British Veterinary Union (BVU) response to the CMA Provisional Remedies Paper, 23rd May 2025

Executive Summary

- The British Veterinary Union (BVU) is the only dedicated trade union for the Veterinary sector, representing workers across all grades and job titles within Veterinary services.
- As the only body that represents the interests of all workers within the Veterinary sector, the BVU should be a key stakeholder for this investigation.
- There is a crisis in the UK Veterinary sector, driven by poor regulation and the consolidation of large private equity owned vet employers that prioritise profit over pet owners, animal care and their own staff.
- The CMA's remedies document is welcome, but more is needed to adequately address the sector's issues.
- The BVU particularly welcomes the following remedies:
    - Creation of an independent Veterinary ombudsman, where pet owners can raise complaints about practices and businesses.
    - Protection of the Veterinary Nurse title.
    - Requirement for LVGs to display the name of the parent company in practice marketing and signage.
    - Requirement for transparency when services or products are offered from external providers, owned by the same parent company.
    - Fixed maximum cost for a written prescription.
- However, several of the remedies proposed need more clarity and detail regarding specific challenges that will be faced in implementation. We are therefore calling for the following improved measures to be introduced in order to fully tackle the issues the sector faces:
    - Regulatory reform through the separation of the RCVS into a more traditional Royal College and an independent regulatory body.
    - Mandatory practice regulation, operated in a manner similar to the Care Quality Commision (CQC) or Care Inspectorate Scotland (CIS) in human healthcare, with an easy to understand score for the practice and sanctions in score for practices that fail to meet other legislative requirements that affect safe staffing and employment law. Such practice regulation should be based on inspections, such as with the CIS, rather than the self-assessment model used by the CQC.
    - Improvement of the Cascade, with a focus on prescription of generic medicines where appropriate, as in human healthcare, and with the ability for Veterinary professionals to

take into account cost when choosing off-license medications for companion, non food-producing animals.

- These changes should be underpinned by a new Veterinary Surgeons Act.
- The BVU believes that the remedies must not unfairly increase the administrative workload on Veterinary staff and for this reason we have opposed Remedy 5, and raised concerns about some of the options in Remedy 7.
- The CMA should also potentially investigate the pet insurance model and industry, as their actions and policies have a significant impact on the care many pet owners are able to access for their pets. There are some key issues facing the pet insurance industry regarding transparency and price capping.

1. Introduction

1.1. About the BVU

1.1.1. The British Veterinary Union BVU is a national professional branch of Unite the Union, the largest trade union in the UK and Ireland.

1.1.2. The BVU is the only dedicated trade union for the Veterinary sector, representing workers across all grades and job titles within the sector. These include, but are not limited to, administrative workers, cleaning workers, managerial workers, receptionists, Registered Veterinary Nurses (RVNs), student Veterinary Nurses (SVNs), Veterinary care assistants, Veterinary medicine students and Veterinary Surgeons.

1.2. Key stakeholder status

1.2.1. The BVU welcomes the opportunity to respond to this Competition and Markets Authority (CMA) Vets Market Investigation and the provisional remedies paper.

1.2.2. As the only representative body of the whole Veterinary workforce, the BVU must be considered as a key stakeholder within this investigation.

1.2.3. The BVU is growing fast and now represents thousands of workers from across the Veterinary sector. It has a unique perspective and depth of knowledge on the issues facing Veterinary workers and the customers they serve. The BVU is therefore a crucial voice within this important debate.

1.3. Members survey

1.3.1. Following a recommendation by Martin Coleman, Chair of the CMA Veterinary Market Investigation during our attendance at one of the CMA's roundtables in Swansea in 2024, the BVU surveyed its members to gather evidence on the topics it had already raised to the CMA, and to ensure that the statements and positions we put forward would be truly reflective of our members views.

1.3.2. 275 members completed the survey, of which 62% were Veterinary Surgeons, 22% were registered Veterinary Nurses. Other respondents included: Veterinary care assistants, student

Veterinary Nurses and administrative workers. The participants were all directly employed in small animal Veterinary practice.

1.3.3. Respondents were mostly employed by IVC (40.4%, with 12.7% employed by Vets Now, IVC's night service subsidiary). The other employers represented included Vet Partners 14.9%, CVS 12.4%, Linnaeus 9.8%, Medivet 3.6%, V4P 2.9%, independent practices 10.6%. There were also a small number of participants from charities, such as the PDSA and Animal Trust; and smaller corporate groups.

1.4. UK Veterinary sector in crisis

1.4.1. The BVU welcomes the CMA's interim report and broadly agrees with the categories of concern that the CMA have raised in their working papers, which align with our initial submission to the inquiry.

1.4.2. The BVU believes that the UK Veterinary industry is facing a crisis of soaring pet care costs for customers, unsafe working conditions and workloads that are far too high.

1.4.3. As the CMA's report rightly notes that ownership of pets in the UK has risen rapidly since the Covid pandemic, with 60 percent of households now owning at least one pet. Vet fees have also soared, going up by more than 60 per cent over the last decade. These facts make this issue a major contributing factor to the cost of living crisis that is affecting many UK citizens.

1.4.4. That cost of living crisis is also affecting the Veterinary workforce as increased fees have not been matched by improvements to staffing numbers, pay, or terms and conditions.

1.4.5. The BVU believes that much of this crisis is being driven by a small number of private equity owned vet employers who are poorly regulated and making extractive profits at the expense of pet owners and their own staff.

1.4.6. Large corporate groups now own 60 percent of the market, an increase from just 10 percent of vet clinics in 2013. Such a move has led to severely reduced competition for pet owners who often face being overcharged through lack of choice, while independent competitors risk being pushed out of the market.

1.4.7. BVU/Unite members want their services to be accessible and affordable because they care about animal health and welfare. Members working at these corporately-owned firms say the relationship between the pet owner and vet has been damaged as it makes it seem like the vets only care about money, which is not true. It is not individual vets seeking to make a profit but corporate firms run by private equity companies seeking to cash in.

1.4.8. The workers are also being squeezed by the profit driven nature of such businesses, which often leave them short staffed to save the business money, and expect large amounts of unpaid overtime. This culture of overwork is contributing to compassion fatigue and burnout in a sector already suffering a mental health crisis.

1.4.9. The BVU is concerned about the following factors that have contributed to this situation:

- **Inadequate regulation.** Whilst Veterinary Surgeons and registered Veterinary Nurses are regulated by the Royal College of Veterinary Surgeons (RCVS), practices and businesses themselves have no mandatory regulation, and the Practice Standards Scheme is poorly understood by pet owners. By having a Royal College who also functions as a regulatory

body, pet owners often distrust the system. There is no formal process for pet owners to complain about practice standards, procedures or safety. Veterinary Surgeons and Registered Veterinary Nurses (RVNs) risk being subject to sanction by the RCVS for aspects of their employment they have no control over.

- **Poor employment conditions** in the sector. At first glance, this may not seem relevant to consumers, however, the biggest employment issues our members report, after discrimination issues, are poor staffing levels, which directly affect patient health and welfare. For example 91% of respondents to the BVU survey felt that patient care had been compromised by inadequate staffing levels in their workplace.

- **Access to Veterinary care**, which can be restricted through cost, as evidenced by the rate of price increase compared to inflation. 94% of respondents to our survey felt that cost was a barrier to pet owners seeking Veterinary care for their pets in the current UK market, and 73% of respondents felt that the prices at their practice were too high to be "fair and reasonable".

- **Profit pressures influencing clinical decision making,** which we see more commonly from Veterinary workers employed by the Large Veterinary Groups (LVGs), particularly those with private equity ownership. 17 - 19% of survey respondents reported that KPI and ATV monitoring affected their clinical decision making.

- **Consumer choice of Veterinary care provider** – which can be confusing to pet owners, as many Large Veterinary Groups (LVGs) do not clearly display corporate branding to pet owners. Only 24% of our survey respondents worked somewhere with clear corporate branding in the name, marketing and signage of the practice they worked at. Many respondents commented on this question that even when pet owners were aware they were part of a group of practices, they were not aware of the scale of the corporation that owned the practice, or able to name it, therefore making it unlikely they would be in a position to go away and research the practice's ownership.

- **Vertical integration** in the sector removing pet owner choice – LVGs prefer to keep "external work" within their own group, and apply pressure to their workers to ensure this occurs. This reduces the choice for the pet owner, with the potential that pets do not receive the options to make appropriate choices for their pets. In our survey, 44.6% of respondents felt pressured to refer to "in-group", and 58.6% felt pressured to use partnered cremation services. 71.4% of vets reported that they had no autonomy over which laboratory was used when sending samples for external testing.

1.4.10. The BVU, as a trade union, is solutions focused, and believes that regulatory reform is the primary mechanism to improve the consumer market for companion animal Veterinary services.

2. Remedies and solutions

2.1. CMA provisional remedies paper

2.1.1. As can be seen from the responses to the consultation questions in section 3 below, the BVU welcomes many of the recommended remedies within this provisional paper.

2.1.2. The competition problems within the sector are complicated and multiple factors are contributing. The BVU agrees that a package of remedies will therefore be needed, rather than a single measure.

2.1.3. The proposed remedies cover a broad spectrum, focusing on increasing price competition for medicines, enhancing consumer information, reforming the regulatory landscape to better encompass vet businesses and improve enforcement, and considering the role of Veterinary Nurses.

2.1.4. The BVU is pleased to see that several of our key concerns are being addressed. In other areas, however, more action is needed to genuinely tackle the serious issues that the sector faces.

2.1.5. The BVU particularly welcomes the following remedies:

- Creation of an independent Veterinary ombudsman, where pet owners can raise complaints about practices and businesses.
- Protection of the Veterinary Nurse title.
- Requirement for LVGs to display the name of the parent company in practice marketing and signage.
- Requirement for transparency when services or products are offered from external providers, owned by the same parent company.
- Fixed maximum cost for a written prescription.

2.1.6. However, several of the remedies proposed need more clarity and detail regarding specific challenges that will be faced in implementation. This is particularly true for remedies that may add unnecessary additional administrative burden on Veterinary workers, which the BVU is concerned will lead to greater pressure on staff, and increased unpaid overtime, unless employers are compelled to factor in more paid administrative time to cover the added tasks. For this reason the BVU is opposed to remedy 5, and has expressed concerns elsewhere to the practicality of other remedies.

2.1.7. In addition the BVU are calling for the following additional and improved measures to be introduced in order to fully tackle the issues the sector faces:

- Regulatory reform through the separation of the RCVS into a more traditional Royal College and an independent regulatory body.
- Mandatory practice regulation, operated in a manner similar to the Care Quality Commision (CQC) or Care Inspectorate Scotland (CIS) in human healthcare, with an easy to understand score for the practice and sanctions in score for practices that fail to meet other legislative requirements such as health and safety, equalities and employment law. Such practice regulation should be based on inspections, such as with the CIS, rather than the self-assessment model used by the CQC.

- Improvement of the Cascade system, with a focus on prescription of generic medicines where appropriate, as in human healthcare, with the ability for Veterinary Surgeons to include the financial constraints of pet owners when choosing an off licence medication.

2.1.8. What follows are explanations for the core remedies that the BVU believes are crucial to fully tackling the issues we raise. Some of these have been included in the CMA's remedy proposals while others have not.

2.2. Protection of the Veterinary Nurse title

2.2.1. The BVU strongly supports protection of the title "Veterinary Nurse". Veterinary Nurses are not only integral members of the Veterinary team, but also highly skilled and qualified individuals. The term "Registered Veterinary Nurse" is not well understood by pet owners, and leaves room for unqualified individuals to style themselves as Veterinary Nurses. This leaves pet owners under the impression that the individual treating their pet has a certain level of experience and expertise that they may not have.

2.2.2. Unfortunately, some Veterinary employers are willing to exploit this lack of understanding on the part of the public, by employing cheaper lay persons and describing them as nurses.

2.2.3. 94% of the respondents to the BVU survey were in favour of protection of the title "Veterinary Nurse", and to our knowledge this change is supported by members across all Veterinary organisations.

2.2.4. Please note, throughout this document we refer to Veterinary Nurses, but this term should be taken to mean regulated Veterinary Nurses with a protected title. Until the title is protected, we use this term with the assumption that under the current system this refers to Registered Veterinary Nurses (RVNs).

2.3. Separation of the RCVS into a more traditional Royal College, with an elected council, and an independent regulatory body, with a clear appointment system, maintaining parity of Veterinary professionals and lay members

2.3.1. 69% of respondents to the BVU survey supported the separation of the RCVS into two distinct organisations: a more traditional Royal College, and a Veterinary regulator.

2.3.2. A further 18% wanted more separation of the regulatory functions of the RCVS, whilst remaining a single organisation, and only 13% wanted to see the RCVS continue to undertake both roles in its current manner.

2.3.3. There are no other Royal Colleges in the UK which also operate as regulatory bodies, leaving the Veterinary sector with an outdated regulatory system. This system also uses a disciplinary process that is outdated, based on guilt for specific actions rather than fitness to practice, which is the accepted model for human healthcare regulators.

2.3.4. The RCVS is trying to be too broad of an organisation, which perhaps worked in times gone by, when the sector was considerably smaller, and practices were owned by the same professionals that were already registrants of the RCVS.

2.3.5. Although the BVU recognises vast improvements in the RCVS structures in recent years, it still is viewed with distrust by many in the profession and by the pet owning public, and there is a problem with lack of transparency at its core.

2.3.6. Once reformed, any regulatory body for the Veterinary sector should have clearer, more transparent oversight – not by privy council as it is at present - but by a body like the Professional Standards Authority in human healthcare; or ideally by the PSA itself, which could then keep the Veterinary regulatory body in line with other healthcare regulators.

2.3.7. We accept and support the fact that a new and independent regulatory body would need an appointed council, and we would expect the appointments for such to be fair and transparent, and allow for a diverse range of individuals. We would expect parity between Veterinary professional appointees, and lay appointees, and for all appointees to have fixed terms on the regulatory council.

2.3.8. The independence of a regulator (from the industry, and the government) would build trust from the public, and by having less wide ranging functions, we hope the time frame for fitness to practice hearings could be significantly improved, which would increase trust in the body from the public and the professions.

2.3.9. We envisage a single regulatory body for Veterinary Surgeons and Veterinary Nurses, and do not believe that it would be appropriate to include the regulation of other Veterinary service providers at this time, as we believe Veterinary practice regulation would cover the work of these individuals.

2.3.10. 86% of our survey respondents were in support of a single regulatory body, with mixed responses in terms of maintaining or separating councils by profession (eg. Veterinary Surgeons, Veterinary Nurses and other Veterinary service providers in the future).

2.3.11. Despite the mixed response relating to councils within the survey, but building on from these results, the comments left in this section, and our previous working body on legislative reform, the BVU believes the best solution would be a single regulatory council, that ensures lay parity.

2.3.12. We would insist, however, that those considered Veterinary professionals for the purposes of lay parity are restricted to Veterinary Surgeons and Veterinary Nurses only, even if other Veterinary service provider roles are regulated in the future. This would ensure that decisions are led by professionals with as wide ranging knowledge of clinical Veterinary care as possible, ensuring regulatory decisions are appropriate and balanced.

2.3.13. We believe that Veterinary Nurses have a larger role to play in Veterinary regulation than they do at present with the separate Veterinary Nurse council, as all decisions made by a Veterinary regulatory council significantly impact the care and provisions of the whole Veterinary team (including Veterinary Nurses). We appreciate that RCVS Council includes two Veterinary Nurses appointed from the Veterinary Nurse council, but we feel by including Veterinary Nurses in the professionals required for lay parity, the appointments system could be flexible in allowing more Veterinary Nurses onto the regulatory council where there were appropriate candidates.

2.3.14. We would expect the same regulatory body to have a distinct department responsible for the regulation of Veterinary practices and businesses, with a requirement – similar to Care Inspectorate Scotland – for all premises providing care to require their own individual inspection, assessment and rating.

2.3.15. This would allow the Royal College – no longer the regulator – greater freedom to have an elected council, which is much wanted by the professions; as well as allowing the Royal College to regain trust of the profession and work transparently in the future on a shared public face of the sector with the professionals that make up the Royal College.

2.3.16. The Royal College would be responsible for specialisms within the Veterinary sector, of which there is an ever increasing call from Veterinary professionals (and the public) for a system of specialisation and additional qualifications for both Veterinary Surgeons and Veterinary Nurses, that is attainable, fair, robust and easily understood by the public.

2.3.17. The CMA has already highlighted that there is a lack of clear, reliable information on Veterinary services and care for the general public, and we believe the Royal College could have a key role in the creation and dissemination of this type of information. However, we believe that whilst also a regulator, there will not be a high enough level of public trust to achieve this.

2.4. Creation of an independent Veterinary ombudsman, where pet owners can raise complaints about practices and businesses (in addition to the professional regulatory body where complaints about individual registrants can be made)

2.4.1. At the moment, in many sectors, there exist ombudsmen. These bodies are independent of the sector they act in, free to use, and impartial. They exist to allow consumers to complain about companies or organisations.

2.4.2. At present, no such body exists for the Veterinary sector, and consumers must complain about a specific registrant. This is problematic because both Veterinary Surgeons and Veterinary Nurses have a duty of care to our patients that does not apply to employers. This leads to unacceptable situations where Veterinary professionals are being held accountable for the consequences of business decisions they did not choose, which negatively impact patient care. Therefore, an ombudsman is needed to give different methods of complaint for pet owners.

2.4.3. This would also improve the complaints process for Vets and VNs, as many of the complaints made against them under the current system are really about the practice's protocols, operating procedures, pricing structures and internal processes, so without these the process could be much faster.

2.4.4. In addition, it would improve the process for consumers, because there would be a clear formal process to complain about companies, and their policies and procedures, and they would feel more confident in the process, knowing there was a system for mandatory redress.

2.4.5. 68.5% of our survey respondents want to see a Veterinary ombudsman created as an outcome of the CMA Veterinary market investigation, and we believe the public want to see this too.

2.4.6. The BVU recognises that there is an existing organisation called the VCMS (Veterinary Client Mediation Service), however, the VCMS has no power over mandatory redress from Veterinary businesses or organisations in the manner an ombudsman would. This service is also funded by the RCVS, which can reduce public trust.

2.4.7. The BVU would support the VCMS being a mandatory part of the ombudsman process – for example, requiring clients to have attempted to achieve resolution through the company's internal complaints procedure and the VCMS before they could use the ombudsman. This would

also reduce the number of cases the ombudsman needed to deal with, increasing process time frames, and increasing the uptake and knowledge of the VCMS.

2.4.8. The BVU would expect a Veterinary ombudsman to be funded via practice regulatory fees, and would not expect registrant fees to be used to manage complaints about businesses rather than registrants.

2.5. Mandatory practice regulation, operated in a manner similar to the CQC or CIS in human healthcare, with an easy to understand score for the practice which includes sanctions in score for practices that fail to meet other legislative requirements (eg, health and safety law, equalities law, and employment law), and minimum safe staffing levels for certain types of practice provision (eg, emergency care provision)

2.5.1. In human healthcare in England and Wales, all premises providing medical care are regulated by the Care Quality Commission (CQC), and in Scotland by the Care Inspectorate Scotland (CIS). The BVU would like to see a similar system introduced to the Veterinary sector, quite different from the existing, optional, Practice Standards Scheme maintained by the RCVS. 95% of respondents to our survey agreed that Veterinary practices should be regulated.

2.5.2. The CQC regulates premises on the basis of 14 fundamental care standards:

1: Person centred care;
2: Visiting and accompanying;
3: Dignity and respect;
4: Consent;
5: Safety;
6: Safeguarding from abuse;
7: Food and drink;
8: Premises and equipment;
9: Complaints;
10: Good governance;
11: Staffing;
12: Fit and proper staff;
13: Duty of candour;
14: Display of ratings.

2.5.3. The BVU proposes a similar system, with fundamental care standards adjusted to be appropriate for Veterinary care provision, as follows:

- **Contextualised care** - the provision of care based on the context of the pet and owner, with appropriate levels of choice in terms of treatment options.
- **Consent –** ensuring that informed consent is obtained for all treatment from pet owners by Veterinary care providers.
- **Provision of safe care** - ensuring no unnecessary harm is caused.
- **Safety of premises** - for patients, pet owners and workers.
- **Standard of equipment** - that it is appropriate, clean, and safe to use for patients, pet owners and staff.
- **Safe and Appropriate staffing levels** - ensuring appropriate staff to patient ratios, and staffing with suitably qualified, competent and experienced staff.
- **Safeguarding** from abuse for patients and pet owners.
- An appropriate **complaints procedure.**

- **Duty of candour** - the practice must be open and transparent with pet owners about their pets care and treatment.
- **Effective governance** systems.
- **Penalties** to practice ratings for failing to meet legal obligations with regards to employment legislation, equalities legislation and health and safety legislation.
- **Display of ratings.**

2.5.4. The majority of our survey respondents (62- 83%) agreed with each of these areas of regulation for practices (more detail in the appendix).

2.5.5. In particular, our members were keen for a direct outcome of the CMA investigation to be the imposition of minimum staffing levels as a measure of quality assurance for pet owners; whilst we respect this is very unlikely to be within the remit of direct outcomes, we believe that under a CQC/ CIS style practice regulation, it could be included as a fundamental care standard, with safe staffing levels for different types of practice laid out by the practice regulatory body.

2.5.6. We believe that these fundamental care standards are not adequately assessed by the existing Practice Standards Scheme (PSS), as the RCVS largely believes that Veterinary professionals should be meeting these standards anyway. The ability to meet these standards, however, is often out of the control of the Veterinary registrant, and this basic level of quality assurance is vital to consumer trust, patient health and welfare, and ensuring suitable practice standards.

2.5.7. 64% of Veterinary Surgeon respondents told us their employer monitored clinical KPIs, and 17% that this affected their clinical decision making; 73% told us their employer monitored ATV, and 19% that this affected their clinical decision making. These figures were higher for those employed by LVGs (21% and 23% respectively), and higher for RVNs and support staff (of whom 39% felt KPIs affected their recommendations to pet owners).

2.5.8. The BVU believes this is clear evidence that regulation of Veterinary professionals alone is not enough to adequately regulate the sector, and a practice regulator must be introduced. Some may argue that 17-19% is a relatively low percentage of Veterinary Surgeons affected by such measures, however, we must recognise that this figure represents *conscious bias* and subconscious bias is likely to be higher, particularly taking into consideration the other results in this survey.

2.5.9. The PSS, as it currently exists, has a number of issues. The BVU believes it would be better to start again working around a CQC/ CIS style system of practice regulation, rather than try to reform the PSS. In particular, we are concerned that the PSS inspects practices too infrequently, and bases its inspections on quite specific actions the practice needs to have taken, with the assumption that these actions lead to certain outcomes. The BVU does not believe that these outcomes are actually achieved in many cases – for example, there is an assumption that a practice meeting the core standards on the PSS has, by completing the accreditation, a safe workplace. However, the BVU has found unlawful health and safety practices in operation on premises compliant with the PSS.

2.5.10. Of course, higher additional practice accreditations are not excluded from this system, but it is of primary importance that the standards above are met, which we believe are lacking in a number of practices – including those who have achieved PSS accreditation!

2.5.11. The regulator must have the right of entry to Veterinary premises, both with and without notice, to appropriately carry out practice inspections, and the BVU supports regular inspections, in the manner of the CIS as opposed to self reporting in the manner of the CQC.

2.5.12. The BVU would welcome a similar rating system to that in use by the CQC. We believe this type of rating system, if implemented appropriately, could have benefits for both pet owners and employees, allowing both to see what a practice's strengths and weaknesses are when choosing somewhere to seek Veterinary care, or when choosing an employer. It could also benefit Veterinary medicine and nursing students when choosing placements.

2.5.13. The key aspect here is that such a system is implemented appropriately, and in particular, we would like ratings to always be accompanied by publicly available detailed reports on premises, so that there is no undue stress on the workers of a practice relating to a single word outcome.

2.5.14. The core standards upon which these ratings are based, must be underpinned by appropriateness - as such, we would not expect a practice to receive a higher score simply for purchasing more expensive or newer equipment, but based on the appropriateness of this equipment: is it safe to use? Is there a need for it amongst that practice's patients? Is there a suitably qualified or experienced person who can use that equipment?

2.5.15. If we take, for example, MRI machines. A referral neurology team's patients will have great use for such equipment, workers who can use and interpret images from the MRI, and should be assessed on the safety procedures in place to protect users from harm when using the MRI machine. On the other hand, an FOP would have much less use for an MRI, might not have the experience to interpret its images, and might not increase the quality of the service it provides than an FOP who appropriately refers to an external provider for this service.

2.5.16. Focusing on the appropriateness of the way a practice manages each of the core standards for assessment, would produce more genuine quality assurance for pet owners, and reduce the risk of practice ratings being skewed solely by the socioeconomic background of the area they are in, and of practices such as charity practices not being able to achieve the highest ratings.

2.6. Improvement of the Cascade system, with a focus on prescription of generic medicines where appropriate, as in human healthcare, and with the ability for Veterinary professionals to take into account cost when choosing off-licence medications for companion, non-food producing animals

2.6.1. Veterinary medicines are regulated by the Veterinary Medicines Directorate (VMD) and the prescription of off-license medications is managed by a process called the Cascade.

2.6.2. The Cascade was developed with food producing animals as the primary animals which Veterinary professionals treated; however, in 2025, the companion animal sector has greatly increased in size. For obvious reasons of food safety and public health, the way medicines are prescribed for food producing animals differs greatly to the way medicines are prescribed for companion animals. We need a Cascade system which reflects this, and separate procedures for prescription of medicines for companion animals and food producing animals.

2.6.3. This separation could allow cost to be considered as a factor in choosing a medication for companion animals, but not food producing animals.

2.6.4. Cost is a factor, and does affect pet owner compliance with Veterinary medicines, therefore it is sensible to allow Veterinary professionals to account for it, and to protect animal health and welfare by ensuring consumers get the medicine best suited to their situation, and to allow consumers the choice of cheaper, off-licence medications, even if they might need to acknowledge any additional risks this could entail.

2.6.5. In human medicine, the use of generic medicines is greatly encouraged, whilst in Veterinary medicine, the opposite occurs. There are no sound medical justifications against the use of generic medicines, and by insisting on the use of branded medicines where generic equivalents exist, pharmaceutical companies are allowed to profiteer at the hands of pet owners, and to the detriment of animal welfare.

2.6.6. This approach also erodes the trust of Veterinary professionals by pet owners, who see this as a money-making exercise and not one in their pets' best interests, particularly in relation to the prescription of branded paracetamol-based medicines when cheap generic paracetamol is known to be safe and effective, is readily available and it's over-the-counter use is promoted by the NHS.

2.6.7. 60% of our survey respondents wanted to see regulatory reform of the VMD and Cascade as a direct outcome of the CMA investigation, while 71% answered that they didn't feel the Cascade was an effective system for companion animal prescribing, and a staggering 91% of respondents believed that vets should be able to prescribe generic medications, even when a licenced branded version was available.

2.7. Requirement for LVGs to display the name of the parent company in practice marketing and signage

2.7.1. The BVU strongly believes that pet owners must be allowed to make an informed choice about the companies they use for Veterinary services, including who owns them. Pet owners, like consumers in many markets, are concerned about where their money ultimately goes.

2.7.2. Many pet owners are unaware that the practice they use is part of an LVG, particularly those owned by IVC Evidensia, CVS Plc, Vet Partners and Linnaeus. Where pet owners are aware that a practice is part of a larger group, they will often not realise how large that group is or be able to easily identify the name of the company to conduct their own further research.

2.7.3. We believe that these LVGs should be mandated to include the name of their parent company in all marketing and signage, in order to increase consumer transparency and allow members of the public to understand whose business they are a customer of.

2.7.4. 67% of respondents to our survey supported this outcome.

2.8. Requirement for transparency when services or products are offered from external providers, owned by the same parent company

2.8.1. Similarly, our members tell us that when pet owners are purchasing "external" services or products from a Veterinary practice, they are often unaware that this service or product is ultimately being sold by the same company.

2.8.2. This is disingenuous and misleading to consumers, and such products and services should be labelled accordingly. This should apply to parent companies, as LVGs will otherwise simply create subsidiaries to hide the ownership of an external service or product provider.

2.8.3. Examples of this that we believe are key to consumer choice include:

- Cremation services
- External laboratory services
- Out of hours provision
- Pet foods
- Online pharmacies
- Medicines

2.8.4. 61% of our survey respondents supported this outcome.

2.9. Fixed maximum cost for a written prescription

2.9.1. We believe that instituting a fixed maximum cost for a written prescription for Veterinary medicines would improve consumer choice. Where prescription prices are not capped, there is a risk that in order to prevent consumers from buying medicines elsewhere, that Veterinary businesses create such a high cost as to be prohibitive.

2.9.2. This price being capped would also improve consumer confidence in pricing, as it has done with the fixed pricing for MOTs in the automobile industry.

2.9.3. 59% of our survey respondents supported this outcome.

2.10. A new Veterinary Surgeons Act, as the 1966 act is long overdue reform

2.10.1. It is clear that the changes described in the CMA provisional remedies paper, and our response cannot be achieved long term without an update to the Veterinary Surgeons Act 1966. Much has changed since 1966, not least in the Veterinary sector.

2.10.2. However, it is important that we get this legislative reform right, and that the longer-term implications of any changes are considered in depth, out with this process alone.

2.10.3. We believe, however, that a recommendation from the CMA for legislative and regulatory reform, particularly noting specific requirements of such reform to make the market truly competitive, will aid the process of legislative reform.

2.10.4. 94% of respondents to our survey agreed that an updated Veterinary Surgeons Act is required.

2.11. The CMA should also investigate the pet insurance model and industry

2.11.1. The BVU strongly believes that the CMA should also investigate the pet insurance model and industry, as their actions and policies have a significant impact on the care many pet owners are able to access for their pets.

2.11.2. While the CMA does not propose direct regulation of pet insurance providers, the report does acknowledge mixed evidence on the influence of insurance status on Veterinary treatment

decisions. Many insurance policies remain opaque, with complex terms and inconsistent coverage relative to the premiums charged.

2.11.3. The BVU believes it is in the interest of both clients and the profession that insurance companies be held accountable for the clarity and value of the cover they provide, ensuring pet owners can make informed decisions. This should include full transparency and potentially price capping.

3. Consultation questions:

3.1. Implementation of remedies

● ***Question 1:*** *We welcome comments regarding our current thinking on the routes to implementing the potential remedies set out in this working paper. Trialling of information remedies*

3.1.1. While the BVU is supportive of many of the remedies proposed in this paper we remain concerned that the proposals do not currently go far enough on some key elements (see BVU's core remedies above). A particular example is the suggestion of attestation from businesses for monitoring purposes, which the BVU feels is unlikely to deliver the level of compliance that is required to solve the problems.

3.1.2. As set out above, the BVU believes that there remain some key details missing from the list of remedies that need to be included and discussed at this stage.

3.1.3. The BVU wants to stress at this point that the best practical way for many of these remedies to be implemented would be via the introduction of a CQC/ CIS style practice regulatory body.

3.1.4. Improving regulation will help drive up standards and also support improvements to workforce wellbeing, and terms and conditions within the sector. Crucial to this will be the introduction of safe staffing levels in each practice, reductions in workplace stress and extreme workloads in order to tackle the sectors mental health crisis, improved sick pay across the sector and improvements to access for people with disabilities and other protected characteristics into the workforce to reduce labour segmentation and pay gaps throughout the industry.

● ***Question 2:*** *We invite comments on whether these (or others) are appropriate information remedies whose implementation should be the subject of trials. We also invite comments on the criteria we might employ to assess the effects of trialled measures. Please explain your views.*

3.1.5. The BVU supports the information remedies and is happy with the inclusion of trials. The BVU suggests that consumer surveys, and surveys of staff working in the sector should be included within the criteria. There should also be consideration of cost and sales data.

3.1.6. Consultation with key stakeholder groups on a regular basis to monitor the effectiveness of regulations is also vital. As stated above (Section 1.2) the BVU must be considered a key stakeholder for this purpose.

3.2. Remedy 1: Require FOPs and referral providers to publish information for pet owners

3.2.1. The BVU supports this remedy but believes that it should be supported by a CQC/CIS style practice regulation system. There should also be a requirement for large Veterinary groups (LVGs) to display the name of the parent company in all practice marketing and signage.

● ***Question 3:*** *Does the standardised price list cover the main services that a pet owner is likely to need? Are there other routine or referral services or treatments which should be covered on the list? Please explain your views.*

3.2.2. The BVU agrees with this proposal, however BVU members are concerned that the list may be a bit too broad, with the danger of overwhelming clients.

3.2.3. In contrast to point 3.20 (f) Anaesthesia should be listed separately and be an “add on” to any procedure requiring a general anaesthetic, as it is so variable in itself - length of time, drugs used, potential for complications - all of which are variable by patient.

3.2.4. It’s important the pet owners understand that proposed treatments can be complicated. There is therefore a need to give clear information and adequate space for the possible price implications of complications from treatments, which are a possibility with almost any medical or surgical procedure.

● ***Question 4:*** *Do you think that the ‘information to be provided’ for each service set out in Appendix A: Proposal for information to be provided in the standardised price list is feasible to provide? Are there other types of information that would be helpful to include? Please explain your views.*

3.2.5. The BVU believes it is important that practices can leave additional information on the service or pricing that they think is relevant, and that there are clear areas for practices to highlight what optional extras might be available, the costs of these, and when they might be appropriate.

● ***Question 5:*** *Do you agree with the factors by which we propose FOPs and referral providers should be required to publish separate prices for? Which categories of animal characteristics would be most appropriate to aid comparability and reflect variation in costs? Please explain your views.*

3.2.6. The BVU believes that the following animal characteristics would be most appropriate - age, comorbidities, congenital differences, size, current state of health (eg. emergency surgery has higher risks than routine).

3.2.7. All of these categories have the potential to alter the procedures applied, including the potential for complications.

● ***Question 6:*** *How should price ranges or ‘starting from’ prices be calculated to balance covering the full range of prices that could be charged with what many or most pet owners might reasonably pay? Please explain your views.*

3.2.8. As raised in the recent BBC R4 documentary with BVU survey data and member testimonials, there is already a practice of referral centres falsely deflating prices to owners to "get them through the door".

3.2.9. The BVU believes that there are risks with all methods of price presentation with this remedy: if prices are presented as "starting prices" there is a risk that practices will artificially lower these prices to attract pet owners, without upholding them; if prices are presented as a range, there is a risk that real prices are always at the top of that range; and if practices were asked to have an upper limit, there is a risk that this becomes the price by default.

3.2.10. The CMA, if introducing this remedy, must consider these risks in detail; as such the BVU believes this remedy is best if applied to a limited number of procedures and services.

● ***Question 7:*** *Do you think that the standardised price list described in Appendix A: Proposal for information to be provided in the standardised price list would be valuable to pet owners? Please explain your views.*

3.2.11. The BVU does believe that this information could be valuable to pet owners, as long as it was presented in an easy to understand manner, and that the pricing information provided is not so much to make it overwhelming to pet owners.

3.2.12. Setting realistic amounts of procedures to list prices for, and not creating composite pricing options (where the number of variables can increase significantly and reduce the reliability of the prices listed) is likely to make this remedy more achievable for implementation, and maintain higher compliance longer term.

3.2.13. Practice compliance will be key to the success of this remedy long term, therefore it is important that an effective form of practice regulation is in place to oversee this, such as a CQC/CIS style practice regulation system.

3.2.14. The BVU also agrees with point 3.2 (j) that the date must be visible and it must be clear when prices were last updated. Again if this was part of an annual CQC/CIS style inspection and accreditation process, it will be easier to ensure that all practices have updated this within the last year.

3.2.15. The inherent problem with published price lists as a method for pet owners to determine likely costs when accessing Veterinary care is that it assumes pet owners know what services their pet requires.

3.2.16. Another concern with this remedy is that the same procedure can be very variable in terms of how it is carried out, and practices may have higher overheads if providing a better quality of care to patients, but this is hard to demonstrate in a simple price list. This could be mitigated by having practice regulation in the manner of a CQC/CIS system where clients could assess ratings and quality measures to look at alongside price information.

● ***Question 8:*** *Do you think that it is proportionate for FOPs and referral providers to provide prices for each service in the standardised price list? Please explain your views.*

3.2.17. The BVU believes that practices should only provide prices for the services they actually offer.

3.2.18. It must not become the case that over the years, more and more are added to this list without some things being taken away, otherwise it could become very long - which will be overwhelming to pet owners. This may also become an onerous administrative burden for practices, particularly independent practices, thus stifling competition.

● ***Question 9:*** *Could the standardised price list have any detrimental consequences for pet owners and if so, what are they? Please explain your views.*

3.2.19. There is a real risk that the information could be ignored if it is viewed as too technical, or if there is too much information and the list is not easily accessible or easy to compare between practices.
3.2.20. The purpose of the list is to help pet owners make informed choices and if not implemented properly, there is a risk that owners could be manipulated through inaccurate or misleading information by businesses that are trying to game the system.

● ***Question 10:*** *Could the standardised price list have any detrimental consequences for FOPs and referral providers? Are you aware of many practices which do not have a website? Would any impacts vary across different types or sizes of FOP or referral provider? Please explain your views.*

3.2.21. In the BVU's experience most FOPs do have their own websites, but some are not very advanced.
3.2.22. The BVU is concerned that the big six firms have significantly increased finance allocation for websites and online marketing, which could give them an unfair advantage if this information has to be displayed on their own website rather than in a centralised database via the practice regulation system, and then transferred to a single price comparison site.
3.2.23. There is a risk of a disproportionately high administrative burden to smaller practices than larger practices and LVGs.

● ***Question 11:*** *What quality measures could be published in order to support pet owners to make choices? Please explain your views.*

3.2.24. The BVU has proposed a rating system looking at 13 core standards (section 2.5). We believe that these are the most appropriate quality measures.
3.2.25. In particular, compliance (or non-compliance) with other areas of legislation could be a huge indicator for quality assurance. For example, 91% of respondents to the BVU survey believed that poor employment conditions affected animal health and welfare.
3.2.26. In addition, health and safety and equalities compliance directly affects consumers and displaying non-compliance in these areas could provide additional safety information for consumers, particularly those in marginalised or vulnerable groups.
3.2.27. The BVU believes that a vital measure to be published is staffing levels - particularly practices declaring their minimum staffing levels, their daily staffing levels, and what roles staff are allocated to. Working with key stakeholders like the BVU the regulators should develop guidance on safe staffing ratios and these should be published and easily accessible to pet owners. This

practice would give significant information about the quality of Veterinary care and the safety of pets in their care. For example - does the practice have an inpatients Nurse and an ops Nurse? Is there a vet dedicated to inpatients or emergencies during the day? These decisions could hugely impact the quality of the service a pet receives.

3.2.28. This position is backed up by the BVU survey that found that 91% of our respondents felt that unsafe staffing levels had negatively impacted patient care at their practice and 74% felt staffing was too low.

3.2.29. The BVU believes that practices should be encouraged by any system of regulation to uphold a duty of candour and transparency. In particular, where practices are offering referral services, we believe that they should be transparent with pet owners about who is carrying out any procedure or service (including anaesthesia), and what their level of qualifications and training are.

Remedy 2: Create a comparison website supporting pet owners to compare the offerings of different FOPs and referral providers

3.2.30. The BVU supports this remedy if it is supported by a CQC/CIS style practice regulation system. There should also be a requirement for large Veterinary groups (LVGs) to display the name of the parent company in practice marketing and signage - including where they are listed on any such comparison website.

● ***Question 12:*** *What information should be displayed on a price comparison site and how? We are particularly interested in views in relation to composite price measures and medicine prices.*

3.2.31. The key information to publish is prices for key common medicines.

3.2.32. The BVU also proposes the inclusion of mandatory publishing of the markup added by practices.

3.2.33. Markup on medications and external services is something BVU members are concerned about, and displaying markup, either an average, or when mark up is above a certain threshold, could allow clients to see where some Veterinary business are marking up their medicines/ services to a much higher extent, even if the final prices are broadly the same as others. This would highlight and deter excessive profiteering, and would allow consumers to consider where else the practice might be undertaking similar action.

3.2.34. There is an issue with composite pricing, as there is a risk that not all practices will offer all services within a bundle, or that not all services within the bundle will be required by any particular patient. Therefore, there should be an option for practices to note that they do not offer some part of the bundle, and some information for clients that they are not obligated to buy the services as a bundle.

● ***Question 13:*** *How could a price comparison website be designed and publicised to maximise use and usefulness to pet owners? Please explain your views.*

3.2.35. The price comparison website must be well publicised and accessible. There could be a requirement for all practices to include a link on their website, which in turn would be less onerous for smaller practices than having to publish all the info themselves onto their own websites.
3.2.36. The website must be easy to use - even for those pet owners who are not the most technology confident.
3.2.37. Ideally it would have an option to "save" price lists and comparisons which could then be viewed offline. This would help for those who may have limited data availability.
3.2.38. It must be formatted for simplicity and accessibility on a range of devices, including mobile, tablet and desktop.

● ***Question 14:*** *What do you think would be more effective in addressing our concerns - (a) a single price comparison website operated by the RCVS or a commissioned third party or (b) an open data solution whereby third parties could access the information and offer alternative tools and websites? Why?*

3.2.39. The BVU strongly believes that a single price comparison website is preferable. It must be operated by the regulatory body responsible for a CQC/CIS style practice regulation, who would have access to the data as a requirement of the practice regulation and accreditation process.
3.2.40. A single website reduces confusion, improves accessibility and consumer trust, and reduces the risk of out of date data being available on some sites and giving pet owners inaccurate information.

● ***Question 15:*** *What are the main administrative and technical challenges on FOPs and referral providers in these remedy options? How could they be resolved or reduced?*

3.2.41. Collecting the price data and other related information could be an administrative burden, but to some extent that is unavoidable with this remedy.
3.2.42. However, if the information is collected during practice regulation then there could be a simple form which practices complete. Such an approach would keep the data all in the same format, and reduce the admin burden for both the party responsible for the site and for the practices. It also ensures the info is up-to-date to at least the period of the most recent inspection.

● ***Question 16:*** *Please comment on the feasibility of FOPs and referral centres providing price info for different animal characteristics (such as type, age, and weight). Please explain any specific challenges you consider may arise.*

3.2.43. The BVU believes that it will be impossible to account for every possible characteristic, and combination of characteristics. A better approach would be a base price, with ranges by weight and then additional information on how other factors could impact price. For many procedures, the aspects which are affected by weight are medications and anaesthesia - by listing these separately, the procedures and services themselves could be more standardised and easier to understand for consumers.

3.2.44. For example ultrasound would have the same price for a chihuahua or a great dane. Additional sedation, however, would vary significantly. There should be an info note to the consumer that this ultrasound service is often paired with sedation, and the consumer would then be able to choose to add this in as well, or go to the page to look at those costs separately.

● ***Question 17:*** *Where it is appropriate for prices to vary (e.g. due to bundling or complexity), how should the price information be presented? Please explain your views.*

3.2.45. The important thing is that the price information is clear, easy to understand and not overwhelming to consumers.
3.2.46. The BVU is concerned that bundling of prices risks making it difficult for practices to provide accurate information, as the number of variables becomes too high, and this may create unnecessary confusion for pet owners, and risk increased conflict between pet owners and Veterinary workers.

● ***Question 18:*** *What do you consider to be the best means of funding the design, creation and ongoing maintenance of a comparison website? Please explain your views.*

3.2.47. The site, if run by the practice regulatory body, should be funded by this body. The practices should pay an annual fee to be regulated (as professionals do currently) and this money would fund the activities relating to practice regulation, including the comparison site.
3.2.48. If there were concerns about the start-up cost, the site could initially be produced using existing funds from the RCVS, or state funding, as appropriate.
3.2.49. Ongoing costs of practice regulation, and associated costs such as this site, should not be subsidised by the registrant fees of Veterinary professionals, and the fee practices pay to be regulated and accredited should cover all associated costs.

Remedy 3: Require FOPs to publish information about pet care plans and minimise friction to cancel or switch

3.2.50. The BVU supports this remedy and believes that it would be best supported and enforced by a CQC/CIS style practice regulation system.

● ***Question 19:*** *What would be the impact on vet business of this remedy option? Would the impact change across different types or sizes of business? Please explain your views.*

3.2.51. The BVU believes that this remedy would have a positive impact on Veterinary businesses as a whole, improving the market and helping to drive out bad actors and improve the integrity of the sector.
3.2.52. The BVU strongly believes in the need and benefits of improved oversight particularly of large Veterinary practices that are distorting the market.

3.2.53. Just one example is the way such plans can promote unnecessary medication, such as the use of monthly anti-parasite medication, regardless of clinical requirement. Many vets feel pressured to prescribe and dispense anti-parasite medications as pet owners feel they should receive them because they are paying for them, regardless of whether they are needed by their pet. In this case there are also wider concerns about the environmental impact of this medication**.**

● ***Question 20:*** *How could this remedy affect the coverage of a typical pet plan? Please explain your views.*

3.2.54. The BVU believes that regulating these plans is important. BVU members have raised concerns that LVGs have falsely inflated the cost of the services and products included in these plans, to make the plans themselves seem more attractive to consumers.
3.2.55. The plans allow a secure and regular income stream, which makes them very attractive to businesses, but can result in unnecessary costs for pet owners, and over treatment of pets.

● ***Question 21:*** *What are the main administrative and technical challenges on FOPs and referral providers with these remedy options? How could they be resolved or reduced?*

3.2.56. The BVU believes that this remedy would be best supported by a CQC/CIS style practice regulation system.

Remedy 4: Provide FOP vets with information relating to referral providers

3.2.57. The BVU supports this remedy and believes that it should be supported by a CQC/CIS style practice regulation system. It would also be strengthened by the requirement for large Veterinary groups (LVGs) to display the name of the parent company in practice marketing and signage.

● ***Question 22:*** *What is the feasibility and value of remedies that would support FOP vets to give pet owners a meaningful choice of referral provider? Please explain your views.*

3.2.58. Managed correctly, this could be an incredible resource to FOP Veterinary workers, as often for many reasons, Veterinary workers may not know all the referral options in an area.
3.2.59. Integrating this into the information required from referral practices at regulation/ inspection, it could then be built into the referral section of the comparison website.
3.2.60. It would also be important to ensure that where practices list the capability to provide referral level services, that it highlights the level of qualification of the person who would be undertaking the procedure/ providing the service.
3.2.61. The BVU believes that if this service could be linked to availability, the resource would be even more valuable, as often Veterinary workers have to determine location, availability and cost all by calling each referral centre one by one.

● ***Question 23:*** *Are there any consequences which may be detrimental and if so, what are they?*

3.2.62. The BVU believes that if not well managed or implemented, this remedy could add additional delays where information is out of date, and if the system created is not genuinely useful, then the time and effort in producing it will have been wasted.

● ***Question 24:*** *What do you consider are likely to be the main administrative, technical and administrative challenges on referral providers in this remedy? Would it apply equally to different practices? How could these challenges be reduced?*

3.2.63. Requirements for pricing would probably require no additional burden than the price lists considered in the earlier remedies. For services offered, however, there would be an additional burden in keeping this information up-to-date to reflect staff turnover. In addition, if availability were to be included, this would need to be updated daily/weekly, which could be a bigger task.

3.2.64. The BVU believes that an easy portal system could reduce this administrative burden and would be willing to work with the regulator to develop this.

● ***Question 25:*** *If you are replying as a FOP owner or referral provider, it would be helpful to have responses specific to your business as well as any general replies you would like to make.*

3.2.65. Not Applicable

● ***Question 26:*** *What information on referral providers that is directly provided to pet owners would effectively support their choice of referral options? Please explain your views.*

3.2.66. The BVU believes that the following information would be most effective:

- Location
- Accessibility at the referral centre (parking, public transport options, wheelchair accessibility, hearing aid loop, etc)
- Opening times for consultations
- Provision of 24h care (on or off site, further info if off site)
- Level of specialisation

3.2.67. Currently unavailable information but useful for pet owners include:

- Pricing
- Availability
- Time frames for availability (eg, accepting urgent referrals, accepting non-urgent referrals with a wait time of 2 weeks for an initial appointment)

Remedy 5: Provision of clear and accurate information about different treatments, services and referral options in advance and in writing

3.2.68. The BVU does **not** support this remedy, as we are concerned that it would create an unreasonable additional administrative burden for Veterinary Surgeons in practice.

3.2.69. Veterinary workers are already often overworked, and struggle with enough time for administrative tasks within their day without having to work through breaks or undertake overtime. We are concerned that employers will not give sufficient time for Veterinary Surgeons to undertake this task, and therefore the remedy would create additional strain on workers.

3.2.70. If such a remedy *was* introduced, there would need to be clear guidance to employers on allocating paid administrative time to provide this information in written form to owners, and employers would need to be held to account on this through the practice regulation system.

3.2.71. Although we do not support the remedy, we have answered the questions below to provide information on what we believe would be the most practical approach if the remedy were introduced.

● ***Question 27:*** *If a mandatory requirement is introduced on vet businesses to ensure that pet owners are given a greater degree of information in some circumstances, should there be a minimum threshold for it to apply (for example, where any of the treatments exceed: £250, £500, or £1,000)? Please explain your views.*

3.2.72. Using a minimum price threshold to determine which cases need this additional written information provided to pet owners would make it simple for practices and pet owners to understand when this should happen.

3.2.73. Another option could be that this additional information is only provided for cases where pet owners are booking a non urgent procedure or referral, to avoid the risk of adding wait times in situations where this might adversely impact patient outcomes.

3.2.74. If a financial limit is introduced, the BVU believes that £500 would seem the most reasonable. Setting the limit too low (eg, £250) would mean a large proportion of cases would require this, creating an unfeasible amount of additional administrative work for Veterinary Surgeons.

● ***Question 28:*** *If a requirement is introduced on vet businesses to ensure that pet owners are offered a period of 'thinking time' before deciding on the purchase of certain treatments or services, how long should it be, should it vary depending on certain factors (and if so, what are those factors), and should pet owners be able to waive it? Please explain your views.*

3.2.75. The BVU would support a 24 hour period of 'thinking time'.

3.2.76. Pet owners should be able to waive it to prevent unnecessary suffering, and to improve the patients outcomes, as most intervention is beneficial to be speedy.

● ***Question 29:*** *Should this remedy not apply in some circumstances, such as where immediate treatment is necessary to protect the health of the pet and the time taken to provide written information would adversely affect this? Please explain your views.*

3.2.77. Yes. The BVU does not support this remedy. If the remedy is introduced it should not be applied in circumstances where action needs to be taken fast - in particular for emergency care, but also in other cases of urgent provision of treatment.

3.2.78. This remedy has a huge potential to create an undue strain on Veterinary workers. It would, for example, be impossible to produce this written information within a standard consultation in most circumstances. The pet owner therefore should be expecting to receive this later in the day (e.g,, by email) or printed for collection.

3.2.79. If this remedy is introduced it is vital that part of the practice regulation includes a mandatory period of administrative time during each vets day, where they are not expected to undertake any other duties.

3.2.80. The BVU previously surveyed our members about this, and most of our members believe this is already a requirement of providing adequate Veterinary care, although it is currently not available at a number of practices.

3.2.81. The BVU estimates that for every consultation, a Veterinary Surgeon should be provided with additional administrative time. This could be managed as a short window of additional time between consultations for administrative tasks, or additional time in blocks at various points in the day. When we surveyed our members on this, they believed between 5-10 minutes of administrative time was needed for each consultation, and many reported that what happens currently is that such time is taken from breaks, or they work additional unpaid overtime at the end of the day to facilitate necessary administrative tasks.

3.2.82. Whilst this may reduce the number of consultations seen each day, where practices do not currently allow for (adequate) administrative time, it would be essential to ensure that vets were not burdened with this requirement without the practice having to provide the time and resources to undertake it.

3.2.83. Should this not happen, the BVU would expect to see either non-compliance or a significant amount of mandatory overtime needing to be undertaken. Mandatory overtime (where not contracted) is unlawful in the UK, but is currently a common practice in the current UK Veterinary sector.

● ***Question 30:*** *What is the scale of the potential burden on vets of having to keep a record of treatment options offered to each pet owner? How could any burden be minimised?*

3.2.84. As above.

● ***Question 31:*** *What are the advantages and disadvantages of using treatment consent forms to obtain the pet owner's acknowledgement that they have been provided with a range of suitable treatment options or an explanation why only one option is feasible or appropriate? Could there be any unintended consequences?*

3.2.85. The BVU's view is that this depends on how detailed the requirement is.
3.2.86. It does not make sense to include this on the treatment consent form, if another written document has already been provided to the pet owner, which could be kept with their pet's records. Creating a separate document *and* including this in the treatment consent form is creating unnecessary duplication of administrative work, for a workforce that is already struggling with workload.

● ***Question 32:*** *What would be the impact on vet businesses of this remedy option? Would any impacts vary across different types or sizes of business? What are the options for mitigating against negative impacts to deliver an effective but proportionate remedy?*

3.2.87. As above, the BVU believes that administrative time is essential, but there are costs associated with this.

● ***Question 33:*** *Are there any barriers to, or challenges around, the provision of written information including prices in advance which have not been outlined above? Please explain your views.*

3.2.88. As above, the BVU believes that provision of information will introduce further time constraints for vets and that needs to be factored into working time arrangements and there must be paid time factored in.
3.2.89. Written information also potentially introduces an environmental impact, and the BVU believes that practices should be encouraged to provide the information digitally where appropriate.

● ***Question 34:*** *How would training on any specific topics help to address our concerns? If so, what topics should be covered and in what form to be as impactful as possible?*

3.2.90. The purpose of this remedy is essentially to increase the provision of informed consent.
3.2.91. Currently vets believe that they are obtaining informed consent, but pet owner responses to the CMA survey indicate that they often do not feel well enough informed.
3.2.92. The BVU would support improved training during vet school on obtaining informed consent. It is important that there is best practice in place on how to judge if consent is truly informed, or truly given.

● ***Question 35:*** *What criteria should be used to determine the number of different treatment, service or referral options which should be given to pet owners in advance and in writing? Please explain your views.*

3.2.93. The BVU believes that a fixed number of options for treatment is too problematic as there will be cases where the options are very limited, and others where there are a wide range of options
3.2.94. Therefore, if using a fixed set of options - 2 is really the highest it could feasibly be. It should also be stressed that one of these options might be "do nothing/ wait and see progression" (but for

welfare reasons this may not always be an option the Veterinary Surgeon feels it is appropriate to suggest) and another might be “euthanasia”; both of these choices may not be choices pet owners would like to make.

Remedy 6: Prohibition of business practices which limit or constrain the choices offered to pet owners

3.2.95. The BVU is pleased that the CMA has listened to the concerns the BVU has raised in relation to this topic, and supports this remedy wholeheartedly in principle.
3.2.96. However, given the broad nature of the remedy, we believe it will be very difficult to enforce.
3.2.97. The BVU believes that this remedy can only be assured by a CQC/CIS style practice regulation system, as described above.

● ***Question 36:*** *Are there any specific business activities which should be prohibited which would not be covered by a prohibition of business practices which limit or constrain choice? If so, should a body, such as the RCVS, be given a greater role in identifying business practices which are prohibited and updating them over time? Please explain your views.*

3.2.98. In theory, this is a good remedy, but it would be very hard to enforce in practice.
3.2.99. The BVU believes that it should be managed by the regulatory body overseeing practice regulation (which may or may not be the RCVS).
3.2.100. If there is a CQC/CIS style regulation system with a core standard of informed consent, as the BVU recommends, then this remedy could be implemented via the regulation and accreditation system for practices, as businesses would not be permitted to undertake practices which removed choice options from pet owners, without becoming non-compliant with this core standard.

● ***Question 37:*** *How should compliance with this potential remedy be monitored and enforced? In particular, would it be sufficient for FOPs to carry out internal audits of their business practices and self-certify their compliance? Should the audits be carried out by an independent firm? Should a body, such as the RCVS, be given responsibility for monitoring compliance? Please explain your views.*

3.2.101. BVU members believe that there are many current business practices in the UK Veterinary sector that are often unethical, and as such the BVU would not support self-certification.
3.2.102. CQC/CIS style regulation of practices is necessary - with the option for practices to be put into special measures and ultimately shut down if they do not comply.
3.2.103. This practice regulation system *must* penalise practices that do not meet their obligations regarding employment law, because where workers are treated unlawfully, there is an increased risk of reduced choice to pet owners, either directly or indirectly.
3.2.104. For example, pet owner choice is directly reduced by internal pressure on Veterinary workers to refer “in group”. Pet owner choice is indirectly reduced when Veterinary workers are rushed, tired or distracted by unlawful working conditions such as not meeting the Working Time Directive requirements for breaks.

● ***Question 38:*** *Should there be greater monitoring of LVGs' compliance with this potential remedy due to the likelihood of their business practices which are rolled-out across their sites having an impact on the choices offered to a greater number of pet owners compared with other FOPs' business practices? Please explain your views.*

3.2.105. Yes, the BVU strongly supports this.
3.2.106. The impact of the policies and procedures of the LVGs affects the majority of practices and therefore pet owners across the UK.
3.2.107. Their business practices are more likely to be standardised and have less focus on the needs of the consumers in a particular geographic area, or local demographic, which their individual practices serve.
3.2.108. The BVU believes that regulating the LVGs is vital to improve the integrity of the sector.

● ***Question 39:*** *Should business practices be defined broadly to include any internal guidance which may have an influence on the choices offered to pet owners, even if it is not established in a business system or process? Please explain your views.*

3.2.109. Yes, otherwise there is a risk that businesses are able to cover up or hide certain practices.
3.2.110. As discussed above, the BVU believes that the current PSS scheme is too input driven. It is welcome that the CMA has also included this in their report, however, there is a risk of perpetuating this input driven mindset if remedies only look at established systems and protocols, rather than the active practice of what is happening on the ground.
3.2.111. For example, in a situation where the policy says to offer all clients a prescription, but local management discourages this to increase medicines sales on site.

Remedy 7: Changes to how consumers are informed about and offered prescriptions

3.2.112. The BVU supports this remedy but believes that for options (d) and (e) requiring mandatory prescriptions to function, there be a secure, centralised prescription system in place.

● ***Question 40:*** *We would welcome views as to whether medicines administered by the vet should be excluded from mandatory prescriptions and, if so, how this should be framed.*

3.2.113. Yes, the BVU believes that medicines administered by the vet should be excluded from mandatory prescriptions.
3.2.114. If medicines are not urgent, the client could be given a choice.

● ***Question 41:*** *Do these written prescription remedies present challenges that we have not considered? If so, how might they be best addressed?*

3.2.115. The BVU believes this remedy would require greater administrative time for vets, similar to the suggestion for written treatment choices.

3.2.116. As discussed above, we believe that in order to realistically be implemented, there must be consideration given to the administrative time allocated to Veterinary Surgeons, and this must be enforced via a CQC/CIS style practice regulation system.

● ***Question 42:*** *How might the written prescription process be best improved so that it is secure, low cost, and fast? Please explain your views.*

3.2.117. The BVU believes that the only way this remedy could be introduced would be with the implementation of a centralised prescription portal system, which all (Veterinary) pharmacies (online and offline) could access.

3.2.118. Pet owners would need to have the option to use such prescriptions at offline pharmacies as well as online ones. Online pharmacies are currently primarily owned by the same LVGs which dominate the practice market, and it is vital that the implementation of these remedies does not reduce competition by driving business to the online pharmacies of the LVGs and away from other types of business.

3.2.119. Introduction of a centralised prescription portal in this way would mean that prescriptions could be instantly available after being uploaded, and could require unique log in from a vet. However two, or even three, factor authentication would be needed, due to possibilities of hacking or attempted forgery.

3.2.120. Such a system would also require secure site hosting and security to prevent hacking or attempted forgery.

● ***Question 43:*** *What transitional period is needed to deliver the written prescription remedies we have outlined? Please explain your views.*

3.2.121. This depends on how long it takes to get the prescription portal up and running, and beta tested.

3.2.122. Realistically this may take some time and would require a fully resourced investment to set up.

Remedy 8: Transparency of medicine prices so pet owners can compare between FOPs and other suppliers

3.2.123. The BVU supports option (c) of this remedy. However it will require the prescription portal to be in place for this to be successful.

● ***Question 44:*** *What price information should be communicated on a prescription form? Please explain your views.*

3.2.124. The BVU believes the current requirements for information conveyed via prescriptions is suitable and appropriate.

● ***Question 45:*** *What should be included in what the vet tells the customer when giving them a prescription form? Please explain your views.*

3.2.125. The BVU supports the CMA's provisional remedy that information should be given to the customer about pricing and availability of Veterinary medicines from suppliers other than the FOP themselves (including but not limited to online pharmacies). The exact detail of what communication is required would depend on the remedies selected.

● ***Question 46:*** *Do you have views on the feasibility and implementation cost of each of the three options? Please explain your views.*

3.2.126. The BVU believes these options could be feasibly implemented, but that new regulations must have the framework and systems in place prior to implementation to be successful.

3.2.127. We are also mindful of the potential for large amounts of additional working time that might be required in the case of these provisional remedies, and we believe there must be protected time in place for workers to complete any obligations from any of the CMA's provisional remedies, should they be put into action.

Remedy 9: Requirement for generic prescribing (with limited exceptions) to increase inter brand competition for medicine sales

3.2.128. The BVU supports this remedy but is concerned that this section of the CMA paper currently does not take into account the Cascade system, or the need to reform it.

3.2.129. Without this element, this remedy would not be effective, and would create a direct legal conflict for prescribers.

● ***Question 47:*** *How could generic prescribing be delivered and what information would be needed on a prescription? Please explain your views.*

3.2.130. Generic prescribing should include the active ingredient, dose, formulation (if appropriate, or multiple options for formulation), dosage instructions and how to administer the medicine.

● ***Question 48:*** *Can the remedies proposed be achieved under the VMD prescription options currently available to vets or would changes to prescribing rules be required? Please explain your views.*

3.2.131. The BVU believes that changes would need to be made to the Cascade system, which is currently the primary mechanism of prevention for the prescribing of generic medicines.

3.2.132. We have detailed above (see section 2.6) our concerns around the current Cascade system, and the changes we would like to see.

● ***Question 49:*** *Are there any potential unintended consequences which we should consider? Please explain your views.*

3.2.133. The BVU believes that if only this rule was changed, with no reform of the Cascade system, then nothing will materially change.
3.2.134. There will also be direct conflict for Veterinary Surgeons attempting to comply with this remedy, and not fall foul of the out-of-date Cascade system.

● ***Question 50:*** *Are there specific Veterinary medicine types or categories which could particularly benefit from generic prescribing (for example, where there is a high degree of clinical equivalence between existing medicines)? Please explain your views.*

3.2.135. Many branded Veterinary medicines are simply re-packaged existing medications with a higher price tag. The BVU views this as blatant profiteering from Veterinary pharmaceutical companies, and the current Cascade system enables this.
3.2.136. The Cascade system therefore must be reformed.

● ***Question 51:*** *Would any exemptions be needed to mandatory generic prescribing? Please explain your views.*

3.2.137. Yes, the BVU believes that there would need to be exemptions for food producing animals, where greater scrutiny of withdrawal periods of medication from meat and other products (e.g., milk, eggs) is needed.
3.2.138. Where there is only one available formulation of a medication, generic prescribing would still work, because on production of the prescription to any pharmacy, they would only be able to provide this product.

● ***Question 52:*** *Would any changes to medicine certification/the approval processes be required? Please explain your views.*

3.2.139. The BVU believes that reform of the Cascade system may include this.

● ***Question 53:*** *How should medicine manufacturers be required to make information available to easily identify functionally equivalent substitutes? If so, how could such a requirement be implemented?*

3.2.140. Medicine manufacturers should provide clear information stating the active ingredient, formulation and any additional active ingredients so pharmacies can easily determine functional equivalency.
3.2.141. Whether two medicines with similar functions, but different active ingredients, are both suitable for a particular patient, should be left to the discretion of a qualified Veterinary Surgeon.

● ***Question 54:*** *How could any e-prescription solution best facilitate either (i) generic prescribing or (ii) the referencing of multiple branded/named medicines. Please explain your views.*

3.2.142. The introduction of an online prescription portal could be very useful. This could then highlight to owners the brands of medicine which that prescription would fulfil, which may help them locate the medicine at offline pharmacies as well as online pharmacies.

3.2.143. An online portal would also ideally be more secure for fraud prevention than paper prescriptions which can be duplicated and used at multiple pharmacies.

Remedy 10: Prescription price controls

3.2.144. The BVU supports option (b) for this remedy.

3.2.145. Option (a) is problematic as the current prescription costs are set relatively arbitrarily and are widely variable which leads to unfairness.

3.2.146. The BVU does not support option (c) as if there is no charge for the prescription being written, then there is no incentive to allow vets the necessary paid administration time to do this work, which will likely lead to employers pressuring Veterinary workers into working unpaid overtime.

3.2.147. The BVU supports a fixed fee that is set nationally.

3.2.148. The BVU would support reviews of such a price control to be made in-line with inflation.

● ***Question 55:*** *Do you agree that a prescription price control would be required to help ensure that customers are not discouraged from acquiring their medicines from alternative providers? Please explain why you do or do not agree.*

3.2.149. We believe that instituting a fixed maximum cost for a written prescription for Veterinary medicines would improve consumer choice; where prescription prices are not capped, there is a risk that in order to prevent consumers from buying medicines elsewhere, that Veterinary businesses create such a high cost as to be prohibitive.

● ***Question 56:*** *Are there any unintended consequences which we should take into consideration? Please explain your views.*

3.2.150. As set out above, if the remedy is set up so that practices cannot charge for prescriptions, the work of producing the prescription will still need to be carried out. There is no incentive for vet businesses to ensure Veterinary Surgeons have adequate time to undertake this task which therefore risks mandatory and potentially unpaid overtime being imposed. This is not only exploitative but it will result in increased stress and ill-health for Veterinary workers, that in turn will exacerbate unsafe staffing concerns in the sector through poor staff retention.

3.2.151. This would also be the case if the fee is set too low.

● ***Question 57:*** *What approach to setting a prescription fee price cap would be least burdensome while being effective in achieving its aim of facilitating competition in the provision of medicines? If we were to decide to impose a cost based price control for prescriptions, we need to fully understand the costs involved with prescribing and dispensing activities. We are seeking to understand:*

3.2.152. The BVU supports the introduction of a single national price cap.

● ***Question 58:*** *What are the costs of writing a prescription, once the vet has decided on the appropriate medicine?*

3.2.153. As described above, this will require administration time for writing the prescription, checking and signing. It should be noted that some PMSs may have the capacity to reduce this workload but others may not, especially in small independent practices.

3.2.154. Depending on the information that is required with generic prescribing, this will also require checking/ researching that information.

3.2.155. In the current practice this would also involve checking whether there is another more suitable medication under the Cascade. This would be in addition to the choices the vet would make if providing the medication from their own premises, as they would be aware of what was stocked, which would be a primary limitation for choice.

● ***Question 59:*** *What are the costs of dispensing a medicine in FOP, once the medicine has been selected by the vet (i.e. in effect after they have made their prescribing decision)?*

3.2.156. The following costs would be incurred:

- Staff costs associated with deciding and managing stock levels, including ordering, stock takes, daily temperature checks, inputting stock onto PMS, staff costs associated with a SQP physically dispensing the medication - counting, packaging, applying the label, and a second person to double check the dispensation is correct
- Vet time to write the label
- Building costs associated with the storage of medicines
- Costs associated with packaging for dispensation (bottles, boxes, etc)
- Equipment costs - fridges, air conditioning, thermostats, label printer, pill counters - including purchase and maintenance

Remedy 11: Interim medicines price controls

3.2.157. The BVU is concerned about the length of time these interim medicines price controls would apply for. There are risks that price controls/freezes could negatively impact wages unless other remedies are put in place to regulate the behaviour of exploitative employers within the sector.

3.2.158. Again this remedy would need to be linked to a CQC/CIS style practice regulation system, in order to monitor and enforce compliance.

3.2.159. Whilst interim medicine price controls would help reduce rising costs for pet owners, reform of the Cascade system and a fixed maximum prescription fee would go further to do this.

● ***Question 60:*** *What is the most appropriate price control option for limiting further price increases and how long should any restrictions apply for? Please explain your views.*

3.2.160. Whilst the BVU acknowledges the reasoning behind price controls, we are wary about the effect this might have on the sector, even if implemented in the short term.

3.2.161. The BVU predicts this could lead to wage stagnation. Wages are already incredibly low in some areas of the sector (for example RVN pay and the pay of some support workers such as VCAs) and this remedy could potentially lead to Veterinary workers leaving the sector, and businesses withdrawing from the sector.

3.2.162. If price controls are implemented, the BVU believes these need to be fair across the sector, and have clearly defined time frames.

● ***Question 61:*** *If we aim to use a price control to reduce overall medicine prices, what would be an appropriate percentage price reduction? Please explain your views.*

3.2.163. See above, the BVU is concerned that price controls could lead to wage stagnation and entrench low pay in the sector.

● ***Question 62:*** *What should be the scope of any price control? Is it appropriate to limit the price control to the top 100 prescription medicines? Please explain your views.*

3.2.164. See above, the BVU is concerned that price controls could lead to wage stagnation and entrench low pay in the sector.

● ***Question 63:*** *How should any price control be monitored and enforced in an effective and proportionate manner? Please explain your views. Implementation of remedies 7 – 11*

3.2.165. The BVU believes that it would be sensible to introduce the requirement for the publication of price lists as soon as possible, as this would then offer the simplest method of monitoring and enforcement of temporary price controls

● ***Question 64:*** *We welcome any views on our preferred system design, or details of an alternative that might effectively meet our objectives. Please explain your views.*

3.2.166. The BVU believes an online prescription portal, with an appropriately secure platform, and two or three factor authentication to sign in, would be the most appropriate system to meet the CMA's prescription objectives.

3.2.167. The portal should give each prescription a unique code, that cannot be redeemed more than once.

3.2.168. Veterinary Surgeons and other SQPs should have their own personal log-ons, rather than businesses, to prevent the risk of misuse.

3.2.169. The portal must be easy to use, and compatible with a wide range of devices.

3.2.170. The portal must be beta-tested before it is rolled out across the industry, and there must be adequate opportunity for Veterinary Surgeons and SQPs to feed back on the portal during the

testing period. Testing should be open to all vets so feedback can be as wide ranging as possible, and should take place over no less than a 3 month time period.

● ***Question 65:*** *What do you consider to be the best means of funding the design, creation and ongoing maintenance of an e-prescription portal and price comparison tool? Please explain your views.*

3.2.171. The BVU believes that part of this funding could come from the practice regulation fees, part from existing RCVS funds, and part from any Veterinary specific pharmacies. If other pharmacies wish to link in their pricing for Veterinary products, there could be a small fee but this should not be so high as to put these pharmacies off and stifle competition from emerging businesses.

3.2.172. If necessary, some state funding could be applied, as the importance of prescription security is paramount to public health.

Remedy 12: Restrictions on certain clauses in contracts with third-party out of hours care providers

3.2.173. The BVU believes that care needs to be taken to make sure contracts provide certainty and stability for staffing, and service provision, in out of hours contracts.

● ***Question 66:*** *What would be an appropriate restriction on notice periods for the termination of an out of hours contract by a FOP to help address barriers to FOPs switching out of hours providers? Please explain your views.*

3.2.174. As above, the BVU believes that contracts must provide certainty and stability for staffing in out-of-hours contracts and notice periods must not be too short as this potentially has a negative impact on jobs. Out-of-hours services are already extremely hard to staff.

3.2.175. The BVU believes that there must be a minimum of 6 months for any notice period to enable providers to plan effectively and give staff stability and job security.

● ***Question 67:*** *What would be an appropriate limit on any early termination fee (including basis of calculation) in circumstances where a FOP seeks to terminate a contract with an out of hours provider? Please explain your views.*

3.2.176. As above, the BVU believes that 6 months is the shortest possible reasonable time period, and early termination fees need to be 6 months (or more) to enable out of hours providers to plan effectively and give staff stability and job security.

3.2.177. If jobs are not secure, Veterinary workers will be more inclined to look for work in other areas of the sector, which would reduce the functionality of out-of-hours providers.

3.2.178. The CMA could consider other methods to increase competition in the out-of-hours market, such as regulations relating to the distance considered appropriate for an FOP to provide out-of-hours care; however, consider that the staffing of the existing out-of-hours providers is already stretched and services often face temporary closures due to staffing levels.

Remedy 13: Transparency on the differences between fees for communal and individual cremations

3.2.179. The BVU supports this remedy but does not think that this is really the problem pet owners face.
3.2.180. The main concern for pet owners is that they are not given out of group options therefore limiting their choice.

● ***Question 68:*** *Do you agree that the additional transparency on the difference in fees between fees for communal and individual cremations could helpfully be supplemented with revisions to the RCVS Code and its associated guidance? Please explain your views*

3.2.181. No, the BVU believes that this stipulation must be on practices and not on individual Veterinary professionals. The hindrance is in the management of practices, their PMSs, their pricing structure and transparency; individual Veterinary professionals who are employees cannot influence these aspects of the practice.
3.2.182. In addition, this remedy fails to address the biggest problem facing pet owners with regards to the cost of cremation, which is that the price at the practice - particularly out-of-hours - may be much higher than other providers - the other providers costs may not be known to the Veterinary workers in any given practice, let alone to the pet owners. Therefore, introduction of this remedy would likely have little to no material impact on the price pet owners pay for cremation services.
3.2.183. The decision to choose individual or communal cremation services is often determined by factors other than cost.

Remedy 14: A price control on cremations

3.2.184. The BVU supports this remedy. It must be linked with the creation of a CQC/CIS style practice regulation system.
3.2.185. As discussed above, the BVU believes it is important that LVGs are transparent with pet owners when providing services owned by the same group or parent company, which appear to be external services to the pet owner. With greater transparency in this area, pet owners could be made aware that the cremation is being provided by a company in the same group, and that other options are available.

● ***Question 69:*** *If a price control on cremations is required, should this apply to all FOPs or only a subset? What factors should inform which FOPs any such price control should apply to?*

3.2.186. Prices are set by the crematorium - the practices can only control what mark up (if any) they provide on cremation services, therefore the limit would need to be within the scope of this, eg, a fixed maximum mark up.

● ***Question 70:*** *What is the optimal form, level and scope of any price control to address the concerns we have identified? Please explain your views.*

3.2.187. As above.

● ***Question 71:*** *For how long should a price control on cremations be in place? Please explain your views.*

3.2.188. The BVU believes that these controls could be permanent - if implemented appropriately.

● ***Question 72:*** *If a longer-term price control is deemed necessary, which regulatory body would be best placed to review and revise such a longer term price control? Please explain your views.*

3.2.189. The regulatory body that oversees practice regulation (which may not necessarily be the RCVS).

Remedy 15: Regulatory requirements on vet businesses

3.2.190. The BVU supports this remedy. It must be linked with the creation of a CQC/CIS style practice regulation system.

● ***Question 73:*** *Would regulating vet businesses as we have described, and for the reasons we have outlined, be an effective and proportionate way to address our emerging concerns? Please explain your views.*

3.2.191. Yes, the BVU supports this remedy, but much more detail, nuance and clarity is needed.
3.2.192. There should be a regulatory body responsible for the regulation of practices. If this is the same body that regulates Veterinary professionals, there must be clear demarcation of funding.
3.2.193. Veterinary professionals should not end up subsidising the regulation of practices.
3.2.194. The regulation should take the form of a CQC/CIS style regulation system (see section 2.5).

Remedy 16: Developing new quality measures

3.2.195. The BVU supports this remedy. It must be linked with the creation of a CQC/CIS style practice regulation system.
3.2.196. At present, only Veterinary Surgeons and Registered Veterinary Nurses are regulated in the UK Veterinary sector. Prior to 1999, all practices had to be owned by a Veterinary Surgeon, which meant that Veterinary practices and their undertakings were de facto regulated by the RCVS.
3.2.197. Now, there are a wide range of owners of Veterinary practices - from Veterinary professionals (both vets and Nurses), pet owners, community owned practices, to entrepreneurs, large multinational businesses, banks and private equity firms.
3.2.198. While practices and businesses themselves remain unregulated, this puts vets and Nurses in an increasingly difficult position. They are bound as individuals to the RCVS Codes of Conduct, their oath to prioritise animal welfare, and their own personal ethics (which primarily stem from a deep passion for their patients), but they are also bound by the rules and policies set by their employer. In many cases, the two are at odds.

3.2.199. Our members report to us increasingly unethical policies, activities and targets from their employers in the Veterinary sector, and many find themselves working unpaid overtime to meet their professional obligations which their employer refuses to cater to. These Veterinary registrants may risk their employment when they try to act in the best interests of pets and pet owners - often facing abuse from the public in doing so, because the public are not aware of the constraints they are under.

3.2.200. Therefore, it is vital that any reform of the sector includes practice and business regulation. This regulation must not be in conflict with the regulation of the individual Veterinary registrant, and must be conducive to a working environment where Veterinary workers can act in congruence with both sets of regulation at once, without having to work unpaid overtime to make that possible.

● ***Question 74:*** *Are there any opportunities or challenges relating to defining and measuring quality which we have not identified but should take account of? Please explain your views.*

3.2.201. Yes, as above.

● ***Question 75:*** *Would an enhanced PSS or similar scheme of the kind we have described support consumers' decision-making and drive competition between vet businesses on the basis of quality? Please explain your views.*

3.2.202. No, the BVU believes that the PSS system is not fit for purpose.

3.2.203. As the CMA has identified, it is too input driven, and its focus is too narrow.

3.2.204. The Veterinary sector needs a CQC/ CIS style regulation of practices *and* businesses, which must focus on broader overview of how the practice operates, the outcomes and achievement of the core standards - which are primarily not clinical standards but operating standards - and have sanctions in place for practices that fail to meet other relevant legislative requirements (eg, employment law, equalities law, and health and safety law - all of which affect consumers both directly and indirectly).

3.2.205. For example, a practice receives a score of ⅗ but does not meet health and safety legislative requirements - the score is downgraded to a ⅖ until next inspection, with this clearly stated for consumers. This would be a clear incentive to practices to meet all their legal obligations and not just the ones directly outlined in the core standards

3.2.206. It would be better to start a new system from scratch than to try to reform the PSS

● ***Question 76:*** *How could any enhancements be designed so that the scheme reflects the quality of services offered by different types of vet businesses and does not unduly discriminate between them? Please explain your views.*

3.2.207. The BVU supports a CQC/CIS style of practice regulation, and would welcome a similar rating system to that used by the CQC. We believe this type of rating system, if implemented appropriately, could have benefits for both pet owners and employees, allowing both to see

what a practice's strengths and weaknesses are when choosing somewhere to seek Veterinary care, or when choosing an employer. It could also benefit Veterinary medicine and nursing students when choosing placements.

3.2.208. However, the key aspect here is that such a system is implemented appropriately, and in particular, we would like ratings to always be accompanied by publicly available detailed reports on premises, so that there is no undue stress on the workers of a practice relating to a single word outcome.

3.2.209. The core standards upon which these ratings are based, must be underpinned by appropriateness - as such, we would not expect a practice to receive a higher score simply for purchasing more expensive or newer equipment, but based on the appropriateness of this equipment: is it safe to use? Is there a need for it amongst that practice's patients? Is there a suitably qualified or experienced person who can use that equipment?

3.2.210. If we take for example MRI machines. A referral neurology team's patients will have great use for such equipment, workers who can use and interpret images from the MRI, and should be assessed on the safety procedures in place to protect all from its radiation. On the other hand, an FOP would have much less use for an MRI, might not have the experience to interpret its images, and might not increase the quality of the service it provides than an FOP who appropriately refer to an external provider for this service.

3.2.211. Focusing on the appropriateness of the way a practice manages each of the core standards for assessment, would produce more genuine quality assurance for pet owners, and reduce the risk of practice ratings being skewed solely by the socioeconomic background of the area they are in, and of practices such as charity practices not being able to achieve the highest ratings.

● ***Question 77:*** *Are there any other options which we should consider?*

3.2.212. As stated above the BVU is in favour of CQC/ CIS style practice regulation, and we urge the CMA to consider this as part of the regulatory reforms proposed.

Remedy 17: A consumer and competition duty

3.2.213. The BVU supports this remedy.

● ***Question 78:*** *Should any recommendations we make to government include that a reformed statutory regulatory framework include a consumer and competition duty on the regulator? Please explain your views.*

3.2.214. Yes, this would be a necessary part of the new framework where it regulates businesses and practices as well as individual professional registrants

● ***Question 79:*** *If so, how should that duty be framed? Please explain your views.*

3.2.215. The duty must ensure that the work of the regulator of both practices and registrants considers in its work and actions, the impact on pet owners as consumers, and competition within the sector.

3.2.216. Any such duty must ensure that it does not create an additional and unnecessary burden of Veterinary registrants to ensure anything outside their remit as employees, where they are not business owners (which is the case for the large majority of Veterinary workers).

Remedy 18: Effective and proportionate compliance monitoring

3.2.217. The BVU supports this remedy. It must be linked with the creation of a CQC/CIS style practice regulation system.

● ***Question 80:*** *Would the monitoring mechanisms we have described be effective in helping to protect consumers and promote competition? Please explain your views.*

3.2.218. The BVU believes that the monitoring mechanisms described do not go far enough.

3.2.219. There need to be regular inspections similar to the Care Inspectorate Scotland's framework.

● ***Question 81:*** *How should the monitoring mechanisms be designed in order to be proportionate? Please explain your views.*

3.2.220. Monitoring mechanisms should include local inspections, virtual or remote oversight of key documents (requested by the regulator), as well as surveys of workers and clients.

3.2.221. Inspections should be based around ensuring that the core standard frameworks are met as outcomes.

● ***Question 82:*** *What are the likely benefits, costs and burdens of these monitoring mechanisms? Please explain your views.*

3.2.222. The BVU believes that the benefits would be to remove the current and unreasonable burden on Veterinary workers where they are in conflict between employment and regulatory requirements.

3.2.223. Such a regulatory system for practices as the BVU is suggesting, would allow pet owners to be confident that the practices they use for Veterinary care are regulated, and meet a minimum operating standard, as well as clinical standard.

3.2.224. Monitoring mechanisms would allow pet owners, workers and students to determine the quality of a practice before choosing it, knowing that that quality assurance is independent and thorough.

3.2.225. Lastly, they would allow unsatisfactory practices to be put in special measures, and potentially closed down if they fail to improve, ensuring that the worst practices are removed from the market to the benefit of public and animal health, welfare and safety.

● ***Question 83:*** *How could any costs and burdens you identify in your response be mitigated and who should bear them? Please explain your views.*

3.2.226. The likely costs are high overall, but could be managed with a regulatory fee, in the way that current registrants pay an annual fee.

3.2.227. Veterinary professional registrants should not bear this cost, and the fees paid by registrants and practices should be ring fenced for their own areas of regulation.

Remedy 19: Effective and proportionate enforcement

3.2.228. The BVU supports this remedy. It must be linked with the creation of a CQC/CIS style practice regulation system.

● ***Question 84:*** *Should the regulator have powers to issue warning and improvement notices to individuals and firms, and to impose fines on them, and to impose conditions on, or suspend or remove, firms' rights to operate (as well as individuals' rights to practise)? Please explain your views.*

3.2.229. Yes, the BVU strongly supports all of the above powers. Without these powers, the regulation is materially worthless and unworkable.

● ***Question 85:*** *Are there any benefits or challenges, or unintended consequences, that we have not identified if the regulator was given these powers? Please explain your views.*

3.2.230. Should the regulator be given these powers it will have the consequence of driving up standards within the sector and driving out bad actors that have been undercutting quality practices or profiteering through excessive pricing and exploitation of their staff.

3.2.231. This remedy may lead to increased operating costs for practices, for example through an increased administrative burden.

3.2.232. There is a risk of poor compliance from Veterinary practices with a new regulatory system; in particular the BVU would consider this risk high if the style of regulation relies of self reporting and not mandatory inspections, and if the regulatory system did not give an opportunity for staff to confidentially relay their own opinions on how the practice operates to the regulatory body.

3.2.233. There is a risk that increased regulation and inspections could impact the mental health of Veterinary workers, and fear of the regulator within the sector, particularly if the regulatory system is not well implemented. The BVU believes that there must be adequate separation of the bodies or departments regulating practices vs registrants, in order to mitigate this risk.

3.2.234. Practice regulation should not be subsidised by Veterinary registrants so the funds must be ring fenced if the regulation of practices and registrants is carried out by the same body.

Remedy 20: Requirements on businesses for effective in-house complaints handling

3.2.235. The BVU supports this remedy. It must be linked with the creation of a CQC/ CIS style practice regulation system.

● ***Question 86:*** *Should we impose a mandatory process for in-house complaints handling? Please explain your views.*

3.2.236. See below response to question *87.*

● ***Question 87:*** *If so, what form should it take? Please explain your views.*

3.2.237. No, this is an unnecessary burden to be created, and different systems can still be effective. This remedy risks being too input driven. The important thing is how the process works; see above for the BVU's suggestions on how a CQC/CIS style practice regulation system could work, and the care framework this could be based upon, including a requirement for an effective complaints system. How effective this system is could be measured by the number of complaints (as a percentage) that are referred to other bodies (i.e. the VCMS, the registrant regulatory body, the Veterinary ombudsman).

3.2.238. This would allow each practice to develop the complaints procedure it feels is most effective for its client base, and show that it is delivering that outcome.

Remedy 21: Requirement for vet businesses to participate in the VCMS

3.2.239. The BVU would support this remedy.

● ***Question 88:*** *Would it be appropriate to mandate vet businesses to participate in mediation (which could be the VCMS)? Please explain your views.*

3.2.240. Yes, The BVU would support mandatory participation in a mediation scheme, such as the VCMS.

● ***Question 89:*** *How might mandatory participation in the VCMS operate in practice and are there any adverse or undesirable consequences to which such a requirement could lead?*

3.2.241. The BVU believes there should be a clear route for pet owners to take complaints, and would suggest that pet owners initially raise a complaint directly through the practice, progressing to mediation if unsuccessful.

3.2.242. There should then be clear routes to take a complaint to the ombudsman, practice regulator, or registrant regulator if a) the mediation service believes this is the most appropriate next step instead of mediation, or b) the mediation service has been exhausted.

3.2.243. The BVU believes that mediation for registrant specific complaints could be funded via registrant fees, but practice based complaints should be funded by the fees paid by practices to be regulated.

● ***Question 90:*** *How might any adverse or undesirable consequences be mitigated?*

3.2.244. In order for mediation services to be well trusted by the public, the funding should be ring fenced so that the public have no concerns about funding bias.

Remedy 22: Requirement for vet businesses to raise awareness of the VCMS

3.2.245. The BVU supports this remedy.

● ***Question 91:*** *What form should any requirements to publicise and promote the VCMS (or a scheme of mediation) take?*

3.2.246. The BVU would support this remedy, and if participation in a mediation scheme was mandatory for practices, this remedy would be likely to be even more effective.

Remedy 23: Use of complains insights and data to improve standards

3.2.247. The BVU supports this remedy. It must be linked with the creation of a CQC/ CIS style practice regulation system to collect and collate the data, and complaints data must be collated between practice and registrant regulators, and mediation services.

● ***Question 92:*** *How should the regulatory framework be reformed so that appropriate use is made of complaints data to improve the quality of services provided?*

3.2.248. CQC/CIS style regulation of practices with a care standards framework could allow practices to supply relevant data as they saw fit, or as the regulator saw fit to request.

3.2.249. In terms of clinical standards, this would come under the care framework of effective governance standards. In terms of complaints data, this would come under the care framework of effective complaints handling.

3.2.250. The regulatory framework needs lots of reform, this would just be one aspect, in addition the BVU would like to see:

- Separation of the Royal College and regulator of Veterinary registrants
- A Royal College with an elected council (in line with other Royal Colleges)
- A regulator with an appointed council, including a robust and fair appointment system, allowing for increased diversity of council members, and maintaining lay parity
- A single regulatory council for vets and RVNs with the framework in place to have an additional council in the future for other regulated Veterinary service providers

- Regulation of Veterinary professionals to be on the basis of fitness to practice rather than judgment of a specific action
- Introduction of a practice regulation system (CQC/ CIS style)
- Introduction of a Veterinary ombudsman
- Reform of the Cascade system to allow the prescription of generic medicines even where there is a licenced branded version of the same medicine
- Reform of the Cascade system to allow vets to take cost into account when choosing medications through the cascade

Remedy 24: Supplementing mediation with a form of binding adjudication

3.2.251. The BVU supports this remedy. It should be implemented in conjunction with the establishment of a Veterinary ombudsman as part of a new regulatory regime.

● ***Question 93:*** *What are the potential benefits and challenges of introducing a form of adjudication into the sector?*

3.2.252. Adjudication already exists within the regulatory body (RCVS) - a formal decision is made and outcome/ sanction decided. However, this should be expanded to create a fitness to practice style of regulation, rather than a disciplinary system based on specific actions. This system should have a wider range of sanctions/ possibilities for further action than the current system.

3.2.253. Practice adjudication does not currently exist -and primarily this is what needs to be introduced.

3.2.254. It is important that there is the option for mandatory redress from both parties (eg, if the ombudsman finds no fault, the pet owner must pay the bill if they have so far refused to pay, and if the ombudsman finds fault with the practice, for them to be able to enforce refunds, or other actions to the regulator for the practice to improve its service).

● ***Question 94:*** *How could such a scheme be designed? How might it build upon the existing VCMS?*

3.2.255. The BVU proposes a CQC/CIS style regulation of practices as described above (section 2.5). Adjudication would be implemented in the form of practice improvements (e.g. new health and safety protocols) through the practice regulatory body, and in terms of pet owner specific actions (e.g. refunds) through the ombudsman.

● ***Question 95:*** *Could it work on a voluntary basis or would it need to be statutory? Please explain your views.*

3.2.256. This must be on a statutory basis otherwise participation will be limited, as can be seen by the current level of participation.

Remedy 25: The establishment of a Veterinary ombudsman

3.2.257. The BVU strongly supports this remedy and the establishment of a Veterinary ombudsman as part of the need for a new regulatory regime.

- ***Question 96:*** *What are the potential benefits and challenges of establishing a Veterinary ombudsman?*

3.2.258. At the moment, in many sectors, there exist ombudsmen. These bodies are independent of the sector they act in, free to use, and impartial. They exist to allow consumers to complain about companies or organisations.

3.2.259. At present, no such body exists for the Veterinary sector, and consumers must complain about a specific registrant. This is problematic because both vets and RVNs have a duty of care to our patients that does not apply to employers. This leads to unacceptable situations where Veterinary professionals are being held accountable for the consequences of business decisions which negatively impact patient care. Therefore, an ombudsman is needed to give different methods of complaint for pet owners.

3.2.260. This would also improve the complaints process for Vets and RVNs, as many of the complaints made against them under the current system are really about the practice's protocols, operating procedures, pricing structures and internal processes, so without these the process could be much faster.

3.2.261. In addition, it would improve the process for consumers, because there would be a clear formal process to complain about companies, and their policies and procedures, and they would feel more confident in the process, knowing there was a system for mandatory redress.

3.2.262. 68.5% of our survey respondents want to see a Veterinary ombudsman as an outcome of the CMA Veterinary market investigation, and we believe the public want to see this too.

- ***Question 97:*** *How could a Veterinary ombudsman scheme be designed?*

3.2.263. The BVU believe that a Veterinary ombudsman should be designed in-line with existing ombudsmen in other sectors, with the power to feed info back to the practice regulator where they felt it was appropriate, and to collate data for the practice regulator.

3.2.264. It would make sense for the ombudsman and practice regulator to be connected - but in this case it must be completely separate from the registrant regulator, as the public would not trust a system where all three were interlinked.

- ***Question 98:*** *Could such a scheme work on a voluntary basis or would it need to be statutory? Please explain your views.*

3.2.265. The BVU believes that this scheme must be operated on a statutory basis, otherwise participation would be low.

3.2.266. We believe Veterinary businesses require statutory regulation, with an ombudsman as part of that, as they have shown themselves to be either unable or unwilling to regulate themselves.

3.2.267. A statutory scheme must include mandatory redress, otherwise the scheme would be materially worthless.

Remedies 26 – 28: Effective use of Veterinary Nurses

3.2.268. The BVU supports these remedies and is calling for the legal protection of the Veterinary Nurse title.

● ***Question 99:*** *What could be done now, under existing legislation, by the RCVS or others, to clarify the scope of Schedule 3 to the VSA?*

3.2.269. The BVU believes that clearer frameworks could be introduced, with easier language and more example references.

3.2.270. Similarly clearer frameworks for liability are needed, as most work undertaken by RVNs is also under the supervision of a Veterinary Surgeon, and this can lead to reluctance from some vets to delegate work because they are worried about their own registration (particularly with RVNs they don't have an established working relationship with). This is detrimental to the Veterinary team, and to patients.

● ***Question 100:*** *What benefits could arise from more effective utilisation of vet Nurses under Schedule 3 to the VSA, in particular for the Veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?*

3.2.271. The BVU thinks that better and more effective utilisation of Veterinary Nurses would lead to improvements in waiting times for pet owners, improvements in workloads for Veterinary Surgeons, improvements in practice efficiency, and increased delegation of tasks from Veterinary Surgeon to Veterinary Nurse.

3.2.272. Ultimately, effective utilisation of Veterinary Nurses would result in better care. RVNs are skilled professionals, and they have a different set of skills and competencies than vets; when the skillsets of vets **and** nurses are utilised, patients will benefit from better care.

● ***Question 101:*** *What benefits could arise from expansion of the vet Nurse's role under reformed legislation, in particular for the Veterinary profession, vet businesses, pet owners, and animal welfare? Might this result in any unintended consequences?*

3.2.273. The title of "Nurse" has only recently been protected in human healthcare and Nurses have been calling for this for a long time. The BVU hopes that by protecting the title of Veterinary Nurse at a similar time, the Veterinary nursing role will be better respected, with increased understanding of the role from the public.

3.2.274. Where the Veterinary Nurse role is expanded, and Veterinary Nurses are, after legislative reform, able to undertake additional tasks and duties, we must ensure that adequate training is

provided, by a central provider, to ensure that Nurses are given the opportunity to undertake these tasks, but have the right training to enable them to do so safely and confidently.

3.2.275. We must take care that Veterinary employers do not take the increased scope of Veterinary Nurses as an opportunity for exploitation of what they consider to be cheap labour.

3.2.276. Veterinary Nurses are extremely skilled, competent and qualified professionals, yet the high end of RVN salaries sits at about the level of the UK's average salary. There must be a concerted effort from all professional, regulatory, representative and government bodies to ensure that Veterinary Nurses are remunerated appropriately.

3.2.277. With legislative reform and widening the scope of Veterinary Nurse role there will be increased liability for Veterinary Nurses, and some may need to undertake additional training. This must be reflected in their pay.

Proportionality

● ***Question 102:*** *Do you agree with our outline assessment of the costs and benefits of a reformed system of regulation? Please explain your views.*

3.2.278. Yes, a reformed system of regulation is vital for the continuation of the sector, as well as for pet owners to seek services which are fair, competitive and to ensure animal health and welfare is protected. Therefore the costs of this reform are necessary and proportionate.

● ***Question 103:*** *How should we develop or amend that assessment?*

3.2.279. The BVU has proposed a number of amendments which we feel would improve the proposals (see above).

● ***Question 104:*** *How could we assess the costs and benefits of alternative reforms to the regulatory framework?*

3.2.280. The BVU believes that the reforms should include a process of frequent future reviews to make sure the remedies are having the desired effects, and do not lead to any unforeseen consequences.

3.2.281. This process should assess whether the remedies have gone far enough and also allow options for additional reform in the future. This should be embedded within the proposed legislation.

● ***Question 105:*** *How should any reformed system of regulation be funded (and should there be separate forms of funding for, for example, different matters such as general regulatory functions, the PSS (or an enhanced scheme) and complaints-handling)?*

3.2.282. The BVU believes that the regulation should be funded via a mixture of the following:

- Registrant fees for registrant regulation (ring-fenced)
- Practice fees for practice regulation

- Practice fees to be included in Veterinary ombudsman scope (mandatory) (potentially this could be included in practice regulation fee)
- Fees from dedicated Veterinary pharmacies to contribute to prescription portal
- Small fees from pharmacies expanding into Veterinary medicines to contribute to prescription portal
- Existing RCVS funds for setting up some of these regulatory practices
- State funding where necessary as a supplement, e.g. to cover the costs of funding the legislative reform itself.

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The British Veterinary Union BVU is a national professional branch of Unite the Union, the largest trade union in the UK and Ireland, and sits within Unite's health sector.

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Appendix 1: Detailed Survey Results - All Members

Corporate identity

47% of respondents felt that pet owners using their practice knew whether it was corporate or independent, although only 24% worked somewhere with clear corporate branding in the name, marketing and signage of the practice.

Many respondents left comments on these questions, and the most common theme in the comments were that pet owners are often aware they are part of a group of practices, but don't seem to be aware of the scale of the corporations that own the practice, or able to name it. Respondents were most likely to answer that pet owners were unaware the practice was corporately owned if they worked for Vet Partners, and least likely to answer this way if they worked for Vets4Pets or Medivet, who both brand all their practice clearly, e.g., one of their practices is usually called "Medivet [location]" or "Vets4Pets [location]".

The BVU feels that the ability for pet owners to easily determine the ownership of a Veterinary practice is paramount to public trust in the profession, and vital for industry transparency.

Vertical integration

Most of the large corporate groups have expanded their vertical integration over the last 5-10 years to include referral hospitals, laboratories, pet crematoria, pet food, online pharmacies and even Veterinary nursing schools. The public seem to be largely unaware of the connection between their Veterinary practice, and the other services or products sold or recommended to them. In some areas, the connections are not even well known within the Veterinary sector workforce – for example, the relationship between Nestle and IVC Evidensia, and which pet food products Nestle produce.

In our survey, 44.6% of respondents felt pressured to refer "in-group", and 58.6% felt pressured to use partnered cremation services.
21.9% worked in practices that sold pet food brands associated with their employer (eg. working for Linnaeus and the practice selling Royal Canin food, both of which are ultimately part

of the Mars group). A further 22.2% of respondents worked in practices that sold multiple brands of food, including ones associated with their employer.
(30.7% worked in practices that didn't sell food at all, and 3.3% where the brand of food sold varied frequently, and 21.9% worked in practices that sold food not associated with the employer.)

71.4% of vets reported that they had no autonomy over which laboratory was used when sending samples for external testing.

Corporatisation of the sector

Asked whether they thought corporatisation of the sector had led to:
34.8% - improved pay
28.5% - improved employment conditions
16.3% - improved patient care
7.8% - improved access to Veterinary care
4.1% - improved choice for pet owners
2.6% - improved clinical autonomy
However, 46.7% answered 'none of the above'.

The BVU does not support or endorse any particular type of practice ownership, nor suggest that one type of practice is inherently better than another. However, under the current level of regulation, only practices owned and managed by Veterinary Surgeons or Registered Veterinary Nurses have any form of regulation applied to them at all – therefore, what the BVU is ultimately calling for is mandatory practice regulation, which would level the playing field for all types of practice ownership, and protect workers, pet owners and patients.

The sector has certainly changed dramatically with corporatisation, and there have been positive changes within this time too – generally pay for vets has improved, and, to a lesser extent, for RVNs. Health and safety has improved, and so has maternity pay. Some of the large corporate groups offer contractual sick pay that is higher than industry standards – though even the best company in this regard still offers less than a third of the contractual sick pay that an NHS worker would be entitled to. These aspects of the sector are vital to the health and wellbeing of pets as well as Veterinary workers, because presenteeism, lack of appropriate rest on/ between shifts, and poor health and safety practices in general greatly increase the risk of

clinical mistakes. Some of these changes have occurred across other sectors in the same time frame as well.
There are good and bad players within both independent and corporate practice, and the comments across all the questions in this survey make this clear – however, without practice regulation, there is no way to identify those who are providing a poor environment for both patient safety, client transparency, and employee wellbeing.
A secondary factor to consider here is recruitment and retention – good employment practices enhance retention and make it easier to recruit new members of the Veterinary team. Pet owners will receive a better service in a Veterinary sector that is able to recruit and retain vets and RVNs; because there will be stronger staffing levels, better continuity of care and fewer clinical mistakes made from professionals having to split their focus unnecessarily.

Key Performance Indicators (KPIs)

Veterinary companies may measure key performance indicators of their business, and these can take various forms, including clinical benchmarking, and financial targets. The large Veterinary corporations are careful not to state that clinical benchmarking is about increasing revenue, however, many Veterinary professionals do feel that the feedback on these KPIs from their companies creates an implication and expectation to improve revenue.
Some examples of this include – displaying clinical benchmarking with red, orange, green colour-coding; hosting competitions between practices within a group with a financial incentive; reprimands for not meeting targets; and company feedback about poor performance alongside threats of redundancies/ reduced staffing levels/ inability to meet other employee requests (eg, for specific equipment).

58.8% of RVNs and support staff reported their employer monitoring KPIs in their workplace, and 39% felt this monitoring affected their recommendations.
63.8% of vets reported their employer monitoring KPIs for their clinical work, but only 17.5% felt it impacted their clinical decision making.
72.7% of vets reported their employer monitored their average transaction value, but only 18.6% felt it impacted their clinical decision making.

Cost of treatment

72.8% of respondents felt that Veterinary treatment costs in their workplace were too expensive to be fair and reasonable.
26.1% answered, yes treatment costs are fair and reasonable in their practice.
1.1% answered that treatment costs weren't fair or reasonable because they were too cheap – there was no trend on where these respondents worked.

93.8% of respondents believed that the current cost of Veterinary treatment in the UK is a barrier to pet owners seeking Veterinary care for their pets.

We asked respondents how they felt when presenting pet owners with bills and estimates. They answered as follows:

Vets:		Nurses and support staff:
73.2%	anxious	67%
65.1%	embarrassed	61.2%
27.5%	defensive	23.3%
13.4%	scared	17.5%
6.7%	proud	6.8%
6%	happy	6.8%

Comments made it clear that a lot of the anxiety and fear felt was about owners reactions, and whether that would be taken out on them. People also described feeling: guilt, sadness, sympathy and frustration – as well as neutrality where they cannot change the costs. Other comments discussed worry for the pet if the owner cannot afford the care they are recommending.

The BVU is not surprised, but is saddened, to see the overwhelming response of fear and anxiety that Veterinary workers feel for their own safety in the current Veterinary sector. No person in any industry should feel in danger at work. We do not believe, as other Veterinary organisations have stated, that the CMA investigation has caused this climate of fear – but rather this is caused by a fast paced mood shift in the general public towards the Veterinary sector. This is multi-faceted, and some aspects of this are outside the control of any one group in the Veterinary sector, such as the cost of living crisis. However, the constant and frequent price increases to pet owners and the lack of transparency of service provision and vertical integration, from the large corporate groups, has played a significant role in this change in public opinion.

The BVU believes that public education, alongside better and reformed regulation, could play a key role in improving the relationship between pet owners and the Veterinary sector, and we implore the CMA to consider a government programme of public education on pet ownership as one of the recommendations of their investigation.

We also asked Nurses and support staff how well trained they were on discussing bills and costs with pet owners, and 51% responded that they had received no training in this area. Only 7.8% responded that they had received extensive training, with the remainder of respondents selected that they had received some training.
However, only 25% responded that they struggled to understand and explain charges and bills to pet owners.

Cost related euthanasia

We asked respondents to use a sliding scale to indicate what percentage of euthanasias in their practice were related to cost and not being able to afford further treatment. The answers were varied, with the common responses being 10-20 or 60-80, giving an overall average number of 32%.
We also asked respondents to compare this to 5 years ago – in order to compare before and after corporatisation, you would need to look back 25 years, and this would exclude the majority of our respondents, who would be unlikely to have been working in practice then. In addition, the further back we ask respondents to recall, the less likely the information is to be accurate.
In answer to this question, 21.8% said the figure was “much higher”, and 40.2% said “somewhat higher”. 36.8% said “about the same”. Only 1.2% said “somewhat lower” and no respondents answered “much lower”.

This is potentially an area more further research, and we recognise that this question asks respondents to make an estimate rather than give an objective figure. However, an objective figure may be impossible to obtain, as pet owners may not share their decision making process with Veterinary practices, and in particular, may feel embarrassed or guilty about the financial aspect of the decision, and therefore be more likely to keep it to themselves.
The wide variation is response could be due to working in different types of practice, different geographical areas, or with different socioeconomic groups of pet owners. It could also be attributed to the question itself, as different respondents may have interpreted “cost related/ lack of funds for further treatment” differently.

However, we do think the figure is worth making public, because it highlights a trend for more financial based euthanasia decisions.

Estimates of cost

We asked vets and other staff separately about providing estimates to pet owners for treatment.
When asked about estimates for inpatient treatment (i.e., the pet stays at the practice and the pet owner leaves), 97.6% of vets reported routinely giving estimates for this type of treatment, and 95.2% of other staff reported this to be the norm in their practices.
When asked about estimates for outpatient treatment (i.e., the owner remains with the pet or in a waiting area while the pet receives treatment), 72.6% of vets reported routinely giving estimates for this type of treatment and 78.6% of other staff reported this to be the norm in their practices.

We believe the disparity is because treatment agreed where the owner stays with their pet tends to be minimally invasive and lower cost. Often creating a written estimate for outpatient treatment is considered too time intensive for a short consultation, especially in situations where the practice may already be short staffed and overbooked.

Written prescriptions

35.6% of vet respondents said they offered pet owners a written prescription for all dispensed medications, whilst 24.2% of vets said they felt pressured to sell medications directly from their workplace rather than offer written prescriptions.
Only 12% of vets felt pressured to recommend their company's own online pharmacy, however we did have a number of comments around the importance of transparency with the ownership of online pharmacies.

Employment conditions

Almost all of our respondents (93.4%) believed that animal welfare and patient care in the Veterinary sector are affected by employment conditions.

The BVU is a trade union, and obviously from our perspective, employment conditions are particularly important. However, it's vital to highlight the connection between employment conditions (which we are primarily concerned with) and consumer access to a competitive Veterinary market (which the CMA is primarily concerned with), and patient health and welfare (which is the overarching aim of a Veterinary sector).

Employment conditions – as discussed in other areas of this document – impact the likelihood of mistakes being made (both clinical and administrative) which impact the experience of pet owners and patients when accessing Veterinary care, as well as the outcomes of care. They also impact the service that pet owners receive – from waiting times, length of consultation, time to adequately discuss and explain estimates of cost, and much more.
Employment conditions affect the ability of the sector to recruit and retain Veterinary professionals, and shortages in these areas can lead to grave issues for the UK, in food, agriculture, and exports, as well as the pet animal sector.

Staffing levels

The majority of respondents felt that staffing levels were too low for the caseload they saw (74.4% - split 38.1% as "significantly lower than needed" and 36.3% "somewhat lower than needed"). 19.4% found staffing levels to be just right, and 6.2% found staffing levels to be higher than needed for their caseload.
When asked if patient care had been compromised at their practice by inappropriate staffing levels – only 9.9% of responded answered no.
Of the remaining 91.1% they were split:
30.9% - yes, often
40.4% - yes, occasionally
18.8% - yes, rarely

Of the big 6 corporate groups – respondents were most likely to answer that patient care was often compromised by inappropriate staffing levels if they were employed by IVC or Vets Now (IVC's night service).

The BVU notes that safe staffing levels are particularly important to our members – the topic comes up repeatedly in different formats. Where staffing is stretched, our members are concerned for patient safety, staff health and safety, staff wellbeing, and protection of their professional registration. The latter because the way regulation of the Veterinary sector sits

currently, all onus for responsibility is on the individual registrant. Mistakes, poor practice, and bad decisions are all more common when workers (in any job) are rushed and tired. In Veterinary practice (and all healthcare roles) this becomes more significant because the mistakes that happen can be life or death outcomes, and in the case of the Veterinary sector, the employer responsible for these short staffing levels has no real accountability under the current system. If there were mechanisms by which the practice/ company/ employer could be held responsible – practice regulation, and an ombudsman, for example – there would be an incentive for the company to put in place safe staffing level policies.
As it stands, the professionals working under unsuitable staffing levels, face the consequences of those staffing levels on a personal basis, with the potential to be struck off by their regulatory body.
This also leads to Veterinary registrants frequently working unpaid overtime, taking on tasks outside their job role, and providing service cover outside their capacity, because the employer uses the threat of the regulatory body removing their registration to create a feeling of obligation in these areas.

Reform

Almost all of our respondents (93.7%) believed that the VSA 1966 needs to be updated, and even more (95.2%) believed that Veterinary practices should be regulated. When given options about what to regulate, we gave options similar/ adapted from the regulations used by the CQC in human healthcare.
In order of popularity:
83.5% - safety of the premises for patient, clients and staff
83.1% - penalties to practice ratings for failing to meet legal employment obligations (linked above heavily with the question about the affect of employment conditions on patient health and welfare)
82.7% - safe staffing levels
82.4% - appropriate staffing (ie, suitable qualified, competent and experienced staff)
76.5% - safeguarding from abuse for patients and clients
74.6% - standard of equipment (ie, that it is appropriate, clean and safe to use)
72.8% - duty of candour (ie, the practice must be open and transparents with clients about their pets care and treatment)
70.2% - appropriate complaints procedure
64% - provision of treatment options and appropriate consent obtained
62.1% - provision of safe care (ensuring no unnecessary harm is caused)

62.1% - effective governance systems
59.2% - safety of premises for patients and clients only

When asked about the role of the RCVS and future regulatory bodies, our respondents were keen for wide reaching reform.

93.7% of respondents wanted to see legislative reform to the Veterinary Surgeons Act 1966.

95.3% of respondents believe that Veterinary practices should be regulated.

When looking at the ways a regulatory body and councils should operate in the future, we allowed respondents to select all the options they would be happy with, and their responses were:
31.9% - one regulatory body and one regulatory council for all regulated roles
31.9%.- one regulatory body and three regulatory councils, one for vets, one for Nurses, and one for new registrants in other Veterinary roles
22.3% - one regulatory body and separate councils for any regulated profession
19.4% - one regulatory body and 2 councils: one for vets and Nurses, and one for additional new registrants in other roles
18.3% - two regulatory bodies, one for vets and Nurses, and a new separate body for additional new registrants in other roles

This is quite a mixed response, but from these results, the comments left in this section, and our previous working body on legislative reform, the BVU believes the best solution would be a single regulatory council, that ensures lay parity.
However, we would insist that those considered Veterinary professionals for the purposes of lay parity are restricted to Veterinary Surgeons and Veterinary Nurses only, even if other roles become regulated in the future.

We asked respondents what they wanted as outcomes from the CMA investigation. We gave some options, but also left a comment box, respondents could tick as many as they agreed with. From the options we provided, not all of which are BVU policy, respondents selected:

72.9% - minimum staffing levels for certain service provisions (eg. out of hours care)
68.5% - introduction of a Veterinary ombudsman where clients can complain about the company to an independent body if they are unhappy with the response of the company to

their complaint, rather than about the individual professional (whilst still having the option to complain about a specific professional to the regulatory body as well)
67% - corporate groups needing to display their company name as well as local practice name on all signs and marketing
61.5% - clear labelling of all products or services that are owned by the same company as the Veterinary practice selling or recommending them
60.4% - a new Veterinary Surgeons act
60.4% - regulatory reform of the VMD and cascade
58.2% - fixed maximum price for providing a written prescription
46.5% - introduction of pet licences
43.6% - government incentives for independent Veterinary practices
17.2% - introduction of an NHS for pets
14.3% - other: lots of comments around practice regulation, and clearer advertising of prices.

97.1% of respondents want the title “Veterinary Nurse” to be protected in law.

70.7% of vets responded that they did not feel the cascade was an effective system for prescribing medications to pet animals, with 90.9% responding that they believe vets should be able to prescribe generic versions of medications even where a branded licenced version is available.
Many of the comments left on this topic centred around the theme that the cascade doesn’t allow the vet to account for affordability when choosing a medication to prescribe, and that the cascade was really designed for food producing animals, making it inappropriate at times for small animal practice. Respondents also commented that they didn’t believe pet owners were aware of or understood the cascade system, and so didn’t understand why their vet was unable (or in their eyes unwilling) to provide the cheaper generic versions that are available, often over the counter at very low costs to the general public.

Appendix 2 – Differences in response by type of practice

When filtered by type of practice the respondent worked for (LVG, independent or charity), for the majority of questions, the responses were largely similar. However, for some questions there were key differences in response, and these are highlighted below.

Corporatisation of the sector

Asked whether they thought corporatisation of the sector had led to:
34.8% - improved pay
28.5% - improved employment conditions
16.3% - improved patient care
7.8% - improved access to Veterinary care
4.1% - improved choice for pet owners
2.6% - improved clinical autonomy
However, 46.7% answered 'none of the above'.

When this was filtered for workers in independent practices, 66.7% selected "none of the above".

When this was filtered for workers in charities, 80% selected "none of the above".

Cost of treatment

72.8% of respondents felt that Veterinary treatment costs in their workplace were too expensive to be fair and reasonable.
26.1% answered, yes treatment costs are fair and reasonable in their practice.
1.1% answered that treatment costs weren't fair or reasonable because they were too cheap – there was no trend on where these respondents worked.

93.8% of respondents believed that the current cost of Veterinary treatment in the UK is a barrier to pet owners seeking Veterinary care for their pets.

When this was filtered for workers in independent practices, 65.5% of respondents felt the treatment costs at their practice were fair and reasonable, and 89.7% of respondents felt that cost was a barrier to pet owners seeking treatment.

When this was filtered for workers in charity practice, 91% believed the treatment costs at their charity were fair and reasonable, but 100% of respondents believed cost was a barrier to pet owners seeking Veterinary care for their pets.

Staffing levels

The majority of respondents felt that staffing levels were too low for the caseload they saw (74.4% - split 38.1% as “significantly lower than needed” and 36.3% “somewhat lower than needed”). 19.4% found staffing levels to be just right, and 6.2% found staffing levels to be higher than needed for their caseload.

When filtered for workers in independent practices, 46.5% of workers felt staffing levels were just right or higher than needed, with 53.5% responding that staffing levels were lower or significantly lower than needed.
This indicates that staffing levels are poor across the industry, but somewhat better in independent practices.

When filtered for charity workers, 18% of workers felt staffing levels were just right, nobody responded that staffing levels were high, and 82% of respondents felt staffing levels were lower or significantly lower than needed. This indicates the worst staffing levels are seen in charity practice, which could be an indication of increasingly high caseloads where pet owners are seeking charity practice Veterinary care because they cannot afford to seek treatment at private Veterinary clinics.