Response to the CMA Consultation

Veterinary Services Market Investigation Order 2026

I am a Registered Veterinary Nurse with experience of veterinary practice and a particular professional and research interest in the effective utilisation and optimisation of veterinary nurses within multidisciplinary veterinary teams. My current doctoral research considers how organisational structures, professional roles and ways of working can enable or constrain the contribution veterinary nurses make to patient care, client experience and veterinary service delivery. I am therefore responding to this consultation both as a veterinary professional and from the perspective of how the proposed remedies may affect the veterinary workforce and the delivery of care.

I broadly support the objectives of improving transparency, informed choice for pet owners and ensuring that veterinary professionals are able to exercise independent professional judgement. However, I have concerns about some of the practical consequences of the proposed measures, particularly their impact on clinical decision-making, veterinary workforce utilisation, the cost and administrative burden of compliance, and the proposed role of the RCVS in monitoring the Order.

Recognition and utilisation of the wider veterinary team

I welcome the recognition within the proposed Order of both veterinary surgeons and veterinary nurses as "Veterinary Professionals". I also particularly welcome the acknowledgement in the Explanatory Note that practices may provide information about professional roles and qualifications and about RVN-led preventative healthcare services, including those delivered through Pet Care Plans.

This is an important opportunity. The veterinary profession faces considerable workforce pressures and there is increasing recognition that Registered Veterinary Nurses can be better utilised within veterinary practice. The implementation of these remedies should therefore support, rather than inadvertently constrain, appropriate delegation and nurse-led care.

Care should be taken that new administrative requirements do not encourage practices to route activities unnecessarily through veterinary surgeons simply because this is perceived as the simplest means of demonstrating compliance. This could reinforce an unnecessarily vet-centric model of service delivery rather than encouraging practices to make effective use of the skills of the whole veterinary team.

Professional independence

I strongly support the principle contained within Article 13 that veterinary businesses should ensure veterinary professionals are able to provide independent and impartial advice.

It is particularly important that veterinary professionals should not be subject to instructions, incentives, targets or actual or perceived commercial pressure that compromises their ability to exercise professional judgement.

However, there is a distinction between having a written policy and creating an organisational culture in which members of the veterinary team genuinely feel able to exercise professional judgement or challenge inappropriate commercial pressure.

This may be particularly relevant for RVNs and more junior members of veterinary teams, who may perceive a significant imbalance of power between themselves and senior clinicians, practice management or corporate management.

I would therefore encourage the CMA and RCVS to consider how concerns can be raised safely and confidentially and what protections are available to veterinary professionals who raise concerns about commercial influence.

Treatment pathways and 12-month written estimates

I support the principle that pet owners should receive meaningful information about the likely cost of treatment and should not unexpectedly incur substantial costs without having had an opportunity to consider them. However, I have concerns about the proposed definition of a Treatment Pathway and its relationship with the requirement for written estimates.

The Explanatory Note makes clear that an estimate is not a binding quotation and should be based upon the Veterinary Professional's judgement, exercising reasonable care and skill and using the information reasonably available at the time. It also states that additional investigations or modelling are not required simply for the purpose of producing an estimate.

Nevertheless, the proposed Treatment Pathway may include diagnostic investigations and treatment reasonably likely to take place over the following 12 months. The Explanatory Note also suggests that a pathway would typically cover up to three diagnostic or treatment possibilities.

Veterinary medicine is inherently uncertain. A patient's diagnosis, response to treatment and future clinical needs may change substantially as new information becomes available.

I am concerned that requiring clinicians and businesses to anticipate a lengthy future pathway could unintentionally encourage the development of standardised protocols designed partly to make financial forecasting and regulatory compliance manageable. There is a risk that this could introduce administrative considerations into clinical decision-making rather than supporting genuinely individualised patient care.

I would encourage consideration of whether written estimates could instead concentrate on the reasonably foreseeable next phase of investigation or treatment, with revised estimates provided as the patient's condition and clinical knowledge develop. The proposed requirement to provide an updated estimate when anticipated costs materially increase already provides a mechanism through which owners can remain informed as a case progresses.

Price transparency without commoditising veterinary care

I support improved transparency around veterinary prices. However, meaningful comparison of veterinary services involves more than the headline price of an intervention.

Two apparently equivalent procedures may differ in the level of nursing care, monitoring, diagnostic support, anaesthetic protocols, professional expertise, facilities and postoperative care provided.

There is therefore a risk that highly standardised price comparison encourages consumers to regard veterinary healthcare as a series of interchangeable commodities when the underlying service may be significantly different. The CMA itself recognises that clinical complexity and professional judgement influence the treatment ultimately required.

Price information should therefore be accompanied by sufficient contextual information to allow pet owners to understand what they are comparing.

The development of the RCVS Find a Vet platform presents an opportunity to make the capabilities of the whole veterinary team more visible. Information about RVN-led services, additional professional qualifications, practice facilities and other relevant capabilities could help owners make decisions based upon the service available rather than price alone.

Written prescriptions and medicines

I support the principle that pet owners should understand that they can request a written prescription and obtain medicines from another legitimate supplier.

However, I question whether the proposed frequency and prominence of mandatory messaging is proportionate. The proposals potentially involve information at registration, on practice websites, notices in waiting rooms and consulting rooms, appointment communications, invoices and receipts, oral offers during consultations and additional information for ongoing medication.

Repeated messaging of this nature risks changing the character of the clinical conversation and could unintentionally undermine trust between clients and veterinary professionals.

I am particularly concerned by mandatory wording stating that owners may be able to purchase medicines "significantly cheaper" elsewhere.

Whether a meaningful saving exists will depend upon the particular medicine, quantity, prescription charge, delivery costs and third-party supplier. I would favour neutral wording informing owners of their right to obtain a prescription and encouraging them to compare prices, rather than wording which appears to presuppose the magnitude of the saving.

Consumer choice can be protected without implying that a veterinary professional recommending or supplying medication has an inherent financial conflict.

Administrative burden and workforce consequences

The combined requirements of the proposed Order are substantial.

Practices will potentially need to maintain and continually update standardised price lists, parasiticide price lists, Pet Care Plan information, ownership information and RCVS Find a Vet data, as well as producing written estimates, itemised bills, prescription information, complaint records, compliance evidence and attestations.

Training, policies and monitoring systems will also be required. The RCVS's own monitoring proposal acknowledges that implementation on its side will require additional personnel, systems development, guidance, Standard Operating Procedures and access to legal and technical support.

I am concerned that insufficient consideration may have been given to where the corresponding administrative workload within veterinary practices will fall.

There is a particular risk that compliance activities will be absorbed by veterinary nurses and other clinical staff. If so, a remedy intended to improve veterinary services could inadvertently reduce the amount of clinical time available and impede efforts to optimise the veterinary workforce.

I would encourage the CMA to assess not simply whether individual requirements are administratively achievable, but their cumulative impact on clinical teams.

The true cost of compliance

I also have significant concerns about the financial cost of the proposed regulatory framework.

Veterinary businesses will not only incur the direct costs associated with funding the RCVS's monitoring activities but also substantial indirect costs in implementing and maintaining compliance.

These are likely to include staff time, training, management oversight, website development, practice-management-system changes, data maintenance, complaint

administration, preparation of estimates, compliance monitoring and responding to RCVS enquiries or spot checks.

These are recurring costs rather than simply one-off implementation costs.

The central objective of the CMA's intervention is to improve competition and outcomes for consumers. It is therefore important to consider the possibility that increased regulatory costs will ultimately be reflected in the prices paid by pet owners.

I would encourage the CMA to publish or undertake a comprehensive assessment of the total cost of compliance, including indirect costs and opportunity costs, differentiated appropriately between small independent practices and large veterinary groups.

The question should not simply be whether practices can comply, but whether each requirement produces sufficient consumer benefit to justify its ongoing cost.

The proposed role of the RCVS

I also have concerns about the proposed regulatory architecture and whether sufficient consideration has been given to the multiple roles the RCVS would perform.

The RCVS is the statutory regulator of veterinary surgeons and veterinary nurses. It establishes professional standards and Codes of Conduct and has responsibilities relating to professional conduct.

Under the proposed arrangements, the RCVS would additionally have substantial responsibilities associated with monitoring veterinary businesses' compliance with a CMA competition remedy.

These responsibilities include receiving attestations, collecting information and funding, operating Find a Vet, monitoring aspects of business compliance, receiving information alleging non-compliance, conducting spot checks, potentially inspecting premises, handling or receiving complaints information and referring suspected non-compliance to the CMA.

I recognise that enforcement would ultimately remain with the CMA. Nevertheless, the concentration of these functions within the professional regulator raises important questions concerning governance, independence and actual or perceived conflicts between regulatory functions.

For example, Article 13 is intended to protect the ability of veterinary professionals to exercise independent professional judgement and potentially to raise concerns about inappropriate commercial pressure.

A veterinary professional raising such a concern could potentially be providing information to an organisation which is simultaneously their professional regulator, the

regulator of colleagues involved, the monitor of their employer's compliance and an information conduit to the CMA.

Even where robust internal safeguards exist, the perception of these overlapping roles could discourage veterinary professionals from raising concerns.

I would therefore welcome greater clarity regarding the structural separation of these functions within the RCVS, information-sharing arrangements, confidentiality, governance, safeguards for veterinary professionals raising concerns and mechanisms for veterinary businesses or professionals to challenge or appeal decisions arising from the monitoring process.

Consideration should also be given to whether all of the proposed monitoring functions appropriately sit with the professional regulator or whether some would be better undertaken independently or directly by the CMA.

Monitoring outcomes rather than simply compliance

The proposed monitoring regime appears to rely substantially upon business attestations and reactive spot checks.

Such mechanisms may demonstrate whether a price list has been published, a notice displayed or a required policy exists. They are less capable of establishing whether the remedies are producing their intended effects.

I would encourage the CMA to evaluate the consequences of the reforms qualitatively as well as measuring technical compliance.

This should include the experiences of pet owners, veterinary surgeons, veterinary nurses and other members of veterinary teams.

In particular, evaluation should consider whether the remedies have improved pet-owner understanding and trust; supported rather than inhibited professional judgement; affected the utilisation of veterinary nurses; created additional administrative burden for clinical staff; influenced the development of standardised clinical protocols; changed medicine purchasing behaviour as intended; affected veterinary prices through increased compliance costs; and produced different effects in small independent practices compared with large veterinary groups.

Conclusion

I support the CMA's objectives of greater transparency, informed consumer choice and protection of independent professional judgement.

There are also positive opportunities within these proposals. In particular, explicit recognition of veterinary nurses as Veterinary Professionals and acknowledgement of RVN-led services could support better utilisation of the veterinary workforce.

However, the success of these reforms should not be judged simply by whether businesses have displayed the correct notices, submitted the required information or completed an attestation.

The important question is whether they ultimately improve veterinary care and consumer confidence without creating disproportionate cost, bureaucracy or unintended changes in clinical behaviour.

I therefore encourage the CMA to ensure that the final remedies are proportionate, clinically workable and sufficiently flexible to reflect the uncertainty inherent in veterinary medicine and the multidisciplinary nature of modern veterinary practice.

I would particularly ask the CMA to reconsider the practical implications of the 12-month Treatment Pathway, the scale and wording of mandatory medicines messaging, the cumulative cost and workforce burden of compliance, and the governance arrangements surrounding the RCVS's proposed monitoring role.

Transparency and consumer choice are important, but they should be achieved in a way that preserves professional trust, supports clinical judgement and enables the veterinary team to spend as much of its limited resource as possible delivering care to patients and their owners.