



Response to the 2024 CMA Report on the Veterinary Services for Household Pets

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RAMP Response to the 2024 CMA Report Veterinary Services for Household Pets

Introduction

The Register of Animal Musculoskeletal Practitioners (RAMP) acts as a voluntary industry regulatory body for the professions of Chiropractic, Osteopathy and Physiotherapy in animal care within the UK. We have already submitted a paper '**Challenges of Veterinary Referral System for MSK Care: RAMP 22.2.23**' to the CMA during the CFI phase alongside insights on how RAMP feel a new regulatory system would benefit animals and the public, with evidence by way of surveys conducted within the animal musculoskeletal (MSK) industry.

RAMP also participated in a zoom meeting with members of the CMA team on 31st October 2023.

RAMP was established in response to the findings in the 'Review of Minor Procedure Regime 2015' report that MSK services were completely unregulated. With DEFRA encouragement and contributions from the three statutory regulatory bodies in human care (Health and Care Professions Council, the General Chiropractic Council and General Osteopathic Council) the founding council set about creating a competent free to access register of suitably insured practitioners who reached equivalent levels of educational and professional standards to that in the human healthcare sector.

In addition to holding a register of practitioners who reach RAMP entry criteria and maintain their registration through an annual renewal process, RAMP provide a complaints function and an impartial investigatory policy which is independent of any of the professional associations registrants may belong to.

RAMP feel it delivers industry regulation (albeit voluntary) and this is supported by the following statement from DEFRA in August 2023:

'Defra see's RAMP as a voluntary industry regulator as there is currently no statutory regulator for activities undertaken by animal musculoskeletal practitioners either in the Veterinary Surgeons Act 1966 and the Veterinary Surgeons Exemption Order 2015, but it does have provisions in place that mean members are accountable to RAMP in case of malpractice, even if you have no legal powers of enforcement.'

RAMP is also concerned with supporting an infrastructure of quality pre-registration education to the three professions, working with insurance providers, liaising with professional association both within the MSK sector and others.

Our focus is to protect the public by providing clear signposting to highly trained, accredited, and regulated MSK professionals and also to promote animal welfare advocating the appropriate use of MSK care. We encourage all practitioners to aspire to RAMP standards

and develop practice through research and true multidisciplinary team working around the animal and owner as currently happens in the human healthcare model.

As a voluntary regulatory body of MSK professionals there are areas of this investigation that are outwith RAMPs professional scope of knowledge therefore our responses are limited to comments we can evidence, are of concern and we believe relevant to the information required for this investigation.

Responses to Concerns Identified in the CMA Report

(a) Consumers may not be given enough information to enable them to choose the best veterinary practice or the right treatment for their needs.

1. RAMP's opinion of the CMA's analysis

We agree that the identified features are present which may, either alone or in combination, prevent, restrict, or distort competition. We recognise both the demand-side and the supply-side features listed.

Many of the identified features are outwith RAMP remit however we would add that some of the more-informed pet owners see chiropractic, osteopathy, and physiotherapy as valid first opinion approaches to what they are sure is a musculoskeletal problem in their animal. This may be because this is the model for self-care in human health, as they are persuaded of the effectiveness by using these methods for their own treatment. Also, they may defer or avoid veterinary intervention because of the anticipated cost but are reassured that a properly regulated MSK practitioner will refer them back to a vet if it is required.

Animal healthcare is delivered in a less diverse way comparatively to human healthcare, which is vet focused and which may fence in a captive market. We have no evidence of any increase in numbers of individual vets in practice holding negative opinions about MSK services, if anything, our work over the years through vets' professional associations and vets' national conferences has warmed vets' opinions. There are other factors involved, including: the lack of training vets receive in how to make best use of MSK treatments and their understandable lack of knowledge of the competency and professional standards held by professions other than their own.

As allied professionals rather than vets or nurses, we would believe that the CMA's term "the right treatment for [patients'] needs" covers an area larger than medical (i.e. veterinary) diagnosis. To unpack this area:

- From the MSK viewpoint, animals may receive no definite diagnosis and yet respond very positively to MSK treatment following a functional clinical assessment. We consider this to be a tricky area where consensus has yet to be achieved on best practice and would benefit from further in-depth discussions with the RCVS.
- In the human healthcare model, the GP will generally initially refer an MSK case on to a physiotherapist for full assessment and only if it is outwith that MSK professional's scope of practice would it be referred on for further investigation. Where the human patient attends a statutorily regulated MSK practitioner first, that professional will assess and treat if appropriate or refer on to the relevant medical professional when required. RAMP suggests this model should be used in the veterinary industry. Currently in veterinary care, the reverse model applies, such that when the pet

owner takes the animal to the vet, the vet is likely to conduct a significant costly diagnostic investigation (X-ray, CT, MRI and medications) and are less likely than their GP counterparts to initially refer to a MSK professional for initial assessment.

- If an owner approaches a non-regulated less skilled MSK professional, who may be unable or unwilling to recognise what is outside their scope of practice, they may not be referred on appropriately and this incurs an animal welfare issue.

2. RAMP's opinion of the CMA's proposal to make a Market Reference

We acknowledge the CMA's point at 5.10 that the veterinary sector is under pressure and feel that the investigation should result in supporting individual vets to increase their knowledge and expand the choice they offer the consumer to include a wider range of healthcare options. Working alongside other professionals would ease the burden to deliver care to every animal in isolation.

3. RAMP's opinion of the scope of the Reference

We would refer to the CMA's point at 3.7 "We do not propose to include the provision of pet insurance in the scope of the market investigation reference." The pet cover insurance market is a major commercial consideration for veterinary service providers. Where vets use expensive sophisticated modalities for diagnosis and treatment, funding limitations imposed by insurers may be reached sooner than if simpler methods are used initially, with the result that lack of funding can then limit viable options for treatment.

With regard to the CMA's point 3.39, RAMP would be wary of any 'Undertakings In Lieu of a Reference' because the highly integrated, centrally managed corporate entities wield such marketplace influence that they could quickly agree a minimum standard of change.

4. RAMP's opinion of the types of remedies the CMA is considering

One remedy not mentioned in the CMA's report concerns the introduction of other regulated and clinically autonomous professions into the market. The veterinary services industry may be suffering in part due to a lack of diversity at the national professional level. Highly qualified and regulated MSK professionals could ease vets' pressures by offering first opinion work on MSK cases mirroring the services provided by regulated MSK practitioners who are primary carers in human-focussed practice.

There seems to be no alternative voice to initiate debate around the wide-ranging decisions currently made entirely within the veterinary profession. However, where other professions have education and professional standards similar to vets but in different skillsets, a true evidenced multidisciplinary team working may properly equip the consumer with the information needed to empower them in making informed decisions around the care pathway for their animal.

5. RAMP's opinion of the need for further assessment

RAMP supports the CMA in taking this further, we would hope it results in the public becoming better informed regarding choices in care plans for their animals.

(b) Concentrated local markets, in part driven by sector consolidation, may be leading to weak competition in some areas.

1. RAMP's opinion of the CMA's analysis

RAMP have concerns this may be true and choice of where and who can provide MSK care may be restricted.

2. RAMP's opinion of the CMA's proposal to make a Market Reference

RAMP recommends that the CMA investigate further.

3. RAMP's opinion of the scope of the Reference

Currently many MSK practitioners are sole traders or owners of small businesses working remotely from veterinary hospitals or practice-based locations. Under the current legislation these practitioners must work with veterinary referral to stay within the requirements of the Veterinary Surgeons Act 1966 and the Veterinary Surgeons (Exemption) Order 2015.

There is a requirement from insurance companies for vets to refer animals to MSK practitioners for any MSK treatment to be covered under policies.

When veterinary corporate entities own a substantial proportion of the veterinary practices in a specific geographical area and can impose a financially motivated policy to only refer 'in house' (MSK services delivered by the practice using PAYE staffing), other, often better qualified and more highly skilled independent MSK practitioners are substantially disadvantaged by the monopolistic control of access to available services, often to the point that their business is not viable. This will limit both the range and quality of service available to owners.

RAMP is already aware of registrants who have found this has happened to them even when they have had long term and trusted relationships with a practice previously owned by individual veterinary surgeons.

Finally, if ethical qualified MSK practitioners cannot gain referrals, a significant proportion of MSK business will inevitably move to less scrupulous, often less capable MSK practitioners resulting in decreased standards of accessible MSK care. This becomes a self-reinforcing loop, driving towards a model of expensive vet-based care competing solely with low quality unregulated independent MSK providers and excluding capable accredited independent, regulated MSK professionals. Yet this is the situation which the veterinary industry asserts that they wish to avoid.

4. RAMP's opinion of the types of remedies the CMA is considering

RAMP would ask that the CMA include MSK services for animals in its term "related services." MSK services are variously described within the veterinary industry as allied professionals (which is our preferred term), but MSK practitioners are also described as paraprofessionals and even non-qualified persons. We would ask that "related services" be defined wider than solely 'related veterinary_medical services'.

An updating of the Veterinary Surgeons Act to allow clinical autonomy for qualified and statutory regulated MSK practitioners would allow established independent practitioners to remain in business, allowing consumers to choose their preferred MSK care provider.

5. RAMP's opinion of the need for further assessment

RAMP have had increasing communication from many registrants who are concerned about losing their business due to their inability to secure a veterinary referral, particularly (but not

solely) from veterinary corporate owned practices.

We hope that further assessment will create opportunities to enable RAMP to further develop the best position for MSK services to support vets to provide the best assessment and treatment for animals.

(c) Large integrated groups may have incentives to act in ways which reduce choice and weaken competition.

1. RAMP's opinion of the CMA's analysis.

It appears to us that very few vets signpost MSK treatments as an alternative to their routine preferred option for problems vets are more likely to classify as “orthopaedic.” While this may be in part due to their lack of understanding in how to make use of MSK services, it seems likely that it is also a result of the current veterinary mindset which both historically and currently prioritises a technical route, reinforced through veterinary training and habit, over the model now very successfully used by their medical counterparts.

2. RAMP's opinion of the CMA's proposal to make a Market Reference

It is inevitable that veterinary corporate groups will wish to generate a return for investing heavily in expensive equipment and techniques. They may also conflate these technical approaches with the provision of “improved quality of services,” justifying increased cost to the consumer by this means. It is also an effective means for them to removing access to competing businesses from the consumer. Such businesses that can provide low-technology, low profit, yet highly effective methods, such as practitioners in the accredited MSK sector. Few of the corporate veterinary businesses champion MSK methods by employing MSK practitioners working to RAMP or RAMP equivalent standards. Certainly, none have approached RAMP to explore such a development or asked us what their in-house MSK standards should be, despite our efforts and attendance at veterinary gatherings and conferences.

3. RAMP's opinion of the scope of the Reference

We acknowledge that this is a difficult area to investigate. Veterinary practices are entitled to enact procedures without written policy.

RAMP has concerns that in-house MSK care will be provided but not delivered by suitably skilled practitioners that are eligible for RAMP registration. We consider this to be the industry standard required. As a veterinary referral is all that is required to legally provide MSK care to animals, then any standard of care can be delivered by veterinary practices and charged for as MSK service provision.

If this situation continues then many highly skilled practitioners will leave their professions both leaving the customer to pay for less competent care and also over time restricting their choice for care providers.

The loss of highly skilled, highly qualified practitioners from animal MSK provision will likely also reduce investment into research and development of best clinical care for animals.

Finally, policies that underutilise MSK care by qualified and regulated professionals put unnecessary stress on already overworked veterinary professionals. As the whole can be greater than the sum of the parts, working within a competent multidisciplinary team makes optimal use of the combination of skillsets and delivers a better service to the animal and

owner.

4. RAMP's opinion of the types of remedies the CMA is considering

It seems that vets in practice have too little time and incentive to properly inform owners of the available treatment options to facilitate informed decision making. There also seems to be very little emphasis during vets' initial training about allied professions and their inclusion in the contextualised care plan.

One option for change would be to recommend that vets are actively encouraged to enact policies that include regulated MSK practitioners as part of the multi-disciplinary team. If they are to offer a 'in house' MSK care and rehabilitation service, that service should be required to be delivered by a qualified MSK professional, eligible for industry regulation.

As change to the current legislation is essential, we believe that veterinary referral should not be a prerequisite for a qualified and regulated MSK professional to attend to patients. In that way 'in-house' services would have competent healthy competition.

To advance owner education, we support the proposal for leaflets to include explanations of where MSK services can help animals and how to source such services. RAMP would be willing to help produce such material.

5. RAMP's opinion of the need for further assessment

RAMP would support further scrutiny of those policies that use the current legislation to keep MSK service provision within veterinary practices. As these reduce owners' options when choosing an MSK service provider and may significantly affect the quality of service delivered.

(d) Pet owners might be overpaying for medicines or prescriptions.

1. RAMP's opinion of the CMA's analysis

RAMP registrants do not use medicines or make prescriptions. Their professional orientation is towards more physical interventions from the outside of the animal; solely non-invasive methods are employed, and RAMP's Gold Standard requires registrants to observe this policy.

2. RAMP's opinion of the CMA's proposal to make a Market Reference

We do not feel in a position to comment here.

3. RAMP's opinion of the scope of the Reference

Whilst RAMP do not take a view on the cost of veterinary prescriptions for drugs and medicines, the administration of the process of referral by veterinarians is normally charged to the client. We are therefore concerned that veterinary practices, by charging for a referral to a regulated independent MSK professional outwith their practice may use their authority under the current legislation to financially lever the provision of care to 'in house' services reducing competition and consumer choice in the market.

RAMP has evidence of independent MSK practitioners being forced to subsidise the referral fee for owners just to retain their business.

4. RAMP's opinion of the types of remedies the CMA is considering

RAMP would seek a remedy in a change of legislation to allow qualified and RAMP regulated

practitioners to work alongside vets without the need for a veterinary referral or prescription.

In the meantime, any fees charged for any referral should be clearly advertised in practice marketing and discussed with local service providers.

5. RAMP's opinion of the need for further assessment

We support the CMA in taking this further for the general good of animal welfare and in support of consumer choice and transparency of charges for animal owners.

(e) The regulatory framework is outdated and may no longer be fit for purpose.

1. RAMP's opinion of the CMA's analysis

RAMP has been concerned about the current regulatory framework since inception. Changing this legislation has been an aim of professionals who have previous experience of the benefits of being statutorily regulated in the human MSK sector over several decades. The current need for all MSK practitioners to obtain a veterinary referral to provide MSK care for animals, without due regard to the high levels of qualification of many practitioners and the presence of appropriate voluntary regulation is outdated and not reflective of actual practice. In addition, it serves to drive monopoly provision from vets of all forms of MSK care by the restrictions of easy access for consumers wishing to use regulated independent MSK services, depriving patients of the benefits.

See blog: Good Intentions, Unintended Consequences: The development of regulation for animal neuromusculoskeletal practitioners. [Development of Regulation for NMSKsfinal.pdf](#)

2. RAMP's opinion of the CMA's proposal to make a Market Reference

We know that the RCVS has been working to develop a proposal to update the law for veterinary services for some years. We would support any recommendations that the CMA could make to Government that would help raise the profile of this issue and hasten this work. We know that DEFRA has been in discussion with the RCVS over this for some time, but as animal-focused legislation seems under prioritised when competing with human-focussed proposals, DEFRA appears pessimistic in taking a bill through Parliament any time soon. However, the CMA's owner/customer-focussed investigation does raise the importance of this area.

3. RAMP's opinion of the scope of the Reference

The use of MSK methods is effectively legislated over by a single clause in the Veterinary Surgery (Exemptions) Order 2015. Latterly, the RCVS has finally agreed that the need for veterinary surgeon's consent for RAMP registrants to provide care for healthy animals is not required.

With the RCVS, RAMP has defined three categories of care:

- **Maintenance Care:** Currently Veterinary consent is **not required** for MSK treatment requested by owners directly to the MSK professional e.g. a healthy elderly animal in need of maintenance care to keep it comfortable during the natural ageing process.
- **Competition Care:** Currently Veterinary consent is **not required** for MSK treatment

requested by owners directly to the MSK professional e.g. a healthy athlete who is supported during competition season to achieve optimum performance.

- **Known Health Problem:** Currently Veterinary consent **is required** for MSK treatment requested by owners directly to the MSK professional where injury or illness is evident and undergoing medical and post-surgical rehabilitation.

However, the designations 'healthy' and 'unhealthy' are open to interpretation by owners. Owners' judgement is dependent on factors which include owners' level of knowledge. RAMP Gold Standard of Professional Conduct mitigates any adverse risk to the animal by requiring that any animal taken to a registrant be assessed and immediately referred to the vet if the issue is outside the MSK scope of practice.

Also, as there is currently no protection of title for MSK practitioners, the lack of knowledge amongst animal owners opens the door to any person with little or no training who simply call themselves 'physiotherapists'. This creates the counterproductive situation that from the perspective of animal owners, those qualified professionals are held accountable to a regulatory body who pay for registration are penalised for working within those standards. They are not readily discernible from practitioners that are less skilled, who chose to work without any regulatory structure and who are permitted to thrive without consequence.

Current legislation allows this situation to escalate each year as increasing numbers of poorly credentialed and less skilled practitioners enter the market. This situation is an opportunity too, for unregulated practitioners to charge (and often over-charge) owners and insurance companies for potentially poor, ineffective, or even dangerous physical treatments. We have emails from registrants who have experienced loss of business to such practitioners.

The animal MSK sector had no regulation until the inception of RAMP and our initial grandfathering intake process in 2017. Registration currently remains a voluntary commitment by registrants, and there is no statutory authority over those who choose to remain outside registration. For this reason, along with the associated cost, not all eligible practitioners have registered. Hence RAMP represents a large proportion of the highly qualified MSK sector but not all of it. Introducing statutory regulation for veterinary MSK professionals would clarify the numbers in the profession and provide incentive for those who are eligible to embrace regulation and further the incentives for all MSK practitioners to improve their skill levels to reach the appropriate threshold of skills and qualification required to meet entry criteria.

RAMP is also concerned that the commercial push to integrate favoured aspects of veterinary services increases the 'lock-out' of any other care options at case level. At national level the priority given to the veterinary medical model tends to marginalise alternative holistic assessment and treatment models despite them having been validated and integrated into human healthcare for many decades. Statutory regulation would confirm the authenticity of MSK approaches that may provide faster, cheaper, and less-invasive methods to resolution of MSK health problems in animals, which we believe would provide a valuable addition to a contextualised care plan giving vets an alternative option that owners may prefer.

4. RAMP's opinion of the types of remedies the CMA is considering

As the law now permits non-vets to own veterinary practices, regulatory frameworks will have to include the owners of practices as well as those vets within corporate practices. RAMP believe it is essential for these clinicians to be free from pressure and financial inducements from their employers, to properly utilise their clinical skills and voice to advocate for the animal in their care.

RAMP believes that a significant majority of vets are insufficiently equipped to directly supervise MSK treatments. This also makes it difficult for them to refer, advise or integrate MSK methods into their treatment planning. With clinical autonomy, regulated MSK professionals would be in the best position to provide tangible support to hard-pressed vets within the MSK area.

We are concerned to avoid any misunderstanding of this proposal: it is **not** advocating the opening of floodgates to any intervention by potentially poorly or untrained providers, nor is it a land-grab for work that properly should remain within the professional domain of veterinary surgeons.

See blog: Professional Autonomy does not mean Absolute Freedom! Understanding the current debate around autonomous practitioner status of the Neuro-musculoskeletal Professions in Animal Care. [Autonomous status for NMSKs blog FINAL.pdf](#)

It is a change that proposes to replace the current legislative requirements with professional responsibility of degree level, regulated MSK professionals.

We would make two suggestions. Firstly, where the CMA has said: “we will consider whether there is more that can be done in parallel to improve outcomes for consumers in the short term, even before the conclusion of any investigation (where doing so would be consistent with that investigation). For example:”

“(a) We intend to publish some advice for consumers to help them acquire the information they need to purchase the vet services that are right for them.”

RAMP would request that the CMA include the options of MSK assessments & treatments where appropriate, and which should be only be provided by regulated veterinary MSK practitioners via the RAMP Register on the website www.rampregister.org.

And secondly, where the CMA has said:

“(b) As part of any market investigation, we would expect to explore whether we would recommend any changes to the current regulatory environment. If we were able to reach conclusions on this before the end of the investigation, then we could publish these recommendations once we had developed them.”

RAMP would request the CMA recommend the inclusion of a regulated MSK sector in any revision of the veterinary legislation. Further to specify RAMP by name as the only voluntary regulator with the exposure, experience, and expertise necessary to properly oversee the sector, to reassure and encourage those remaining eligible professionals to volunteer for regulation.

The current RAMP Council are willing and able to use their activity and accumulated knowledge to integrate RAMP registrants into a whole new Veterinary Services regulatory model as quickly, cheaply, and smoothly as possible.

RAMP is particularly concerned that all the educational and professional standards we have

developed are maintained. These standards are similar to those held by professionals in human care and are demonstrably acceptable to MSK professionals, vets, and the public. We have been told by the RCVS and leaders of vets' professional associations that they do not support lowering of these standards.

Any recommendation the CMA could make to support autonomous practitioner status of appropriately qualified and regulated MSK practitioners to maintain a healthy competitive market would be welcomed to facilitate the changes in any discussion on creating the new Veterinary Services Act that is under current discussion.

Importantly, we believe that this regulation cannot be achieved through the Accredited Register route since most RAMP registrants are not already regulated elsewhere.

5. RAMP's opinion of the need for further assessment

We would support the CMA progressing their examination of the current legislation to encourage Government to update regulation of the industry following the extensive commercial, technical, and clinical progress that has occurred since the Veterinary Surgeons Act 1966, nearly 60 years ago.

One possible area of consideration is the potential to create an Ombudsman Service for the veterinary industry. In the light of the widespread ownership of pets in the UK, increasing complexity of veterinary practice ownership, the market power differential that exists between service consumers and large corporations, the relatively recent registration/regulation of vet nurses through the RCVS, the challenges presented by appropriate regulation of veterinary MSK practitioners and the recent complaints about the increasing cost of veterinary services, we feel that now would be an appropriate time for Parliament to consider whether an Ombudsman would offer appropriate levels of protection for pet owners? (See <https://www.ombudsman.org.uk/about-us/our-principles/ombudsmans-introduction-principles> for background on what Ombudsmen do.)

A review of practice shows that a move to clinical autonomy for regulated MSK practitioners will result in minimal changes in procedure in practice because RAMP's Gold Standard already requires appropriate action (see Appendix 1 "**Where Clinical Autonomy Would Change Procedure**"). Transition will therefore not be disruptive.

However, clinical autonomy does require legislative changes and a proactive, knowledgeable, and competent regulator. RAMP can demonstrably provide this, being the only organisation having done so in practice for this sector. Oversight systems, fee-paying mandates and legal powers will also be required. Proposals for updating regulatory laws for the veterinary industry arising from the CMA's investigations create an opportunity for this necessary change.

Summary of RAMP concerns:

- Any new structure should encourage and facilitate the inclusion of MSK care into future contextualised healthcare plans for animals. Delivering an alternative evidence based, relatively low-tech, low-cost option for owners, appropriately provided solely by suitably qualified and regulated MSK professionals.

- The current legislation and need for a veterinary referral should not allow vets to restrict access to suitable qualified and regulated MSK professionals that work independently outside any specific veterinary practice. If the status quo continues, many highly skilled practitioners will leave the industry further restricting owners to the use of 'in house' services from vets.
- 'In house' MSK services provided by veterinary practices should be delivered by MSK practitioners evidencing an appropriate minimum threshold of pre-registration education and professional standards that permit these practitioners to join an industry regulatory body with appropriate high standards, properly expected by consumers and equivalent to those required to register with RAMP.
- Current legislation significantly restricts the optimal utilisation of MSK services and drives business to those who do not see a need to comply with appropriate levels of care, current legislation, or any regulatory structure. This is a risk to animal welfare as those practitioners are significantly less likely to collaborate with the vet or wider multidisciplinary team.
- Changing the legislation to allow qualified and RAMP level regulated MSK practitioners to work with clinical autonomy as first opinion providers within their scope of practice would substantially improve standards of care and in very many cases reduce the overall cost to the consumer by facilitating a competitive market. In addition, it would provide vets with an accredited, safe alternative to immediate high-tech investigations and support their stated aim to optimise contextualised healthcare for animals.

Conclusion

RAMP welcomes the CMA's interest in the veterinary surgery industry, as commercial developments over the last ten years or so have fuelled consumer anxiety and compounded the challenges of providing safe and competent MSK care to animals.

Beyond pet owners, these changes impact wider aspects of the industry than simply vets and nurses, and RAMP would encourage the CMA to consider the whole range of professional animal healthcare providers accessible to pet owners, with the objective being a reduction in the current difficulties faced by consumers.

RAMP submits that pet owners would welcome a significantly greater contribution from competent, regulated MSK practitioners who work alongside vets, and provide services that are currently under-utilised and undervalued in the veterinary industry.

Revision of the Veterinary Surgeons Act to include regulated MSK professionals with clinical autonomy would encourage this highly skilled but highly threatened element of the MSK workforce to remain in practice as already too many have left the industry due to the difficulties in getting referrals and stresses around remaining within the law.

RAMP look forward to the results of your investigation and If there is any more that RAMP can do to assist in this [REDACTED]

Appendix 1. Where Clinical Autonomy Would Change Procedure

With regard to RAMP-registered practitioners who are committed to the RAMP Gold Standard which includes definitions about their Code of Conduct and Scope of Practice.

MSK problems and medical problems are different and may occasionally overlap in real-life situations. This matrix explores professional action in both simple scenarios and where there is a potential overlap between MSK and medical assessments, to identify places where Clinical Autonomy would change current proper professional team-working procedures.

Healthy Animal	MSK practitioners assesses, agrees animal is healthy and makes treatment plan as per RCVS statement. NO CHANGE
Healthy Animal Queried by Practitioner	Practitioner notices a potential medical issue during contact with an animal thought to be healthy by the owner and refers on to vet and advises owner to also contact vet. NO CHANGE
Post-surgery Rehabilitation Case	Vet refers to practitioner as per Exemptions Order NO CHANGE
Animal with Health Query (referred to vet by owner)	Vet diagnoses medical issue and treats if necessary. NO CHANGE
Animal with Health Query (referred to MSK practitioner by owner)	treatment may be required. NO CHANGE BUT NEEDS LEGAL MANDATE
Animal with Medical <i>and</i> MSK issues	After vet and MSK assessments, a Multi-Disciplinary Team treatment plan is made and implemented, with MDT follow-up reviews as appropriate. NO CHANGE
Post-surgery/Rehabilitation Plan in progress but New Health Query Arises	Practitioner notices a potential MSK issue during observation of an animal thought to be rehabilitating successfully and liaises with vet and advises owner to also contact vet. If agreed by all parties, practitioner assesses and makes treatment plan for MSK problem found, OR refers back to vet and advises owner to also contact vet if problem is outside the MSK Scope of Practice NO CHANGE

