

Competition and Markets Authority working paper on the regulatory framework for veterinary professionals and veterinary services

1. We welcome the CMA's clear acknowledgment in the working paper of the changes that the industry has undergone in the past 60 years, particularly so in the past 10-15 years, and the challenges caused by the absence of practice regulation, alongside a lack of a modern regulatory framework for regulation of individual professionals. We broadly support the emerging view of the CMA that the current regulatory framework does not contain the right combination of substantive requirements, monitoring, enforcement, or redress mechanisms.
2. We strongly agree that a well-functioning market for veterinary services for household pets should protect animal welfare and public health, alongside the rights of consumers, and that an effective system of regulation, set at the right level, is needed to support such a market.

Forms of regulation

Self-regulation

3. We note the CMA's observation that the regulatory framework for veterinary services is based on the self-regulation model, and that the suitability of that model in modern professional markets has been called into question. Self-regulation is a process where a profession oversees its own standards, conduct, and disciplinary measures to ensure accountability and maintain public trust. It does not necessarily require that its council members be registrants of the profession, nor does it require that they are democratically elected. Instead, Councils generally include appointed members with relevant expertise, focusing on upholding professional integrity and adapting regulatory practices to meet evolving needs and expectations. In our BVA policy position on RCVS Governance we suggest better clarity between RCVS regulator and governance functions is required and suggest options for a modernised structure for an RCVS with both regulatory and college functions.
4. The question of external scrutiny has been considered at length by our working group tasked with developing a BVA policy position on RCVS Governance. The working group recognised that while the Veterinary Surgeons Act (VSA) gives the Privy Council a role in some regulatory matters including appeal of disciplinary cases, in practical terms this does not represent external or independent oversight or audit. By way of comparison, in the human healthcare sector, The Professional Standards Authority for Health and Social Care (PSA), which is an independent organisation accountable to the UK Parliament, exists to oversee and audit the ten statutory bodies that regulate health professionals in the United Kingdom and social care in England. The PSA's remit is to protect the public by overseeing the regulation and registration of healthcare professionals. They do this by:
 - Reviewing the work of the regulators of health and care professionals.
 - Accrediting organisations that register practitioners in unregulated occupations.
 - Giving policy advice to Ministers and others and encouraging research to improve regulation.
5. The working group also considered that, with calls for reform of the VSA it is likely that attention will be drawn to the current absence of independent oversight of the veterinary professions. The trend away from autonomous self-regulation towards independent oversight should not be ignored, with the public perception being that self-regulation is insufficiently robust. However, we are also clear

that any proposed changes must be based around the principles of right-touch regulation, such that the level of regulation is proportionate to the level of risk.

6. BVA's policy position on RCVS Governance recommends that RCVS should commit to external scrutiny against similar standards to the PSA and publish the outcomes of that assessment in full.¹ In July 2023 BVA responded to the RCVS consultation 'Ensuring good governance'² and, following the decisions at the RCVS Council meeting in November 2024 we welcomed the proposed changes including RCVS's commitment to consider in more depth external scrutiny against similar standards to the PSA.³
7. We note the CMA's assertion that other professional services in the UK are regulated in ways that seek to balance public interest concerns, quality assurance, consumer protection and competition considerations, and the intention to consider whether there are lessons that may be learned from regulation in other sectors. Whilst appreciating that the veterinary sector can learn from others, the primary function of veterinary professionals, embedded in law, is to ensure the health and welfare of animals under their care. We would urge the CMA to give due consideration to the RCVS's aim of modernising its governance structure, as part of calls for reform of the VSA, to enhance transparency, lay representation, and effectiveness in regulating the veterinary professions and allied professionals, and its recommendations for a package of measures that will enhance transparency and accountability, ensuring RCVS remains a trusted and effective regulator.

Regulation of vets

Entry requirements to register as a vet

8. We support the CMA's recognition that the entry requirements to register as a vet pursue important public policy objectives - protecting animal welfare and public health by helping to ensure that those who provide veterinary care are competent to do so. We understand that the CMA has seen some evidence that the entry requirements, especially for foreign-qualified vets, may be set inappropriately, contributing to a shortage of vets in the UK.
9. The number of EU vets registering in the UK remains lower than pre-Brexit levels and there is still an urgent need for overseas vets while UK training capacity is being expanded. We warned the then Defra Secretary of State in March 2024 that the implementation of the £48,100 salary threshold will make it almost impossible to recruit veterinary surgeons from overseas unless they are either very experienced and warrant such a salary or under 26 years of age and can be paid the lower age threshold, and reiterated those concerns in our submission to the National Audit Office (NAO) study on Skilled Worker visas.⁴ The change is likely to have far-reaching implications across the UK veterinary profession, particularly impacting areas such as public health, veterinary education, and remote and rural livestock practice.⁵ As such we have called on the Home Office to reset the salary threshold for vets to the standard rate of £38,700 and would welcome any recommendation by the CMA that the Government should review this.
10. Veterinary professionals from veterinary schools that are not European Association of Establishments for Veterinary Education (EAEVE) or RCVS accredited enter the RCVS register by one of two means, direct entry via RCVS recognised qualifications or via the RCVS Statutory Membership Exam. It is unclear from the working paper whether the CMA also considers that educational standards of entry onto the register should be reviewed, with the aim of facilitating entry to vets who have qualified overseas, or if the admission process and costs associated should be re-

¹ <https://www.bva.co.uk/media/6250/bva-position-on-rcvs-governance-final-july-2024-002.pdf>

² <https://www.bva.co.uk/media/6006/response-to-rcvs-consultation-ensuring-good-governance.pdf> NOTE also BVNA response: <https://bvna.org.uk/blog/bvna-publishes-response-to-rcvs-good-governance-consultation/>

³ <https://www.bva.co.uk/news-and-blog/news-article/bva-responds-to-rcvs-governance-reform/>

⁴ <https://www.bva.co.uk/media/6018/bva-response-to-nao-skilled-worker-visa-final.pdf>

⁵ <https://committees.parliament.uk/work/8164/vet-shortages>

considered. We would strongly oppose moves towards a two-tier system whereby vets who qualified overseas were permitted to join the register with veterinary qualifications which fell below the standard delivered by the UK veterinary undergraduate programme, or other accredited schools, as this would risk animal welfare and public health, could damage consumer confidence, and could disincentivise prospective home-sourced veterinary students. We consider that RCVS should retain the power to determine the veterinary qualifications and language competency requirements for overseas vets. We welcome the recent efforts of RCVS to arrive at a set of practical and deliverable changes to the RCVS Statutory Membership Exam that alleviate some of the stress involved around timescales, opportunity and finance.

11. It worth noting that RCVS workforce modelling has suggested that within clinical practice, the number of small animal vets is projected to increase by 62%, to 27,920 by 2035.⁶ The number of full-time equivalent (FTE) vets is projected to increase by 42% between 2023 and 2035 (compared with the growth in headcount numbers of 52%), with the average FTE falling from 0.85 in 2023 to 0.79 in 2035.

RCVS Code and consumer interests

12. Vets are required by the RCVS Code to make animal health and welfare their first consideration. We note the recent updates to the Supporting Guidance relating to informed consent and the publication of an additional chapter which consolidates RCVS advice on the 'consumer-facing' aspects of regulation. We also note the CMA's suggestion that, despite the updates, the RCVS Code still does not give sufficient weight to those provisions which seek to protect consumers and does not reference the role that competitive markets play in advancing animal welfare.
13. We consider that more could be done to promote the RCVS Code, including changes and additions to it, and to ensure that all registrants are up to date and compliant. We would reiterate, however, that whilst consumer protection and animal welfare are closely linked, in the current legislation vets primary concern is safeguarding animal health and welfare. Consumer protection is delivered by the Vet-Client-Patient-Relationship (VCPR) in that clients trust veterinary professionals to help and guide them through choices that enable the best welfare outcome for the pets involved. Contextualised care and the VCPR are at the heart of this, and care needs to be taken not to damage this and in doing so compromise animal welfare.

Monitoring and enforcement of compliance with veterinary regulation

14. We note the CMA's assertion that there are insufficient and inappropriate mechanisms for the monitoring and enforcement of vets' compliance with the RCVS Code, and that this assertion could also reasonably apply to veterinary nurses. We recognise that enforcement is currently reactive and complaints-driven and consider that the current disciplinary process is cumbersome and backward looking, with the focus being on whether or not a vet should be punished for a mistake which happened in the past - possibly several years previously. The current system does not take into account whether a vet is currently impaired, whether they have taken remedial action since the event, nor does it address systemic issues in the workplace which may have contributed to behaviours. We support the principle of modernising the system, in line with the principle of right-touch regulation, to focus on remedial action in relation to the individual and the wider context within which they work.
15. We also agree that RCVS has access to a limited range of sanctions, in particular where conduct falls below the threshold of serious professional misconduct. In our response to the RCVS Legislation Working Party recommendations, we supported the proposal that the Disciplinary Committee should be given the power to impose conditions of practice as a less onerous sanction

⁶ <https://www.rcvs.org.uk/news-and-views/news/new-rcvs-workforce-model-highlights-need-for-more-vets-working/>

in suitable cases, whilst still adequately protecting animals and the public.⁷ We consider that RCVS would need access to a much wider range of sanctions if monitoring and enforcement of the RCVS Code was to be enhanced. There would also need to be careful consideration of the additional costs associated with enhanced monitoring and enforcement.

16. We support the CMA's observation that a disciplinary system based on proving and sanctioning serious professional misconduct differs significantly from that employed by some other regulators, where 'fitness to practise' frameworks are seen as the more modern and effective way to protect patients and maintain public confidence. We are currently engaging with Defra, RCVS, BVNA and other key stakeholders to develop the proposals for a modern and forward-looking fitness to practise regime as part of the wider package of measures which are intended to form the basis of new primary legislation.

Regulation of veterinary nurses

Interpretation of current legislation

17. We recognise the CMA's observation that uncertainty around what is permitted under current legislation may be leading to Registered Veterinary Nurses (RVNs) being under-utilised across the sector. There is a need for greater clarity around what can be delegated under Schedule 3 of the VSA, how this should be done, and who is responsible when inappropriate delegation occurs. This lack of clarity is having an impact on the confidence of both vets and RVNs to increase the use of Schedule 3, despite some initiatives from the RCVS⁸ and BVNA⁹. Although we consider that attempts to produce a definitive list of tasks appropriate for delegation to RVNs would not be future-proof, additional guidance relating to specific tasks which are mistakenly believed to be inappropriate for RVNs, and additional case studies to enhance existing RCVS guidance on Schedule 3 would be welcomed by the professions.
18. We strongly support the CMA's emerging view that RVNs could be more fully and effectively utilised within the framework of existing legislation and that greater clarity with respect to interpretation of the existing regulatory framework could help enable this.

Extending the range of tasks

19. We welcome the CMA's recognition that extending the range of tasks that RVNs are permitted to undertake, with appropriate additional training and supervision, could offer positive benefits for veterinary professionals, animal owners, and animal welfare. We have previously expressed broad support for increasing the role of RVNs in the induction and maintenance of anaesthesia and consider that there are opportunities to develop the role for RVNs in a range of other disciplines including, but not limited to: ultrasonography, nutrition, and rehabilitation/mobility. Crucially, post-registration pathways must be open to all RVNs, regardless of their route to initial qualification. Although it is beyond the remit of the CMA to mandate expansion of the RVN role, we welcome the discussion in the working paper and the recognition being given to the key role RVNs play in the veterinary team.

Protection of the veterinary nurse title

20. We support the CMA's emerging view that protecting the veterinary nurse title might enhance transparency and consumer confidence, improve consumers' ability to compare offerings between firms and therefore help stimulate competition between rivals.
21. We have long argued that the title 'veterinary nurse' should be protected to prevent its use by unqualified, unregulated individuals. The lack of protection for the title 'veterinary nurse' remains an

⁷ <https://www.bva.co.uk/media/4038/response-to-rcvs-legislative-reform-consultation-final-11-march-2021.pdf>

⁸ <https://www.rcvs.org.uk/document-library/superb-poster-a4-pdf/>

⁹ <http://bvna.org.uk/wp-content/uploads/2024/12/For-veterinary-professionals-Maximising-RVN-role-11.12.24.pdf>

issue, with some lay people in veterinary practice still describing themselves as nurses. A recent BVNA survey (2024) found that 52% of respondents knew an individual using the 'veterinary nurse' title inappropriately.¹⁰ There is a lack of understanding amongst animal owners that only veterinary nurses registered with the RCVS can call themselves Registered Veterinary Nurses, although most assume that an individual who is referred to as a 'veterinary nurse' would be properly qualified and regulated.¹¹ As such, alongside BVNA, we maintain that protection of the title 'veterinary nurse' is long overdue and welcome the CMA's recognition of the benefits which this protection could bring.

Regulation of veterinary practices

22. We welcome the CMA's clear recognition of the challenges caused by the absence of veterinary practice/business regulation. As we have previously stated, with no statutory regulation that is specific to veterinary practices, there is no means of recourse when there are failings in the system that do not sit with the individuals regulated by RCVS. We consider, along with RCVS, that it is reasonable for the public to expect that all veterinary practices are assessed to ensure that they meet at least the basic minimum requirements including appropriately addressing consumer concerns.
23. We agree that attempts to fill the regulatory gap through the RCVS Practice Standards Scheme (PSS) have not been as effective as they need to be. The PSS has done much to raise standards, and changes have been made in recent years to develop the scheme and make it more accessible for a wider range of practices, with assessments now a much more collaborative and positive process. The introduction of mandatory practice regulation should be phased in as an evolutionary process from the current PSS 'Core' standard in order to increase the achievability for all practices. It is essential that standards are equally achievable for small independent practices as well as those supported by large corporate groups, and there must be appropriate and accessible guidance available to practices to support compliance.
24. Practice regulation must not be a tick box exercise, costing money without supporting and improving animal health and welfare, public health, and the well-being of the veterinary team. There are parallels with Ofsted where a collaborative focus has shifted over time and a culture of fear has bedded in. It is essential this is not replicated for the veterinary sector and that the creation of poorly considered KPIs and the pursuit of targets relating to practice standards does not inadvertently detract from quality of care.
25. As mandatory practice regulation will of course require legislative change, and therefore does not represent an immediate solution to the multiple challenges identified, we do consider that some of the consumer issues identified in the working paper can be address through improved provision of adequate and timely information on issues such as pricing, services (including referral services), ownership of practices, where to purchase medicines and range of treatment options available.

Consumer redress and complaints

In-house complaints processes

26. We agree that if a consumer's complaint can be effectively addressed by their veterinary practice, this is likely to be the best outcome, both for clients and for the veterinary practice concerned if improvements are implemented in response to the substance of a complaint. However, we recognise that complaints handling processes are not standardised at the practice level, and in some practices may be inadequate or even absent entirely.
27. A formal, agreed and consistent complaints process for the veterinary sector, that is both pragmatic and proportionate, should be introduced as part of Supporting Guidance to the RCVS Code and then

¹⁰ <https://bvna.org.uk/blog/bvna-releases-preliminary-results-from-its-inaugural-survey-of-the-vn-profession/>

¹¹ <https://bvna.org.uk/wp-content/uploads/2023/05/PTT-Report-Final-19.05.23.pdf>

made part of requirements of mandatory practice regulation, ensuring that all practices operate complaints procedures of a certain standard. We recognise that other regulated professions have similar requirements, and we can see the benefits to clients, veterinary professionals and businesses. We would welcome an opportunity contribute to the development of advice and guidance on a proportionate approach to complaints handling where a 'no blame' culture is embedded, accompanied by signposting to parallel support for veterinary teams.

Third-party redress schemes

28. We have previously suggested that the Veterinary Client Mediation Service (VCMS) has an important part to play in redress as a voluntary, independent, and free mediation service. We have also cautioned against the creation of another process for consumers to obtain redress on the basis that an additional layer would have little benefit and lead to increased costs of regulation, which may ultimately be passed on to consumers. We support the VCMS view that wherever possible local and first-tier complaint resolution is optimal for clients and veterinary practices. Any development of the current framework should be careful to avoid the unintended consequences of the loss of person-centred complaints resolution. We agree that the VCMS has played a significant role in reducing the consumer complaint burden on the RCVS, and consider that there is scope for better promotion of VCMS both within the professions and to clients. This promotion could also be linked with pet bereavement services, given the proportion of complaints which are grief-driven.
29. We are concerned that the CMA working paper does not acknowledge the role the Veterinary Defence Society (VDS) plays in supporting practices to achieve resolution of client complaints whilst preserving relationships between veterinary professionals and their clients. This includes providing advice prior to escalation to complaint level and settling claims promptly in the event of a client incurring a financial loss as a result of professional negligence.
30. There are a number of providers offering a variety of courses and workshops aimed at training veterinary professionals in a range of areas including improving their communication skills with their clients to foster better relationships, and how to deal with complaints in an equitable manner. Of these VDS is particularly prominent and also shares data about the causes of complaints and claims with members in order to encourage and support continuous improvement. The VDS has also developed VetSafe, a comprehensive online tool which is available to the majority of the practising profession and is designed to drive proactive continuous improvement and clinical risk management through the collection, interpretation and sharing of data insights, which the entire veterinary team can learn from. Other mechanisms for adverse event reporting are widely adopted including via the Veterinary Medicines Directorate (VMD), and through various in-practice systems.

Regulation of the supply of veterinary medicines

The Cascade

31. We note that the CMA's qualitative research reported a number of vets who identified the Cascade restriction as problematic, in particular the inability to use cheaper human generic medicines where the cost difference might be significant. We recognise that there may be cost benefits to consumers in allowing the use of human generic alternatives, and that in some cases animals might currently go untreated due to the high cost of authorised products. However, we also consider that each situation must be dealt with on a case-by-case basis, and that this is allowed for within the existing Cascade – essentially a risk-based decision tree which vets use as a framework taking into account the individual circumstances of each patient. Dismantling the Cascade and allowing human generic drugs to be prescribed to animals brings risks to both animal welfare and antimicrobial resistance (AMR). There is a role for RCVS and VMD in providing improved clarity around the application of the Cascade to support vets in decision-making.
32. As we have previously outlined, veterinary medicines sometimes cost considerably more than chemically identical human equivalents because they are subject to a separate licensing procedure

specific to animals only. Human equivalents are not necessarily chemically identical to veterinary medicines, and in some cases, a different formulation may be needed due to different bioavailability. There can be considerable difficulties and risks in comparing absorption, distribution, metabolism and excretion (ADME) of veterinary licensed and generic medicines, and the requirement to abide by the Cascade and use veterinary licensed products where they exist, is in no small part because the ADME particulars have been tested fully. As the VMD has pointed out, potential risks to the target species increase with each step down the Cascade, and this is why affordability alone cannot and should not be a justification for moving down the steps of the Cascade.

33. We welcome the recognition in the working paper that the CMA may not be best placed to draw conclusions on the most effective weighting of competition (including consumer cost and choice) factors against the wider public policy issues involved, including animal welfare. We agree that the VMD, with other stakeholders, should take the lead on any review of the Cascade. At present, pharmaceutical companies are only required to prove the efficacy of their product in one species for one clinical condition for it to fall under the Cascade, and there is no requirement to compare the efficacy against a pre-existing generic product. The VMD could consider changing the marketing authorisation process to require an impact assessment including both cost and animal health and welfare implications. Perhaps more importantly, the R&D process should also have ethical considerations built in (ie the impact on pet owners of a generic being replaced by a POM-V) as it is arguably too late at the point of applying for a marketing authorisation.
34. Although the challenges associated with the regulatory framework for veterinary medicines cannot be resolved at a practice level, we do recognise the difficulties faced by consumers who, understandably, lack awareness as to why licensed veterinary products may be more expensive than human products with the same active ingredient. Within the setting of contextualised care vets will already be discussing a range of treatments, including their likely effectiveness and cost, and we consider that VMD and RCVS, with the support of the veterinary associations, have a role to play in supporting veterinary professionals to communicate this information to their clients. The development of simple explanatory material for waiting rooms and practice websites could represent a more immediate solution to address the information asymmetry on this particular issue.

‘Under care’ requirement for prescribing parasiticides

35. We recognise the concerns caused by the changes to RCVS ‘under care’ guidance that require vets to physically re-examine pets when prescribing parasiticides. Whilst we consider that responsible use of parasiticides is essential for reducing the growing risk of AMR caused by misuse and overuse, and for protecting against environmental contamination, we also understand that the introduction of a requirement for a repeat examination when prescribing parasiticides has had some negative impacts on vets and owners as the new prescribing systems bed in.
36. Veterinary professionals should always take a risk-based approach to prescribing medicines, including parasiticides. They should avoid blanket treatment, and instead risk assess use of parasiticides for individual animals, taking into account animal, human and environmental health risks, in addition to lifestyle factors. Although the requirement for a repeat examination has stimulated some discussion around responsible use - which can only be a positive outcome – the potential for inconvenience and possible additional cost to clients may have outweighed the benefits and created an additional burden in practice.¹² We would support a review of the requirement, led by RCVS.

Provision of veterinary care

Telemedicine and remote prescribing

37. We agree that telemedicine (or rather, remote provision of veterinary services) provides an additional avenue for consumers to access veterinary services and may therefore widen access to professional

¹² <https://www.bva.co.uk/media/5533/bva-under-care-rules-leaflet-for-clients.pdf>

care and broaden choices available to pet owners. We also agree that there is scope for the benefits of telemedicine to be further realised to help improve consumer choice, reduce the resource burden on vets and promote animal welfare in a greater number of settings.

- 38.** The remote provision of veterinary services can be a valuable adjunct to the existing models of veterinary practice. Under an established VCPR, remotely provided services can add value to the client/patient care package, supporting animal health and welfare, public health, and good biosecurity. Where remote provision is done well and forms a credible part of a veterinary business, it may also ensure more effective and efficient use of veterinary time, benefitting both vets and their clients.¹³
- 39.** In the absence of a VCPR, the animal, its clinical history and the animal owner are unknown. There is no access to previous clinical notes and levels of trust have not been established. The lack of previous 'hands on' clinical examination of patients that cannot speak up for themselves and owners who are not always fully aware of the pet's clinical condition can make remote prescribing without a VCPR both difficult and potentially dangerous for animal welfare. After remote prescribing through necessity during the Covid-19 pandemic, it is now clear that both vets and clients generally prefer face-to-face consultations, as is illustrated in the CMA's own qualitative research. Remote veterinary service provision, whether by a stand-alone dedicated provider or as part of an existing veterinary practice's services, should be limited to offering generic information and advice only and making an onward referral to physical veterinary services.
- 40.** Responsible prescribing of all veterinary medicines must always be ensured, including when clinical assessment is by remote means. Responsible prescribing is necessary for both animal health and welfare and human health. An established VCPR supports responsible prescribing and represents the only appropriate opportunity for remote prescribing of POM-Vs and POM-VPs. Remote prescribing should only be available when a VCPR has been established and, in the professional judgement of the vet, the trust levels are sufficient that remote prescribing represents an enhanced service, which is necessary for animal health and welfare and promotes responsible prescribing and use of medicines.
- 41.** We strongly welcome the suggestion in the CMA working paper that RCVS, as part of their review of the implementation of the Under Care guidance, could consider defining the concept of the VCPR in a way that might provide a clearer framework for developing telemedicine.

Limited Service Providers and 24/7

- 42.** We note the suggestion in the working paper that, in respect of Limited Service Providers (LSPs) the current regulatory framework could be seen as over-protective of traditional business models at the expense of market opening measures which could foster new entry and innovation. Although the 24/7 requirement on LSPs was recently relaxed such that they are only required to provide coverage within the context of the service(s) rendered we note the emerging view of the CMA that there could be benefit in RCVS reviewing the requirement, potentially with a view to removing it for some LSPs.
- 43.** We have long supported the RCVS requirement and guidance on emergency first aid and pain relief, which is clear, appropriate, and reflects the ethical responsibility of individual vets, and consider the willingness of vets to provide 24/7 emergency care as one of the main reasons that the public places such trust in the professions.
- 44.** We consider that LSPs, who offer specific healthcare services, however limited, have a duty of care to the client and patient, effectively entering a VCPR within the context of the specific provision. There is a professional responsibility, and a reasonable expectation from clients, that in the context

¹³ <https://www.bva.co.uk/media/3966/bva-policy-position-on-under-care-and-the-remote-provision-of-veterinary-services-january-2021.pdf>

of an established VCPR there will be some degree of veterinary care available overnight and on other out-of-hours occasions. Limited-service providers, and those offering peripatetic veterinary services, should not be considered exempt from this responsibility, which would place additional burden on neighbouring practices, risk animal welfare and damage client trust. As with other veterinary businesses, there is no obligation to provide that care themselves, and the provision can reasonably be outsourced.

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