BEVA Response to CMA Consultation on Draft Veterinary Services Market Investigation Remedies

Introduction

The British Equine Veterinary Association (BEVA) welcomes the opportunity to comment on the draft Order, associated schedules, annexes, RCVS Undertakings and RCVS Monitoring Proposal.

BEVA recognises that these remedies arise from the CMA's Final Report on the household pets market and understands that this consultation is limited to whether the draft instruments accurately reflect the CMA's decisions and whether the drafting is likely to achieve the intended objectives.

As the representative body for equine veterinary professionals, BEVA's primary interest is the wider regulatory and professional implications of these remedies, particularly where they may create precedents for veterinary regulation, professional autonomy, transparency requirements, complaints handling, and the future role of the RCVS. Overall, BEVA considers that the drafting broadly reflects the CMA's stated remedies. However, we have identified several areas where clarification, proportionality and practical implementation could be improved.

BEVA's response focuses on implementation clarity, proportionality, and the avoidance of unintended consequences for mixed veterinary businesses. BEVA seeks clearer guidance on the boundary between household-pet obligations and out-of-scope equine or farm animal services; a neutral presentation of medicine purchasing information; proportionate notice, reporting and complaints requirements; and careful monitoring before any wider regulatory precedent is extended beyond the household-pets sector.

Scope and Implications for Mixed Practices

BEVA notes that the market investigation and proposed remedies relate specifically to veterinary services for household pets and are not intended to apply to equine-only veterinary practices or practices that only incidentally and occasionally provide services to household pets. The Explanatory Note provides examples intended to clarify this distinction, confirming that mixed practices providing companion animal services would fall within scope, even where companion animal work represents only a small proportion of overall activity. Explanatory Note paragraph 30(b) expressly brings a mixed farm/equine/household-pet business within scope even where the household-pet proportion is "limited or very small"; paragraph 30(c) excludes only incidental and occasional treatment, such as a farmer's dog.

However, many veterinary businesses operate mixed practices, providing services to companion animals alongside equine and/or farm animal clients. BEVA therefore seeks further clarification regarding the practical application of the Order to these businesses.

In particular:

- It is unclear whether compliance obligations would apply solely to the companion animal elements of a mixed practice or whether certain requirements would need to be implemented across the business as a whole.
- Clarification would be helpful regarding how the Order applies where infrastructure, websites, administration systems, complaints processes, prescribing systems and staff are shared across companion animal, equine and farm animal services. For example, a mixed-practice PMS, dispensary, or website may contain household-pet, equine and farm-animal activity. Guidance should state whether technical segregation is required and how a business can demonstrate compliance without applying household-pet notices, prompts, complaint categories, or data capture to out-of-scope clients.
- The CMA should ensure that the obligations remain proportionate for mixed practices where companion animal activity represents only a small proportion of the business, particularly where substantial administrative or reporting requirements are introduced.
- How will size be calculated? Under the draft Order, “Large Veterinary Business” is based on 15 or more FOPs and/or OOH Centres, not the total number of equine/farm sites. This matters to mixed groups and should be made explicit in guidance and the attestation process.
- Further guidance would be welcomed on how compliance will be monitored and enforced in mixed businesses and how practices should distinguish between activities that fall within and outside the scope of the Order.

BEVA also notes that, whilst equine veterinary services are outside the scope of the current investigation, several remedies relating to transparency, pricing information, complaints handling, prescribing, professional independence, and regulatory oversight establish potentially important precedents for the wider veterinary profession.

We therefore encourage the CMA and RCVS to monitor implementation carefully, evaluate the effectiveness and proportionality of these measures, and assess any unintended consequences for veterinary businesses, veterinary professionals and clients before considering whether similar approaches should be extended beyond the household pets sector in future. Particular attention should be given to the impact on mixed practices, which may bear a significant compliance burden despite companion animal work representing only a limited part of their overall activity.

1. Draft Substantive Order

General observations

The draft Order is comprehensive and broadly reflects the remedies outlined in the Final Report. However, BEVA is concerned that the level of prescription may create avoidable implementation challenges, particularly for mixed practices and smaller businesses. Accompanying guidance should therefore identify the intended outcome of each remedy, provide practical examples of compliant implementation, and ensure that information requirements remain focused on what is genuinely useful to clients rather than creating administrative complexity disproportionate to consumer benefit.
BEVA welcomes the proposed monitoring arrangements and suggests that future reviews of implementation should assess whether the remedies are achieving their intended consumer outcomes and whether any areas of guidance require refinement.

Article 7 - Price Lists

Concern regarding comparability

BEVA recognises that the purpose of Article 7 is to improve price transparency. However, the drafting and explanatory material should make clear that publication of standardised prices does not necessarily mean that services are clinically equivalent. Additional clarification would help reduce the risk of consumers interpreting published prices as directly comparable where service scope, complexity or inclusions differ.

BEVA recommends that:

- the explanatory note places greater emphasis on the limitations of price comparison;
- Article 7 restricts free text within the standardised Price List itself. BEVA therefore recommends that the Order or Explanatory Note confirm that brief contextual explanations may be provided immediately adjacent to the Price List, or through a clearly signposted accompanying link, provided the standardised format remains unchanged. This would assist consumer understanding while preserving comparability.
- the CMA monitor evidence of client misunderstanding arising from price comparison tools.

Referral and specialist services

BEVA is concerned that publication of prices for referral and advanced diagnostic services may be of limited value to consumers given the highly case-specific nature of these services.

BEVA seeks clarification regarding how the Schedule 1 pricing requirements should apply to household-pet referral and advanced diagnostic services where prices are

highly case specific. Greater guidance on acceptable presentation formats would assist consistent implementation whilst preserving the transparency objectives of the remedy. Equine-only referral hospitals remain outside the scope of the Order.

Article 11 - Written Estimates

BEVA supports improved communication regarding anticipated treatment costs.

However, the concept of a "Treatment Pathway" extending up to 12 months may create uncertainty regarding implementation and compliance assessment. Given that diagnoses, clinical priorities, patient variations, and treatment plans often change as cases progress, consistent assignment of cases to a single treatment pathway over such a prolonged period is unlikely to be reliable.

BEVA recommends that the Order or accompanying guidance provide additional clarification regarding how practices should apply the concept of a Treatment Pathway where diagnoses, clinical priorities and treatment plans evolve over time. This would improve consistency of implementation and reduce the risk of retrospective interpretation of estimates that were reasonable when provided

Article 13 - Professional Independence

BEVA strongly supports the objective of ensuring veterinary professionals are able to exercise independent clinical judgement.

The principle aligns with longstanding RCVS professional standards.

However, the drafting creates potential uncertainty regarding what constitutes:

"influence", "pressure" or "incentives"

within normal business operations.

BEVA recommends supplementary guidance, developed with the profession and the RCVS, to assist businesses in demonstrating compliance without creating unnecessary bureaucracy.

Articles 14-18 - Medicines Remedies

Written prescription notices

While BEVA supports the underlying remedy to client awareness of written prescriptions and medicine purchasing options, there are concerns relating to the wording and presentation of the prescribed notices and flyers. Some wording may be interpreted as

advocating a particular purchasing route rather than presenting neutral information to support informed decision-making. BEVA therefore recommends review of the drafting to ensure the materials are clearly informational in tone.

The draft Standard Written Prescription Notice and Standard Flyer place dominant emphasis on savings available elsewhere while providing little recognition of:

- professional advice;
- stock availability;
- convenience;
- continuity of care;
- responsible prescribing oversight.

The materials may therefore be perceived as promotional rather than informational.

Importantly, information provided to clients should remain balanced and recognise the diversity of medicine supply arrangements. This includes independent veterinary practices, independent pharmacies and online pharmacies, including those owned by large corporate groups (LCGs). Communications should support informed client choice without implying that any particular purchasing channel routinely offers better value or represents the preferred option.

The objective should be informed decision-making, not the promotion of one supply route over another.

BEVA recommends revising the wording to ensure a more neutral, evidence-based presentation that supports informed decision-making and avoids directing consumer behaviour toward any particular purchasing channel.

Size requirements

The requirement for:

- A2 notices in waiting areas
- A3 notices in consulting rooms

appears excessive.

BEVA seeks clarification as to whether equivalent visibility outcomes could be achieved through alternative formats in practices with limited consulting-room space. Guidance on acceptable implementation approaches would help businesses comply consistently where numerous other mandatory notices are already displayed.

Own-brand medicines and bioequivalence

The requirement to identify a reference product for own-brand medication is reasonable and may support greater competition. However, BEVA notes that providing owners with a list of all bioequivalent medicines could further improve competition but is not currently permissible under the Veterinary Medicines Regulations (VMR).

However, practices should not be required to explain or compare products where clinically inappropriate substitutions could result in confusion or reduced compliance. In addition to this, providing owners with a list of all bioequivalent medication would improve competition but is currently not permissible under the Veterinary Medicines Regulations (VMR).

The clinical discretion provisions should therefore be strongly emphasised, and additional guidance would assist practices in presenting this information consistently whilst avoiding consumer misunderstanding.

The right to a written prescription

BEVA seeks clarification regarding the circumstances in which a written prescription may not be appropriate, including urgent treatment situations and compounded or specialist medicines. Additional guidance would support consistent application of the remedy and reduce the risk of differing interpretations between practices.

Urgent prescriptions

Where urgent medication is required, BEVA seeks clarity on how vets must prove and document an “urgent” medication need.

Paper prescriptions

BEVA seeks further clarification on whether the decision to get a paper prescription, at the time of the consultation, is vet-led or owner-led. Paper prescriptions are liable to fraud, as are some forms of electronic prescriptions, whereas an e-prescription system where the prescription is sent directly to the pharmacy once the owner has made their choice, reduces or even eliminates the risk of fraud.

Steering

There are concerns over potential large veterinary groups steering towards their own pharmacies, due to the need to prominently declare ownership within practices (Article 5). This could be used as a marketing opportunity, reducing online retailer competition.

Time pressure

The 48-hour provision of scripts may pressure owners into making a snap decision during a consult room. This may in turn cause them to choose the pharmacy owned by the large veterinary group rather than exploring options.

Drop shipping

BEVA asks for clarity on whether drop shipping solutions (e.g. [redacted]) are considered CMA compliant or whether these would need to be offered alongside a true prescription.

Healthcare plans (Article 9 - Part 2)

BEVA's concern relates to implementation of the proposed savings-calculation requirements rather than the objective of improving transparency. Savings calculations necessarily depend on assumptions regarding future consultation frequency, preventive healthcare requirements and medicine use. Additional guidance on acceptable methodologies and review periods would help ensure that savings illustrations remain accurate, consistent and meaningful to consumers.

The CMA should ensure that the drafting and accompanying guidance enable practices to present preventive healthcare plans transparently while maintaining consistency and accuracy of any savings illustrations.

Fee cap

BEVA supports the prescription fee cap.

2. Schedule 1 and Annex 1 - Price Lists

BEVA welcomes the attempt to standardise terminology.

However, several listed procedures may not represent commonly offered services across all practices.

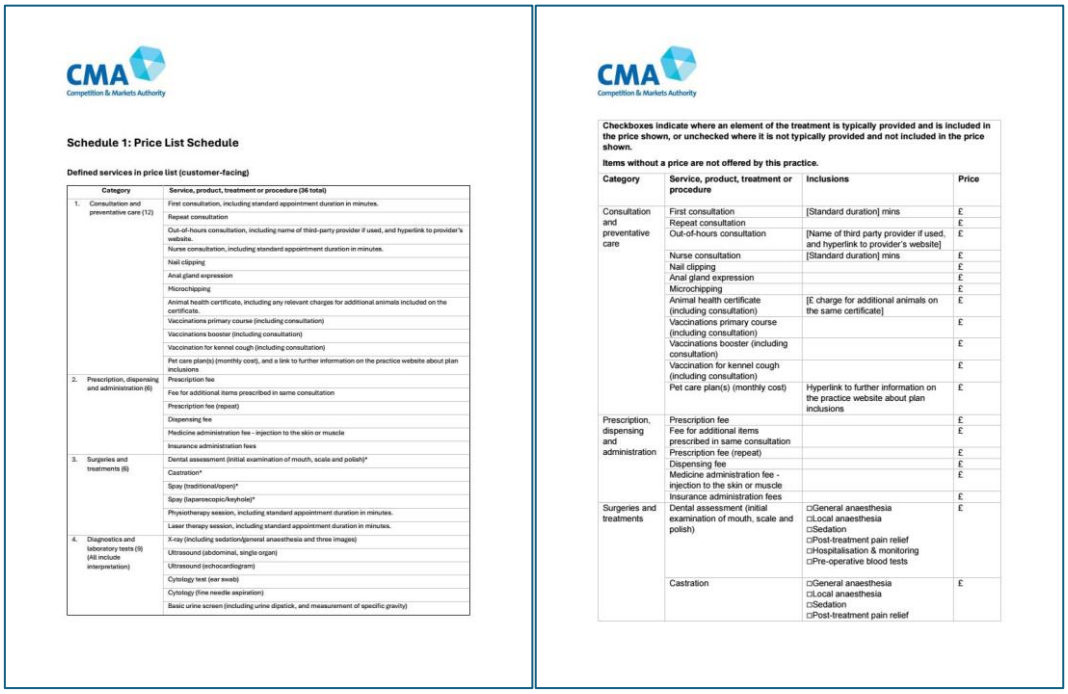
The CMA should ensure businesses are not perceived negatively where they do not offer specific listed services.

The draft should also clarify whether:

- prices may be displayed as "not offered";
- referral-only services can be excluded;
- species-specific services can be omitted where irrelevant, as it remains unclear for mixed-practices and needs confirming that only Household Pet services must appear and that equine/farm prices need not be incorporated into the CMA format.

The inclusion checklists for surgical procedures are potentially helpful but should remain illustrative rather than prescriptive.

BEVA is particularly concerned that several items within Schedule 1 combine services that are not clinically equivalent. Further sub-categorisation should therefore be considered where a single heading could cover materially different levels of service, clinical input or technical complexity.
Precise terminology and definitions will be essential if published prices are to support meaningful comparison. For example, references to MRI or CT of a “body part” should clarify whether this means an anatomical region such as cervical, thoracic or lumbar spine, or a broader area that may involve substantially different costs and clinical work. Similarly, ultrasound examinations may vary considerably in scope, duration and purpose.
Consultation pricing should also recognise relevant differences in duration, setting and professional input, including whether the service is delivered by a veterinary surgeon, veterinary nurse, certificate holder or recognised specialist where relevant. If a mandatory price list is to be published, it must avoid creating a false impression that different levels of service are directly comparable when they are not clinically equivalent.



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Schedule 1: Price List Schedule

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
	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
	Insurance administration fees
3. Surgeries and treatments (6)	Dental assessment (initial examination of mouth, scale and polish)*
	Castration*
	Spay (traditional/open)*
	Spay (laparoscopic/keyhole)*
	Physiotherapy session, including standard appointment duration in minutes.
	Laser therapy session, including standard appointment duration in minutes.
4. Diagnostics and laboratory tests (9) (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)

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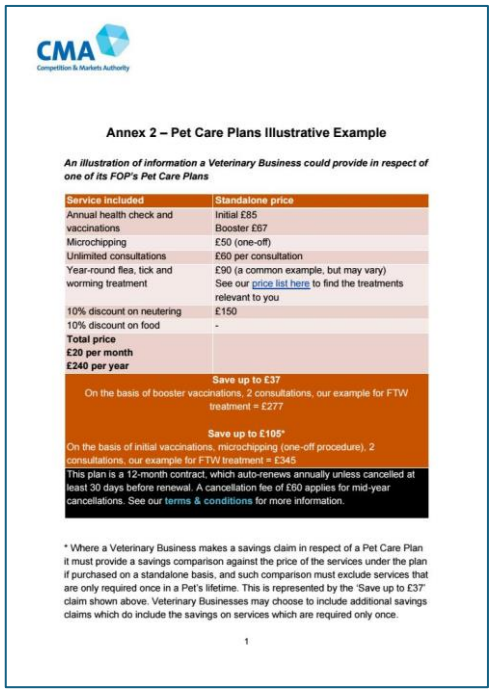
Checkboxes indicate where an element of the treatment is typically provided and is included in the price shown, or unchecked where it is not typically provided and not included in the price shown.

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 hyperlink 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)	Hyperlink 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	£

3. Article 9 and Annex 2 - Pet Care Plans



Annex 2 – Pet Care Plans Illustrative Example

An illustration of information a Veterinary Business could provide in respect of one of its FOP's Pet Care Plans

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
10% discount on food	-
Total price **£20 per month** **£240 per year**	

Save up to £37

On the basis of booster vaccinations, 2 consultations, our example for FTW treatment = £277

Save up to £105*

On the basis of initial vaccinations, microchipping (one-off procedure), 2 consultations, our example for FTW treatment = £345

This plan is a 12-month contract, which auto-renews annually unless cancelled at least 30 days before renewal. A cancellation fee of £60 applies for mid-year cancellations. See our terms & conditions for more information.

* Where a Veterinary Business makes a savings claim in respect of a Pet Care Plan it must provide a savings comparison against the price of the services under the plan if purchased on a standalone basis, and such comparison must exclude services that are only required once in a Pet's lifetime. This is represented by the 'Save up to £37' claim shown above. Veterinary Businesses may choose to include additional savings claims which do include the savings on services which are required only once.

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BEVA supports greater transparency regarding pet care plan contents.

The proposed template is generally clear and understandable.

However, BEVA has significant reservations about the inclusion of mandatory savings calculations. Any estimate of future savings will necessarily depend on assumptions regarding consultation frequency, preventive healthcare requirements, medicine use, and the occurrence of illness or injury. In equine practice, these variables can change substantially over the course of a year and may differ markedly between apparently similar animals.

There is therefore a risk that savings estimates may be misleading, quickly become inaccurate, or create unrealistic client expectations. The requirement would also impose a substantial administrative burden on practices, requiring frequent review and updating of calculations to ensure continued compliance.

Practices should be permitted to provide illustrative examples or clear descriptions of included services rather than prescriptive savings projections. The CMA should ensure that information requirements remain proportionate, transparent and practical to deliver, while avoiding unnecessary complexity that could discourage the provision of preventive healthcare plans which may deliver genuine animal welfare benefits.

Savings estimates inevitably rely upon:

- assumptions about consultation frequency;
- preventive healthcare needs;
- medicine usage patterns.

This may create unnecessary complexity and frequent updating requirements. Pet health plans are great for compliance; they're not always the best value for money. Excluding preventative medication from the requirement to offer a written prescription means that owners may not be aware that it is an option to purchase these online. This is less relevant for equids due to the evidence based, targeted approach to anthelmintics.

The CMA should ensure that presentation requirements remain proportionate and should avoid inadvertently discouraging preventive healthcare schemes that may provide welfare benefits.

4. Schedule 2 and Schedule 3

BEVA is concerned that the Standard Written Prescription Notice and associated flyer are framed in a way that may undermine trust in veterinary prescribing and appear more like a marketing claim than a neutral regulatory notice.

The headline: "The same medicines may be significantly cheaper online" is highly prominent, whereas information about professional advice, prescribing responsibility and medicine suitability is secondary.

BEVA strongly supports informing clients of options but recommends a more balanced approach, for example:

"You can choose where to buy your pet's medicines and prices may vary between suppliers."

BEVA suggests reviewing whether the current wording and visual presentation could be perceived as promotional rather than informational. If the CMA's intention is to provide neutral consumer information, additional drafting or explanatory material may be required to demonstrate how the prescribed wording achieves that objective.

5. Article 22/ Schedule 4 - Complaints and Mediation Provisions

BEVA supports improved complaints handling and access to mediation.

The draft framework is generally proportionate and reflects established principles of good complaint management.

However, BEVA notes that:

- complaint logging;
- annual data returns;
- ADR participation;

- process documentation

will be resource-intensive, particularly for smaller independent practices.

BEVA recommends that implementation guidance address proportionality, particularly for smaller practices, and clarify how complaint reporting requirements can be met using existing systems wherever possible.

6. RCVS Monitoring Proposal

BEVA supports the principle of utilising the RCVS as the monitoring body.

The RCVS possesses:

- sector expertise;
- established relationships with practices;
- existing regulatory infrastructure.

However, several concerns arise.

Clarity of role

The proposal indicates the RCVS will identify and report potential breaches while enforcement remains with the CMA.

BEVA supports this separation.

The distinction between:

- monitoring,
- regulatory oversight,
- enforcement

must remain clear to avoid confusion among veterinary professionals.

BEVA is particularly concerned that mixed practices should not be drawn into complex compliance and reporting requirements that are disproportionate to the scale of their companion animal activity. The CMA and RCVS should provide clear guidance on the treatment of mixed practices and businesses operating across multiple veterinary sectors. Information received through the Practice Standards Scheme or professional conduct channels may relate to equine/farm work outside the Order. The monitoring standard operating procedure should prevent out-of-scope information being treated as evidence of CMA non-compliance and should define how mixed records are filtered before referral to the CMA.

Proportionality

The proposed model is rightly risk-based and reactive.

BEVA supports the proposal that monitoring should rely primarily on declarations, complaint intelligence and targeted spot checks rather than routine inspections.

Cost burden

The consultation documents indicate that additional staffing, systems development and monitoring functions will be required.

BEVA recommends that:

- monitoring requirements remain proportionate;
- duplication with existing RCVS systems is avoided;
- reporting obligations are streamlined wherever possible.

Conclusion

BEVA considers that the draft documents broadly reflect the remedies set out in the Final Report but recommends targeted amendments and implementation guidance to ensure the remedies operate effectively, proportionately and consistently in practice. In particular, further clarity is needed on mixed-practice scope, the boundary between entity-level and household-pet-specific obligations, the tone and balance of medicine purchasing information, the limits of price comparability, Treatment Pathway estimates, professional independence requirements, and the administrative burden associated with complaints, reporting and monitoring.

However, we recommend amendments and clarifications in the following areas:

1. Clear delineation between entity-level duties and obligations limited to Household Pet services, sites, communications and records.
2. More balanced presentation of medicine purchasing information.
3. Greater flexibility regarding means of communication and notice size requirements.
4. Stronger recognition of the limits of price comparability.
5. Additional clarification around Treatment Pathway estimates.
6. Practical guidance concerning professional independence requirements.
7. Continued focus on proportionality and minimising administrative burden.
8. Careful monitoring of unintended consequences for professional-client relationships and veterinary service delivery.

BEVA would welcome continued engagement with the CMA and RCVS as implementation progresses.