Article 7(3)
There are multiple types of consultation categories with varying prices. When an appointment is booked using an online booking service it isn't always clear from the information that a client provides what they are booking for. This could result in incorrect prices being sent to clients through no fault of the practice. It could also lead to deceptive actions or inadvertently incorrect bookings by clients who claim to be booking for one thing and then the context of the actual consult being completely different and the client then claiming that we had confirmed an incorrect cost.
Veterinary receptionists also have an extremely busy and stressful job and will not have the time to contact all online bookings to ensure they have been booked correctly. With regards to phone bookings - clients may still not be aware of what type of appointment they need and reception staff may also not be immediately aware. The time it would take for enquiries to be made with nurses or vets would be completely impractical.
For example, sometimes clients will asked to be booked in for boosters but when it comes to the appointment will actually be a vaccination restart, which would be at an additional cost. Some booster appointments will uncover illnesses that require further diagnostics, eg ear infections or lumps, for which there would be additional charges for ear swabs or cytology.
Booking confirmations are currently automatically generated by practice management systems. To add costs onto this would require manual input, again creating more workload for staff.
Including a link to the price list on the FOPs website in the appointment confirmation would be much more practical and efficient. It would be better to have more services and their prices on the price list for clients to refer to.

Article 8 Parasiticide price lists

The figure of 100 or more items sold per year could result in some practices having to list more than 20 or 30 products, depending on the practice's size and variation of items stocked. Putting this many items on display in the practice will be difficult for some practices that have limited space to display all the required lists.
The idea of a top 10 is more practical, when some products have 5 different treatment weights in their range.

Article 11 Treatment pathways

The ability to accurately predict the future course of a medical condition over years at the time of diagnosis is not reasonable at all. There is now way of knowing how an individual patient will respond to treatment or if they are going to develop complications. As vets we do not know which diabetic dog will stabilise within 1 month or within 12 months. We do not know which hyperthyroid cat will not respond to oral treatment or unmask kidney disease once their hyperthyroid treatment begins. We cannot know which dog with Cushings is going to require repeated diagnostics to gain control of its condition. Veterinary medicine is not predictable and doesn't always follow the rules. Of course we can give a very approximate idea but the fact that the client believes that the CMA believes that we can predict the future will provoke doubt and frustration.
Also how are we expected to keep a track of every treatment plan and its cost, and to give an update every 12 months for every patient? As a vet I already work more than my contracted hours - unpaid - trying to keep up with my current workload of physical consults,

surgeries, email and telephone enquiries from clients, prescription repeats, reporting results, completing referrals and running in house diagnostics. The adding of monitoring treatment plans and confirming appointment types, as previously discussed, will only create more work. The CMA response to that may be to employ more staff or allocate more time for this, however this reduces practice productivity and will only result in higher charges for clients, which vets do not want.
This is also applicable to a non-emergency Treatment plan having to be provided by the end of the working day. If the condition is not deemed to be an emergency there is no need for the Treatment plan estimate to be completed that day. Sometimes we have to perform research into our cases to determine the best course of action and this cannot always be done on the same day. For example asking for a second opinion from a referral level vet or contacting a laboratory or drug company for advice.

Articles 14 (6), 14(7), 14(8) - Standard written prescription literature

The Written Prescription Notice (WPN) that is expected to be displayed is demeaning to the veterinary industry. It may as well be worded ‘Be careful - they’re trying to rip you off’.
The VMD regulations and Cascade are why vets are required to charge so much for medication. We cannot compete with online pharmacies as often our cost price + VAT is more than what they are selling it for. If we were able to buy directly from manufacturers our prices would be able to be lower, and we could pass this on to clients.
The tiny print at the bottom of the signage regarding exceptions will not be seen by clients, and written prescriptions are not appropriate for acute situations. I also feel that they are not appropriate for the first time prescribing of medication and could actually result in the client spending more than required and/or have a negative impact on the patient. For example, a new medication may not be effective, need dose changes or may have side effects, so often we will only prescribe a 1 to 2 week supply to start and then review the patient or ask the client for an update. If we were to offer a WP from the start there will be the cost of the WP and a month or more of the medication and postage ordered online by the client. If after 1 ot 2 weeks of treatment the medication needs to be changed then the client will be out of pocket, and could possibly result in them continuing to use it rather than waste it and have a negative impact on the pet. They will then have to pay for a new WP and so on.
The CMA seem to be intent on painting vets as the bad guys. Would it not be better to try to diffuse tension and be unbiased by having literature and links explaining why veterinary fees are what they are?
Explaining to clients that are fees are set to cover the following -
Veterinary surgeon wages
Veterinary nurse wage
Receptionist wages
Practice manager wages
Clinical waste costs
Business waste costs
Gas
Electricity
Water
Internet
Practice management system fees
Phone lines

Building and contents insurance
Indemnity insurance
VDS insurance
HR and payroll
Health and Safety
RCVS fees for the practice - which are going to dramatically increase due to the CMA recommendations
RCVS for VS and RVNs
Council rates
Accountants
Laboratory fees
Consumables - medical, dispensary, surgery, laboratory
Consumables - business
Consumables - cleaning
Surgical equipment
Equipment repair and servicing
Advertising
Website
Property rental or mortgage payments

Perhaps a method of reducing costs for clients would be for the government to reduce the rate of VAT on veterinary services instead of making vets out to be the bad guys.