.

Measures to remove barriers to engagement and competition

- 11.14 It is essential that pet owners are able to act on the information they are given and to protect their interests. That is of particular importance given that they have a

¹⁷³⁸ Our decision to not require a local-level survey recognised the technical difficulties that would be faced by small veterinary businesses, using the systems that they currently have, to send survey questions on a recurring basis to all pet owners that have recently visited their FOP. There are a variety of practice management systems (PMS) used by FOPs in the UK which, we understand, include a number of platforms with limited or no functionality to send out emails and text messages to pet owners, nor to integrate with vet communications software. The regulator of veterinary businesses, acting on our recommendation to explore the possibility of a practice-level survey mechanism could include in this work engagement with the PMS sector.

relationship of trust with their vet, who is an expert professional and has a gateway role in relation to many of the services they will need. Pet owners rely on and trust their vets. Where services are provided in a business-to-business market, as is the case with outsourced OOH provision, it is also important that FOPs do not face undue hurdles in their choice of provider.

- 11.15 Any barriers to the choices customers make, whether pet owner or FOP, or to their ability to exercise their rights, can dampen the incentives those providing services have to compete on price and quality. The following remedies will, in our view, reduce those barriers and increase those incentives.

Ensuring that vets are able to act in accordance with the relevant provisions of the RCVS Code and Guidance

- 11.16 We are putting in place a remedy to require all veterinary businesses to have written policies and processes in place to ensure their veterinary professionals are able to act in accordance with the relevant provisions of the RCVS Codes and Guidance. This includes providing pet owners with independent and impartial advice, information about costs and, where appropriate, a range of treatment options. Further, veterinary businesses will be required to have effective mechanisms for monitoring compliance. This will reduce the potential for veterinary businesses' commercial incentives, and their policies and processes, to conflict with veterinary professionals' regulatory obligations.

Making it easier to get and use a written prescription

- 11.17 Our medicines market opening remedies will support the measures to increase pet owners' awareness of the availability of – and potential benefits of obtaining – written prescriptions.
- 11.18 The requirement to provide pet owners with a written prescription promptly (either in paper form or electronically), and the requirement for veterinary businesses whose FOPs sell Own Brand medication to include information on the Reference Product alternative and say that these are available from third parties, will reduce barriers to pet owners choosing to purchase medicines from third parties, including online. The RCVS hosting information on the written prescription process, will further aid pet owners. Our cap on fees for providing a written prescription will ensure that unreasonably high charges do not deter pet owners from requesting a prescription to use elsewhere and that the effect of medicines market opening remedies is not circumvented. To support the effectiveness of these measures, we recommend the RCVS amends its Codes and Guidance to reflect these requirements. We also recommend that the VMD revises its approach to publishing the list of authorised online retailers for small animal POM-V medication

to ensure that the list is kept up to date and can be more easily searched by pet owners seeking prescription medicines for their pets.

Improving consumer complaints and redress mechanisms

- 11.19 Requiring all veterinary businesses operating FOPs to ensure that each of their FOPs has and follows an in-house complaint process which meets certain minimum criteria will increase pet owners' awareness of how to complain and their options for doing so. It will ensure that complaints are acknowledged promptly by those businesses and are responded to fully within a reasonable timeframe. It will also support the businesses to assess the complaints they receive and to improve the services they provide.
- 11.20 Requiring veterinary businesses to engage in mediation in good faith where their in-house complaint processes have been exhausted and where pet owners would like to do so, will further support complaint resolution. The need to engage in mediation will also encourage the businesses to maintain or improve their in-house complaint processes and the quality of their services.
- 11.21 Linked with the above, the RCVS will initiate better access for pet owners to information about all the redress options open to them. Its collecting, analysing and publishing data and insights on complaints in the veterinary market for household pets will support continuous learning and improvements in the sector, to the benefit of pet owners and their pets.

Making it easier for FOPs to switch OOH provider

- 11.22 Limiting the notice period in OOH contracts to 12 months will reduce the barriers to FOPs switching OOH provider. FOPs will be better able to move to a new provider if they are dissatisfied with the quality or prices being offered by their existing one. This increases the competitive pressure on OOH providers.

Future regulatory reform

- 11.23 Given the expert nature of the professional services vets provide to pet owners, and the public and commercial interests those services pursue, an effective system of regulation is, in our assessment, an essential part of a well-functioning market for veterinary services. The significant role that veterinary businesses play in determining how veterinary services are delivered means that, in our view, it is essential that the regulatory regime applies to businesses and practices as well as individual veterinary professionals.
- 11.24 Reform of the existing statutory regime for the regulation of veterinary services in the UK will help address the AEC to which the current poorly designed and ineffective regulatory framework contributes. The current framework, in our view,

lacks the substantive requirements, and the monitoring, enforcement and redress mechanisms, necessary to support the competitive processes and outcomes we expect in a well-functioning market. A reformed framework will support pet owners to make informed choices about the services they buy, while incentivising veterinary businesses to offer prices and a range of services that will better meet the requirements and needs of pet owners and their animals.

- 11.25 Our recommendation to government is, in our judgement,¹⁷³⁹ essential to ensuring that the AEC we have identified will be comprehensively addressed over the long term.¹⁷⁴⁰ The reform of the existing statutory regime will complement the package of measures we have decided to impose by Order and help promote competition and protect pet owners while also safeguarding wider public interests including animal welfare. Defra's recently launched consultation on the reform of the Veterinary Surgeons Act 1966 is a welcome step in this regard.

Implementation, monitoring and enforcement

- 11.26 Our consideration of how the remedies can be implemented, monitored and enforced is set out in in general terms in part B, section 2 and in our assessment of each of the remedies in part B, sections 3 to 10 above.¹⁷⁴¹ In summary, we conclude that the remedies are capable of being effectively implemented, monitored and enforced. In relation to the monitoring of the remedies that we will put in place through our Order on veterinary businesses, the regulator, the RCVS, will have a key role in monitoring compliance with the remedies we will impose, as discussed in part B, section 2.¹⁷⁴² The CMA will be responsible for enforcing any Orders we put in place.

Timescale over which the remedies will take effect

- 11.27 In assessing the timescale over which the remedies are likely to take effect, we have considered:

- (a) the time we are allowing for implementation of the remedies following publication of our final report; and

¹⁷³⁹ Assuming that all elements were to be implemented by the government in response to our recommendation.

¹⁷⁴⁰ These elements are: to include veterinary businesses within the scope of regulation; that the regime be more outcomes-based rather than rules-based; that the regime sets baseline measures of quality and also provides for relative quality to be measured; that the regulation of veterinary professionals be strengthened; the introduction of more effective monitoring and compliance arrangements; reform of the approach to complaints and redress (beyond the requirements in relation to complaints and redress which we are proposing to introduce through our Order as part of this market investigation); the introduction of a consumer and competition duty for the regulator; and a revised form of governance and structure for the regulator to ensure that the regulator can effectively discharge its regulatory functions.

¹⁷⁴¹ Part B, section 2: Remedies: framework, form and implementation, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies and Medicines: prescription price controls and medicines price controls, section 6: Out-of-hours contracts, section 7: Cremations, section 8: Complaints and redress and section 9: Recommendations for future regulatory reform.

¹⁷⁴² Part B, section 2: Remedies: framework, form and implementation, subsection Implementation, monitoring and enforcement of remedies.

- (b) the time that it is likely to take for the remedies, once implemented, to remedy the AECs and resulting customer detriment.

- 11.28 We have set out the timelines between our Orders being made, or Undertakings being accepted, and the various remedy requirements coming into effect in part B section 2.¹⁷⁴³ Our consideration of the timescales over which the remedies are likely to take effect is set out in our assessment of each of the remedies, in part B, sections 3 to 10.¹⁷⁴⁴
- 11.29 As to the timeline for implementation of our remedies, we have taken into account the particular characteristics of the different types and sizes of businesses which will be subject to the remedies. We have decided on timescales for implementation that, in our judgement, will enable the remedies to be implemented as soon as is feasible, while imposing fair and proportionate requirements on different businesses.
- 11.30 We expect that the remedies will begin to have an effect shortly after initial implementation, as prescription fees are capped, complaint processes are reformed and sufficient and timely information becomes available. We expect that the effect of the remedies package as a whole will intensify over time, for example as pet owners become more accustomed to the options available to them and are more able and empowered to exercise choice, and an effective complaint process assists in ensuring that they continue to receive a high quality of service.
- 11.31 For those remedies where we are making a recommendation, it will be for each body to which we make a recommendation – the RCVS, the VMD and government – to consider the extent to which it will act on our recommendation and the timeline for doing so.
- 11.32 The RCVS will be able to act on many of our recommendations shortly after publication of our final report, though it will take a further period before the outcomes (such as a revised Codes or Guidance) are put into effect. To facilitate this, and to help ensure that our remedies package is effective quickly, we will¹⁷⁴⁵ make an Order to enable the payment of relevant monies to the RCVS by veterinary businesses, to fund its associated activities, as soon as possible after publication of our final report. We have decided that this should be in advance of making an Order to put in place the substantive requirements on veterinary businesses.

¹⁷⁴³ Part B, section 2: Remedies: framework, form and implementation, subsection Timescales over which the remedies will take effect.

¹⁷⁴⁴ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies and Medicines: prescription price controls and medicines price controls, section 6: Out-of-hours contracts, section 7: Cremations, section 8: Complaints and redress and section 9: Recommendations for future regulatory reform.

¹⁷⁴⁵ As explained in part B section 2.

- 11.33 The VMD will be able to act on both of our recommendations to it: i) to review and update its published guidance on price lists in the VMRs, and ii) to amend its approach to publishing the list of authorised online retailers, shortly after publication of our final report.
- 11.34 For government to act on our recommendations will require new legislation, which has a longer timescale, but we urge it to act as swiftly as possible. Defra's recent consultation on legislative reform is the start of that process.
- 11.35 In this context we note that a feature which is critical to our findings of an AEC in this market is the inadequate current statutory regime for regulation of veterinary services and the need for this to be reformed. This finding is explained in detail in part A, section 14.¹⁷⁴⁶ We can put in place CMA Orders (or accept undertakings) that will remedy the AEC and its resulting detrimental effects. In the short term, pending regulatory reform, such CMA Orders will, in our judgement, be essential.
- 11.36 However, in the interests of pets, pet owners and the veterinary profession, and in the wider public interest, acting on our recommendation to reform the existing regulatory regime (in all of the areas we have identified as in need of improvement), will secure the benefits of the remedies we put in place for the long-term. It will put regulation that ensures the market works well in the hands of an expert professional regulator.

Consistency of the remedies with laws and regulations

- 11.37 We expect that our remedies will be consistent with existing or anticipated future laws and regulations. Our recommendations to government to reform the statutory regulatory regime include that the remedies we put in place be made part of that regime.

Conclusion on the effectiveness of the remedies package

- 11.38 We conclude that each remedy is effective in addressing different concerns we have identified, for the reasons set out in part B, sections 3 to 10.¹⁷⁴⁷ As set out in this section, our further conclusion is that our remedies will work together as a package to address the AEC we have found in the market for vet services for household pets. We conclude that our package will be effective, too, in remedying the AEC we find in relation to outsourcing OOH services to a third-party provider.

¹⁷⁴⁶ Part A, section 14: Regulatory framework for veterinary services.

¹⁷⁴⁷ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies and prescription price controls and medicines price controls, section 6: Out-of-hours contracts, section 7: Cremations, section 8: Complaints and redress and section 9: Recommendations for future regulatory reform.

Proportionality of the remedies package

11.39 To assess the proportionality of the remedies package, we have considered whether the remedies:

- (a) are effective in achieving their aims;
- (b) are no more onerous than necessary to achieve their aims;
- (c) are the least onerous if there is a choice of effective remedies; or
- (d) produce disadvantages which are disproportionate to their aims.¹⁷⁴⁸

The remedies are effective in achieving their aims

11.40 As explained just above, we expect that the package of remedies will lead, over time, to the effective remedying of the AEC and resulting customer detriment we have found.

The remedies are no more onerous than necessary to achieve their aims

11.41 In designing our remedies, we have sought to avoid imposing costs and restrictions that go beyond what is needed for the remedies to be effective. We have sought to simplify or amend some of the remedies compared to those we put forward in our PDR. We have, for example:

- (a) reduced the number of items businesses must include on published price lists;
- (b) refined the proposed default written repeat prescription remedy such that pet owners who are prescribed long-term courses of medication must be provided with straightforward forms of additional information reminding them about their ability to request a written prescription and buy that medication elsewhere than at their FOP; and
- (c) changed the level of the prescription fee price cap to reflect more up to date analysis and information.

11.42 We have decided not to impose some of the remedies we consulted on. These include the development of a pet care plan calculator and the development of a nationwide pet owner survey.

11.43 Where possible the remedies build on existing processes and mechanisms that many veterinary businesses will have in place. We have designed the remedies so

¹⁷⁴⁸ This reflects the approach to assessing the proportionality of remedial measures as set out in paragraph 344 of CC3 and *Tesco v Competition Commission* (4 March 2009).

that they impose responsibilities on veterinary businesses which those businesses can oversee in respect of all their FOPs and other services they provide.

- 11.44 We have not identified another remedies package that would be less onerous and equally effective in remedying the AEC and resulting customer detriment. Where we have considered alternative remedies that would also be effective, we have assessed that they would represent more, rather than less, onerous alternatives.
- 11.45 We judge that the benefits of the remedies package are substantially larger than its cost. To inform our assessment of proportionality we have considered the different types of costs burdens that the package of remedies will impose on the different businesses affected and on the RCVS. We set these out in turn here.

Veterinary businesses

- 11.46 Many of our remedies will have an impact on veterinary businesses, particularly on those whose processes do not currently work as well as they could to support pet owners, for example in providing appropriate and timely information, an efficient system for providing written prescriptions or having adequate complaint processes. In this section, we set out the types of activities and costs which different parties might need to undertake or incur in complying with our remedies package.

Actions which veterinary businesses will need to ensure that all of their FOPs carry out

- 11.47 Veterinary businesses will have to evaluate their current systems and processes and change them where they do not comply with our remedies. They will also need to provide information to the RCVS. The actions needed will involve:
- **Ownership transparency:** changing signage, marketing materials and websites where veterinary businesses are part of an ownership group or common network with more than one FOP, or they provide FOP and other services¹⁷⁴⁹ as part of such a group or network, and the identity of the main entity in the group or network is not clear.
 - **Information on websites:** updating websites to include information on services, prices, cremation options, information to assess the value of pet care plans (where offered), information on how to complain and information on the written prescription process.

¹⁷⁴⁹ Including online pharmacies, referral centres, OOH practices, animal hospitals, diagnostic laboratories, pet crematoria, and related services.

- **Sharing information with the RCVS:** submitting an annual attestation that our remedies are being complied with,¹⁷⁵⁰ information to populate the Find a Vet website, information on complaints received¹⁷⁵¹ and other information the RCVS may request in order to monitor compliance with our remedies.
- **Producing information materials:** producing a poster and information about pet owners' options for buying medicines, and information on services, prices and how to complain.
- **Amendments to PMS(s):** making any changes necessary to accommodate the cap on the fee for a written prescription, to allow for itemised billing and written estimates for higher cost treatments (if not already common practice), to increase their efficiency in producing written prescriptions, to facilitate the provision of information to the RCVS and other enhancements to customer service such as providing receipts and providing information on the ability to obtain a prescription for repeat medicines.
- **Additional time in consultations and for administrative processes:** allowing for what we anticipate will be small additional amounts of time required during consultations to offer a written prescription (where appropriate) and provide a written estimate (where required). Allowing for administrative time to prepare the written (or digital) prescription, any written estimate (where required and if not already prepared in the consultation itself) and an itemised bill to the extent these are not happening already.
- **Review of policies and business practices:** to ensure that veterinary professionals are able to act in accordance with the RCVS Codes and Guidance, as well as in relation to the duration and number of written prescriptions.
- **Resolving complaints:** publishing and providing pet owners with an in-house complaint process, following this process when a complaint arises and engaging in mediation when the pet owner's complaint is not resolved in-house and the pet owner wishes to take the complaint to mediation.
- **Clear end of life options:** (where not already offered) meeting the requirement to offer a communal cremation, to clearly explain the end-of-life options and to offer time to decide.
- **Own Brand medication:** changing the labelling for any Own Brand medication, where the veterinary business supplies such medication,

¹⁷⁵⁰ Not applicable to veterinary business with only one FOP or site.

¹⁷⁵¹ Applicable to a sample of veterinary businesses.

informing pet owners of the Reference Product alternative and that this is available for purchase elsewhere.

RCVS levy – payments by veterinary businesses

- 11.48 We are requiring veterinary businesses to pay a share towards the cost of the RCVS levy. This levy is being introduced to ensure that the additional costs that will be incurred by the RCVS are recovered from veterinary businesses, not individual veterinary professionals. This levy will reimburse the RCVS for the costs that it will incur following the publication of this final report in preparing for the new activities that will be required of it, its initial set up costs and its anticipated future ongoing costs of undertaking these activities. These costs will be recovered from veterinary businesses in proportion to the number of FOPs they operate.

Online pharmacies

- 11.49 Veterinary businesses operating online pharmacies as well as FOPs or other services will be required to publish information on their ownership so that pet owners can more easily discern links between different brands or entities operating in the veterinary services sector. Where this is not currently clear, veterinary businesses will need to adapt their websites to reflect their ownership links.

Referral centres

- 11.50 Businesses operating referral centres will be required to publish information on their websites, including information about their services and prices. They will also need to provide this information to the RCVS for inclusion on Find a Vet. This will involve updates to a website (where the information is not currently provided) and some time to collate and transmit information.
- 11.51 Where a veterinary business operates referral centres as well as FOPs or other services as part of an ownership group or common network, it will be required to publish information identifying the main entity in the group or network,¹⁷⁵² again so that pet owners can more easily discern links between different brands or entities operating in the veterinary services sector.

Cremation providers

- 11.52 Veterinary businesses operating crematoria as well as FOPs or other services as part of an ownership group or common network will similarly be required to publish

¹⁷⁵² On websites, physical signage and other materials.

information identifying the main entity in the group or network,¹⁷⁵³ so that pet owners can more easily identify the links between them.

- 11.53 Cremation providers will be required to publish pricing information for the services they offer direct to pet owners, including separating out charges for any optional add-ons.

Providers of OOH services

- 11.54 Third party providers of out-of-hours services will need to ensure that any future contracts do not have notice periods of more than 12 months and, for any existing contracts which have longer notice periods, write to the counter-parties to those contracts to confirm that (i) these longer notice periods will not be enforced, and (ii) termination charges cannot be imposed when at least 12 months' notice of the ending of the contract has been given and served. Alternatively, they can amend those contracts.¹⁷⁵⁴

Additional activities for the RCVS

- 11.55 There are various actions that the RCVS will be required to take as a result of undertakings it provides to us (or of an Order we make). There could in addition be further actions it will take in response to our recommendations.
- 11.56 The activities that we are requiring of the RCVS are:
- **Monitor compliance with certain CMA remedies:** receive and check annual attestations received from veterinary businesses with more than one FOP, conduct spot checks and other relevant monitoring activities and communicate non-compliance to the CMA. The annual attestations will cover each business's compliance with remedies including: transparency remedies (such as information on ownership, price lists); requirements to provide a written estimate and itemised billing; the requirement to have policies and processes in place to ensure their veterinary professionals are able to act in accordance with the RCVS Codes and Guidance; all medicines remedies (such as on information provision, the prescription fee price cap and Own Brand information); the requirements on cremations, and having a complaints process which meets the specified criteria. Businesses can submit a single attestation covering all of their FOPs.

¹⁷⁵³ On websites, physical signage and other materials.

¹⁷⁵⁴ Veterinary businesses that provide outsourced out-of-hours services and also operate FOPs, online pharmacies, referral centres, animal hospitals, diagnostic laboratories, pet crematoria, and/or related services, will also, as described above, need to ensure that the common identity of all these services is clearly and prominently communicated to pet owners.

- **Expand Find a Vet:** Collate information from FOPs and referral centres and present it on the Find a Vet platform; adapt and improve the search functionality of the platform; review requests from third parties to access the data collected for Find a Vet where these third parties meet standards of security, reliability, transparency and fair competition.
- **Written estimates:** Publish the level of Monetary Threshold above which veterinary businesses will be required to ensure that pet owners are provided with a written estimate for treatments.
- **Complaints:** Collect, analyse and regularly publish data and insights on complaints and use this to support continuous learning among veterinary businesses and professionals and inform the broader regulation of the market. Develop and publicise a decision tree to help pet owners navigate the different routes to redress when they have a complaint. Contract with an Alternative Dispute Resolution (**ADR**) provider which offers mediation services to relevant veterinary businesses operating FOPs.
- **Develop and provide information for consumers:** on registered online (small animal) pharmacies and guides for pet owners on how to use them, on financial thresholds for getting written estimates, standardised literature and information about the written prescription process.
- **RCVS levy:** provide estimates of the costs that it expects to incur in carrying out the actions that the CMA requires it to take, in order to inform the calculation of the levy to be payable by veterinary businesses.

11.57 We are recommending that the RCVS does the following:

- **Information provision to the RCVS:** Engage with the veterinary sector and providers of PMS services to support standardisation of data types and formats to better enable veterinary businesses to submit data to the RCVS.
- **Find a Vet:** User testing of its enhanced Find a Vet platform, exploration of additional functionality over and above those we are requiring it to develop. Conduct activities, such as marketing, to increase pet owner awareness.
- **Update the Codes and Guidance:** To reflect our requirements for pet owners to be provided with a written estimate for higher cost treatments, itemised billing and information on written prescriptions.
- **Prescribing guidelines:** Review its prescribing guidelines to assess whether these provide sufficient clarity on recommendations on the duration of prescriptions for flea, tick and worm medication.

- **Pet owner survey:** Explore the possibility of a practice-level survey mechanism that could be used to gauge pet owner satisfaction and provide signals of perceived quality that help drive competition.
- **Quality indicators:** engage with relevant stakeholders to improve the current PSS as a quality signal in advance of wider reform of the regulatory framework.
- **Voluntary accreditation scheme:** engage with relevant stakeholders to support its design of a voluntary accreditation scheme as part of a reformed regulatory framework.

Estimates of the costs of the remedies applicable to businesses

- 11.58 We do not anticipate that the costs of our remedies relating to online pharmacies, referral centres, cremation providers or third party out-of-hours providers will be significant. Most of the remedies will require them to undertake only a limited set of actions.¹⁷⁵⁵
- 11.59 We therefore focus here on the costs to veterinary businesses in respect of their FOPs. We consider several categories of costs. In this section, we assess direct costs on the businesses from activities they will need to undertake and an industry levy to fund additional activities carried out by the RCVS. Later, we consider possible adverse impacts on smaller businesses that might arise as a result of our remedies.

Direct costs on businesses

- 11.60 In part B, sections 3 to 8 we set out our assessment of the costs to businesses of implementing and complying with the individual remedies and, as we set out below, we consider that the expected benefits from our remedies package will substantially outweigh the likely costs.¹⁷⁵⁶
- 11.61 The cost estimates are based on the information currently available to us. We have been able to quantify some of the costs (as outlined in the following sub-section). For other aspects, we have produced a qualitative assessment based on the activities likely to be involved and our understanding of veterinary businesses' operations.

¹⁷⁵⁵ Where the costs to businesses in respect of those other services may be more significant (for example, in making sure that they are commonly branded so as to identify the main entity in their ownership group or common network), we consider these costs as part of our assessment of businesses' costs in respect of their FOPs.

¹⁷⁵⁶ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies, section 6: Medicines: prescription price controls and medicines price controls, section 7: Out-of-hours contracts, section 8: Cremations, section 9: Complaints and redress and section 10: Recommendations for future regulatory reform.

- 11.62 The nature and extent of these costs will vary depending on the specific remedy and on the processes and systems in place in businesses when the remedies come into force. For many of the remedies, for example itemised billing and price lists on websites, we expect that businesses will be required to incur some low to moderate one-off initial set up costs, followed by relatively negligible recurring costs. The scale and nature of compliance monitoring costs will vary depending on the structure of the veterinary business. Veterinary businesses that operate multiple FOPs and offer multiple services will likely incur higher ongoing compliance monitoring costs such as to collate information from each of their premises, to inform a business-wide attestation to the RCVS, than veterinary businesses operating a single FOP.
- 11.63 For some remedies we expect the initial one-off costs for some businesses to be more significant. For example:
- (a) a business that does not already have in place in its FOPs an adequate in-house complaint process will need to make some initial expenditure to put in place arrangements which fulfil the requirements (although it can make use of the template we are developing); and
 - (b) veterinary businesses that are part of ownership groups or common networks that do not currently make clear the identity of the group's or network's main entity are likely to incur more significant costs in adopting common branding.¹⁷⁵⁷
- 11.64 For other remedies, there are no direct monetary costs but some small impacts on vets' time. These include, for example, the time involved in telling pet owners during relevant consultations that they can obtain written prescriptions.
- 11.65 We recognise that our package of remedies will impose a cumulative set of costs on veterinary businesses. While we estimate that the costs of many of the individual remedies will be low, the cumulative cost of the package is relevant to our assessment of its proportionality. The cumulative burden can be greater than the sum of the costs of the individual remedies.
- 11.66 However, businesses can realise efficiencies arising from synergies in implementing individual remedies together in a planned and coordinated manner. We note in this connection that a number of the remedies will require veterinary businesses to add to mechanisms and processes most will likely already have in place at their practices. For example, most have websites, produce practice literature and pet owner communications, and operate a PMS or other patient record-keeping systems. These will be updated from time to time in any event. The

¹⁷⁵⁷ In this regard, though, we also note that two LVGs that do not currently operate using a common brand – CVS and IVC – have announced their intentions to adopt common branding across their groups. That, we consider, reflects what should be happening in a WFM and some of the costs at least are costs they should incur in any event.

costs of implementing the CMA remedies that involve these¹⁷⁵⁸ will in those cases be more in the nature of costs brought forward in time, with some incremental sums added.

Industry levy to fund RCVS activities

- 11.67 The remedies applicable to the RCVS will have associated costs, such as additional staff time and investment in new IT processes. We have decided that these costs will be recoverable through a combination of the payment of professional fees and from a levy imposed by the CMA on businesses.
- 11.68 Of the respondents to the PDR who referred to how the costs of the remedies should be borne, the majority told us that the cost of implementing and regulating remedies should fall to veterinary businesses, based on their size, rather than being covered by the individual membership fees that vets and veterinary nurses pay to the RCVS:
- (a) One respondent to the PDR stated that it was not reasonable or proportionate to impose the costs of remedies on veterinary surgeons and nurses 'given that the investigation is into veterinary businesses, not veterinary staff'.¹⁷⁵⁹
 - (b) The British Veterinary Union told us that, 'it would be completely unacceptable for the membership fees of individual vets and veterinary nurses to cover the costs associated with business regulation'.¹⁷⁶⁰ It considered that the levy should be proportionate to the size of the veterinary business.
- 11.69 One respondent to the PDR told us that a levy was unfair as vets had no say or control over it and, in their view, the cost would ultimately be passed on to pet owners.¹⁷⁶¹
- 11.70 Pets at Home has noted that, [REDACTED].¹⁷⁶²
- 11.71 In our view, it is appropriate that the activities which relate to regulating veterinary businesses be funded by a levy on these businesses, whereas those which are more closely related to the RCVS' professional leadership role, and which can be seen as an extension of its current activities, should be covered from professional

¹⁷⁵⁸ For example, requirements to update FOP websites with pricing information and ownership information, requirements to produce written materials to inform pet owners about requesting written prescriptions and amending and updating pet owners' records in relation to repeat medication prescription defaults.

¹⁷⁵⁹ Individual [REDACTED] response to the PDR, p 2.

¹⁷⁶⁰ BVU response to the PDR, paragraph 20.

¹⁷⁶¹ Town Vets response to the PDR, p 7.

¹⁷⁶² Pets at Home, response to the PDR, p 9.

fees levied on individual vets and vet nurses. In other words, the regulated party should pay for its regulation.

11.72 The activities that will be funded by the levy on veterinary businesses are:

- (a) Monitoring our Order on veterinary businesses.¹⁷⁶³
- (b) Improving the functionality of the expanded Find a Vet website.¹⁷⁶⁴
- (c) Gathering information from veterinary businesses to present on the Find a Vet website and operating it on an ongoing basis.¹⁷⁶⁵
- (d) Contracting with an approved ADR provider which offers mediation services to relevant veterinary businesses operating FOPs.¹⁷⁶⁶
- (e) Developing and sharing materials relating to medicines and prescriptions and to help pet owners to engage with processes on complaints and redress.¹⁷⁶⁷
- (f) Collecting, analysing and publishing on an annual basis data and insights on complaints in the veterinary market for household pets.¹⁷⁶⁸

11.73 The RCVS's activities in updating the Codes and Guidance will be funded by individuals' professional fees.

11.74 We have been working with the RCVS to develop our estimate of the costs it would incur to implement the remedies. These estimates fall into four categories:

- (a) One-off initial set up costs: around [£] (excluding contingency of 15%);
- (b) Ongoing operating costs: around [£] each year;
- (c) Ongoing monitoring costs: around [£] each year;
- (d) Ongoing additional VCMS costs: around [£] each year.¹⁷⁶⁹

11.75 All estimates in this section are stated inclusive of VAT and employment costs (including pension contributions and national insurance). They do not include an additional 15% for contingencies.

¹⁷⁶³ Part B, section 2.

¹⁷⁶⁴ Part B, section 3, remedy 3.

¹⁷⁶⁵ Part B, section 3, remedy 3.

¹⁷⁶⁶ Part B, section 9, remedy 15.

¹⁷⁶⁷ Part B, section 9, remedy 16a.

¹⁷⁶⁸ Part B, section 9, remedy 16b.

¹⁷⁶⁹ The RCVS has told us that these estimates include some employment costs, including pension contributions and national insurance, but do not include a 15% contingency.

One-off initial set up costs

- 11.76 One-off initial set up costs mainly comprise the cost of setting up the required processes and systems to collect, host and organise data for enhancing the Find a Vet website. They also relate to changes and additions to RCVS' central functions, such as finance, registration, information technology and human resources.
- 11.77 Based on our discussions with the RCVS, one-off initial set up costs are estimated to be around [REDACTED].¹⁷⁷⁰
- 11.78 In the PDR, we noted that the RCVS, [REDACTED], had provided the CMA with a cost estimate of [REDACTED] (excluding RCVS staffing and other internal costs) for collecting, hosting and organising the data. Since the PDR was published, the RCVS, [REDACTED], has provided us with an updated cost estimate of [REDACTED] to set up the required processes and systems to collect, host, and organise the required data (including RCVS staffing and other internal costs), and [REDACTED] per year of ongoing IT costs relating to these requirements.¹⁷⁷¹

Ongoing operating costs

- 11.79 Ongoing operating costs relate to running RCVS' central functions and technology after they have been set up. In the PDR, we said that we expect ongoing costs to be lower than the initial set-up costs. The RCVS has confirmed that this is consistent with its expectation. It estimates these costs to be around [REDACTED] each year.¹⁷⁷²

Ongoing monitoring costs

- 11.80 The estimate of ongoing monitoring costs refers to three activities which the RCVS will undertake:
- (a) Receiving, recording, analysing and reporting on complaints about non-compliance;
 - (b) Receiving and reviewing attestations from veterinary business with more than one FOP or site; and
 - (c) Routine monitoring of compliance.
- 11.81 Most of the ongoing monitoring cost is expected to relate to managing information about complaints and attestations. In the PDR, we estimated that the ongoing

¹⁷⁷⁰ Including VAT and some employment costs, such as pension contributions and national insurance, but excluding contingency of 15%.

¹⁷⁷¹ RCVS response to CMA request for updated costs of transparency remedies.

¹⁷⁷² Including VAT and some employment costs, such as pension contributions and national insurance but excluding contingency of 15%.

monitoring costs might be around £1.5million annually. The RCVS now estimates them at around [£1.5m] each year.¹⁷⁷³

Ongoing additional VCMS costs

- 11.82 The RCVS estimates that, in order to fund the provision of a mandatory VCMS (with other changes), the additional cost would be around [£1.5m] each year.¹⁷⁷⁴

How the costs must be apportioned

Apportionment of one-off initial costs

- 11.83 We have decided that each (small animal) FOP should contribute an equal share towards one-off initial costs, estimated to be around the sum of [£150 to £250]. This equates to around [£150 to £250] per FOP.¹⁷⁷⁵

Apportionment of ongoing costs

- 11.84 The levy to cover the RCVS's costs relating to veterinary businesses will be paid by those businesses in proportion to the number of FOPs they operate.¹⁷⁷⁶ If ongoing operating and monitoring costs are [£350 to £450] annually, as estimated by the RCVS,¹⁷⁷⁷ this equates to around [£350 to £450] per (small animal) FOP site. If we add a further 30% uplift to take into account that the estimates exclude some costs, such as national insurance, the figure becomes around [£450 to £550] per site. This is lower than the current £580 per FOP fee for PSS membership.
- 11.85 We have considered whether there may be some advantages in taking an alternative approach, such as weighting the fees by the capacity of the veterinary business, for example on the basis of the number of FTE vets or of turnover of the business, or by taking into account businesses' other activities as well the number of their FOPs.¹⁷⁷⁸ However, gathering and updating the relevant information to do this would be a more substantial administrative burden that is unlikely to be justified given the small difference it would make to the fees.¹⁷⁷⁹
- 11.86 We have also decided that veterinary businesses operating FOPs should fund the mediation service contracted by the RCVS. This will similarly be apportioned on a

¹⁷⁷³ Including VAT and some employment costs, such as pension contributions and national insurance but excluding contingency of 15%.

¹⁷⁷⁴ Including VAT and some employment costs, such as pension contributions and national insurance but excluding contingency of 15%.

¹⁷⁷⁵ As discussed in part A, section 2: Context for the veterinary services market, there were 4,417 small animal FOPs in the UK as of May 2025.

¹⁷⁷⁶ Part B, section 2: Remedies: framework, form and implementation.

¹⁷⁷⁷ [£350] ongoing operating costs + [£100] ongoing monitoring costs.

¹⁷⁷⁸ For example, including where they have vertically integrated online pharmacies or other services, as suggested by Pets at Home in response to the PDR.

¹⁷⁷⁹ Noting the fairly small sums payable per FOP and that only a proportion of these would be redistributed.

per (small animal) FOP basis. The VCMS cost [£50-£150] per small animal FOP in 2023/24.¹⁷⁸⁰ If costs were to rise by between 44% and 67%, in line with the increase in complaints predicted by the VMCS, this would lead to a cost per FOP of between [£100-£200] and [£100-£200] per year.¹⁷⁸¹

- 11.87 The activities involved in monitoring compliance with the CMA remedies will be focused on the receiving and checking of attestations from veterinary businesses, requesting and reviewing further information as needed and communicating non-compliance to the CMA, as we have described above. There can also be a role for spot checks, for example reviewing websites to check for compliant price lists or checking physical signage at practices. These can be done on the basis of risk, if there had been previous evidence of non-compliance at a particular FOP or at others in the same group or network.¹⁷⁸² The RCVS has told us that it intends to conduct physical inspections in combination with regular Practice Standards Scheme (PSS) inspections where this is feasible.

Costs and benefits

- 11.88 The total costs that the package of remedies will impose on veterinary businesses are not insignificant. However, they are limited by the way the remedies build, in many cases, on what businesses are (or should be) already doing. These are the costs of measures that will help create a WFM.
- 11.89 Moreover, the remedies will produce substantial benefits to competition, addressing, for example, big gaps in the information available to pet owners about services and prices, and in the regulation of veterinary businesses, as well as barriers that hinder pet owners from acting on information and giving effect to choices that drive competition. We estimate that, in a market where competition is weakened by those features, customer detriment is in the order of around £1 billion over 5 years, based on estimates of the profitability of a significant portion of the market.
- 11.90 Our remedies will address a substantial element of that detriment. Only 25% of pet owners reported taking price into account when choosing a FOP,¹⁷⁸³ with 58% reporting being satisfied with the prices they pay.¹⁷⁸⁴ Only 45% of pet owners reported comparing more than one FOP when choosing which to use.¹⁷⁸⁵ Pet

¹⁷⁸⁰ The cost of the VCMS was [£] between November 2023 and October 2024. VCMS response to RFI 3. As discussed in part A, section 2: Context for the veterinary services market, there were 4,417 small animal FOPs in the UK as of May 2025.

¹⁷⁸¹ Uncertainty about how the mix of complaints handled by the VCMS will change over time means the VCMS has been unable to forecast how costs per complaint may change. VCMS response to RFI 4, Q1, [£]. Therefore, our estimate of costs assumes the current cost per complaint is maintained.

¹⁷⁸² Over time, where veterinary businesses demonstrate compliance the need for such checks (and their costs to the RCVS and businesses) would reduce.

¹⁷⁸³ Pet owners survey, Q13 and Q14. This includes respondents that have been with their FOP for less than 10 years.

¹⁷⁸⁴ Pet owners survey, Q55b. Excludes 4% of respondents that said they could not recall or did not give a view.

¹⁷⁸⁵ Pet owners survey, Q12b. Excludes 6% of respondents that said they could not recall.

owner awareness of their ability to obtain a written prescription for medicines was limited to 57%,¹⁷⁸⁶ and only 30% reported comparing prices at third party retailers including online pharmacies,¹⁷⁸⁷ even though they can make savings of between £200 to £300 per year if they buy commonly prescribed medicines online.¹⁷⁸⁸ Our remedies will help all of those pet owners¹⁷⁸⁹ make and act on informed choices that put the price and quality of the services offered by veterinary businesses under the competitive pressure we would expect where the market works well.

- 11.91 On any reckoning (and noting that we have been able to quantify some of them and qualitatively assess others), the costs of our package of remedies will be substantially lower than the benefits it will yield.

Timelines to implement the individual remedies

- 11.92 As part of assessing the proportionality of our remedies package, we have considered the appropriate timescales for implementation. In doing this, we wish to balance the need to address the customer detriment as early as possible with allowing a reasonable time for parties to make necessary changes to comply.
- 11.93 Our assessment is that we have identified a proportionate approach which allows for timely improvements in the pet owner experience without placing an unreasonable burden on business.

Veterinary businesses

- 11.94 In response to our PDR, of those respondents who commented on the timelines to implement individual remedies, most expressed the view that the timelines set out in the PDR were too short. This view was shared by smaller and larger veterinary businesses. The various submissions can be helpfully grouped under different discrete points.

Overall time to implement package of remedies

- 11.95 Respondents on behalf of Ferndown Family Vets submitted that a transition period of several years might be needed to allow veterinary practices time to ‘adjust their charging in response to a potential shift [by pet owners] to online/local pharmacies’.¹⁷⁹⁰ They suggested that the timelines set out in the PDR could prompt ‘a panic to avoid significant financial losses and potential redundancies /

¹⁷⁸⁶ Pet owners survey, Q91.

¹⁷⁸⁷ Pet owners survey, Q98. Excludes 9% of respondents that said they tried to compare prices but could not find information.

¹⁷⁸⁸ As set out in as set out in part A, section 11: Veterinary Medicines. Source: CMA analysis of LVG RFI responses from [§] and [§]. The methodology used for this analysis is set out in more detail in Appendix I: Supporting evidence on veterinary medicines.

¹⁷⁸⁹ Indeed, all pet owners.

¹⁷⁹⁰ Ferndown Family Vets Template, response to the PDR, section 11.

practice closure¹⁷⁹¹ which could result in a situation where medicine prices were still high and professional fees had increased.

- 11.96 FIVP expressed a similar view: 'If more time is provided for practices to adapt to changes, more sympathetic pricing models could be developed to spread the cost for clients and help them adapt to change (gradual fee increases, subscription models).'¹⁷⁹²

Timelines for implementation and PMS

- 11.97 Many respondents told us that they had concerns about the ability of veterinary businesses to implement the remedies using their existing PMS and that it would take several months for their PMS to be upgraded or replaced:
- (a) Many veterinary professionals from smaller veterinary businesses provided a template response which stated that 'several proposed remedies — including same-day prescriptions, automatic data uploads to comparison sites, and digital complaints systems — rely on infrastructure not yet available within most practice management systems'. They recommended an 18-month implementation period and close collaboration with PMS developers, the RCVS and professional bodies.
 - (b) Medivet stated that implementation of the package would require the allocation of significant resources and an increased workload on vets, including a 'major IT systems overhaul, requiring a minimum six-month cycle for design, testing and safe implementation across the entire estate'.¹⁷⁹³
 - (c) VetPartners submitted that the package of remedies set out in the PDR would require changes to PMS that might not be feasible.¹⁷⁹⁴
- 11.98 Our Veterinary Advisory Panel told us that the market for supplying PMS services was very fragmented. They expressed the view that, broadly speaking, the overall quality of the products resulted from a lack of money in the sector for development.¹⁷⁹⁵

Differentiation based on size, ownership or location of veterinary business

- 11.99 In response to the PDR, only a small number of respondents expressed views on whether there should be different timelines for different sizes of veterinary business. These respondents had mixed opinions.

¹⁷⁹¹ Ferndown Family Vets Template response to the PDR, section 11.

¹⁷⁹² FIVP response to the PDR, paragraph 1.11

¹⁷⁹³ Medivet response to the PDR, paragraph 41.

¹⁷⁹⁴ VetPartners response to the PDR, paragraph 102.

¹⁷⁹⁵ Discussion with the CMA's Veterinary Advisory Panel, 14 January, p 1.

- 11.100 A very small minority submitted that smaller veterinary businesses could be unfairly impacted by the remedies if the implementation timelines did not take into account their resource constraints.¹⁷⁹⁶ For example, one response suggested that there should be longer implementation timelines for smaller businesses to ensure that changes could be made without undermining day-to-day operations.¹⁷⁹⁷
- 11.101 There was a wide consensus that smaller veterinary businesses faced additional IT barriers:
- (a) FIVP told us that:
 - (i) 'LVGs are in an advantageous position as they can apply pressure upon a single IT provider to make changes whereas this is not the case within the independent sector'.¹⁷⁹⁸
 - (ii) 'The prospect of rapid widespread adoption of prescribing within a crude manual system with so many flaws and challenges is simply not practical in our opinion. Time has to be provided to allow the IT solutions and pricing models to adapt. We recommend a phased rollout starting with repeat prescriptions for chronic conditions only, with impact monitoring at 6 and 12 months before full extension'.¹⁷⁹⁹
 - (b) Another respondent representing a smaller veterinary business suggested that a timeline of 24 to 36 months was appropriate to, 'allow technology in the vet world and especially the independent vet world time to catch up'.¹⁸⁰⁰
- 11.102 One respondent, representing a larger veterinary business that was not an LVG, proposed that the threshold for shorter timescales should be defined as the six LVGs, rather than those with 15 FOPs or more. They explained that, in their view, this fairly reflected market structure and implementation capability. It considered that 15 FOPs was 'too low to assure feasibility for non-LVGs that lack leverage over third-party PMS vendors'.¹⁸⁰¹
- 11.103 Pets at Home told us that implementation timelines of six months for larger veterinary businesses and 9 months for smaller businesses would be more realistic and proportionate, 'in particular given the heavy penalties potentially applicable in the event of failure to comply'.¹⁸⁰²

¹⁷⁹⁶ Priory Veterinary Group response to the PDR, section 6.

¹⁷⁹⁷ MerlinVet-cel Ltd response to the PDR, section 3.1.

¹⁷⁹⁸ FIVP response to the PDR, paragraph 1.11.

¹⁷⁹⁹ FIVP response to the PDR, paragraph 1.11.

¹⁸⁰⁰ Scott Veterinary Clinic response to the PDR, p 4.

¹⁸⁰¹ Animal Trust Vets CIC response to the PDR, p 3.

¹⁸⁰² Pets at Home response to the PDR, p 9.

Several LVGs expressed the view that there should not be different implementation timelines for smaller and larger veterinary businesses.

- (a) Linnaeus stated that ‘in most cases there is no reason why practices owned by LVGs would be able to implement the changes in a shorter time than independent FOPs and smaller groups’.¹⁸⁰³
- (b) VetPartners submitted that split timetables would add costs, confuse consumers and unjustifiably punish practice teams at LVG-owned practices.¹⁸⁰⁴
- (c) CVS told us that it had concerns with a staggered implementation timeline, which differentiated between LVGs and independent FOPs.¹⁸⁰⁵ It submitted that requiring larger veterinary businesses to publish their price lists three months before smaller veterinary businesses ‘could clearly have the unintended consequence of dampening natural price competition, as independents would have a considerable window of time in which to adjust their pricing and potentially align with the LVGs’.¹⁸⁰⁶ In its view, all remedies should be implemented for all parties on the same timeline.¹⁸⁰⁷

11.104 VetPartners also told us that a single remedies implementation timetable for veterinary businesses regardless of their ownership model was necessary for legal certainty and effective delivery at the practice level. It believed that any differentiation by ownership would be arbitrary and distortive. It gave three reasons for this view:

- (a) ‘ownership is not a market feature causing an AEC,
- (b) the work on implementing the remedies would largely take place at the practice level, and
- (c) independents have in many cases access to similar central operational support as LVG-owned practices through, for example, buying groups’.¹⁸⁰⁸

11.105 A very small minority of respondents told us that there should be different implementation timelines based on location, for example, where property and wage costs are higher.

11.106 Our Veterinary Advisory Panel told us that the main factors affecting the practicability of different remedy timelines include the size of veterinary practices, the number of branches, the technology available, the management team structure

¹⁸⁰³ Linnaeus response to the PDR, paragraph 1.12 (a)

¹⁸⁰⁴ VetPartners response to the PDR, paragraph 102

¹⁸⁰⁵ CVS response to the PDR, p 9.

¹⁸⁰⁶ CVS response to the PDR, p 9.

¹⁸⁰⁷ CVS response to the PDR, p 9.

¹⁸⁰⁸ VetPartners response to the PDR, paragraph 102

and the availability of key staff.¹⁸⁰⁹ It suggested that, for many of the remedies, it would be less burdensome to have an implementation timeline that was sequential rather than simultaneous. It explained that three months, generally, looks reasonable for many remedies when considered individually, but implementing them at the same time would create logistical issues.¹⁸¹⁰

- 11.107 Our Veterinary Advisory Panel also told us that, in its view, large firms already had a lot of administrative support, and the smallest practices had small staff bodies so sharing information with them was more streamlined. In its view, it would be the practices in the middle that might struggle the most. Some members explained that these mid-sized practices might have difficulty implementing remedies consistently since even holding a team meeting could be challenging and this could slow down their ability to introduce changes.¹⁸¹¹
- 11.108 Our Veterinary Advisory Panel expressed the view that there should be different implementation timelines for FOPs with 15 or more practices.¹⁸¹²
- 11.109 In considering these responses about the implementation timelines, we need to balance a number of issues. These include recognising that the actions to be taken by individual veterinary businesses for each of the remedies will differ for different business, depending on various factors. These include their current operating practices and policies,¹⁸¹³ the PMS they use, their current approach to informing pet owners of their ability to obtain medicines for their pets elsewhere, their current level of medicine prescription fee and their current practice in relation to providing estimates for treatments and itemised billing. The level of administrative resources, as opposed to veterinary professionals' time, that a business can devote to implementing the remedies is also relevant.
- 11.110 Some of these factors will mean that some veterinary businesses would benefit more from longer timelines for implementing the remedies than others. However, the longer the time we provide for implementation, the longer the customer detriment arising from the AECs will endure.
- 11.111 We have taken account of both the combined costs of implementing each of the individual remedies and the burden of requiring businesses to implement various remedies in parallel, and the need to ensure that the remedies are brought into effect in as timely a manner as possible.
- 11.112 While in principle each of the individual remedies can be implemented on shorter timelines than we are allowing for, we consider it important, in recognition of many

¹⁸⁰⁹ Discussion with the CMA's Veterinary Advisory Panel, 14 January, p 4.

¹⁸¹⁰ Discussion with the CMA's Veterinary Advisory Panel, 14 January, p 4.

¹⁸¹¹ Discussion with the CMA's Veterinary Advisory Panel, 14 January, p 5.

¹⁸¹² Discussion with the CMA's Veterinary Advisory Panel, 14 January, p 5.

¹⁸¹³ For example, whether they provide services as part of an ownership group or common network in which the identity of the main entity is not made clear to pet owners.

of the points made to us, to provide individual veterinary businesses with a degree of flexibility to best manage the cost and operational impacts of implementation. Our view is that the best way to do this is to provide businesses a sufficient period of time within which they can choose how to prioritise and give effect to the implementation of the different remedies and do this in a way which allows them to best coordinate implementation and secure any efficiencies arising from available synergies in implementation.

- 11.113 In taking this approach, we have been mindful of the potential differences in the capability of different veterinary businesses to implement the remedies. While there is likely no clear, single threshold that would apply across the whole market, taking account of the responses we received on this point we have decided that smaller veterinary businesses, specifically those with fewer than 15 FOPs, should have longer to implement the majority of the remedies.
- 11.114 Our differentiated approach recognises, consistent with some of the submissions we received, that smaller businesses will in general face greater implementation challenges to which they can devote fewer administrative resources. They often require a greater degree of flexibility to enable them to implement the remedies in as efficient a way possible and to adapt to the more competitive market that will result. The differential timelines for implementation are reflected in the descriptions of each individual remedy in part B, sections 3 to 8.¹⁸¹⁴ Taking this approach will help to ensure that the overall package of remedies is proportionate.
- 11.115 Further, as outlined in part B section 2 and explained in more detail in part B sections 3 to 8, while we have decided to maintain the distinction in implementation periods between larger veterinary businesses and smaller veterinary businesses, for some of the remedies we have increased the time period for implementation from that we consulted on in the PDR. This will further help to ensure that the overall package of remedies is proportionate.

Activities that the RCVS would carry out as a result of an undertaking or a CMA order

- 11.116 In determining our view of the timelines for the set of actions that we have decided should be implemented by the RCVS, we have taken a similar approach to that for the remedies to be implemented by businesses. We recognise that the range of remedies to be implemented by the RCVS will, in combination, be a significant addition to its current activities. In order to allow the RCVS to best manage the cost and operational impacts of the requirements that will be imposed on it, the timelines for each of the individual remedies in part B, sections 3 to 8 seek to

¹⁸¹⁴ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies and prescription price control, section 6: Out-of-hours contracts, section 7: Cremations, section 8: Complaints and redress.

provide the RCVS with flexibility for it to choose how to prioritise and give effect to the implementation of the different remedies.¹⁸¹⁵

Recommendations to government and the RCVS

- 11.117 Our remedies package includes recommendations that we are making to government and the RCVS. It will be for each body to which we make a recommendation to consider the extent to which it would act on our recommendation and the appropriate timescales for doing so, but in each case we urge that the action be comprehensive and swift.

We consider that our package is the least onerous that would be effective in addressing the AECs

- 11.118 For some remedies, we have considered alternatives which we have decided not to take forward. This is generally because the costs and burdens associated with the alternatives would, in our assessment, be greater than those of similarly effective remedies, or because they would be liable to produce unintended adverse consequences. Where this is the case, we explain our assessments in part B sections 3 to 9 and in Appendix N.

The remedies do not produce disadvantages which are disproportionate to their aims

- 11.119 We have heard concerns that our remedies might produce adverse effects or have unintended consequences. Specifically, respondents to our RWP¹⁸¹⁶ and PDR suggested that our remedies package might:
- (a) Create an additional burden for vets such that consultation times need to be increased, either reducing the number of consultations or causing consultation fees to rise, either of which can reduce access to veterinary services.
 - (b) Impose a proportionally higher burden on smaller businesses, which are unlikely to have dedicated administrative or compliance teams (as the LVGs might) and for which any costs would be divided over a much smaller number of FOPs.
 - (c) Lead to various adverse effects in relation to the provision of medicines:

¹⁸¹⁵ Part B, section 3: Pet owner empowerment remedies, section 4: Choice of treatments, referrals and diagnostics, section 5: Medicines market opening remedies and prescription price control, section 6: Out-of-hours contracts, section 7: Cremations, section 8: Complaints and redress and section 9: Recommendations for future regulatory reform.

¹⁸¹⁶ CMA summary of RWP responses.

- (i) FOPs will be at a competitive disadvantage compared to online pharmacies;
 - (ii) There will be significant increases in prices for veterinary services at FOPs to compensate for lost medicine revenues;
 - (iii) Vertically integrated LVGs will benefit, as volumes of medicines sold at online pharmacies increase;
 - (iv) Costs for pet owners will increase from vets producing more written prescriptions;
 - (v) There will be an increased risk of prescription fraud; and
 - (vi) There will be an overall adverse impact on animal welfare.
- (d) Prompt a 'race to the bottom' in which quality of services would be degraded as a result of an undue focus on price.

We respond to each of these in turn.

More pressure on consultation times

- 11.120 Some respondents to our PDR said that our remedies would add to consultation times, increasing prices and harming animal welfare (where fewer consultations are available as a result).¹⁸¹⁷
- 11.121 Some of the requirements of our remedies, such as informing pet owners orally of their ability to get a written prescription,¹⁸¹⁸ and some of their possible consequences, such as writing more prescriptions, will likely add a small amount of time to some consultations.¹⁸¹⁹ However, the requirements address long-standing concerns about the lack of competitive pressure on medicines sales at FOPs and which have been the subject of previous, ineffective, remedies. The measures we are imposing are essential to enable pet owners to make and act on informed choices, to address the enduring AEC.
- 11.122 In that context, the small additional time involved in some consultations is not, in our judgement, such a disadvantageous consequence as to mean the remedies are disproportionate. In addition, we have modified some of the remedies to limit any extra time involved. Veterinary businesses will not have to prepare written prescriptions by the end of a consultation or the end of the day of that consultation.

¹⁸¹⁷ For example, individual [X], and individual [X] responses to the PDR.

¹⁸¹⁸ For appropriate categories of medicines.

¹⁸¹⁹ For example, telling a pet owner they can request a written prescription would be a matter of seconds or perhaps a minute, especially in cases where it is not the first time the pet owner is so informed.

They may instead prepare digital copies within 48 hours, ready to send to either an authorised online pharmacy or to the pet owner.

Proportionally higher costs for smaller veterinary businesses

- 11.123 A small number of respondents to the PDR referred to the impact of the remedies on different types of veterinary business. They expressed mixed views on whether smaller businesses would face a proportionally greater burden.
- 11.124 Some of them told us that larger veterinary businesses would be more able to bear the costs of complying with the remedies:
- (a) One respondent told us that the, ‘administrative demands implied by the CMA’s remedies are absorbable for large corporate providers but disproportionately punitive for independent practices’.¹⁸²⁰
 - (b) FIVP stated that the CMA’s own data had revealed higher levels of profits within LVGs and argued that we had not taken account of the risk of further consolidation or provided meaningful exceptions for smaller practices apart from a three month implementation delay for some remedies.¹⁸²¹
 - (c) One respondent submitted that there should be ‘tiered obligations for prescription fee caps and administrative measures, recognising that independents lacked vertical integration and scale economies’.¹⁸²²
- 11.125 A handful expressed the view that some of the remedies should be designed such that they are less burdensome for smaller veterinary businesses:
- (a) One respondent submitted that a three-month extension for smaller veterinary businesses ‘is welcome but, in the grander scheme of things, meaningless ...and does little to mitigate the damage [the remedies package is] causing to small independent vets’.¹⁸²³
 - (b) A small group of respondents suggested that veterinary businesses should have different requirements based on their annual turnover (for example, below £1.5 million threshold). One of them expressed the view that, for firms below this turnover threshold, there should be requirements relating (only) to the provision to pet owners of basic ownership disclosure and contact information, core service pricing (such as consultations, vaccinations, neutering), and a simplified complaints procedure.¹⁸²⁴

¹⁸²⁰ Priory Veterinary Group response to the PDR, section 6

¹⁸²¹ FIVP response to the PDR, p 21.

¹⁸²² MerlinVet-cel Ltd response to the PDR, section 3.1

¹⁸²³ Anonymous Respondent 9 [redacted] response to the PDR, p 1.

¹⁸²⁴ St George’s Veterinary Centre, response to the PDR, p 3.

- 11.126 A minority of the LVGs submitted that smaller and larger veterinary businesses should not be treated differently:
- (a) IVC submitted that industry-wide challenges require a need for market-wide remedies.
 - (b) VetPartners said that it rejected the unfounded binary distinction between LVG-owned and independent practices. It submitted that its own business was essentially a heterogeneous collection of independent vet practices.
- 11.127 As explained in part B section 2, and above in our consideration of the implementation timelines, we have decided to allow smaller businesses (those with fewer than 15 FOPs) more time to put our remedies in place. We have also decided that businesses with a single site will have a reduced burden in that they will not need to provide an annual attestation of compliance to the RCVS.¹⁸²⁵ These decisions reflect the differential impact of the remedies on different types of businesses and a balancing of (i) the benefits to pet owners of earlier compliance with (ii) the ability of veterinary businesses of different sizes to ensure they comply.
- 11.128 We have decided that all of the remedies will apply to all veterinary businesses (to the extent that the businesses provide the services within scope of each of the remedies¹⁸²⁶). This will ensure that all pet owners, regardless of where they obtain their veterinary services, will benefit from the remedies.
- 11.129 This aspect of our decision reflects that the features we find that have and AEC, and their detrimental effects, are market-wide. The remedies we are imposing need to be correspondingly broad for competition to work well. For example:
- (a) Our remedies aimed at pet owner empowerment¹⁸²⁷ are to help people compare and choose FOPs. That requires an ability to compare across businesses so that they are all compelled to compete for pet owners' custom.
 - (b) We find high medicine prices across the whole FOP market. Our medicines market opening remedies¹⁸²⁸ need to, and will, increase the competitive pressure on all FOPs.
 - (c) All businesses operating FOPs, not just a sub-set of them, would have incentives to increase prescription fees in order to retain medicines sales.¹⁸²⁹

¹⁸²⁵ Though they will still have to comply with our Order.

¹⁸²⁶ With the exception of charity organisations providing small animal veterinary services.

¹⁸²⁷ This is set out in part B, section 3.

¹⁸²⁸ This is set out in part B, section 5.

¹⁸²⁹ This is set out in part B, section 6.

- (d) Whether a pet owner should be provided with a written estimate or an itemised bill is not dependent on the size of the FOP providing the services.¹⁸³⁰

11.130 The remedy requiring the disclosure of the identity of the main entity in an ownership group or common network will have an impact only on those veterinary businesses that (i) are part of such a group or network, and (ii) do not currently make the identity of the main entity sufficiently transparent. Small veterinary businesses providing services from a single FOP site will not incur costs or burdens as a result of this remedy.

11.131 It is our view that our remedies package will not harm independent veterinary businesses vis a vis larger competitors and could well be beneficial to them:

- Currently, independent practices are on average cheaper (but are perceived by pet owners to provide similar or higher quality) than many practices which are part of LVGs. Increased transparency of pricing will highlight this.
- Our measures will make clear which FOPs are independent and which are not, allowing pet owners better to compare the different offerings. As noted in part A, section 8, for pet owners who care about ownership, more than two-thirds prefer to use an independent practice.¹⁸³¹

Exceptions for charities and specific veterinary businesses

11.132 A handful of respondents told us that the remedies package should apply differently to charitable organisations providing small animal veterinary services:

- (a) The PDSA submitted that that FOPs which ‘deliver veterinary care as a charitable benefit by a registered charity’ were not operating in the same commercial free ‘market’ which is the subject of the CMA’s investigation and therefore their compliance with the remedies should be voluntary.¹⁸³²
- (b) Dogs Trust told us that it primarily provides veterinary services to the dogs within its care but, under certain circumstances, its rehoming centre veterinary facilities will be used for owned dogs. It highlighted that these facilities are not accessible to the general public but would fall within the CMA’s definition of a veterinary business and, therefore, it would need to comply with recommendations.¹⁸³³ It expressed concern about the possibility that, ‘producing and displaying a price list and particularly making this publicly available via the RCVS Find a Vet platform, even if indicative costs

¹⁸³⁰ Or the size of the business operating that FOP. This is set out in part B, section 4.

¹⁸³¹ Part A, section 8: Competition between FOPs.

¹⁸³² PDSA response to the PDR, p 2.

¹⁸³³ Dogs Trust response to the PDR, section 3.1.

are included, could lead any member of the general public to wrongly believe they could bring their dog to our veterinary clinics for treatment'.¹⁸³⁴

11.133 The Veterinary Advisory Panel told us that there were vets which offered limited services who might be disproportionately affected by the remedies. They explained that there could be a vet who offers a mobile euthanasia service who is unlikely to have fixed premises¹⁸³⁵ or veterinary professionals who work alone in rural areas and play an important role conducting home visits. They suggested that the burden of the remedies could be too great for them to continue to be viable.¹⁸³⁶

11.134 We have decided to exclude charitable organisations, but not limited service providers or solo vets, from the scope of our remedies. The former's services are available only to certain people or in certain cases, and they do not compete with commercial veterinary businesses for pet owners' custom. Complying with our remedies would produce little benefit for competition but may harm their charitable provision. Limited service providers and solo vets are, however, providing commercial services.

Impacts of fewer medicines being sold at FOPs

11.135 We have set out our consideration of the effects of our medicine remedies in part B section 5. There we considered six different potential disadvantages that could arise from our medicine remedies. In summary, together with our conclusion on each of these:

- (a) **FOPs will not be put at a competitive disadvantage relative to online pharmacies.** We conclude that our wider package of remedies will strengthen the ability of many FOPs to compete effectively and note that FOPs do not necessarily need to match online pharmacy prices to stay competitive as many pet owners value the convenience of purchasing medication from their FOP.
- (b) **There is unlikely to be a significant increase in prices for veterinary services at FOPs that lose medicine revenues.** We expect any price increases to be limited and to be outweighed by the benefits of our remedies to pet owners, especially given many FOPs are part of veterinary businesses that are making larger profits than we would expect in a well-functioning market.

¹⁸³⁴ Dogs Trust response to the PDR, section 3.1.

¹⁸³⁵ Discussion with the CMA's Veterinary Advisory Panel, 14 January, p 6

¹⁸³⁶ Discussion with the CMA's Veterinary Advisory Panel, 14 January, p 7.

- (c) **Vertically Integrated LVGs are unlikely to benefit more from our remedies than other veterinary businesses.**¹⁸³⁷ We are of the view that strong competition between online pharmacies will prevent these vertically integrated LVGs from using revenues earned by their online pharmacies to subsidise lower prices at their FOPs. Any ability of these LVGs to ‘steer’ pet owners from their FOPs towards the online pharmacies they own or to use pet owner data to benefit their FOPs will be restricted by the regulatory framework.
- (d) **Any costs to pet owners from vets producing more written prescriptions will be small.** Veterinary businesses will generally be able to cover these costs through prescription fees (restricted to the level of the Prescription Fee Cap, which is now higher than we consulted on in the PDR). They could also mitigate the costs by making prescribing processes more efficient and reducing the administrative burden on vets.
- (e) **Changes we have made to our remedies will limit the extent to which they could contribute to an increased risk of prescription fraud.** We have modified our remedies so that FOPs will be able to send digital prescriptions directly to online pharmacies, mitigating the risk of fraud. In any event, while the provision of more prescriptions could increase the incidence of prescription fraud in absolute terms, it is currently rare and our remedies do not make it any more likely to occur in any particular case. Nor do they prevent other initiatives to address the risk of prescription fraud being implemented.
- (f) **Our remedies will lead to a positive impact on animal welfare.** Improving the affordability of veterinary care for pet owners will ultimately support animal welfare. Following implementation of our remedies, more pet owners will be (i) more likely to purchase medication at lower prices from authorised third-party retailers or (ii) able to purchase it more cheaply from FOPs which respond to the increased competitive pressure they will be under by lowering their prices.

11.136 Given the above, and as set out in part B section 5, we consider that any such disadvantages that may arise from our medicines remedies would not be disproportionate relative to the aims and benefits of those remedies or the remedies package as a whole.

¹⁸³⁷ Vertically Integrated LVGs are the three LVGs that own and operate online pharmacies as well as FOPs. These LVGs are CVS, IVC, and VetPartners.

Concerns of a ‘race to the bottom’

- 11.137 We require veterinary businesses to provide sufficient and timely pricing information, both upfront on websites and for treatments that pet owners are considering. It is important for pet owners to be able to compare prices and understand the financial implications of different choices – either which FOP to register with or what treatment to pursue.
- 11.138 We agree with veterinary professionals that price is only one dimension of the (sometimes complex) clinical services that are being offered, albeit an important one. While there will not be additional information about services on the price list, we anticipate that FOPs will provide more information elsewhere on their websites and in their practices, as well as during consultations, to provide context for their prices and the services they offer. We are also requiring businesses which are members of the PSS to publish information about their membership and any awards and accreditations they hold under the scheme. In other words, we are imposing a requirement to publish one signal of quality of service.
- 11.139 This set of information, together with information on prices, will help pet owners make informed choices of the FOPs they use and drive veterinary businesses to compete with one another.
- 11.140 In terms of the concern about a ‘race to the bottom’, we do not see this as a significant risk. Vets are highly trained, clinical professionals and regulated as individuals. Some may choose to offer a less sophisticated, less costly service that is nonetheless clinically well-grounded and presents no risk to animal welfare. Some pet owners might prefer to use the services of a FOP which offers a simpler, lower cost treatment for their pet where the current safeguards ensure that this remains clinically appropriate and of sufficiently high quality.

Conclusion on the proportionality of the measures we are taking forward

- 11.141 The relevant test is not whether our package of remedies imposes zero costs on veterinary businesses, but whether the costs are proportionate to the harm we have found and to the benefits our remedies will produce. While the remedies will impose some costs on businesses, and may have some impact on their business models as a result of informed pet owners making different choices, our judgement is that these costs are proportionate.
- 11.142 As set out in part A, section 15, our finding is that the vet services market is not working as well as it could, producing considerable customer detriment.¹⁸³⁸ We estimate that detriment to be in the order of around £1 billion over five years,

¹⁸³⁸ Part A, section 15: conclusions.

based on estimates of the profitability of firms occupying a significant portion of the market.¹⁸³⁹

- 11.143 Customer detriment also arises where pet owners do not choose a FOP or treatment that best meets their or their pets' needs and circumstances, or where they decide not to visit the vet because they consider prices are too high. It is not possible to quantify these aspects of the detriment.
- 11.144 The package of remedies we are putting in place will address the features of the market we find are having an AEC. Pet owners will be given the information they need to make choices which better suit their circumstances, and barriers to their acting on that information will be removed. As a result, there will be pressure on veterinary businesses to compete on price and quality with each other and with other suppliers such as online pharmacies. The benefits to competition and to pet owners will, we judge, be substantial.
- 11.145 Although we have not been able to quantify the cost for all of our remedies package, our assessment is that it will be substantially below the benefits that our remedies would achieve, even if the remedies did not remove all the customer detriment. Many of the costs of implementation and compliance will be one-off costs, rather than ongoing ones, that build on what businesses are (or should be) already doing. The detriment to pet owners will likely persist, and may worsen, if we do not act.
- 11.146 In the short term, there will be no direct costs of our recommendations to government or the RCVS for regulatory reform. We consider that it will be proportionate for these bodies to act on our recommendations and that those recommendations will produce benefits which outweigh the costs. Ultimately, though, it will be for each body to make its own decisions on those points.

Relevant customer benefits

- 11.147 In deciding on the question of remedies we may have regard to the effect of any action we take on any relevant customer benefits (**RCBs**) of the feature or features of the market concerned. RCBs are limited to benefits to relevant customers in the form of:
- (a) lower prices, higher quality or greater choice of goods or services in any market in the UK (whether or not the market to which the feature or features concerned relate); or
 - (b) greater innovation in relation to such good or services.

¹⁸³⁹ Part A, section 15: conclusions.

11.148 The Act provides that the benefit is only a RCB if we believe that:

- (a) the benefit has accrued as a result (whether wholly or in part) of the feature or features concerned or may be expected to accrue within a reasonable period of time as a result (whether wholly or in part) of that feature or those features; and
- (b) the benefit was, or is, unlikely to accrue without those features.

11.149 No party has put to us (in these terms) that there any RCBs resulting from the features that we have found. Some parties have submitted that some of our remedies could result in reductions in the number of consultations veterinary businesses offer or increases in the prices they charge for those consultations. We have considered those submissions above and in part B sections 3 to 10.

11.150 It is not clear to us that, in any event, any such consequences would involve the removal of an RCB. Even if they did, however, our view is that any such benefit should not be preserved. For example, and for the reasons we have set out, we do not think that pet owners should remain ignorant of their options for buying medicines just because increasing their awareness might affect consultation fees (which fees will themselves be transparent, and exposed to competition, as a result of our remedies).