Competition and Markets Authority investigation into veterinary services for household pets: response to draft Substantive Order and Undertakings

1. The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. Our mission is to represent, support and champion the whole UK veterinary profession. We are a professional body, and our members are individual veterinary surgeons. We take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues, and employment matters.

2. We welcome the opportunity to respond to the draft Substantive Order, which sets out substantive requirements on Veterinary Businesses and the RCVS. We also welcome the opportunity to comment on the draft Undertakings which commit the RCVS to a number of activities to support the implementation of the remedies.

3. Our response has been compiled jointly with four of our specialist divisions and affiliate organisations, for which the investigation has the most relevance:

    - The British Small Animal Veterinary Association (BSAVA) which has a membership of 11,000 individuals mainly comprised of veterinary surgeons working in small animal practices treating household pets but also includes registered veterinary nurses (RVNs) and student veterinary surgeons and nurses. Its mission is to enable the community of small animal veterinary professionals to develop their knowledge and skills through leading-edge education, scientific research, and collaboration. It works closely with BVA to represent and support the profession in specific areas of relevance to small animal practitioners.

    - The Society of Practising Veterinary Surgeons (SPVS) whose mission is to provide a supportive membership community offering representation and industry-leading guidance for leaders in veterinary practice.

    - The Veterinary Management Group (VMG), who are the UK's leading representative body for veterinary professionals working in leadership and management roles.

    - The British Veterinary Nursing Association (BVNA) which is the independent membership organisation providing services to and representing the veterinary nursing community with 6,500 members. We have a strategic alliance, and their mission is to empower veterinary nurses to develop as individuals and increase their impact on the profession and animal welfare.

4. We greatly appreciated the many opportunities to engage with the CMA throughout the investigation, and more recently we welcomed the opportunity to comment informally on the draft Substantive Order and Undertakings ahead of this formal consultation. It is clear that much of our informal feedback has been acted on and some of our proposed changes have been incorporated into the draft documents, which we welcome.

5. Following our recent meeting with some of the CMA team to further explore our outstanding concerns - some of which are critical in that they relate to the proposed designs for the Written Prescription Notice and Flyer, as well as key definitions and lack of clarity in the Order - we set out our further

suggestions and comments below.

Standard written prescription notice

6. We welcomed the opportunity to respond to informal consultation on some very early iterations of potential designs for the written prescription notice and associated flyer for ongoing medication. In that feedback we were clear that we felt the profession would react negatively to the proposed designs, which were reminiscent of government anti-fraud/anti-scam style posters. We also drew attention to previously raised concerns, from both our response to the Provisional Decision Report, and our representations at our formal hearing in November last year, regarding wording which predetermines a route of supply which is limited to a small number of online pharmacies, many of which are owned by the Large Veterinary Groups, and our letter dated 28 January 2026, in which we proposed alternative wording of 'Savings may be available if you shop around for your medicines'.

7. In recent formal and informal interactions with the CMA we have been struck by the willingness to understand our concerns and work collaboratively to arrive at designs which are both palatable for the profession and likely to achieve the CMA's aim of promoting greater competition in the sale of veterinary medicines. We welcome this further opportunity to set out the challenges with the current proposal (Draft Schedule 2), and most importantly propose an alternative which we would like the CMA to adopt.

8. We fully support a consistent approach to proactively offering a prescription, and as such support the CMA's requirement for RCVS to produce and distribute standardised literature. We cannot however support the text currently being proposed by the CMA, specifically:

   "The same medicines may be significantly cheaper online"

   The proposed text is not neutral or factual and is in fact contestable. Specifically, "significantly cheaper" is both subjective and relative, and in many cases will simply not be true. Furthermore, online pharmacies are not the only alternative dispensing option available to consumers. Other possible suppliers in an open market would be high street pharmacies and other veterinary practices. We are of the view that requiring practices to display the proposed text is likely to damage trust and the vet-client relationship, and in some cases could incite verbal abuse and unnecessary altercation in the consultation room and reception.

9. However, we do support the subsidiary text being proposed, specifically

   "You can choose where to buy your pet's medication. Compare prices online and at other retailers to see the savings you might make".

   This text does not make any contestable claims, is correct, informative, neutral and proportionate, and is significantly less likely to create conflict between clients and veterinary professionals. We would recommend that this text replaces the proposed banner text. In the event that a shorter alternative for the banner text is needed, then we would suggest our original proposal of

   "*Savings may be available if you shop around for your medicines"*

   with the proposed subsidiary text retained as it is.

10. Whilst the wording of the banner text is by far our most significant concern regarding the Written Prescription Notice, we have some reservations regarding the accessibility of the resource. In its current format it is likely to create accessibility problems for some pet owners, given the range of font sizes, colours, and contrasts, and we would recommend a review against the guidance from the UK Association for Accessible Formats. Our understanding is that the posters will be printed and distributed by RCVS, but in the event that practices are required to produce their own prints, it is likely that there will be significant challenges with print quality and consistency, given the size, which

seems excessive to achieve the stated aims, particularly in smaller waiting rooms, and depth of colour required.

Standard flyer for ongoing medication

11. Refinements to the wording on the Standard Written Prescription Notice should also be reflected on the Standard Flyer for ongoing medication (Draft Schedule 3). In addition, in order to be factual and informative, the graphic should be adjusted to reflect a linear rather than exponential growth in potential savings. We would also suggest that the reference to 'pharmacies', which is a protected term, is corrected to 'retailer' and that "VMD-registered online retailer of veterinary medicines" is used consistently throughout all documents and materials. The proposed A5 size of the flyer means that it will be disproportionately large in comparison to most dispensed medicine packages. This means it is likely to be folded for convenience, which in many cases will mean the message is unnoticed or easily disregarded. We would suggest a postcard A6 size could be more appropriate.

Scope of the remedies

12. A considerable number of the remedies set out in the Final Decision Report place requirements on referral practices, which we support, and in our response to the Provisional Decision Report, we argued that the remedies relating to itemised bills and to complaints procedures should also apply to referral practices. In our more recent response to the consultation on the draft Funding Order, we were clear that the apparent exclusion of referral practices from the scope of the levy is likely to create a grey area which will lead to confusion for some veterinary businesses and a significant loophole which may be exploited.

13. The draft Substantive Order clearly further embeds a false distinction between referral services/centres and other businesses offering veterinary services for household pets, and we maintain the view that this distinction is likely to create confusion and reduce clarity and transparency. Estimates, itemised bills, complaint processes, OOH provision and cremation services are all equally relevant to referral centres, and as we explained in our response to the draft Funding Order, 'referral centre' is not a defined place, as many FOPs offer 'referrals' and many referral centres provide FOP services.

14. Having met recently with some of the CMA team to outline these outstanding concerns, we understand that the CMA can only apply remedies to those entities where an Adverse Effect on Competition (AEC) has been identified. On that basis, and whether or not the conclusion is sound, we accept that the CMA is bound by the limitations of the original scope of the investigation and the way in which evidence was gathered and subsequently analysed, and therefore a number of the remedies will not apply to referral centres. However, in order to minimise confusion and the potential for the exploitation of loopholes, it is essential that the definitions in both the Substantive Order and the Funding Order are refined and tightened such that only those veterinary businesses which offer referral services exclusively can be considered to be 'Referral centres'. In the current draft a 'Referral centre' is defined as a practice "…where such referral work forms a substantial part…". It is unclear how 'substantial' would be measured, and we consider this definition is insufficiently specific to be meaningful or enforceable. We would urge the CMA to tighten the definition such that a 'Referral centre' could only apply to veterinary businesses which cannot be accessed directly by pet owners and, therefore, where 100% of the services provided are via a referral from a vet.

Definitions

15. In our response to the informal consultation on the draft Substantive Order and Undertakings, we recommended that the definition of 'Household pet' should be tightened to ensure that FOPs which provide primary care for rabbits, guinea pigs, rodents, caged birds, reptiles, fish, and/or other pets which might categorised as non-traditional pets or 'exotic' are brought within the scope of the definition of 'Qualifying Veterinary Business'. We also highlighted that there may also be some minor grey areas relating to individual clients where animals traditionally considered as farm animal species (eg poultry) may be kept as pets, or where animals traditionally kept as pets may be considered working animals and do not reside in a dwelling (eg working collie dogs). We suggested

that, for the benefit of those practices offering mixed species services, it should be clear under what circumstances the CMA remedies will apply.

16. Whilst we welcome the changes that have been made to the definition of 'Household pet' we feel that there is still some further refinement needed for absolute clarity, and to address the points above. We strongly recommend that 'small mammal, bird, reptile or fish, or other 'exotic' pet animal' is preferable to specifying hamster/gerbil etc and prevents any possibility of misunderstanding what the intent of focusing on provision of veterinary services to household 'pet' means. For additional clarity it could also be helpful to incorporate the exclusion wording used by the Veterinary Defence Society and therefore already familiar to the profession of "But EXCLUDING (i) equine animals (ii) food animals (i.e species or animals normally used for the production of human or animal food or fibre, skin or hide) kept for commercial purposes."

17. Other definitions which require further clarification or refinement include:

- **Actionable complaint:** In our response to the informal consultation on the draft Substantive Order, we suggested that this may need further definition and/or examples such that it is clear that spurious complaints would not be considered 'actionable'. Although we recognise that such complaints, and informal expressions of dissatisfaction, could often be addressed within the normal course of business, this is not always the case. We have already suggested that the CMA speak directly with the Veterinary Defence Society on this, and the detail of the proposed complaints log (Draft Schedule 4), to ensure that the resource is fit for purpose, meaningful, and facilitates continual improvement.
- **OOH Centre / OOH FOP Services / OOH Provider Services / OOH Services**: These terms and definitions are convoluted and likely to lead to confusion. 'OOH Services' as defined does not capture how/where many pet owners consume such service, which is often delivered by referral practice, both 'first opinion' and specialist OOH provision, simultaneously from the same location by the same clinical teams, with no distinction between the services. These definitions need to be rationalised and simplified to reflect how OOH services are delivered to pet owners, including those accessing OOH services at their daytime practice, and those going elsewhere. We suggest that there should be only two definitions:
  - (1) OOH Centre: means the site, premises or location at which a Veterinary Business provides OOH Services to existing customers or on a contractual basis to customers of a different veterinary business.
  - (2) OOH Services: means veterinary care and related services that are provided outside normal working hours. This may be to the existing customers of the veterinary business providing the OOH Service or it may be to customers ordinarily registered with a different veterinary business on a contractual basis between the two veterinary businesses.
- **Veterinary professional**: Although we agree that the term encompasses both vets and nurses, the term should be used with caution throughout in order to avoid confusion over tasks which are reserved for veterinary surgeons only (eg. Registered Veterinary Nurses cannot make referrals, as is currently implied through the use of 'Veterinary professional' in the existing definition of 'Referral centre')
- **Veterinary surgeon and Veterinary nurse:** It is superfluous to say 'qualified' as by definition, as regulated professionals, they must be qualified. It is also unhelpful to give examples of the types of activities which each role may carry out as this is incomplete, and in any case is clearly set out in legislation. 'Veterinary nurse' should be corrected to 'Registered Veterinary Nurse' throughout. We suggest the following definitions:
  - Veterinary Surgeon means a professional holding a recognised veterinary degree, registered with RCVS and licensed to practice in the UK.
  - Registered Veterinary Nurse means a professional holding a recognised veterinary nurse qualification, registered with RCVS and licensed to practice in the UK.

Draft Substantive Order

18. Beyond the challenges with the definitions detailed above, we broadly support the content and clarity of the draft Substantive Order. However, we note that:

- Section 5 (3) Ownership Information should allow for a transition period for compliance following an acquisition.
- Section 5 (4) (b) The requirement relating to metadata and search engine results should be such that clients searching for specific types of service (eg OOH or pharmacy) are not led to all other types of service (eg FOP) owned by the same main entity.
- Section 11 Written Estimates for Higher Treatment Costs Part 1 (b) states that the written estimate must identify the element of expected costs which exceeds 20% of the monetary threshold. This does not appear to reflect the clarity or intent of the Final Decision Report, which requires the veterinary businesses to give a further written update if the total estimated cost of the treatment pathway is reasonably likely to increase by 20% or £500. Furthermore, use of OOH services cannot reasonably be included in a treatment pathway as they are accessed and delivered separately to daytime services, often by different practices and businesses with limited communication between the two. The extent to which retrospective costs should be included in an estimate also has the potential to cause significant unnecessary administrative burden, and uncertainty when secondary conditions are potentially linked.
- Section 12 Itemised Bill - We are concerned about the practical application of Article 12(5) to fixed-price bundles. Many veterinary PMS systems cannot display both the agreed bundle price and the normal standalone price of each component on the same invoice. Components may have to appear either at £0 or at their normal charge; displaying their standalone price may cause the system to add that price to the total payable. Practices may therefore have to create a second bill or estimate manually simply to provide the informational standalone prices required by the Order. This would duplicate the billing process and substantially increase administrative time for every bundled procedure. We ask the CMA to test this requirement with major PMS providers, provide worked examples of compliant invoices, and confirm that practices will not be required to generate a second document or artificially apportion bundle prices between component items.
- Section 15 Provision of Written Prescriptions Part (1) (a) has changed from a deadline of 48 hours for preparing a digital copy of the written prescription, to the end of the second working day. This is not in line with the detail of the remedy in the Final Decision Report and has the potential to create a grey area which is open to interpretation.

Draft Substantive Undertakings

19. We broadly support the content of the draft Substantive Undertakings, subject to the clarifications and refinements to definitions in the draft Substantive Order being accurately reflected. We particularly welcome the inclusion of a requirement for RCVS to process the Find a Vet Information in an efficient manner in addition to the previously described secure manner, in line with our response to the informal consultation. We also welcome the addition of user testing for the Find a Vet platform, although we consider that consultation with BVA should be a requirement rather than just an option. Similarly, we consider that consultation on the Sharing Criteria and Decision Tree should also be compulsory rather than optional.
20. In our response to the informal consultation on the draft Substantive Undertakings, we suggested that the compliance report compiled by RCVS should be shared with BVA and BVNA as the representative bodies for the professions, and we maintain this view.

Indicative price list

21. We have a number of suggestions and clarifications for the column of ‘Definitions to support practice implementation’ as follows:

- Nurse consultation: it is unnecessary to include ‘supervised student veterinary nurse’.

Student veterinary nurses, and student vets, when appropriately supervised, can carry out a wide range of activities and it is potentially misleading and confusing to single out student veterinary nurses specifically with regard to consultations.

- Vaccinations: this should include completion of the vaccination certificate.
- Medicine administration fee: this should be corrected to 'injections under the skin or into the muscle'.
- Dental assessment: it may be necessary to include anaesthesia or sedation. Note also that a scale and polish is a dental procedure, not just an 'assessment'. Dental x-ray should also be included as a tick-box option.
- Castration: this should simply say scrotal, inguinal or abdominal.
- Spay: this should be 'Routine open ovariectomy or ovariohysterectomy, using a midline or flank approach as clinically appropriate'.
- Ultrasound: scanning one organ would be very unusual for an abdominal ultrasound, with the exception of pregnancy scan. It could be clearer to have a separate price for 'pregnancy diagnosis ultrasound scan'.
- Ultrasound (echocardiogram): a suitable definition could be 'Ultrasound imaging of the heart and interpretation'.
- Cytology test (ear swab): this should include interpretation.
- Cytology (fine needle aspiration): this should include interpretation.
- CT and MRI scan: should both include third party interpretation.
- X-rays: 'third-party fees' could be more clearly expressed as 'and interpretation'.

RCVS monitoring proposal

22. We broadly support the contents of the RCVS monitoring proposal, although we consider that further clarity is needed regarding spot-checks. This should include an explainer on the intent and its limitations, such that the profession understand that this does represent a new power for RCVS, whose responsibility is limited to monitoring compliance, not enforcing.

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