Response to CMA Veterinary Services for Household Pets Market Investigation Working Papers, published on 6 February 2025

About this document

1. This document forms the response from the Royal College of Veterinary Surgeons (RCVS) to the Competition and Markets Authority (CMA) Veterinary Services for Household Pets Market Investigation Working Papers, as published on 6 February 2025.

2. The document is the combined response to the following separate Working Papers:

    a. Regulatory Framework for Veterinary Professionals and Veterinary Services
    b. Competition in the Supply of Veterinary Medicines
    c. Analysis of Local Competition
    d. Business Models, Provision of Veterinary Advice and Consumer Choice
    e. How People Purchase Veterinary Services

3. The document has been prepared by the RCVS Council's Competition and Markets Authority Working Group.

Format

4. The document is structured in two parts:
    a. Part one: Summary statement
    b. Part two: Individual tables with specific comments against numbered paragraphs within each of the Working Papers:
        Part two (a) - Regulatory Framework for Veterinary Professionals and Veterinary Services
        Part two (b) - Competition in the Supply of Veterinary Medicines
        Part two (c) - Analysis of Local Competition
        Part two (d) - Business Models, Provision of Veterinary Advice and Consumer Choice
        Part two (e) - How People Purchase Veterinary Services

Further information

5. For further information, please contact the RCVS CEO, Lizzie Lockett, on l.lockett@rcvs.org.uk.

Part one: Summary statement

6. As highlighted in previous responses to the CMA, the RCVS is supportive of this Market Investigation and appreciates the opportunities for improved consumer protection that it could bring. However, we are mindful of the risk of unintended negative impacts on animal health and welfare, including in areas not covered by this Market Investigation (for example, the care of production, equine and exotic animals, and the charity sector). In addition, the veterinary market is intrinsically linked to One Health, which necessitates collaboration across disciplines (human, animal and environmental) to solve health issues that impact people, animals, plants and the environment, particularly in areas like disease prevention, food safety, biodiversity and climate change.

7. We also appreciate that the Working Papers recognise the important contribution made by many thousands of dedicated veterinary surgeons and veterinary nurses to animal health and welfare in the UK, and the high trust that they engender amongst the animal owning public.

8. We retain some concerns that the veterinary market is being considered as a 'household services' market and not alongside more comparable markets, such as healthcare. The investigation is categorised under 'recreation and leisure' but for many people pet healthcare is more aligned with the health of a 'family member'. Not only are the benchmarks against which the market should be compared likely to be different (for example, around churn rate), the hallmarks of a well-functioning commodity services market may not always be applicable. For example, high levels of trust are seen in the Working Papers as running counter to a well-functioning market as this may allow practices to increase their prices due to complacency. This does not recognise the huge benefits to both consumers and animals of continuity of care, which flows from building a relationship of trust and longevity.

9. This is not a commodity market, but a multifaceted one, which includes complex professions. As a regulator of the standards and conduct of those professions, the role and remit of the RCVS is more closely comparable with other professional regulators, for instance those for solicitors, architects and human healthcare professionals. As such, the RCVS may not fall within the parameters expected by the CMA when compared to regulators that have statutory duties beyond the education, registration, standards and discipline of individual professionals operating in their sector.

10. Furthermore, as noted above the wider factors at play, around public health, animal health and welfare and, in some cases, planetary health, mean that solely choosing what's best for the consumer may not be appropriate – in either the short or long term. Balancing all these factors when making decisions is the role of veterinary professionals, and the RCVS is clear to set standards that allow these professionals autonomy, while safeguarding the public interest.

11. There is the additional complexity that, due to the NHS, many animal owners are not aware of the prices of human medical treatments. Veterinary care is therefore often considered a quasi-public service – and when costs are quoted, they are often felt to be very high as there is no meaningful comparator. Meanwhile, the vast majority of veterinary work is being carried out by a private market. The provision of emergency cover 24 hours a day is seen by many consumers as a national necessity, but it is provided by private practitioners, who need to maintain the

sustainability of that costly service. Furthermore, there is no additional funding for veterinary schools, unlike medicine and dentistry, where education is effectively subsidised by the NHS.

12. That being said, we do recognise that more can be done to ensure that consumers have access to the right information, at the right time, so they can make good choices for their pets and their pockets. Even during the timeframe of this investigation, we have improved the information that we make available via our website to animal owners, developed with our Public Advisory Group.

13. As stated in previous communications, we believe that the key change required to bring about improvements to consumer protection, standards within veterinary practice, and support for veterinary professionals working within clinical practice, would be for the RCVS to implement a scheme of mandatory practice regulation. To achieve this, new legislation is required. The RCVS has been pushing for such legislation for many years, as the Veterinary Surgeons Act 1966 (VSA) is out of date – a point well understood in the Working Papers.

14. We are, of course, willing to work with the CMA on any interim remedies that it may feel are appropriate in the meantime. However, it remains vitally important that any such measures are:

    a. Proportionate to the outcome anticipated
    b. Enforceable in a transparent manner
    c. Applicable across the very wide range of practice types that exist in the UK, not just those for domestic pets – it is a diverse and thriving ecosystem with inter-reliant parts that affect public health and disease management as well as veterinary care
    d. Neither inhibit growth nor cause an additional burden on practices that may end up being reflected in increased costs to the consumer.
    e. Effective, with a clear review mechanism to assess this and make changes, if necessary

Part two (a): table with specific comments on the CMA Working Paper: Regulatory Framework for Veterinary Professionals and Veterinary Services

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
Sum 4	Well-functioning market	CMA says: *"A well-functioning market for veterinary services for household pets could be thought of as one in which:* *(a) animal welfare and public health and safety are protected;* *(b) there is a range of providers who each offer good quality services which serve the needs of animals and their owners at competitive prices; and* *(c) consumers are able to, and do, shop around between those providers and make informed decisions about the products and services they buy."* RCVS comment: We consider this summary promotes shopping around without explaining how it may impact on both costs and animal welfare. Generally, we consider animal health and welfare will be enhanced when all the clinical records are accessible in one place and the animal's care is mediated through the veterinary surgeon who has the animal under their care. A market with more providers may not necessarily result in lower costs. Our understanding is that consumers value convenience and the relationship of trust with their veterinary surgeon; and therefore this may mean that a well-functioning market in this context would see less shopping around.	
11(c)	Role of regulator of professionals	CMA says: *"It [regulatory framework] does not contain sufficient and appropriate mechanisms for the monitoring and enforcement of vets' compliance with the RCVS Code and the supporting guidance to this code (Supporting Guidance)."* RCVS comment: In common with other regulators of professionals, we consider conduct in relation to whether it is appropriate for someone to remain on their respective Register and	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		continue to practise. Even though our legislation is outdated, and our threshold for action is 'serious professional misconduct' rather than the more modern 'fitness to practise' approach, it remains true that the Code is not a 'rulebook,' the breaking of one inclusion of which would lead someone straight to a Disciplinary Hearing. On that basis, we therefore focus on promoting compliance alongside our enforcement work, helping veterinary surgeons and veterinary nurses to meet the standards that society expects of them.	
12	Veterinary nurses/ Schedule 3	CMA says: *"We also have some concerns that the current system of regulation may not allow for the most effective use of veterinary nurses. Clarifying or changing the legislation that currently applies to nurses could have a positive impact on the veterinary profession and on consumers."* RCVS comment: We agree, and have been pushing for a change to Schedule 3 to the Veterinary Surgeons Act 1966 (VSA) for some time in order to effect this outcome. However, there is more that can be done by VNs within a veterinary team approach to clinical care even without a new Act, and we would encourage practices to consider maximising the opportunities available for VNs within their teams, where possible. We are developing new information and tools to support and facilitate this.	
1.11-1.13	Public interest and externalities	CMA says: *"The public interests (animal welfare and public health and safety) served by veterinary services involve externalities."* RCVS comment: We consider these externalities to be crucial when considering the regulation of medicines. We consider it is in the public interest, noting the One Health	

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		concept, that access to medicines is through a veterinary surgeon, who should have both the understanding of the holistic picture and professional responsibilities. We consider that reducing regulations simply to improve competition or access may present a real risk to wider public protection.	
1.14	Purpose of a profession	CMA says: *"The purpose of a profession is to provide non-expert consumers with the benefits of a body of learning, expertise and experience."* RCVS comment: We do not consider this is necessarily the sole purpose of the veterinary professions. We note the RCVS Royal Charter was granted in 1844 because people without training were delivering veterinary services and parliament recognised that treatment outcomes (at that time horses in the military) were better when trained veterinary surgeons delivered the care. We consider the purpose of the veterinary professions goes beyond consumer access and has responsibilities towards animal health and welfare, and the protection of the public.	
1.15-1.19	Professional services	CMA says: *"Many professional services involve the sale of credence goods, where the average consumer is unable to identify the quality of the good or service which best fits their needs. Instead, they rely on an expert who both diagnoses their needs and sells the goods or service to them."* RCVS comment: It should be recognised that when a clinician diagnoses, prescribes and supplies medicines, this represents a concentration of all aspects of care provided to an animal, likely representing a cost saving compared with the situation where stages are performed by different providers. It may be the case that some consumers will value the	

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		situation where all these services are provided under one roof, and the speed inherent in this approach may be best for animal health and welfare, in some situations. The RCVS Code of Professional Conduct (Supporting guidance, chapter 2 'Veterinary care') states that veterinary surgeons should 'ensure that a range of reasonable treatment options are offered and explained, including prognoses and possible side effects'. This means the process of identifying the treatment that best meets consumers' needs is something in which the consumer is directly involved.	
2.16	RCVS disciplinary procedures	CMA says: *"The hearings are generally conducted in public and apply the civil standard of proof."* RCVS correction: The standard the RCVS Disciplinary Committee currently applies is tantamount to the criminal standard ("so as to be sure"). We consider there is likely to be confusion with the usual civil standard of proof ("balance of probabilities" or "more likely than not").	
2.24-25	Barriers to entry for veterinary professionals	CMA says: *"We have seen some evidence that the entry requirements, especially for foreign-qualified vets, may be set inappropriately, contributing to a shortage of vets in the UK. Changes to the RCVS Statutory Membership Examination for overseas vets were approved by government in December 2024 in an attempt to introduce more flexibility to the supply of vets.* *"We recognise that the entry requirements into the profession must take account of the broad public policy interests described in paragraphs 2.22 above, and which are beyond the CMA's remit. However, in view of their potential to affect competition (and in ways that*	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		could harm animal welfare), it may be appropriate for the RCVS and government to assess whether those requirements appropriately take into account a balance of animal welfare, public health and consumer and competition interests." RCVS comment: It is understood, via a footnote, that this comment relates to visa-linked minimum salaries which are a matter for the Government and not the RCVS. However, taken at face value, it may be seen to relate to our process for verifying the standards reached by international graduates wishing to work in the UK, as part of our Statutory Membership Examination. This is exam is, rightly, robust, as any veterinary surgeon practising in the UK must deliver to the same high standards. As referenced by the CMA, we have recently worked with the Department for Environment, Food and Rural Affairs (Defra) on a new statutory instrument that makes access to the exam easier and fairer. A more significant positive impact on the number of veterinary graduates entering the UK workforce could be made if the government was to increase the funding for UK students at the veterinary schools. Currently, some schools would operate at a loss if not for cross-subsidy from international students. This can mean that places that would otherwise be taken by UK students are designated for higher-fee-paying overseas nationals. There are also issues affecting retention and return within the professions, as outlined in our Workforce Action Plan.	https://www.rcvs.org.uk/news-and-views/publications/rcvs-workforce-action-plan/ (previously supplied)
2.49	CPD requirement	CMA says: *"While the requirement of 35 hours of CPD per annum should be reported by vets to the RCVS, the RCVS cannot take any automatic disciplinary action where vets do not complete their CPD and in this situation will only write to non-compliant vets to encourage their compliance."*	

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		RCVS comment. While this statement is correct, it has been contrasted unfavourably with the processes of other health professional regulators that have statutory powers allowing them to enforce CPD requirements. We write to non-compliant veterinary surgeons and refer their cases for investigation where appropriate, however instances of CPD non-compliance in isolation are unlikely to warrant striking-off. We agree more needs to be done and some form of mandatory registration-linked CPD requirement has been one of our proposals under new legislation for some time.	https://www.rcvs.org.uk/news-and-views/publications/rcvs-recommendations-for-future-veterinary-legislation/ (previously supplied)
2.52	Regulatory tools of the RCVS	CMA says: *"It appears to us that the RCVS lacks a full regulatory toolkit enabling it to take action effectively against a range of misconduct, including in relation to consumer protection matters, and to impose a range of sanctions."* RCVS comment: This is correct, and we are pushing for a wider range of sanctions and remedial actions via a new Act. However, we would caution against a view that the threshold for action would be lowered dramatically – the bar would still, rightly, remain high. What would be very impactful for consumers, under our proposals for a new Act, is that we would have a mandatory practice regulation scheme, which could capture more systemic poor activity with regards to consumer protection matters, and address those at practice level.	
2.66	Sanctions available to the RCVS	CMA says: *''This advice is not binding, and so cannot be enforced, but it remains on the record for five years and it can be taken into account in any subsequent disciplinary proceedings during that period."*	

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		RCVS correction: Due to a recent change, formal advice remains on the record of a veterinary surgeon or veterinary nurse for two years. This change was made to bring it into line with the length of time that outcomes from Charter Case Committee cases remain online (two years), as it was seen as unfair that something that did not cross the threshold for serious professional misconduct should remain in place for longer than something that did. Anything that comes to light during this two-year period can be considered, even if any subsequent Disciplinary Hearing takes place outside of that two-year period.	
2.74	Registration requirements	CMA says: *"Based on our assessment so far, we have concerns that: requirements to enter the profession and practise as a vet may be too restrictive."* RCVS comment: We would contest that we are out of step here. Both our 'Day One Competences' and accreditation standards for veterinary programmes have been developed carefully using an evidence-based approach (see adjacent reference) and following extensive consultation with the profession. Our Statutory Membership Exam is held in high regard, being accepted by the Veterinary Council of Ireland and the Australasian Veterinary Boards Council (AVBC), and we are hosting a representative from AVBC this year as they wish to learn from our approach to adapt their own exam. Similarly, other international accrediting agencies have considered our new standards when revising their own, and there remains strong alignment with systems in North America, Australasia, South Africa and Europe. It is important to maintain this alignment, or we may risk impeding international mobility for UK-graduating veterinary surgeons.	Chiavaroli N, Prescott-Clements L, Nicholls J, Mitchell P, Reid K. Accreditation Approaches for Professional Education Programs: Toward Best Practice. *Journal of Veterinary Medical Education*. 2023 Apr 20;51(1):3-13.

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4.25-4.36	Practice Standards Scheme (PSS)	CMA says: *"We have taken account of the stakeholder views put to us. Our emerging assessment is that the PSS is unlikely effectively to regulate veterinary practices for reasons that relate to: its status; its objectives and scope; its monitoring and enforcement and its lack of visibility to consumers."* RCVS comment: We do not fully support the conclusions made regarding the success and impact that PSS has made to the profession. The facts that have been relied upon to reach this conclusion came from particularly difficult periods for the whole profession and were not exclusive to PSS – ie Covid and Brexit - as only the footnotes indicate. To assess the full impact of PSS it would be right to look at its journey since it was created in 2005. Looking at membership figures, the Scheme started with 850 practice premises, out of 2,300 eligible (37%), and now has near 4,000, which is 70% of eligible practices in the UK. Compliance levels against Core standards have increased since a new 12-month compliance rule was introduced, so that there were only 98 restarts in 2024, and the interventions that PSS has made to support practices before matters are escalated, to the VMD for example, has meant very few practices are now escalated. PSS works with practices to rectify deficiencies. This has gone some way towards improving standards but we do recognise more needs to be done to continually meet the changing needs of this market. The current five-year review of PSS will certainly look at many areas, including those impacting on consumers, to ensure that minimum expectations around price transparency, opening times, access, estimates and ownership etc will be more prominently featured as Core standards. The review is also looking at how	

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		the future standards will be assessed, taking a more risked-based approach and ensuring that monitoring happens in between assessment cycles.	
4.28	Practice Standards Scheme (PSS)	CMA says: *"Even so, it may still be the case that consumer issues are not the scheme's core focus, and we are considering both the design and implementation of the PSS to explore this point. In terms of design, we note that most of the modules and awards available under the PSS relate to clinical standards rather than interactions between vet practices and consumers, while the accreditation assessment process is viewed by vet practices as 'a full clinical and regulatory compliance audit'."* RCVS comment: We are concerned that the benefits for consumers and their pets of a scheme that promotes good clinical standards is being overlooked in this statement.	
4.36	Promotion of PSS	CMA says: *"The RCVS has told us that it would like awareness of the PSS to be higher, but emphasised the budgetary constraints limiting its promotion of greater consumer knowledge of the scheme. It also noted that RCVS research suggests most consumers in the sector assume that all practices are regulated anyway and, as such, are not looking for a 'kite mark' because they do not think they need to. We observe that the latter point may itself be indicative of a serious gap between consumer assumptions and regulatory reality and be a reason for more rigorous promotion and enforcement of the PSS as the current best alternative to mandatory practice regulation."* RCVS comment: We agree that there is always more to be done, but promotion of anything to the public on a national scale is very expensive, and as the scheme needs to be self-funding, this would be reflected in fees to practices. This could have the unintended consequence of either practices coming out of the scheme (which can only be	

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		voluntary, in the absence of legislative change), or those increased costs being passed to clients.	
5.28 & 5.44	VCMS	CMA says: *"Our assessment of the VCMS so far is that, while it offers some benefits to consumers, its effectiveness may be limited because it is voluntary, consumer engagement with it is low and the most effective use is not made of complaints data to improve regulation or service standards."* RCVS comment: We cannot legally make engagement with the scheme mandatory in relation to a veterinary surgeon's registration status at this point. This could come with new legislation. We do have regular reports from VCMS about issues that are causing complaints to arise and address them via CPD, such as through our RCVS Academy courses. We note that mandatory consumer dispute resolution processes from other professional regulators are rare.	
5.45	Data ref complaints feeding into CPD	CMA says: *"We are concerned that these shortcomings [of the VCMS] limit the RCVS's ability to understand consumers' experiences of veterinary services outside of the most serious professional misconduct cases that the RCVS is obliged to consider. This may mean it cannot identify common or emerging harms caused by vets' conduct or vet firms' business practices, and cannot feed these insights into a positive feedback loop which increases the effectiveness of regulation (for example, targeted monitoring and enforcement, issuing guidance or creating training or CPD materials aimed at addressing the substantive issues and concerns identified through the complaints handling system)."* RCVS comment: As mentioned above, we do consider data from VCMS and also from complaints that come to the College. Even if such complaints are not judged likely to reach	

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		the threshold for disciplinary action, we monitor the issues raised and develop materials to support veterinary surgeons and veterinary nurses to avoid making the mistakes highlighted. Our Public Advisory Group is also a valuable source of information regarding consumers' experience of veterinary practice and was specifically set up to increase our access to the consumers' voice.	
6.91 (c)	Telemedicine	CMA says: *"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), the Guidance does not stipulate what 'exceptional circumstances' are."* RCVS comment: It is not possible to give an exhaustive list of what might be 'exceptional' by the nature of the term. Case studies have been produced to give a steer. In this and so many areas of our work, we rightly rely on veterinary surgeons to use their professional judgement, and document their decision-making process if they are unsure. We also have an Advice Line to help with specific inquiries. It is very important that exemptions are limited to exceptional circumstances because of the potential impact of resistance to antimicrobials on both human and animal health.	
6.120 & 7.19	Out of hours	CMA says: *"The CMA also notes that whereas the requirements of under care are underpinned by legislation (the VMRs), the RCVS acknowledges that it has more freedom to review its current provisions around 24/7 emergency cover. Our emerging view is that it might be beneficial if the RCVS were to review these provisions with the considerations above in mind."*	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		RCVS comment: We can certainly consider a further review of out-of-hours provisions. However, it is to be noted that private practices (and veterinary professionals working individually or as private enterprises) are essentially asked to provide a nationwide 'public service' in terms of out-of-hours care. There is a very delicate balance to be had to ensure that the profession will continue to be willing to step up to the challenge. If rules change such that new entrants to the market that are unable or unwilling to provide out-of-hours care do not have to do so, 'traditional' practices may also challenge the imposition, and the consumer will face longer journeys with sick animals in the middle of the night. This unintended consequence would reduce rather than increase competition.	

Part two (b): table with specific comments on the CMA Working Paper: Competition in the Supply of Veterinary Medicines

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
Sum 2(c)	Pricing	CMA says: *"The level of retail prices set by FOPs appears to be consistent with the existence of weak competition in the supply of veterinary medicines."* RCVS comment: The buying cost of veterinary medicines to practices is not the same and therefore it may be difficult to establish the true 'mark up' on buying costs when retail prices are set.	
Sum 9(c)	Prescription fees	CMA says: *"Our qualitative research with veterinary professionals found that prescription fees charged by FOPs can range from £12 to £36.7 This variability suggests that there is no recognised benchmark in the industry for these services."* RCVS comment: There may be no recognised benchmark due to the fee representing the complexity of work involved in deciding what is appropriate in any particular case.	
Sum 11	Overpaying for veterinary medicines	CMA says: *"Requesting a written prescription may be particularly suitable for on-going medication and medicines that are easy for the pet owner to administer directly (such as flea and worming treatments or antibiotics)."* RCVS comment: We consider there should be recognition of the fact that the true 'online cost' of veterinary medication is the prescription fee plus the online price of the medication.	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
Sum 22(e)	Injectable veterinary medicines	CMA says: *"The use of injectable veterinary medicines by vets and whether this represents a barrier that pet owners must overcome when requesting a written prescription from a FOP in order to purchase medication from third-party retailers."* RCVS comment: There may not always be an alternative to a veterinary surgeon injecting animals, but this statement suggests there is.	
5.5	Medicines choice	CMA says: *"FOPs – as commercial veterinary businesses – may have the incentive to act on this weak response by pet owners to their commercial advantage, although other considerations (such as the interests of pet owners or the professional and regulatory obligations of vets) may prevent FOPs from acting on this incentive. For example, FOPs could seek to influence the medication vets prescribe in favour of those which are more likely to be purchased directly from the FOP or are more profitable for their business. The ability of vets to influence the choices of pet owners, because of the 'gatekeeper' role held by vets as described in the* ***Nature of competition*** *section, may make it difficult for pet owners to compare veterinary medicines between FOPs and third-party retailers. This may prevent pet owners from considering third-party retailers if, for example, vets recommend medications that vets are more likely to administer themselves."* RCVS comment: Veterinary surgeons have a duty to ensure that written prescriptions are available so it is not clear how the 'regulatory obligations of veterinary surgeons' act as a barrier to them letting owners know they can shop around. There should be valid clinical reasons for a choice of medicine, for example, an injectable – and there may be no alternative. In addition, there are valid reasons for some products being categorised as POM-V.	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
5.17 (a)	Prescription availability	CMA says: *"Many respondents said they did not know they could obtain a prescription from their practice and get the medication elsewhere (38%, with 57% saying they were aware of this fact and 4% being unsure). This question was asked only of respondents whose pet had been prescribed medication in the past two years."* RCVS comment: We have recently restated the requirement for veterinary surgeons to ensure clients are aware of this option as part of the updated chapter 10 of our Supporting guidance to the Code of Professional Conduct.	www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/consumer-rights-and-freedom-of-choice/
5.21-22	Prescription availability	CMA says: *"To be compliant with RCVS Guidance, vets 'must…advise clients, by means of a large and prominently displayed sign or signs (in the waiting room or other appropriate area)' that written prescriptions are available and that clients can also purchase veterinary medicines from another veterinary surgeon or pharmacy.* *"Given the lack of awareness of this option among many pet owners, it appears that this information may not be presented effectively, and often may not be proactively provided to pet owners when they make choices to purchase veterinary medicines. The effectiveness of RCVS guidance is explored further in the working paper* ***Regulatory Framework for Veterinary Professionals and Veterinary Services."*** RCVS comment: The provision of the sign was the mechanism agreed by the Competition Commission in 2005. If it is not now considered to be sufficient, we can advise veterinary surgeons that they must inform clients of their right to request a written prescription, or draw attention to the signage.	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
5.34	Products sold via multiple outlets	CMA says: *"We understand that some veterinary medicines that are required to be prescribed by veterinary surgeons (POM-Vs) have alternatives that can be purchased from third-party retailers without a written prescription (AVM-GSLs). These over-the-counter medicines could be used by pet owners to treat the same conditions (such as fleas) as those available at FOPs. We are considering whether the availability of these medications from third-party retailers could act as a benchmark for the retail prices of veterinary medicines at their FOP as well as provide pet owners with the information needed to compare products and shop around for these types of veterinary medicines."* RCVS comment: The costs of any product sold via a large multiple retailer such as a supermarket is not going to be realistically comparable to one being sold via a veterinary practice. FOPs do not tend to sell GSL products and if a veterinary surgeon feels a GSL is appropriate for an animal they may well recommend it and advise the client to purchase elsewhere. In addition, the active ingredient of alternatives may not be the same, or, if it is, the presentation may mean that the two products cannot be compared in terms of efficacy or, in some cases, environmental profile, making a cost comparison less meaningful.	
5.45	Prescribed drug recommendations	CMA says: *"However, we also recognise that professional and regulatory obligations on vets may prevent FOPs from acting on this incentive, even if it were to arise. This is because the RCVS Guidance states that written prescriptions provided by vets should not contain any specific recommendation of which retailer to purchase veterinary medicines from. Where a specific recommendation is made, such as a vet indicating a preferred retailer verbally (as envisaged by the RCVS Guidance), any commercial interest a vet or their employer may have in the retailer should be made clear to the pet owner when providing the written prescription to them."*	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		RCVS comment: This guidance exists to ensure that transparency is increased and conflicts of interest are decreased.	
5.66	Client awareness ref own brands	CMA says: *"When asked whether vets would provide written prescriptions for these Own Brand products, [.] told us that vets at its FOPs would provide written prescriptions for alternative products if a written prescription were requested."* RCVS comment: We can help, via advice on our website, to ensure owners have clarity that they can still request a written prescription even if an own-brand product is recommended.	
5.76	Amount prescribed	CMA says: *"RCVS advice also provides that, in most cases, the quantity of controlled drugs that should be prescribed is less than 30 days' worth supply."* RCVS comment: This is the same advice as given by the Veterinary Medicines Directorate. These restrictions exist to minimise misuse and prevent people in being in possession of large quantities of controlled drugs (CDs). This is also considered good practice in human health, to minimise the risk of misuse or abuse. In human health, in exceptional circumstances where a longer supply is clinically justified, it may be prescribed, but the reasons must be clearly documented.	https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-01429/en-us
5.77	Amount prescribed	CMA says: *"This may mean that the amount of medicines a pet owner may purchase at a third-party retailer is less than that which would be dispensed at the FOP."*	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		RCVS comment: Further to discussion, the VMD's guidance has now been updated in this respect.	
5.78 (c)	Validity of prescription	CMA says: *"As written prescriptions are valid for six months under the VMRs, we understand that this refers to a full year's supply in terms of quantity, rather than the validity period of the written prescription."* RCVS comment: As per the VMD's recent update to guidance, repeats can now be dispensed outside the validity period so long as the first repeat is dispensed within it.	
5.78 9d)	Length of prescription	CMA says: *"For other conditions, pet owners will need a new prescription at least every six months but often more frequently depending on the medicine that is being issued. One independent FOP group [.] said that medications for a condition such as osteoarthritis are more likely to be prescribed for six months, compared to three months for medications for hyperthyroidism which require more monitoring of the animal."* RCVS comment: We consider this to be responsible prescribing and a matter of clinical judgement.	
5.78 (e)	Gabapentin	CMA says: *"In the context of the restrictions that apply to controlled drugs, an independent FOP group [□] told us that a particular controlled drug gabapentin can only be given for 90 days' supply.281 This independent FOP group told us that these medications cannot be offered as repeat prescriptions as online pharmacies do not accept them."* RCVS comment: We are not aware that gabapentin has different rules to any other CD. It may be that this is their practice policy. Prescriptions for schedule 2 and 3 CDs are not	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		repeatable under legislation, this is why pharmacies will not accept them. The restrictions are in place to reduce misuse.	

Part two (c): table with specific comments on the CMA Working Paper: Analysis of Local Competition

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
4	Competition and OOH providers	CMA says: *''We have analysed the degree of local competition in first opinion practices, out of hours (OOH) care and referral centres."* RCVS comment: We consider it important to note that in some circumstances there is both competition between FOPs (those that perform their own OOH services) and OOH providers, as well as competition between OOH providers themselves. We consider it important for practices to be transparent regarding the nature of services and OOH provision/arrangements provided, so consumers do not face surprises/unexpected expense if they have to use a third-party provider.	
6	Importance of OOH as a professional obligation	CMA says: *"FOPs are required to provide OOH cover to their clients, and this can either be done in-house, or outsourced to a third party."* RCVS comment: We consider that greater recognition is required of the professional obligation on veterinary surgeons to provide OOH care to animals under their care. This obligation, imposed by the RCVS, is not comparable with other regulated professions and represents a real obligation in terms of time and financial resource. It is provided by private individuals in the pursuit of wider animal welfare, despite there being no legal right to veterinary services at every hour of every day.	
2.12-2.15	Data around unconfirmed/duplicate sites	CMA says: *''We note that the RCVS list omitted some sites which we confirmed were active through our information requests, and included some which we were told were not active and/or small animal FOPs."*	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		RCVS comment: The RCVS list largely reflects those practices required to be registered as Veterinary Practice Premises under the Veterinary Medicines Regulations. If there are sites not included in the Register, they may be providing limited services and do not need to store veterinary medicines.	
2.35-2.38	Core concentration measures	CMA says: *"The CMA often uses a count of the number of providers competing in a local market to measure concentration."* RCVS comment: The number of practices in an area may not indicate quality. Anecdotally we note that lots of competition in an area may not necessarily result in better quality services, especially if it is a 'race to the bottom' and this may also have a negative impact on animal welfare/public protection. Similarly little competition in an area might be indicative of a good quality service in existence that is benefiting animal welfare etc.	
3.1	Out of Hours sites	CMA says: *''All veterinary sites which treat animals during standard opening hours are required to have arrangements for 24-hour emergency cover."* RCVS comment: As previously noted, we consider consumers would benefit from greater transparency from practices around how their OOH is delivered.	

Part two (d): table with specific comments on the CMA Working Paper: Business models, Provision of Advice and Consumer Choice

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
2.14	Unit price, staff salary increases	CMA says: *"The [60-70]% [□] increase in unit prices at FOPs is also significantly greater than the increase in salaries of vet professionals and so changes in unit costs of veterinary professionals do not appear to explain the extent of the price increases in the sector."* RCVS comment: While care cost increase may exceed the increase in salary costs, it may be important to take into account other changes such as shorter working hours and longer consultation times, meaning a larger team is required to deliver services. Many of the CMA's suggestions about increased communication to clients have the potential to extend consult times yet further. Also, it is worth noting that salary overheads are not limited to veterinary professionals. Some members of practice staff are paid rates close to the minimum wage and this has increased at more than double the rate of inflation.	
2.53	Percentage revenue from surgeries	CMA says: *''Another potential explanation is that vets at independent and LVG FOPs may have a similar propensity to recommend surgeries, but that independent FOPs may be more likely to conduct the surgical treatment in-house at their FOPs, whereas vets at LVG FOPs may be more likely to refer surgeries to be undertaken at a dedicated specialist or veterinary hospital (which are not included in this dataset)."* RCVS comment: We agree caution in comparing independent FOPs and LVG FOPs – independents are likely to gain a higher percentage of revenue from surgery (because they perform them) than LVGs, where surgery is often performed in a centralised hospital hub, and is not included in data. Consequently, there should also be caution in comparing	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		the overall care provided by independents (which includes higher priced surgery) with routine lower priced services in LVG FOPs.	

Part two (e): table with specific comments on the CMA Working Paper: How People Purchase Veterinary Services

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
Sum 6 (a)	Trust	CMA says: *"However, high levels of trust in vets and the fact that some pet owners may need to choose a FOP urgently may mean that some people might not engage with more information, even if it were available and accessible."* RCVS comment: Veterinary surgeons generally understand and have provided services to consumers that they value and want with the following main factors in mind: • building a relationship of trust • providing clear veterinary advice • the convenience of being able to access services locally. The fact that there is a high degree of trust in veterinary surgeons may be an indicator of quality service, rather than a limit to competition in the market. It is unclear whether the CMA is suggesting less trust, which might result in consumers obtaining services elsewhere, is necessary for the market to function appropriately.	
Sum 6 (b)	Trust	CMA says: *"Certain factors, including pet owner trust in vets and membership of pet care plans, could limit pet owners' ability and willingness to switch."* RCVS comment: We are concerned that pet owner trust is being seen here as a negative from a market perspective. We know from our previous research – and indeed it is echoed in CMA's own research – that veterinary surgeons are highly trusted by their clients. This is a positive state of affairs and one not easily won. We also know that continuity of care and longevity of client/veterinary surgeon relationships are very important to animal owners. We would encourage the CMA to see unwillingness to switch is a positive	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		indicator of a trusted relationship, rather than trust having a negative impact on switching behaviour.	
2.3	Choice of pets	CMA says: "*Before making decisions about veterinary services, a pet owner first decides to get a pet. Typically, they will choose a type of pet (species and breed) and will then choose a specific pet.*" RCVS comment: Rising veterinary costs may be linked to the choice of pet by a consumer, and there may be a role for veterinary surgeons and/or the RCVS in providing information about likely lifetime costs for different pets. However, we consider: • Consumers rarely seek advice from their veterinary surgeon regarding choice of pet • The media has a big influence on popularity of pets and breeds, for example, the increase in popularity of the French Bulldog, evidenced by 526 puppies being registered with the Kennel Club in 2006, and over 54,000 in 2021, making it the UK's most popular breed • Some breeds are far more expensive over a lifespan than others (because they are inherently less healthy). For example, the French Bulldog, is prone to health issues due to their being brachycephalic, which means it is very likely to have higher veterinary costs than a more robust breed.	
2.12	Choice of OOH provider	CMA says: *"FOPs are required to make OOH services available to their clients, which can either be done in-house, or outsourced to a third party. In emergency situations that occur out of standard hours, pet owners decide whether to take their pet to the OOH provider offered through their FOP (the FOP-appointed provider, which could be the FOP itself)."*	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		RCVS comment: We do not consider it is practical or appropriate to expect consumers to shop around for OOH care at the time of need. We consider OOH arrangements should be clearly communicated (to enable comparison) and fully understood by consumers when they register with a practice.	
2.4-2.13	Choice of veterinary services	CMA says: *''Choice of FOP is typically the first key decision made by a new pet owner."* RCVS comment: We acknowledge that it is currently difficult for pet owners to make informed choices between practices and there is an inability to make direct comparisons. We would support the need for practices to clearly describe the range of services that are provided, how they are delivered and by whom. We consider that any standardised information about pricing of services needs to be considered in the context of service provision and carefully designed to ensure it is ultimately not misleading to consumers.	
4.5	Medicines	CMA says: *"For certain services or treatments, vets act as 'gatekeepers', where pet owners can only access them through vets. For example, pet owners must obtain a written prescription from a vet before purchasing a medicine, and only vets can carry out most routine and non-routine treatments or refer a pet to receive treatment elsewhere."* RCVS comment: There is good reason for veterinary surgeons to be gatekeepers of some medicines. Some of the medicines have environmental or public health impacts. For example, two recent Coroner's 'prevention of future deaths' reports highlight the importance of the correct handling of dangerous medicines in order to avoid their use in suicide attempts. Wrongly used medicines can also contribute to antimicrobial resistance, which has implications for both animal health and, in the case of antibiotics, human health.	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
4.8 (b)	Trust	CMA says: *"Academic evidence gives support to the influence of trust on client loyalty and number of goods and products consumed. A quantitative study examined the role of communication on satisfaction, client loyalty to veterinary clinics, trust, and commitment to return to vet clinic. They found that trust is a strong predictor of client loyalty which in turn has a strong positive effect on number of goods and services consumed."* RCVS comment: While this may be true, it is manifestly not the only reason that veterinary professionals would wish to build a trusted relationship with their clients. For example, long-term relationships help them to make appropriate treatment recommendations through understanding the client's ability to understand regimens and give medication (contextualised care). At par 5.25 the CMA states that the top reason for clients preferring independent practices was "vet continuity". We also know from veterinary surgeons that building up long-term relationships with their clients helps to give them job satisfaction and encourages retention within the professions. Long-term relationships are therefore a win for animals, clients and veterinary professionals. Given this, it could be argued to be in a practice's favour to keep prices competitive to maintain this important relationship.	
5	Choosing a package of care	CMA says: *"This section sets out our current understanding of how pet owners make choices at each key stage of the consumer journey. We set out evidence gathered to date on the specific factors that impact effective decision making and consider what appear to be the implications and results of these factors."*	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		RCVS comment: We note the CMA has separately considered the choices available to consumers in relation to various veterinary services, with the option of picking and choosing elements from different providers. We consider there are many veterinary surgeons in this market who will be seeking to provide comprehensive services to their clients and that there can be consumer value in a 'one-stop shop', if appropriate information is provided. The costs of the overall package made up of elements provided by several different services may not necessarily be less and there is the potential for compromise of animal health and welfare without continuity of care.	
5.65	Switching	CMA says: *"Evidence from our pet owners survey suggests that pet owners feel able to switch: 85% of respondents reported that they would be able to switch practices, and 64% thought it would be fairly easy or very easy to do so."* RCVS comment: Taken in concert with the points made above regarding the importance of long-term relationships, this seems to point to a well-functioning market in that the vast majority of clients feel they could switch if they want to but choose not to. It would be interesting to compare this switching behaviour to that with clients of other healthcare providers, rather than 'household service providers' (par 5.69 (b)).	
5.125 (a)	Owners' ability to challenge	CMA says: *"In our survey, pet owners perceived themselves to be well informed and able to make independent choices about treatment options. For example, 71% of participants who had recently taken up non-routine treatments felt that they had the capability to challenge their vet's treatment advice, if necessary,325 and 84% felt they understood the options when presented to them by their vet and were able to make an informed decision."*	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		RCVS comment: We welcome this finding and would also point to our newly updated information for clients on our website, which guides clients in terms of how to get the best out of their interactions with veterinary professionals.	https://animalowners.rcvs.org.uk/help-and-advice/ (recently updated)
5.222	Out of hours	CMA says: *"In emergency situations that occur or continue outside the opening hours of their regular FOP, pet owners need to choose whether to take their pet to an OOH provider or wait until their FOP opens. Separately, pets can receive preplanned OOH care when recovering from surgery or other complex treatments at their regular FOP or at a referral practice. Because many referral practices operation on a 24-hour basis, OOH care at referral practice is typically provided in-house."* RCVS comment: The CMA often uses the term out of hours (OOH) in relation to care. It is worth pointing out the difference between out of hours care – ie that provided outside of normal working hours, which may be preplanned or routine – and 24-hour emergency care, which is, by its nature, likely to be limited in its scope. The RCVS requirement is for veterinary surgeons to take steps to provide 24-hour emergency first aid and pain relief. They may do this themselves or via pre-agreed arrangement with a third party. It is therefore not surprising that the majority of clients who are registered with a practice will access this care via their primary care veterinary surgeon. It is veterinary surgeons' responsibility under the Code to provide access to this service, as an extension of their day-time services, so it is not a surprise that practices do not routinely suggest providers who are unaffiliated to them, as this might be seen as a breach of their responsibilities under the Code.	

Par	Issue	*CMA reference* / RCVS comment	Relevant links / sources of further information
		Equally, if a client registered at a practice attends another practice for 24/7 emergency care, at which it is not registered, that second practice may decline to treat the animal and send them back to their registered practice (or its designated emergency care provider) – unless the welfare needs of the animal mean it needs to be seen immediately.	