




















**The Royal College of Veterinary Surgeons
Advancement of the Professions Committee
Advancement of the Profession**

RCVS, Belgravia House, 62-64 Horseferry Road, London, SW1P 2AF.

11 February 2020 14:00 - 11 February 2020 16:00

AGENDA

#	Description	Owner	Time
1	Agenda  Agenda Page.docx	Ceri Chick	5
2	Welcome  Minutes APC Nov19.docx	Ceri Chick	7
3	Matters Arising	Ceri Chick	
4	Updates from APC workstreams  Workstream Cover Page.docx 13  APC reporting framework - DIG.docx 15  APC reporting framework - Fellowship.docx 17  APC reporting framework - Global.docx 21  APC reporting Framework - Global Marketing.docx 25  CONFIDENTIAL Global Strategy 27  APC reporting Framework - Innovation.docx 31  APC reporting framework -Leadership.docx 35  APC reporting Framework - MMI.docx 41  APC reporting framework - RCVS Knowledge.docx 45  continuous-quality-improvement-a-roadmap-for-the-... 49  APC reporting Framework -VN Futures.docx 65	Ceri Chick	
5	Discussion: Advancing the Professions Programme  Discussion Cover Page.docx 69  APC Primary Care.docx 71	Ceri Chick	

#	Description	Owner	Time
6	<p data-bbox="308 264 687 301">VN and VS Survey reports</p> <p data-bbox="253 318 1145 355">  Survey Cover Page.docx 79 </p> <p data-bbox="253 384 1145 421">  VN survey report 2019 final.docx 81 </p> <p data-bbox="253 449 1145 487">  VS survey report 2019 final.docx 227 </p>	Ceri Chick	
7	Any Other Business	Ceri Chick	

INDEX

Agenda Page.docx.....	5
Minutes APC Nov19.docx.....	7
Workstream Cover Page.docx.....	13
APC reporting framework - DIG.docx.....	15
APC reporting framework - Fellowship.docx.....	17
APC reporting framework - Global.docx.....	21
APC reporting Framework - Global Marketing.docx.....	25
CONFIDENTIAL APC PSS Global 16Dec19.docx.....	27
APC reporting Framework - Innovation.docx.....	31
APC reporting framework -Leadership.docx.....	35
APC reporting Framework - MMI.docx.....	41
APC reporting framework - RCVS Knowledge.docx.....	45
continuous-quality-improvement-a-roadmap-for-the-veterinary-professions.pdf.....	49
APC reporting Framework -VN Futures.docx.....	65
Discussion Cover Page.docx.....	69
APC Primary Care.docx.....	71
Survey Cover Page.docx.....	79
VN survey report 2019 final.docx.....	81
VS survey report 2019 final.docx.....	227

Advancement of the Professions Committee (APC)

11 February 2020, 14:00

The Royal College of Veterinary Surgeons, Belgravia House, London

Agenda

- 1. Apologies for absence, declarations of interest and minutes of the meeting held on 12 November.**
- 2. Matters arising**
- 3. Updates from APC workstreams**
- 4. Discussion: Advancing the Professions Programme**
- 5. VN and VS Survey Reports**
- 6. Any other business**
- 7. Dates of next meetings:**
 - 1) 5 May 2020 (14:00)
 - 2) 8 September 2020 (14:00)
 - 3) 10 November 2020 (14:00)

Minutes of the Advancement of the Professions Committee held on Tuesday, 12 November 2019 at 2pm at Belgravia House, 62-64 Horseferry Road, London SW1P 2AF.

Members:

Dr C J Allen*	Council Member
Professor D Argyle (Chair)	Council Member
Professor John Innes	Chair, RCVS Fellowship Board
Ms A Boag*	Senior Vice-President and Leadership lead
Dr N Connell	President, and Chair, Diversity and Inclusion Group
Professor S Dawson	Chair, Mind Matters Initiative
Ms L Lockett	Chief Executive
Miss R Marshall	Chair, Veterinary Nurses Council
Mrs J Molyneux	Chair, Board of Trustees for RCVS Knowledge
Dr C Tufnell	Innovation and Global lead
Mr T Walker	Lay Council Member
In attendance: Mr A Roberts	Director of Leadership and Innovation
Mr B Myring	Policy and Public Affairs Manager
Mr I Holloway	Director of Communications
Mr O Glackin	Leadership Initiatives Manager
Miss C Chick	Leadership Initiatives Officer
Miss R Pascoe	Mind Matters Initiative Officer
Dr G Wild	Policy and Public Affairs Officer

*absent

Welcome and apologies for absence

1. The Chair welcomed all present to the meeting of the APC. He noted that he would be focusing on discussing the Committee's remit later in the meeting.
2. Apologies were received from:
 - Ms A Boag
 - Dr C Allan

Declarations of Interest

3. There were no declarations of interest.

Minutes of the last meeting, held on 10 September 2019

4. The minutes were approved as an accurate record of the meeting.

Updates from APC workstreams

5. The responsible Committee members or the relevant staff lead provided an update on each of the eight workstreams that come within scope of the APC; this reflected the contents of the paper (APC Nov AI01).
6. The Committee considered these updates as well as specific matters raised, brought to it for discussion and in some cases decision. These are highlighted below in addition to the main questions and comments each area prompted.

Diversity and Inclusion Working Group

7. It was noted that work is ongoing, with an article published which outlines and raises the profile of the work of DIG. It was noted that this article had been well received.
8. The Chair noted the importance of diversity and inclusion training and the real benefits that staff often got from it. He went on to ask whether there might be merit for all Council members to undertake such training. It was noted that this was something that was being explored as part of the wider Council member training package.

Fellowship

9. It was noted that Fellowship Day 2019 was a success, with 130 people attending. Positive feedback was received about the event.
10. It was reported that the Fellowship workstream is liaising with the RCVS Events team to explore the viability of alternative venues to hold future Fellowship Days, with an eye to reducing cost and increasing accessibility.
11. It was discussed how there was a greater need to communicate about the Fellowship and its activities. Doing so would seek to achieve a number of aims, including encouraging applications for Fellowship from a wider pool of vets, raising awareness of the Fellowship's role and purpose and to engage and energise Fellows to play an active role in the life of the Fellowship. The Committee heard about the range of activities that was planned including growing the mentoring scheme and revitalising the Fellows on Tour initiative.
12. Concern was raised about the gender split of new Fellows and the need to undertake further work to encourage women to apply. It was noted that there is an increasing trajectory for women applying for Fellowship, however around two thirds of Fellows are men. The Committee expressed its support for the importance of increasing diversity in Fellowship applications.
13. The Fellowship workstream was encouraged to send thank you letters to those who made a donation to Fellowship Day, and to those who brought a guest to the event.

Action: Fellowship

14. It was discussed whether the guideline of 15 years post-graduation is a reasonable aim, or whether professionals could achieve Fellowship sooner. It was noted that this guidance is only given for those considering applying via the Meritorious Contributions to Knowledge route. The Committee expressed concern that this rule might be being misapplied to the other routes with the consequence that potential applicants are being discouraged from applying. It was agreed that the guidance should be reviewed.

Action: Fellowship

15. It was noted that the deadline for 2020 Fellowship applications has been confirmed as 3 February 2020.

Global

16. Prior to a substantive paper coming to the Committee at its next meeting, the Committee was provided with a brief update on discussions that took place at an earlier Education Committee.

This related to feedback that it was unlikely that RCVS Specialist status would prove an attractive proposition in the overseas market. However, the RCVS Advanced Practitioner status was thought to offer more promise.

17. It was noted that a summary of the results from the 'Survey of MsRCVS Practising outside the UK' was included in the meeting pack, and was due to be published. It was highlighted that a strong message coming out of the survey was that people who graduate from UK vet schools and work overseas were proud of their continued association with the RCVS. A paper discussing the results in more detail and proposals based on them will come to a future meeting.

Action: Global team

Innovation

18. It was noted that the biennial RCVS ViVet Innovation symposium was successful. The workstream is in discussion about how to widen participation for the symposium's Vet Futures competition, to include students and members of the veterinary profession.
19. The Chair queried the level of uptake of innovation within the profession. To ensure that all opportunities are being exploited. It was noted that the priorities for the RCVS Innovation three-year plan would be reviewed as it enters its third and final year.
20. The Committee heard that ViVet would be making even greater efforts to define its role. This was particularly important as in some instances a point had been reached where it may be more appropriate for others from the commercial sector to take the lead. ViVet should reinforce its status as encouraging the professions engage with the benefits of embracing innovation in their work, rather than promoting specific innovations.

Leadership

21. It was noted that the next round of the Edward Jenner Online Veterinary Leadership Programme was set to begin on Monday 18 November.
22. It was reported that the workstream had begun an evaluation of the programme. It was proposed that this analysis would be brought to the next Committee meeting.
23. The Committee heard that one way of addressing the lack of signposting of appropriate leadership training programmes in the professions could be helped by creating a leadership standard and training framework. This would provide a means of linking training to career

development pathways. The Committee supported the working up of a substantive paper along these lines.

24. The Committee discussed the idea of a Leadership Bursary. This would require strong criteria with the focus on how such bursaries would benefit not only the individual but also the profession more broadly. The concept could be broadened for other workstreams coming under the purview of the APC.

Mind Matters Initiative

25. The Committee was updated on staffing of the Mind Matters Initiative, including the addition of a new member of staff to support the delivery of its work.
26. In response to questions about how the success of the Mind Matters Initiative was evaluated the Committee heard how judging its impact could be challenging due to the innate difficulty of knowing when interventions have had the desired effect. However, there were a number of measures, as well as anecdotal feedback, being used which pointed strongly to its positive influence. A question was asked about the possibility of using aggregated data, handled by a trusted third party, to better understand the current situation in the profession.
27. It was confirmed that a response to the review of the RCVS's disciplinary practices would be published as soon as it was practicable to do so.

RCVS Knowledge

28. It was reported that RCVS Knowledge was producing a document around 'Evidence Based Veterinary Medicine', and its impact across specialisms.
29. It was reported that there would be a major upgrade on RCVS Veterinary Evidence.
30. It was reported that there was an ongoing project to digitise key historical veterinary texts, which had attracted significant support from the Alborada Trust.

VN Futures - Update

31. The Chair of the Veterinary Nurses Council provided an update including details of the successful work groups it had hosted at BVNA Congress in October.

Update to APC Remit – Professor David Argyle

32. The Chair gave a detailed presentation setting out how the Advancement of the Professions Committee might be able to adopt a more systematic approach that further leverages the knowledge and expertise held in its workstreams to deliver the RCVS's strategic goals.
33. It was noted that the original purpose of the Committee was to advance standards in the interests of the public and animals welfare. It was highlighted how another purpose of the Committee was to support the professions by helping them prepare for the evolving professional environment - including changes in working practices, animal owner expectations, the advent of new technologies and the big data revolution. To do this, the Committee needed to be forward looking, and able to identify and learn from developments in the wider healthcare ecosystem.
34. Focusing on how this might be achieved, it was proposed that a means of unifying workstreams could be developing a biennial theme to focus activities, with each workstream contributing. The suggestion for an initial theme was advancing the professions through primary care practice. Specifically, it was suggested that this would be a two-year programme. The first year would enable data gathering and planning followed by a second year of implementation.
35. It was agreed that the next meeting of the Committee would discuss in more detail how each workstream could support this aim with particular emphasis given to opportunities for cross-cutting activities. The Committee secretariat was invited to coordinate the necessary meetings to set the ball rolling.

Action: APC Secretariat

Date of the next meeting

36. The date of the next meeting was confirmed as the afternoon of 11 February 2020.

Meeting	Advancement of the Professions Committee
Date	11 February 2020
Title	Updates from APC workstreams
Classification	CONFIDENTIAL (Annex A of Global Activities workstream update)
Summary	<p>Provided below is an update on the outputs and outcomes of APC workstreams since the last Committee meeting in addition to looking forward to planned work for the next. Where relevant, also highlighted are matters arising as a result of these activities that would benefit from further APC scrutiny presently or in due course.</p> <p>The Summary is ordered as follows:</p> <ul style="list-style-type: none"> i. Diversity and Inclusion Working Group ii. Fellowship of the RCVS iii. Global activities including marketing internationally AP and Specialist status iv. Innovation v. Leadership vi. Mind Matters Initiative vii. RCVS Knowledge viii. VN Futures
Decisions required	Discussions and decisions are invited by some workstreams.
Attachments	Annex A: Global activities workstream – CONFIDENTIAL
Author	Ceri Chick c.chick@rcvs.org.uk

Area of work
Diversity and Inclusion Group (DIG)

Activities carried out since the last meeting of the APC. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.

SPVS/VMG Congress

Since the last meeting of APC, on 12 November 2019, we worked via the Mind Matters Initiative to host a session at the Society of Practising Veterinary Surgeons/Veterinary Management Group Congress (Celtic Manor, 25 January 2020) on diversity and inclusion.

Chaired by broadcaster Clare Balding OBE, the session comprised presentations from Dan Makin, Chair of British Veterinary LGBT+, and Theeb Partheeban, Chair of the British Veterinary Ethnicity and Diversity Society, and a panel discussion with them, together with Professor Susan Dawson, MMI Chair, veterinary surgeon Ebony Escalona and veterinary nurse Andrew Whitfield-Roberts.

There was good engagement on the topics and a range of helpful Q&A.

RCVS Strategic Plan

Our commitment to diversity is reinforced within the recently-approved 2020-2024 RCVS Strategic Plan, in two main areas.

The stream of **Courage**, which has the following ambition:

We will have the courage to take a leadership role within the professions, to ensure that the pervading culture is healthy, sustainable, inclusive, innovative and respectful; through this, will develop confident veterinary professionals.

DIG work will come under the following action:

- Continue to seek culture change within the wider professions around help-seeking behaviour to support both mental and physical health, learning culture, leadership, innovation, sustainability and diversity.

It is also touched on in our stream around **Confidence**, which has the following ambition:

In order to deliver our Strategic Plan we must not only have the mandate that is secured by the Veterinary Surgeons Act and our Royal Charter, but also the confidence to succeed that will be brought by the right underpinning – the governance, people, finance, communications and IT structures that are crucial to our success.

DIG work will come under the following action:

- Put in a place a people strategy that develops our talent, diversity, leadership and culture, across the staff team, Council and committee members, examiners, assessors and all others who work on behalf of the College.

Proposed activities and issues to be managed before the next APC meeting. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.

A date is currently being sought for the next meeting, at which action plans around the six workstreams identified at the last meeting will be discussed. There have been some delays due to resource issues.

A roundtable with the veterinary schools is also under consideration.

Details of any budgetary or risk related issues that should be brought to the Committee's attention.

A risk is resourcing for this project, which needs to be addressed urgently.

Synergies with other workstreams that your current activities may introduce.

As above, there is a strong link with MMI.

Areas of your work that you would like to highlight for discussion by the Committee.

None identified.

Any other matters arising from your work that you wish to bring to the Committee's attention.

None at this time.

Area of work

RCVS Fellowship

Activities carried out since the last meeting of the APC. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.

Promoting the Fellowship.

The last quarter saw a significant increase in communications activity promoting the Fellowship ahead of the deadline for applications closing on 17th February. Working with RCVS Communications team this communications work has specifically sought to focus on the inclusive nature of the Fellowship as well as its aspirations as a learned society. To this end, a feature article was placed in the Vet Record. This included quotes from Prof John Innes and a case study highlighting the experience of Prof Liz Mossop FRCVS. Other activity includes the posting of edited videos with Fellowship Board members – Chair, John Innes and projects and engagement officer, Mary Fraser. In addition to raising awareness of the Fellowship, the interviews seek to provide encouragement to Vets to consider joining the Fellowship as well as inviting Fellows to consider their professional network to identify colleagues who should be encouraged to apply. Social media work using RCVS channels has sought to promote these further.

Substantial work to update and extend the level of information available on the Fellowship webpages is also underway – the landing page and the pages related to Fellowship Day have been prioritised.

The Fellowship Directory was opened to allow all Fellows to hold an entry – previously this was limited to the last three years. Unsurprisingly doing so has seen a great deal of interest and the directory now serves as a useful starting point to learn of the achievements of its Fellows.

Managing applications to the Fellowship

The application deadline closes on 17 February (a two week extension to the original deadline). Since Christmas a steady flow of enquiries have been received and applications processed. In line with the current trend, early indications suggest that numbers of applications will be down on previous years.

Governance of the Fellowship

At its first meeting as an updated Board a new chair for the credentials panel covering the Meritorious Contributions to the Professions route to Fellowship was chosen. It was decided that Andrew Robinson should take over from Richard Drummond who stood down as part of the planned, staggered, replacement of existing panel chairs.

It was also agreed that an election should be held to find the new Vice-Chair from the Fellowship when the current post holder – Jane Dobson – steps down as planned in the Spring. Currently, this position is also responsible for chairing the Fellowship Science Advisory Panel. The election will follow the same process as that used in 2019 to appoint to Chair.

Fellowship Activities

Fellowship Mentoring – The Fellowship Board agreed that it should create a Fellowship mentoring programme whereby Fellows would make themselves available to provide mentoring to vet surgeons. A framework for doing this is being developed. Encouragingly, a number of Fellows have already been in touch to offer their support for doing this. Conversations are also being had with other organisations, including the Academy of Medical Sciences, to learn from their highly developed mentoring schemes.

Supporting RCVS Knowledge, Veterinary Evidence journal – The Fellowship Board also agreed to support the Knowledge’s open access, peer reviewed journal *Veterinary Evidence*. The journal aims to enhance the quality of care offered to patients by providing everyone in the veterinary team with access to the best available evidence-based content to inform their decision-making. It relies on contributions in the way of questions and, in response to these questions, Knowledge Summaries, to do this. Fellows have therefore been contacted directly and asked to help with this important sharing of knowledge by forming questions or providing answers.

Proposed activities and issues to be managed before the next APC meeting. N.B. Information explaining how these activities contribute to the delivery of the workstream’s agreed plan must be clearly stated.

Fellowship Application process 2020

During the period some resource will be dedicated to ensuring the smooth running of the application process. Details of those who have been successful in achieving Fellowship will be shared by June/July.

Fellowship Day

Fellowship Day is being held this year Friday, 2nd October and, like previous years, hosted at the Royal Institution, London. To support this, a Fellowship Day organising group has been created – this comprises of some Board members and Fellows who have made a contribution to planning or running the day in previous years. The group met for the first time last month. The group has been asked to develop plans around the three key features of Fellowship Day: the keynote, Fellows of the Future and Fellows in Focus. The RCVS Fellowship team are supporting them in this and leading on its execution. The group has identified a key need to increase attendance. In part it hopes to achieve this through marketing the day as an inclusive CPD event open to anyone in the profession. To help with this, there is a desire to attract a high-profile keynote and to promote the event more consistently in the run up to the event. APC is invited to discuss what other ways might encourage attendance.

Mentoring

Work will continue to develop and test a framework for creating a Fellowship mentoring scheme. This work is being headed by Fellowship Board member Prof Tim Greet. Ensuring colleagues in RCVS Education team are kept informed as work proceeds has been made a priority.

Details of any budgetary or risk related issues that should be brought to the Committee’s attention.

Not at this time

Synergies with other workstreams that your current activities may introduce.

RCVS Knowledge – Vet Evidence promotion
Leadership and RCVS Education – Fellowship mentoring scheme

Areas of your work that you would like to highlight for discussion by the Committee.

The Committee is asked for its thoughts and any ideas on how the numbers attending Fellowship Day might be increased.

Any other matters arising from your work that you wish to bring to the Committee's attention.

Not at this time.

Area of work
Global strategy
<p>Activities carried out since the last meeting of the APC. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.</p> <p>World Organisation for Animal Health (OIE) Ben Myring and Chris Tufnell met with OIE's David Sherman in January to discuss the potential twinning programme. Dr Sherman outlined a number of arguments in favour of choosing Botswana as a partner country in the OIE twinning scheme, and encouraged us to pursue that option. A formal letter of interest from Botswana is expected imminently.</p> <p>World Veterinary Association (WVA) The RCVS's letter to the WVA to apply for Observer status has now been submitted, and is due for consideration in March.</p> <p>June 2020 Preparations continue for the RCVS to host the International Accreditors Working Group (IAWG) in June 2020, immediately prior to (and in the same London venue as) the Federation of Veterinarians of Europe General Assembly. Between these two events the RCVS is aiming to host a joint IAWG-World Veterinary Association workshop on global education standards. These events put the RCVS in a strong position to influence global standards.</p> <p>Practice Standards Scheme (PSS) Early discussions have taken place regarding the possibility of marketing the Practice Standards Scheme abroad (confidential meeting notes attached).</p> <p>Advanced Practitioner (AP) Status The original proposal to explore international marketing opportunities for RCVS AP status and Specialist status was taken to Education Committee for discussion for a second time. There was little appetite to explore the export of RCVS Specialist status, but AP status could be worth looking into. Further discussions took place between Ben Myring, Lizzie Locket and Linda P-C regarding how to proceed.</p> <p>Proposed activities and issues to be managed before the next APC meeting. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.</p>

OIE twining: If APC agrees, discussions will be opened with Botswana to outline how a twinning scheme might work in order that details can be brought to APC for approval.

AP global: It was agreed that some of our contacts through international networks should be contacted in the first instance, to see whether there could be any interest in pursuing this (Ben M agreed to action this).

Details of any budgetary or risk related issues that should be brought to the Committee's attention.

Synergies with other workstreams that your current activities may introduce.

AP global; This work could potentially link with our review of AP status

Areas of your work that you would like to highlight for discussion by the Committee.

Any other matters arising from your work that you wish to bring to the Committee's attention.



Area of work
Global reach workstream
Activities carried out since the last meeting of the APC. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.
<p>The original proposal to explore international marketing opportunities for RCVS AP status and Specialist status was taken to Education Committee for discussion for a second time. There was little appetite to explore the export of RCVS Specialist status, but AP status could be worth looking into.</p> <p>Further discussions took place between Ben Myring, Lizzie Locket and Linda P-C regarding how to proceed</p>
Proposed activities and issues to be managed before the next APC meeting. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.
<p>It was agreed that some of our contacts through WVE / international networks should be contacted in the first instance, to see whether there could be any interest in pursuing this (Ben M agreed to action this).</p>
Details of any budgetary or risk related issues that should be brought to the Committee's attention.
n/a
Synergies with other workstreams that your current activities may introduce.

Could potentially link with our review of AP status

Areas of your work that you would like to highlight for discussion by the Committee.

Any other matters arising from your work that you wish to bring to the Committee's attention.

Area of work
Innovation
Key activities and issues managed in the last quarter that the APC should be aware of.
<p>ViVet Innovation Symposium Reports and Videos-</p> <p>Reports and videos from the ViVet Innovation Symposium held in October 2019 have now been made available on the ViVet website. Each session of the day has been made available to watch as a free resource this is to both share the day with those who could not attend but to also encourage vets and vet nurses to ‘Think Innovation’ as a topic for CPD this year.</p>
Proposed activities and issues to be managed in the next quarter that the APC should be aware of.
<p>Content Planning for 2020 –</p> <p>Project review meeting to schedule a stream of content from the ViVet initiative. This will include a variety of events and engagement opportunities to make innovation open to all in the profession. Content to include:</p> <ul style="list-style-type: none"> • Social Media • Events • Blogs and Case Studies • Guides • Workshops • Insights from attending industry events <p>ViVet Innovation Evening</p> <p>A list of the ViVet Innovation evening events will be circulated in Q1. We have been reaching out to Vet Schools to create a calendar of events available across the UK to encourage those who work in a practice environment to attend events that comfortably fit around their work schedule and engage those who are already working in innovation in the local area.</p> <p>Innovation Workshops</p> <p>ViVet is looking into the potential to host a dual format (available online and attending the workshop at the college) workshop on ‘Innovation Thinking’. This would be the 3rd workshop in the Innovation workshop series.</p> <p>To support those who are already working on turning their ‘idea into an innovation’ or start-up, we are looking to provide masterclasses or workshops on wider supporting topics such as Marketing and Branding your Start-up/ Finance and seeking investment and for practices workshops focusing on ‘Managing Change’ dealing with communication and implementing new processes.</p> <p>Animal Health Investment Forum (AHIF)</p>

The innovation team will be at AHIF on the 25th & 26th February, where ViVet will have a stand and be available for one-to-one meetings booked in by those looking to receive specific regulatory advice and those from outside the profession seeking to bring new products or services to the veterinary or animal health market. Attending this type of events gives ViVet and the RCVS the ability to speak face-to-face with the investors and companies looking to bring new products and services to veterinary health or animal health market.

Details of any budgetary or risk related issues that should be brought to the Committee's attention.

Innovation MOOC (Massive Open Online Course)

We have been working with an external innovation consultancy to scope out a framework for an Innovation MOOC, an online course that will be made available to the whole profession.

Initial proposal -

- *An Innovation quiz designed to assess the Vets/VNs' familiarity with innovation.
- * Based on innovation quiz results, Vets/VNs are re-structured into cohorts
- * Up-skilling e-courses designed based on different cohorts covering Innovation Knowledge, Innovation Culture & Mindset, and Trends Mapping.
- *Each cohort gets 3 ad hoc modules + 2, cross-cohort modules, on Culture and Trends

NESTA Challenge Prize –

Following Tris Dyson's presentation at the May APC meeting in 2019 where we were presented projects including the Challenge Prize (notably the longitude prize <https://www.nesta.org.uk/project/longitude-prize/>) and the work they do with regulators on 'Anticipatory Regulation'.

In line with the 2020-2024 Strategic Plan and also continuing to support the aims of the 3-year plan for ViVet, we would like to look into the viability of creating our own 'Challenge Prize'. This would look at either solve a specific problem or look to shortlist challenges we face and if they could be solved by bridging the gap between regulators/practitioners/tech developers/end users and how to best enable positive innovation. This doesn't need to focus on technological innovation, but can also be used to address systemic issues, test regulations or help develop new regulatory approaches.

Synergies with other workstreams that your current activities may introduce?

N/A

Areas of your work that you would like to highlight for discussion by the Committee?

N/A

Any other matters arising from your work that you wish to bring to the Committee's attention?

N/A

Area of work
Leadership
Activities carried out since the last meeting of the APC. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.
<p>Leadership for everyone</p> <p>Two runs of the Edward Jenner Leadership training programme are now open to learners. The programmes were staggered to begin in December and end of January. There were 595 registered learners on the December course of which 80 per cent are actively engaging with the course – this is particularly high.</p> <p>Marketing activity by RCVS comms department continues to drive awareness of the programme.</p> <p>Recent data analysis has revealed that across programme runs and courses, nurses are consistently making up 20 per cent of the cohort. Vet surgeons represent 2/3rds. Of these 80 per cent are in clinical roles. Feedback on the course continues to be overwhelmingly positive. A comprehensive review of data and evaluation of the programme is planned for publication in June.</p> <p>Further to the programme being shortlisted for an award last year it has been decided to submit the programme for another award run by MemCom. Specifically the Best E-learning/Online Education Initiative is being targeted.</p> <p>There have been some delays with issuing certificates of attainment to those participants who completed earlier runs of the programme, including the assessment stage. Our partners at NHS Leadership Academy and Future Learn have subsequently discovered a bug in the process, which they have since resolved enabling the backlog to be cleared.</p> <p>Desk research has been carried out to support the proposed leadership standard of behaviours and core values – further details provided in a later section.</p> <p>Tomorrow's leaders</p> <p>Work to research vet students perception of the Edward Jenner leadership programme is underway. This seeks to better understand student's appetite for the programme, ways it could be adapted, reflecting the practical boundaries and how it might be appropriately marketed and targeted.</p> <p>Proposed activities and issues to be managed before the next APC meeting. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.</p>

Evaluating the Jenner leadership programme

To produce a comprehensive evaluation document of the Jenner leadership programme. Bringing together the qualitative and quantitative data streams to offer insights into the impact of the programme and areas for improvement.

Leadership training for students

Research to understand how the Jenner leadership programme can be adapted and/or targeted to facilitate students' access to the course. The research includes carrying out focus group sessions with RVC students. The broadest student representation is being encouraged to attend.

Leadership standard

Further details are provided below. The leadership standard would provide leadership competencies appropriate for the veterinary setting which would be under-pinned by the principles of practice contained within the Code of Professional Conduct for Veterinary Surgeons and Nurses.

Details of any budgetary or risk related issues that should be brought to the Committee's attention.

None at this time

Synergies with other workstreams that your current activities may introduce.

None at this time

Areas of your work that you would like to highlight for discussion by the Committee.

Background

The RCVS Leadership Initiative three-year-plan 2018-20, included an ambition under its *Tomorrow's Leaders* workstream to showcase Leadership development opportunities. Specifically this had the objective of highlighting and signposting to the multitude of leadership development courses, training and other opportunities available to vet professionals. In doing so there was a desire to engender a culture of lifelong learning in leadership. It was proposed that by providing a summary of available leadership training courses, vet professionals would become more informed

about the opportunities that existed and feel confident about choosing the right course, reflecting their career stage and their learning requirements.

Issue

A key motivator for providing this resource was to make choosing the right training course as simple as possible. This acknowledges the myriad leadership courses on offer, with their varying requirements, delivery approaches, focus and costs – which can be confusing, a point exacerbated by how few courses specifically target veterinary professionals. Sifting through this information to find the right course creates a substantial barrier to sign up, a barrier which is already high in comparison to other training, particularly those courses aimed at advancing clinical skills.

This facilitating approach would have meant focussing on what is available in the market, rather than why someone should be interested in pursuing a leadership course and why a particular type of course might be right for their developmental needs. The filtering associated with the 'what' approach could mean advice and guidance would date quickly, increasing the chance that novel advances in training would be missed. It would raise the risk of being seen as an endorsement of particular types of training at the expense of others. Finally, it might reinforce the view that training should be specific to the veterinary setting rather than on how the majority of leadership skills and aptitudes are generalizable bringing value wherever they are used.

In response to this it is proposed that a standard for leadership competencies in the veterinary setting is developed and upon which a framework for leadership learning opportunities is built. The standard would seek to bring clarity on how everyone in a veterinary team can develop as a leader. The proposed standard would focus on core values and leadership behaviours – those that affect the culture and climate within a workplace. It is assumed that the standard would be under-pinned by the principles of practice contained within the Code of Professional Conduct for Veterinary Surgeons and Nurses.

There are a number of examples from human health where similar standards, models or competencies have been created, most notably by the NHS, the International Hospital Federation and, in a more streamlined example, by the Faculty of Medical Leadership and Management (FMLM). In these instances there are several brief statements of the leadership behaviours that should be expected of those working in the healthcare system irrespective of level. These are supported by descriptions of what each behaviour is and why it is important. They are designed to be observed, measured and developed. The behaviours or values are aspirational goals to be aimed for rather than being a prescribed route to success.

For example the FMLM standard features seven individual leadership behaviours which are categorised under four broad headings accompanied by a short description of what they mean.

These cover:

- Self (self-awareness and self-development; personal resilience, drive and energy);
- Team player/team leader (effective teamwork; cross-team collaborations);
- Corporate responsibility (corporate team player; corporate culture, improvement and innovation); and
- System leadership.

Using these examples as a template, creating such a standard would serve to raise awareness of key leadership qualities relevant to vet professionals. The standard would be a living document, open to review and update as appropriate. Essentially, it would offer a keystone for appraising leadership strengths as well as prompting reflection on where further personal and professional development and learning might be helpful or appropriate, taking into account career stage and/or job role. A standard could also support the coaching of colleagues and inform and guide the development of other education and training interventions.

It is proposed that initially, a leadership development framework would overlay the standard. This would provide ideas and suggestions on activities, learning opportunities and types of training linked closely to the behaviours and values contained in the standard. With the bounding that the standard provides, the framework should be a means to encourage more creative thinking about where opportunities could exist and motivate a curiosity to also look outside the veterinary field for inspiration.

Next steps

If APC are content with the approach outlined above work will commence on developing an early draft of a standard for it to consider and comment on. At that point further consultation would commence with relevant parties outside of RCVS consulted to develop it further.

Any other matters arising from your work that you wish to bring to the Committee's attention.

None at this time

Area of work
Mind Matters Initiative (MMI)

Activities carried out since the last meeting of the APC. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.

Since the last meeting of APC, on 12 November we have:

- Published a new &Me story featuring Vets: Stay, Go, Diversify, founder Ebony Escalona
- Distributed an e-news featuring videos from our Mental Health Research Symposium held on 24 September.
- Sponsored an MMI stream at Society of Practising Veterinary Surgeons (SPVS)/Veterinary Management Group (VMG) Congress, chaired by Clare Balding and Liz Barton on 24 January.
- Along with SPVS, announced the winners of this year's Wellbeing Awards.
- Financially supported the second online Vetkind event which focused on student mental health, in collaboration with the Association of Veterinary Students (AVS), held on 23 November.
- Launched a Mental Health Mythbusting Quiz. At the time of writing this has received close to 350 individual entries. The quiz has resulted in a high number of requests for practice visits or merchandise, and over 80 people have submitted their contact details indicating that they would be interested in taking part in the MMI wellbeing volunteer programme.
- Held a Wellbeing Champions meeting for staff at Belgravia House to discuss issue relevant to internal mental health and wellbeing – including training for line managers and plans for Time to Talk Day on 6 February.
- Delivered a one-day 'Mental health for line managers' session for RCVS staff.
- Sponsored and introduced a Webinar Vet webinar on the importance of recovery to work for psychological wellbeing, delivered by Elinor O'Connor of Manchester Business School. This was attended by 57 people and will be available on the Webinar Vet website.
- Sponsored a stream at Webinar Vet's Virtual Congress on 1 February. John Chitty spoke about the British Small Animal Veterinary Association's (BSAVA) mentoring scheme for new graduates, and Dr Andrew Hill of York St John University discussed perfectionism among students and addressed some of the associated myths.
- Organised our programme of Mental Health Awareness training, delivered by Trevor Bell, for 2020.
- Attended the Practice Standards Group meeting on 20 January to present our recommendations for the introduction of mental health-related standards in the Practice Standards Scheme. These were well received and the additions will now be discussed at Standards Committee on 10 February 2020 before going to RCVS Council in March. It is hoped that the changes will be released in May 2020.

- Worked with RCVS Knowledge to develop proposal writing workshops, to assist those interested in applying for this year's round of Sarah Brown Mental Health Research Grants. The new application round for these grants will be launched in the next few weeks.
- Completely updated the resources page on our MMI website.
- Provided financial support for Cambridge University to run a 'Failure Friday'.
- Provided financial support for Nottingham University students to run a research project on the link between physical fitness and wellbeing
- Announced our 2020 programme for our Resilience Training, run in collaboration with BSAVA. Remaining dates and locations are as follows:

2 March – RCVS, London

19 March – Holiday Inn, Gatwick

21 April – Woodrow House, Gloucester

9 May – Glasgow Vet School

14 May – Radisson Blu, Manchester Airport

17 May – Cambridge Belfry

12 July – Wetherby Racecourse

Proposed activities and issues to be managed before the next APC meeting. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.

Wellbeing Volunteers

We have received a large number of expressions of interest for the Wellbeing Volunteer scheme. A pack of materials now needs to be developed, then a formal recruitment process, training and safeguarding put in place.

Return to Work Scheme

Options are being explored for a Massive Open Online Course (MOOC) for individuals who are either returning to work following a period of mental ill health, or currently managing a mental health condition in the workplace. It is thought that this will run in tandem with a scheme that recognises employers who are supportive to returners.

Client Mental Health

The MMI Taskforce has proposed a project to give veterinary teams the skills and understanding they need to appropriately support and signpost clients who may be suffering from mental health issues. This is in the early stages of development and progress will be reported back to the APC at a later meeting.

5 Year of MMI Event

We are organising a celebratory event in London to mark the first five years of MMI. Full details are still being finalised.

British Equine Veterinary Association (BEVA) Animation

We are working with BEVA to develop short animation addressing the unique challenges and rewards of equine practice. BEVA has agreed a financial contribution to this project.

Student wellbeing

We will develop an action plan out of the Student Mental Health and Wellbeing Roundtable, for discussion at the forthcoming joint officers meeting with the Veterinary Schools Council and the Association of Veterinary Students. A similar event for VN students is under consideration.

Evaluation

Evaluation was discussed at the January Taskforce meeting and work will take place throughout 2020 to ensure that we are appropriately recording and evaluating data and outputs from across MMI's work streams.

Details of any budgetary or risk related issues that should be brought to the Committee's attention.

Oral report
Synergies with other workstreams that your current activities may introduce.
There are potential synergies with ViVet around innovation; Leadership around wellbeing in the workplace; Knowledge around learning culture/quality improvement; and Global, around Mind Matters international. The MMI team is presenting at the forthcoming Federation of European Companion Animal Veterinary Associations meeting in March, and the World Small Animal Veterinary Association Congress in September.
Areas of your work that you would like to highlight for discussion by the Committee.
Nothing specific is highlighted but the MMI team would be happy to take questions on any area of current or future work.
Any other matters arising from your work that you wish to bring to the Committee's attention.
None at this time.

Area of work
RCVS Knowledge
Activities carried out since the last meeting of the APC. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.
<p>Quality Improvement</p> <p>A large-scale study led by RCVS Knowledge and carried out by RAND Europe has for the first time shed light on the current position of quality improvement (QI) within the veterinary professions, and culminated in a six-point roadmap to industry advancement.</p> <p>Among the top-level findings was that although 96% of respondents agreed that QI improves veterinary care, a lack of time, know-how and organisational support – among other barriers – are preventing professionals from engaging with quality improvement. 60% were able to spend no more than three days on quality improvement activity in the previous year, while 11% spent no time at all on QI. As such, there is a significant discrepancy between what veterinary teams believe they should be doing and what they are actually able to do in practice.</p> <p><i>Continuous quality improvement: a roadmap for the veterinary professions</i>, a 16-page summary of the full report, outlines an image of the future in which QI is fully embraced by the sector. In a future that places increased value on continuous improvement, the research suggests:</p> <ul style="list-style-type: none"> • Outcomes would be measured sector-wide, helping to identify what works well, and what does not, with the overall aim of raising the standards of care. • There would be fewer unwarranted variations in treatment, thanks to guidelines based on the best available evidence. • Teams would work together more closely and unite in a reflective learning culture: discussing areas for improvement with openness and understanding rather than discipline and blame. • Teams would have a 'safe haven' in this competitive environment for sharing and anonymising data acquired through benchmarking, auditing and rapid learning cycles. • Organisations would have the opportunity to improve value, by reducing poor patient outcomes and wasted resources. • Clients would be reassured that their practice measures the quality of care for their animals. <p>The research suggests achieving these aims will require evolution – rather than a revolution – of the professions, given the activity in these areas that is already taking place in some quarters of the veterinary industry.</p> <p>Plowright Prize</p>

A new award recognising individuals who have made significant contributions to the eradication of infectious diseases has been launched by RCVS Knowledge, in memory of eminent veterinary virologist Walter Plowright and his wife, Dorothy Plowright.

Every two years, the Plowright Prize will offer £75,000 to recognise an individual working in Europe or the Commonwealth who has made a significant impact on the control, management and eradication of infectious diseases of animals. Eligible activity must demonstrate animal, humanitarian or economic benefit. The prize money is intended to support the individual's ongoing work in the field.

Potential recipients of the prize include veterinary surgeons, veterinary nurses and research scientists. Awardees may be working in a research setting, in academia, in practice or in other related sectors. Individuals must be nominated for the award, and the prize is not open to organisations.

Nominations are now invited for the inaugural prize, and must be received by 31st March 2020.

Veterinary Evidence

The journal continues to go from strength to strength with publishing the most articles and knowledge summaries in 2019 than any other year so far – 47

In 2019 VE received its highest number of submissions to date: 45. This is a 61% increase on the number of submissions received in 2018.

1. Most read papers published in 2019

[Comparison of 0.2 Mg/kg Vs. 1.0 Mg/kg of Oral Meloxicam for Safe and Effective Analgesia in Domestic Rabbits](#) (3243 views)

[Reducing Veterinary Waste: Surgical Site Infection Risk and the Ecological Impact of Woven and Disposable Drapes](#) (2639 views)

[Cats that get stressed when visiting the veterinary practice: can gabapentin help improve their welfare?](#) (2498 views)

2. Highest Altmetric score for papers published in 2019

[Reducing Veterinary Waste: Surgical Site Infection Risk and the Ecological Impact of Woven and Disposable Drapes](#) Altmetric score: 19

[Cats that get stressed when visiting the veterinary practice: can gabapentin help improve their welfare?](#) Altmetric score: 9

[Does Grain Actually Predispose Our Cats to Gain Weight?](#) Altmetric score: 9

<p>Proposed activities and issues to be managed before the next APC meeting. N.B. Information explaining how these activities contribute to the delivery of the workstream’s agreed plan must be clearly stated.</p>
<p>Details of any budgetary or risk related issues that should be brought to the Committee’s attention.</p>
<p>We are in the process of upgrading our digital eLearning platform and website. This is to increase the access to our resources and ensure that they are communicated as widely as possible.</p>
<p>Synergies with other workstreams that your current activities may introduce.</p>
<p>We will be working with the Fellowship team in relation to the project compiling common conditions and the PICO questions in relation to these conditions.</p> <p>Set up a collaborative event between RCVS and RCVS Knowledge drawing on current synergies between QI and Leadership to extract and translate key lessons from human health</p>
<p>Areas of your work that you would like to highlight for discussion by the Committee.</p>
<p>Almost all of the work that RCVS Knowledge undertakes is pertinent to the work of the generalist. Areas that we could highlight include</p> <ul style="list-style-type: none"> • Clear understanding about how to use the latest evidence to support clinical decision making within the context of available resources. • Accessing relevant and up to date clinical information through Veterinary Evidence and the Library. • Setting up and supporting Journal Clubs in practices. • Contributing to the Routine Neutering Complication audit • Undertaking quality improvement in their practice
<p>Any other matters arising from your work that you wish to bring to the Committee’s attention.</p>



CONTINUOUS QUALITY IMPROVEMENT

A ROADMAP FOR THE VETERINARY PROFESSIONS

Lucy Hocking, Tom Ling,
Ashley Doorly, Chris Gush



Published in 2020 by RCVS Knowledge

The full research report should be read in conjunction with this publication. The report, including a full list of references, is available at www.rcvsknowledge.org.



This work is licensed under a Creative Commons Attribution 4.0 International License. Feel free to share, adapt and learn from this report, provided you reference it accordingly or give appropriate credit, provide a link to the license, and indicate if changes were made.

ISBN 978-0-902183-43-8

CONTENTS

The case for quality improvement	4
Background to the project	5
Evolution, not revolution	6
Why QI, in numbers	7
The roadmap to quality improvement	8
Ensure that QI is a part of business as usual, rather than in addition to the existing workload	
Build on the existing passion for quality that exists and link this to a more routinised and scalable approach	9
Be clear about the role of each stakeholder	10
Amplify the client voice in support of improvement	11
Strengthen QI in education, training and research to increase QI expertise in the professions	12
Continue to monitor, learn and adapt current ways of working; QI is a journey and not a final destination	13
Continuing the journey	14
Acknowledgements	15

THE CASE FOR QUALITY IMPROVEMENT

Everyone in a caring profession is driven to deliver consistent, high-quality care. Our biggest challenge has nothing to do with professional motivation or clinical expertise, but with how we can best structure ourselves to continually improve patient care, business efficiency and our working environments.

Although the context for developing quality improvement (QI) in the veterinary professions differs from the NHS – where it has been pursued by various governments in response to well-publicised failures and voters' concerns about

performance gaps¹ – the underlying reasoning is the same: like any other healthcare system, we are motivated to continuously improve quality and patient safety.

Until recently, improving quality in the veterinary professions involved ensuring that professionals are kept up to date with new treatments and diagnostics; discussing practice with peers; mentoring new recruits; and learning from experience. While these all remain valuable, a more structured approach to advancing the quality of care is needed.

HOW OUR FUTURE COULD LOOK WITH QI

This is not an entirely different world to today, but it would be a continuously improving version of it.

- Outcomes are measured profession-wide, helping to identify what works well, and what doesn't, with the overall aim of raising the standards of care.
- Teams work together more closely, with a shared understanding of what quality looks like, how responsibilities for it are distributed, and how to measure progress.
- Clients are reassured that their practice measures the quality of care for their animals, and are given opportunities to engage with improvement activities.
- Fewer unwarranted variations in treatment, thanks to guidelines based on the best available evidence.
- Overuse, misuse and underuse are steadily identified and minimised.
- Organisations have the opportunity to improve value, by reducing poor patient outcomes, as well as wasted resources.
- Teams have a 'safe haven' in this competitive environment for sharing and anonymising data acquired through benchmarking, auditing and rapid learning cycles, as well as identifying improvement initiatives that are not working or are working exceptionally well.
- Teams unite in a reflective learning culture: they discuss areas for improvement with openness and understanding rather than discipline and blame, thereby safeguarding against emotional distress caused by errors, while still advocating for the needs of patients.

1 Ham, C., Berwick, D. and Dixon, J. 2016. A brief history of policies on quality of care in England. In: Ham, C., Berwick, D. and Dixon, J., *Improving quality in the English NHS: A strategy for action*. London: The King's Fund, pp. 5-7.

BACKGROUND TO THE PROJECT

In early 2019, RCVS Knowledge commissioned RAND Europe to undertake research to assess the QI landscape in the veterinary sector. The purpose was to provide a wide, robust evidence base to support organisations and veterinary professionals to implement systematic continuous quality improvement in day-to-day practice.

Specifically, the research sought to set out:

- current improvement activity carried out in practice by the veterinary professions
- what clinical governance/QI means to the

- professions, and its relevance to their work
- whether veterinary professionals measure the quality of care that they provide
- the incentives, enablers and barriers that the professions face when engaging with QI
- how stakeholders can help overcome barriers and support engagement with QI.

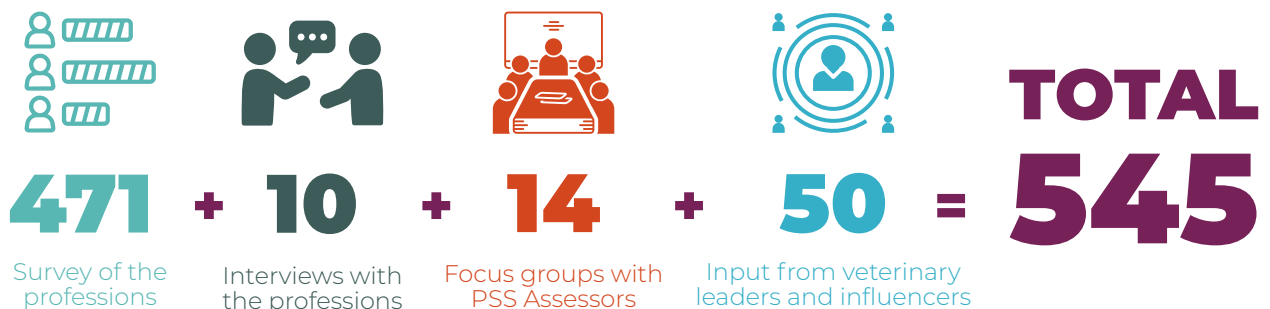
The data we gathered led us to a roadmap to fully implementing continuous quality improvement in the veterinary professions.

REPRESENTING VIEWS OF

Totals of the survey, interviews with the professions, focus groups and summit



DEVELOPING THE EVIDENCE BASE



*These numbers do not include the number of survey participants as they were not asked whether they were from a smaller or larger practice.

EVOLUTION, NOT REVOLUTION



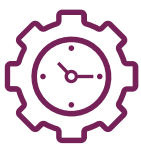
Though the veterinary professions have made progress in establishing some form of clinical governance, full-cycle QI is not yet embedded in day-to-day work across the sector.

- Current improvement activities are often informal and unrecorded, and it is unclear if changes are routinely monitored to measure their impact and whether the resulting evidence is shared with others.
- It is increasingly important to have a formal system that shows how quality issues are addressed, given that animal owners are better informed than ever and are potentially more willing to make complaints.
- Veterinary professionals want to bring new treatments and technologies into day-to-day treatment as quickly as possible, and informal approaches are no longer sufficient to enable this.



The evidence to support bringing QI into the veterinary sector is strong, but leadership is needed to make sense of QI and tailor it to the needs of practices.

- While there is a broadly positive orientation towards QI, there is much less clarity about what it involves in practice.
- Those new to QI are unclear about the best ways to get involved.
- Implementation of QI tools needs careful tailoring to particular circumstances and requires change management.



Change should be consistent, prioritised and involve the efficient use of time.

- There is neither a need, nor an appetite, for a whole new 'improvement architecture'.
- Innovations need to become embedded and operate for long enough to demonstrate whether or not to abandon, adapt or spread.²
- Time constraints emerged as the most important barrier, so finding ways that allow easy, visible and quick forms of QI should be prioritised.

2 See, for example: Haraden, C. and Leitch, J. 2011. Scotland's Successful National Approach To Improving Patient Safety In Acute Care. *Health Affairs* 30(4), pp. 755-763; Mcdermott, A. et al. 2015. Hybrid healthcare governance for improvement? Combining top-down and bottom-up approaches to public sector regulation – The University of Aberdeen. *Public Administration*, 93(2), pp. 324-344.

WHY QI, IN NUMBERS

THE CASE FOR CHANGE



96%

agree that QI will improve
veterinary care within practice



60%

have spent less than 3 days on QI
activities in the last 12 months



11%

have spent no time on QI
activities in the last 12 months



81%

would like
QI training



7%

have used RCVS Knowledge's
free QI training tools

THE MAIN BARRIERS AND CHALLENGES TO ENGAGING WITH QI ACTIVITIES



74%

lack of
know how



55%

lack of
time



55%

lack of
organisational support

THE ROADMAP TO QUALITY IMPROVEMENT

A range of stakeholders will be instrumental in supporting a cohesive approach to effective implementation of QI across the animal care sector. Stakeholders should include professional organisations including the RCVS and RCVS Knowledge; veterinary teams; veterinary practices and practice groups, including charity practices; educators, researchers and academics; veterinary client mediation services; and commercial

companies, including insurance companies and practice management system providers.

Two things are clear. First, there is an enthusiasm across these stakeholders for embracing quality improvement. Second, there is uncertainty about how to do so within the time and resources available. The roadmap to quality improvement is designed to harness the first and address the second.

Ensure that QI is a part of business as usual, rather than in addition to the existing workload

A consistently held anxiety identified in the report was the pressure of time. The concern is that teams are already working at, or even over, capacity and that there is no room to add further tasks to the daily routine. The research also showed that participants believed that setting aside dedicated time for QI was important. Squaring this circle will not be easy.

Two things will help achieve this. The first is that, as suggested, having a small number of routinised and scalable approaches will help limit the time required for implementation on the ground. The second is connecting this to existing work.

To provide a clear message that there is a commitment to improvement at board level, thereby

raising the profile of these activities and giving teams permission to spend time on QI, practices can introduce actions in HR processes. These could include providing teams with job descriptions that include QI as part of the role, assessing attitudes to QI in the recruitment process, linking QI adoption to annual assessments, and providing QI training. Practices should also include QI activities in routine team discussions.

Reshaping the Practice Standards Scheme (PSS) and using data collection for clinical audit purposes and linking this to (anonymised) benchmarking information would support management rather than add to the workload (for example, vetAUDIT³). Checklists, guidelines and protocols could save time while increasing safety.

“ *If you've got someone that has a passion for it then that helps. If you've got someone senior in your organisation that is keen on it and can see the benefit and are willing to use the resources to facilitate it then I think that is a big enabler. (INT11 profession)*

3 vetAUDIT [RCVS Knowledge][online] Available at: <https://vetaudit.rcvsk.org/> [Accessed 7 Aug. 2019].



Build on the existing passion for quality that exists and link this to a more routinised and scalable approach

Delivering change in how people do their routine work and in how they view their own roles and identities is difficult. In this context, professional identity is an important driver of behaviour.⁴ A top-down approach, which makes the case for change and maintains momentum, is helpful but needs to combine with mobilising passion from those on the ground. The research behind this strategy shows that while inspection and clinical audit are important, so too is visible leadership at the local level.

However, a balance must be struck between encouraging 'one hundred flowers' to bloom in local initiatives and providing a coherent and manageable programme of improvement in which lessons can be learned and shared, and evidence about what works can accumulate. This creates a 'rhythm of learning' but requires deliberate constraints on improvement activities. This requires a small and discrete set of approaches that can demonstrate fidelity to core principles so that when approaches work they can be

replicated. This will establish a more routinised and scalable approach.

A suitable place to start (with a view to developing this over time) would be with the five established areas for action identified by RCVS Knowledge. Our research showed these to be broadly (but not completely) understood and acceptable:



Clinical audit



Benchmarking



Significant event audit



Guidelines



Checklists

⁴ Godin, G. et al. 2008. Healthcare professionals' intentions and behaviours: A systematic review of studies based on social cognitive theories. *Implementation Science*, 3:36.



Be clear about the role of each stakeholder

The strategy cannot be imposed by any one organisation; it requires stakeholders to collaborate.

Stakeholders include: professional organisations including the RCVS and RCVS Knowledge; veterinary teams; veterinary practices and practice groups, including charity practices; educators, researchers and academics; veterinary client mediation services; and commercial companies, including insurance companies and practice management system providers.

The tasks they will need to collaborate on include: training; collecting and sharing evidence; providing leadership; and changing ways of working.

In agreeing and allocating tasks, the key question to consider is who has the information, capacity and incentive to best lead this task.

Clearly each might contribute in different ways. For example, universities are best placed to lead further research, but expertise in researching quality improvement is found in only a few university departments.

Working with funding councils and others, a consortium of research entities might learn from organisations such as The Healthcare Improvement Studies Institute⁵ to strengthen the evidence base for continuing to improve healthcare. Similarly, undergraduate courses should be adapted to include compulsory sections on QI which are given a symbolic equivalence with more overtly clinical courses.

There needs to be some coordination of these efforts. Such efforts may need to evolve over time.

Attendees at The National Summit for Supporting Quality Improvement in Veterinary Care 2019, which was part of the research behind this strategy, demonstrated a willingness for stakeholders to engage with QI. A light touch mechanism for bringing these together on a regular, perhaps annual, basis should be established to review progress and, where necessary, re-allocate responsibilities.

5 The Healthcare Improvement Studies Institute [online] Available at: www.thisinstitute.cam.ac.uk/ [Accessed 7 Aug. 2019].



“ QI is just an essential part of that [clinical excellence] really. I think unless you’re constantly questioning and auditing and justifying what you’re doing, it’s very easy to find you’re failing to recognise something that’s very obviously happening in front of you. (INT7 profession)

Amplify the client voice in support of improvement

It is notable in our research that under 8% of respondents identified animal owners as important stakeholders in delivering QI. This should not be taken to imply a lack of interest in the views of owners more generally. A recent review of applying user involvement for improving (human) healthcare quality showed that relatively little is known about this, but nevertheless there is support for the idea that user involvement might be a useful tool for supporting cultural change around quality improvement.⁶ It is not surprising, therefore, that there is limited understanding of how user involvement might help drive forward QI in a veterinary context.

‘Quality’ includes the experience of clients who may have a different understanding of what

constitutes a ‘good outcome’ compared with how clinicians define quality. Indeed, part of the business case for QI is that it could both reduce complaints and help demonstrate that well-founded complaints are acted upon. The research supporting this strategy noted that consumerism and changing client expectations are important drivers of change. Rather than user involvement becoming a burden on practices, harnessing this for QI would transform it into a positive force for improvement. Veterinary practices should review approaches to user involvement, and identify and widely promote what is practical across the veterinary sector.

6 Boström, J., Hillborg, H. and Lilja, J. 2017. Cultural Change of Applying User Involvement for Improving Healthcare Quality: A Review of the Impact on Attitudes, Values and Assumptions among Healthcare Professionals and Users. *Quality Innovation Prosperity*, 21(3), pp.158-172.

Strengthen QI in education, training and research to increase QI expertise in the professions

Only 16% of our survey respondents agreed they had received enough training to support them in implementing QI/clinical governance. Over 40% said they had not received training and would like to do so in the future. It is likely that there is both a need for, and an appetite for, further QI training.

This could be included in undergraduate courses but would also be a part of further professional development.

It is also important to consider how to strengthen the research infrastructure around QI. As has been made clear, not all QI activities thrive in every setting. It is not likely that the strategy for QI will get everything right first time and at least in some cases rigorous research will be the only way to build an evidence base to address gaps and weaknesses. Indeed, the final part of the strategy for action is to create an environment where approaches flex and evolve along with the growing evidence base.

“ ... people are under a massive amount of pressure to do as much as they can as quickly as they can. People forget paperwork and focus on animals in busy situations – need to be able to focus on both. (INT16 profession)





Continue to monitor, learn and adapt current ways of working; QI is a journey and not a final destination

A key feature of QI is that it is continuous, but this should not be taken to mean continuously doing the same thing. As QI practices take effect and deliver improvement, those practices may themselves become less important as the changes they promote become part of the routine. For example, improving how animals flow through the care processes may require a conscious effort to change and measure new ways of working. For example, it might require coaching in team leadership to improve flow. Once established, however, this may become the accepted way of working and other priorities for improvement will emerge. In this sense, a strategy for QI should be seen as a strategy for

evidence-based learning. *Veterinary Evidence*⁷ (an open-access peer-reviewed journal set up in 2016) will help with this, along with the RCVS Knowledge library, which is the only veterinary library offered to those in practice.

This will require a theory of learning within the sector, including, for example, understanding how busy professionals best learn. Journals and libraries are important but in themselves do not create learning. *Veterinary Evidence* now provides audio summaries but improving the supply of evidence will always need to be matched by improving the demand.

7 *Veterinary Evidence* [RCVS Knowledge][online] Available at: www.veterinaryevidence.org [Accessed 7 Aug. 2019].

CONTINUING THE JOURNEY

The time is now for the professions to embrace the opportunities presented by a culture of quality improvement and to translate these opportunities into safer, ever more efficient and improved clinical outcomes for patients.

The roadmap to quality improvement outlined within these pages relies on active support and leadership from across the professions.

The six paths on the roadmap are more than mere recommendations or action points; they are descriptors of the collective mindset the veterinary professions need to embrace.

We know from human health experiences that silo working jeopardises the success of QI efforts. As such, we encourage a harmonised approach; one which emphasises collaboration and shared learning.

It may require a change in the traditional style of leadership, and it will certainly require organisation-wide commitment, but the entire veterinary industry can realise the potential of QI.

In 2018 RCVS Knowledge launched their continuously expanding suite of QI resources. These have been designed to provide practice teams with time-efficient ways of implementing quality improvement, and to initiate those new to the concept. RCVS Knowledge will continue to build on this offering.

We believe that QI should be part of normal working, rather than an add-on to the day job. We support a one-team approach, focusing on how whole teams successfully work together and interact.

Most fundamentally, although we know that there is room to improve, we acknowledge that everyone already strives to do their best – QI is simply the framework that can make that sustained endeavour a reality.

“ *...the combined and unceasing efforts of everyone... to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning). (Batalden and Davidoff, 2007)⁸*

8 Batalden P.B., and Davidoff F. 2007. What is "quality improvement" and how can it transform healthcare? *BMJ Quality & Safety*, 16(1), pp.2-3.

ACKNOWLEDGEMENTS

We are grateful to the participants who took the time to engage with this research. It would not have been possible without their valuable insights and sharing of experiences.

This summary describes research by RAND Europe, documented in *Assessing the landscape and future actions for Quality Improvement in the veterinary sector: The insights, expectations and aspirations of the profession* by Lucy Hocking, Natalie Picken and Tom Ling. RAND Europe is a not-for-profit research organisation that helps to improve policy and decision making through research and analysis.

We would also like to acknowledge the helpful comments and inputs provided by the RCVS Knowledge Chair of the Board of Trustees, Jacqui Molyneux; the RCVS Knowledge Quality Improvement Advisory Board; RCVS Knowledge's Communications team, Lara Carim and Luke Peterson; RAND Europe's quality assurance reviewers, Dr Jenny Newbould and Ruth Harris. We are also grateful for the support of Dr Elta Smith in planning the National Summit for Supporting Quality Improvement in Veterinary Care 2019.



RCVS Knowledge's mission is to advance the quality of veterinary care for the benefit of animals, the public, and society. RCVS Knowledge champions the use of evidence-based veterinary medicine in veterinary practice.

We support the thousands of dedicated veterinary professionals in delivering high-quality evidence-based veterinary medicine to the millions of animals in their care, through our peer-reviewed journal, library, quality improvement activities and historical collections. We are the charity partner of the Royal College of Veterinary Surgeons.

Belgravia House
62–64 Horseferry Road
London
SW1P 2AF

+44 (0)20 7202 0721

rcvsknowledge.org
info@rcvsknowledge.org

Registered Charity No. 230886

Registered as a Company limited by guarantee
in England & Wales No. 598443



[@RCVSKnowledge](https://www.facebook.com/RCVSKnowledge)



[@RCVSKnowledge](https://twitter.com/RCVSKnowledge)



[@rcvsknowledge](https://www.instagram.com/rcvsknowledge)



[RCVS Knowledge](https://www.linkedin.com/company/rcvs-knowledge)



rcvsknowledge.podbean.com



[RCVSKnowledge](https://www.youtube.com/RCVSKnowledge)



rcvskblog.org

Area of work
VN Futures
Activities carried out since the last meeting of the APC. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.
<p>Maximising the value of veterinary nurses</p> <ul style="list-style-type: none"> ▪ Three webinars scheduled with the Webinar Vet ▪ Please see information via https://www.rcvs.org.uk/news-and-views/news/vn-futures-news-project-launches-new-webinar-series-focused-on/ ▪ These align with the project's aim to maximise the potential of veterinary nurses, maximise their 'value', and to promote leadership in the VN profession <p>Sustainable workforce</p> <ul style="list-style-type: none"> ▪ School Ambassador Pilot development Day held 18th November ▪ Pilot underway – ambassadors creating resources and planning first talks ▪ This initiative aims to potentially create a network of school ambassadors to enable promotion of the VN role to school children, aiding ongoing inception of new nurses. ▪ Jacob Cook completed 3 practice visits to obtain more veterinary nursing images ▪ This work will provide a range of diverse images that can be used on the RCVS website, VNF website and on promotional materials <p>One Health Group</p> <ul style="list-style-type: none"> ▪ Becky Jones and Andrea Jeffery furthering discussions with UWE to discuss potential course development for community/district nursing ▪ This work aims to help meet the aim 'to research and develop the District Nurse role'
Proposed activities and issues to be managed before the next APC meeting. N.B. Information explaining how these activities contribute to the delivery of the workstream's agreed plan must be clearly stated.
VN Futures Board meeting, 21st February. Aim to address the challenges the project has faced and devise a plan for the project moving forward over the next 18 months.

Details of any budgetary or risk related issues that should be brought to the Committee's attention.

The BVNA have a budgetary commitment for the project, however I am still not sure how this should be managed.

Synergies with other workstreams that your current activities may introduce.

- Discussion with Lisa Quigley held on 25th April, regarding a potential project to support VN Clinical Coaches in promoting wellbeing and supporting their students, and the MOOC for wellbeing for vets and nurses in practice. This would benefit from being discussed further and an action plan devised. **Still to be discussed.**
- Explore potential for collaboration with VetFutures on Leadership.
- JM and OG in discussion over promotion of upcoming intake of Edward Jenner course to VNs. **Awaiting new website to have functionality to include this.**
- Hoping to work with the diversity and inclusion group – and consider the potential for the Workforce group to feed into this dedicated group. Julie Dugmore is the VNF /VN representative on this group.

Areas of your work that you would like to highlight for discussion by the Committee.

Any other matters arising from your work that you wish to bring to the Committee's attention.

Review of the project (JM and JD) with plan to produce interim report by Christmas was delayed. This is ongoing.

Previous paper included more detail on forward planning for the project.

Meeting	Advancement of the Professions Committee
Date	11 February 2020
Title	Developing a unifying programme: Advancing the professions through primary care practice
Classification	Unclassified
Summary	At its November 2019 meeting the Committee agreed to develop proposals for a two-year programme aimed at 'advancing the professions through primary care practice'. To this end the secretariat was invited to coordinate the necessary meetings to precipitate the start of such a programme and to present proposals for discussion by the Committee.
Decisions required	<ol style="list-style-type: none"> 1. The Committee is invited to consider whether to pursue a programme focused on 'recruitment and retention' in primary care practice as outlined in the paper. 2. Furthermore, if the Committee is minded to pursue such a programme, it is invited to: <ol style="list-style-type: none"> a. Review the proposed scope and areas of focus, to identify any gaps and existing research that could support the development of evidence-based initiatives in these areas; b. To consider terminology used to describe the programme and areas of focus; c. To provide strategic guidance as to how such a programme could be developed and implemented.
Attachments	Annex A: Mapping workstream activities to the proposed areas of focus
Author	Anthony Roberts Director of Leadership and Innovation a.roberts@rcvs.org.uk

Developing a unifying programme: Advancing the professions through primary care practice

Background

1. At the November 2019 APC meeting the Chair gave a presentation setting out how the Committee might be able to adopt a more systematic approach that further leveraged the knowledge and expertise held in its workstreams to deliver the RCVS's strategic goals.
2. This presentation was precipitated by a sense that the Committee was discharging its governance role effectively, but that it should be more than just a reporting body. The Chair challenged the Committee to think about how it might become greater than the sum of its parts, and collectively work to advance standards across the professions. To help achieve this vision, it was proposed that a long-term unifying programme could be developed, with each of the workstreams contributing to its delivery. Moreover it was proposed that 'advancing the professions through primary care practice' could provide the first such programme.
3. The Committee supported the proposal, noting that the need to focus on the impact of primary care in improving animal health and welfare had been discussed on a number of occasions recently, but for various reasons it had not been possible to progress such an initiative.
4. It was agreed that to be meaningful such a programme should span two years, with the first year focusing on data gathering and planning followed by a second year of implementation. It was agreed that the next meeting of the Committee would discuss in more detail how each workstream could support this aim with particular emphasis given to opportunities for cross-cutting activities. The Committee secretariat was invited to coordinate the necessary meetings to precipitate the start of this collaborative endeavour.
5. On 16 January a meeting was organised between the secretariats of the workstreams that report into APC. The purpose of this meeting was to consider how each workstream might be able to contribute to the delivery of such a programme and how to coordinate the work.
6. In this meeting two questions emerged: 'why now' and 'why this focus and how do we give it meaningful direction', when much of what the College does is for those in working in primary care. As each workstream discussed potential activities that it currently undertook or could undertake in future to support such a workstream (Annex A), it became clear that these coalesced around the issue of 'recruitment and retention in primary care'. This, in turn served to answer the questions 'why now' and 'why this focus and how do we give it meaningful direction' – because there is a well-recognised recruitment and retention issue, which will likely be exacerbated over the coming 24 months due to Brexit. Therefore developing a meaningful programme to understand and address the issues that cause this recruitment and retention problem will be beneficial for the profession, society and animal health and welfare.
7. Following the meeting an informal discussion was held with the Chair and he was in agreement that 'recruitment and retention in primary care' provided a clear and valuable focus for this

programme and should form the basis for further discussion in the Committee at its meeting on 11 February 2020.

8. This paper outlines, for discussion, the scope of such a programme, how the existing workstreams could support this, and highlights a number of areas that would benefit from the expert input of the Committee.
9. The Committee is invited to provide strategic guidance as to how such a programme could be developed and delivered so as to maximise value.

Defining the scope of the programme

10. Recruitment and retention in primary care is a complex and multifaceted issue and it will likely encompass other issues including, for example, developing purpose, pride and respect, being valued by others in the profession and valuing client relationships, and taking charge of the future in a period of rapid change. Given the complexity of the issue, desk-based research will be required to understand better the factors playing into the current issue together with primary research to fill knowledge gaps and create impactful initiatives.
11. As a starting point, however, it is proposed that we begin by considering the following areas, consider the research we already have, identify known knowledge gaps and consider how the current workstreams could support these areas:
 - a. Value proposition: what does primary care practice offer and how do we articulate this from a recruitment perspective?
 - b. Skills and competencies: what are the key attributes of successful, happy and healthy primary care practitioners, and how can the RCVS support the development of these?
 - c. Retention: why are people leaving primary care practice and how can they be better supported or encouraged to stay? Are the issues unique to this branch of the professions or are they fundamentally the same across all branches of the professions?
 - d. Return: how do we encourage people to return (when appropriate) from outside the profession and other branches?
 - e. The impact of Specialist practice: what impact has the rise of Specialist practice had on primary care practice and how can we separate the reality from the perception?
 - f. Technology and change: what impact will technology have on this branch of profession and can practitioners be supported to lead and embrace change to improve their working lives as well as the quality, efficacy and accessibility of the services they provide?

- g. Generational change: what are the career expectations and aspirations of Millennials and Generation Zs, will these be met by primary care practice as it stands today and what needs to change?
 - h. The future Herriot: what does 'James Herriot' look like today and what might he look like in 10 or 20 years? How has this changed and what is the impact for the professional, the veterinary team and clients?
12. Annex A seeks to map the current and proposed activities in the workstreams that report to APC against the above areas of focus, and identifies areas where new research, activities or workstreams may be required.
13. The Committee is invited to consider the above scope and areas of focus in conjunction with Annex A, to identify any gaps and existing research that could support the development of evidence-based initiatives in these areas.

Definitions and terminology

14. In the Secretariat meeting of 16 January there was a discussion as to the importance of using the correct terminology as this would help determine the scope of the programme and would be critical to success and acceptance by the professions. It was suggested therefore that one of the first tasks for the Committee, should it wish to pursue the development of such a programme, was to agree the terminology used in its title, specifically whether this should be: primary care, first opinion, general practice or something else.

Primary care

15. The advantages of this term are that 'primary care' is well understood in the veterinary and human health fields (see examples below), and it has a wide scope incorporating a range of service which provide a gateway into the veterinary or human healthcare system.
16. The key disadvantages of the term are: first, the ambiguity as to whether it includes dedicated Emergency and Critical Care (ECC) providers, which may be the first port of call for someone who needs veterinary attention for their animal, but are not providing 'general practice'; and second that whilst it clearly defines an area of the health ecosystem it is not one that individuals may readily identify with i.e. they would be more likely to describe themselves as a general practitioner (GP) rather than a primary care practitioner.

"Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental and optometry (eye health) services" – NHS England

<https://www.england.nhs.uk/participation/get-involved/how/primarycare/>

"Veterinary primary care is characterised by its focus on animals rather than their diseases, on continuity of care, on prevention of disease and on maintenance of health both in individual animals and in populations. It aims to integrate and coordinate the comprehensive care of animals as well as to support the relationships which exist between people and their animals, between clients and veterinary care

providers and within the veterinary team” – RCVS, in context of Certificate in Advanced Veterinary Practice

<https://www.rcvs.org.uk/document-library/modular-combinations-veterinary-primary-care/>

General Practice

17. General practice/general practitioners are likely the terms most easily understood by members of the public due to their familiarity with the role of the GP in human medicine. Furthermore, general practitioner is a term used regularly by those in veterinary medicine to describe themselves and their role.
18. The disadvantages of the terms are that GPs in human medicine offer more limited services to the GPs in veterinary medicine, and some first opinion veterinary practices may provide a limited range of service e.g. vaccination clinics or those focusing on particular areas of medicine, and it would be ambiguous as to whether they were covered within the scope of a project covering GP practice.

‘General practitioners (GPs) treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment. They focus on the health of the whole person combining physical, psychological and social aspects of care” – NHS Health Careers

<https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/general-practice-gp>

First opinion practice

19. The use of the term first opinion practice appears more limited in veterinary medicine and is primarily used to describe equine hospitals providing care without the need for a referral. The terms introduces ambiguity as it implies there will be a ‘second opinion’ and it creates a confusion between ‘referrals’ which may be for the purpose of a diagnosis, procedure and/or possible treatment, after which the case is returned to the referring veterinary surgeon, and a ‘second opinion’ which is only for the purpose of seeking the views of another veterinary surgeon.
20. On the basis of the above, it is not recommended that the term ‘first opinion practice’ is adopted for the purpose of naming this programme.

Choosing a name

21. Both ‘primary care’ and ‘general practice’ are well understood terms and broadly describe the same concept, notwithstanding the aforementioned issues around their scope. Ultimately therefore the decision will be whether to adopt the term ‘primary care,’ which perhaps best reflects the role of this branch of the profession within the wider health ecosystem, or general practice, which perhaps more easily lends itself to discussions around careers, as the term ‘general practitioner’ is most commonly used to describe the work of individuals in this branch of the profession.

Decisions required

22. The Committee is invited to consider whether to pursue a programme focused on ‘recruitment and retention’ in primary care practice as outlined in the paper.
23. Furthermore, if the Committee is minded to pursue such a programme, it is invited to:

- a. Review the proposed scope and areas of focus, to identify any gaps and existing research that could support the development of evidence-based initiatives in these areas;
- b. To consider terminology used to describe the programme and areas of focus;
- c. To provide strategic guidance as to how such a programme could be developed and implemented.

Next steps

24. Subject to the approval of the Committee as to the direction of travel, in advance of the next meeting the secretariat will: undertake initial desk-based research to support the development of initiatives in the areas identified above; make proposals for additional areas of research; and develop a high-level programme plan.

Annex A: Mapping workstream activities to the proposed areas of focus

1. This annex seeks to map the current and proposed activities in the workstreams that report to APC against the above areas of focus, and identifies where new research, activities or workstreams may be required.

Value proposition: what does primary care practice offer and how do we articulate this from a recruitment perspective?

2. Limited work is currently being undertaken that would support the delivery of this aim. The Committee is invited to consider how best this area of focus might be delivered and where further research is required.

Skills and competencies: what are the key attributes of successful, happy and healthy primary care practitioners, and how can the RCVS support the development of these?

3. The work of the Graduate Outcome project provides a strong foundation for developing and delivering work in this area. Furthermore, existing and proposed activities from within the current APC workstreams are also highly relevant to its delivery, including:
 - RCVS Leadership: Proposals to develop a 'veterinary leadership framework' and the Edward Jenner Veterinary Leadership Programme - in particular initiatives to engage veterinary nurses in clinical practice and Veterinary Nurse Clinical Coaches.
 - Mind Matters: Proposals to help veterinary professionals manage and support the mental health of their clients, together with wider work to support mental health and resilience amongst the veterinary team.
 - Fellowship: initiatives to expand membership amongst general practitioners, engage the Fellowship in QI initiatives and the creation of a Fellowship mentoring scheme.

Retention: why are people leaving primary care practice and how can they be better supported or encouraged to stay? Are the issues unique to this branch of the professions or are they fundamentally the same across all branches of the professions?

4. Limited work is currently being undertaken that would support the delivery of this workstream. As a starting point the Institute of employment Studies (IES) could be asked to analyse the recent Surveys of the Professions to identify how those working in primary care responded to questions about their views of veterinary work and their likelihood of staying in the profession compared to other branches of the profession, in addition to other trends that may be pertinent to this stream of work.
5. The joint Mind Matters Initiative (MMI) / Society of Practising Veterinary Surgeons Wellbeing Awards celebrates and promulgates good practice around workplace wellbeing, and wider MMI work seeks to support stress reduction and increased resilience amongst veterinary professionals. Such initiatives play an important role supporting individuals to stay in the profession.
6. The ViVet programme could also begin to explore how new business models for the delivery of veterinary care could make primary care a more or less attractive proposition.

Return: how do we encourage people to return (when appropriate) from outside the profession and other branches?

7. This workstream is closely linked to retention and would again benefit from further analysis of the data from the Surveys of the Professions.
8. The new Strategic Plan makes a commitment to continue to support the mental health and wellbeing of members of the veterinary team and, more specifically, the Mind Matters Initiative is planning to develop a return to work programme for those who have taken time away from work due to mental health issues.

The impact of Specialist practice: what impact has the rise of Specialist practice had on primary care practice and how can we separate the reality from the perception?

9. Limited work is currently being undertaken that would support the delivery of this aim. The Committee is invited to consider how best this area of focus might be delivered and where further research is required.

Technology and change: what impact will technology have on this branch of profession and can practitioners be supported to lead and embrace change to improve their working lives as well as the quality, efficacy and accessibility of the services they provide.

10. The ViVet programme seeks to empower veterinary professionals to drive innovation in animal health. Recently the programme has started to focus on supporting innovation adoption and creation amongst veterinary professionals in clinical practice. A new operational plan is being developed which will align the programme with the new RCVS Strategic Plan. This will be presented to the Committee for consideration at a future meeting.

Generational change: what are the career expectations and aspirations of Millennials and Generation Zs, will these be met by primary care practice as it stands today and what needs to change.

11. Now that millennials are the largest group of pet owners, through ViVet the RCVS has on a number of occasions explored how the generational shift is changing attitudes to pet ownership and expectations of veterinary care.
12. Much research has been conducted outside the veterinary sector as to the changing attitudes to employment of Millennials and Gen Z's. Further work could be undertaken to map this onto the veterinary profession to understand better how careers in primary care could meet these expectations and where changes might be required.

The future Herriot: what does 'James Herriot' look like today and what might he look like in 10 or 20 years? How has this changed and what is the impact for the professional, the veterinary team and clients?

13. This would be an entirely new project which could build on the horizon scanning and scenario planning work of Vet Futures, to engage the profession and the public around the current and future role of the general practitioner. Looking at how this has changed and how this will change, and the impact this will have.
14. The Committee is invited to consider what such an exercise might look like and its value in engaging the profession and public.

Meeting	Advancement of the Professions Committee
Date	11 February 2020
Title	Survey of the Professions
Classification	Unclassified
Summary	This paper provides the results of the 2019 Survey of the Veterinary Nurse and Veterinary Surgeon Professions, carried out on behalf of the Royal College of Veterinary Surgeons (RCVS) by the Institute for Employment Studies (IES).
Decisions required	None
Attachments	Annex A: VN Survey Report 2019 Annex B: VS Survey Report 2019
Author	Anthony Roberts a.roberts@rcvs.org.uk Director of Leadership and Innovation

The 2019 Survey of the Veterinary Nurse Profession

A report for the Royal College of Veterinary Surgeons

Dilys Robinson, Megan Edwards, Georgie Akehurst, James Cockett, Kate Arnill Graham and Alex Martin

Institute for Employment Studies

IES is an independent, apolitical, international centre of research and consultancy in public employment policy and HR management. It works closely with employers in all sectors, government departments, agencies, professional bodies and associations. IES is a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and HR planning and development. IES is a not-for-profit organisation.

Acknowledgements

The authors are indebted to the many veterinary nurses who took time out from their busy schedules to respond to the 2019 survey.

Institute for Employment Studies
City Gate
185 Dyke Road
Brighton BN3 1TL
UK

Telephone: +44 (0)1273 763400
Email: askIES@employment-studies.co.uk
Website: www.employment-studies.co.uk

Copyright © 2019 Institute for Employment Studies

IES project code: 00194-5673

Contents

Executive Summary	1
<i>Personal details</i>	1
<i>Work status</i>	2
<i>Current work (veterinary or non-veterinary)</i>	3
<i>Working outside the VN profession</i>	5
<i>Working within the VN profession</i>	5
<i>Working within clinical veterinary practice</i>	7
<i>Continuing professional development (CPD)</i>	9
<i>Recent qualifiers</i>	9
<i>Views about the VN profession</i>	9
<i>Well-being</i>	11
<i>Views about the RCVS</i>	13
<i>Final thoughts</i>	14
1 Introduction	16
1.1 Background.....	16
1.2 Survey process.....	16
1.3 Response.....	16
1.4 Data input and survey analysis.....	17
1.5 Report structure.....	17
2 Personal details	19
2.1 Demographic characteristics.....	20
2.1.1 <i>Gender</i>	21
2.1.2 <i>Sexual orientation</i>	21
2.1.3 <i>Age</i>	21
2.1.4 <i>Ethnicity</i>	23
2.2 Responsibility for dependants.....	24
2.3 Work-limiting disability or medical condition.....	25
2.4 VN status.....	25
2.5 VN qualification.....	26
2.6 Year of qualification.....	27
2.6.1 <i>Year of entry to the RCVS Register</i>	27
2.7 Country of qualification.....	28
2.8 Social mobility.....	28
2.9 Qualifications prior to VN study.....	30
3 Work status	33
3.1 Employment status.....	33
3.2 Unemployment.....	35
3.3 Taking a career break.....	35
3.4 Retirement.....	36
4 Current work	37
4.1 Country of employment.....	37
4.2 Working in the UK and/or Republic of Ireland.....	38
4.2.1 <i>Rural or urban?</i>	43
4.3 Citizenship.....	43
4.4 Moving to the UK.....	44
4.5 Additional jobs.....	46
4.6 Working within or outside the VN profession.....	47
5 Working outside the VN profession	48
5.1 Type of organisation.....	48
5.1.1 <i>Animal-related?</i>	48

5.1.2	<i>Nature of work</i>	48
5.1.3	<i>Sector</i>	50
5.2	Ever worked in the profession?	50
6	Working within the VN profession	51
6.1	Type of organisation	52
6.2	Hours of work and on call.....	53
6.2.1	<i>Hours worked</i>	54
6.2.2	<i>On call</i>	55
6.3	Workplace benefits.....	56
6.4	Career plans.....	57
7	Working in clinical veterinary practice	61
7.1	Who works in clinical practice?	62
7.2	Position in practice	62
7.3	The practice.....	63
7.3.1	<i>Business model</i>	63
7.3.2	<i>Accreditation</i>	64
7.3.3	<i>Training practice?</i>	64
7.3.4	<i>Size of practice</i>	65
7.3.5	<i>Practice's approach to providing 24/7 emergency cover</i>	65
7.4	Work undertaken	66
7.4.1	<i>Activities and their frequency</i>	66
7.4.2	<i>Nursing clinics</i>	68
7.4.3	<i>Expertise areas</i>	70
7.5	Breakdown of working and on-call time	72
7.6	Visits and out-of-hours work.....	73
7.6.1	<i>Routine visits</i>	73
7.6.2	<i>Out-of-hours work</i>	74
7.7	Working time arrangements	74
7.7.1	<i>Minimum rest periods</i>	74
7.7.2	<i>Holidays</i>	75
8	Continuing professional development	76
8.1	Qualifications.....	76
8.2	CPD methods	77
8.3	CPD funding	78
8.4	RCVS Professional Development Record.....	79
8.5	Recently-qualified VNs	80
8.5.1	<i>Student experiences</i>	80
9	Views about the VN Profession	83
9.1	Views about the VN profession	83
9.1.1	<i>Views about the VN profession that are comparable to previous surveys</i>	84
9.1.2	<i>Views about evidence-based medicine and quality improvement</i>	87
9.1.3	<i>Views about standards, learning and recognition of the VN contribution</i>	88
9.1.4	<i>Views about 'being myself at work'</i>	91
9.2	'Overall views score'	91
9.3	Reflections on career choice	92
9.4	Best things, suggestions for improvement and challenges	93
9.4.1	<i>Best things about working in the VN profession</i>	93
9.4.2	<i>Things that would make the VN profession a better place to work</i>	94
9.4.3	<i>Challenges to the VN profession</i>	96
10	Well-being	99
10.1	Background to the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)	100
10.2	Responses to the WEMWBS	100
11	Views about the RCVS	108

11.1	Perceptions	109
11.2	Values	111
11.3	Contact and communications	113
11.4	Awareness of initiatives	117
11.5	Consultations	117
11.6	Purpose	119
11.7	Overall views	122
11.8	Do more, do less?	124
11.8.1	<i>The RCVS should do more of</i>	124
11.8.2	<i>The RCVS should do less of</i>	126
12	Final Thoughts	128
12.1	Themes	128
12.1.1	<i>Protect the VN title</i>	128
12.1.2	<i>Extend the role and reward expertise</i>	129
12.1.3	<i>Educate VSs and the public about the VN role</i>	129
12.1.4	<i>Better pay is needed</i>	130
12.1.5	<i>Improve management capabilities</i>	131
12.1.6	<i>Training and CPD</i>	131
12.1.7	<i>The survey</i>	131
12.1.8	<i>Positive comments about being a VN</i>	132
13	Conclusions	133
13.1	The demographic profile	133
13.2	Retention	134
13.3	Respect	134
13.4	Well-being	135
13.5	Workplaces and work activities	135
13.6	Positive trends	136
	Appendix	137

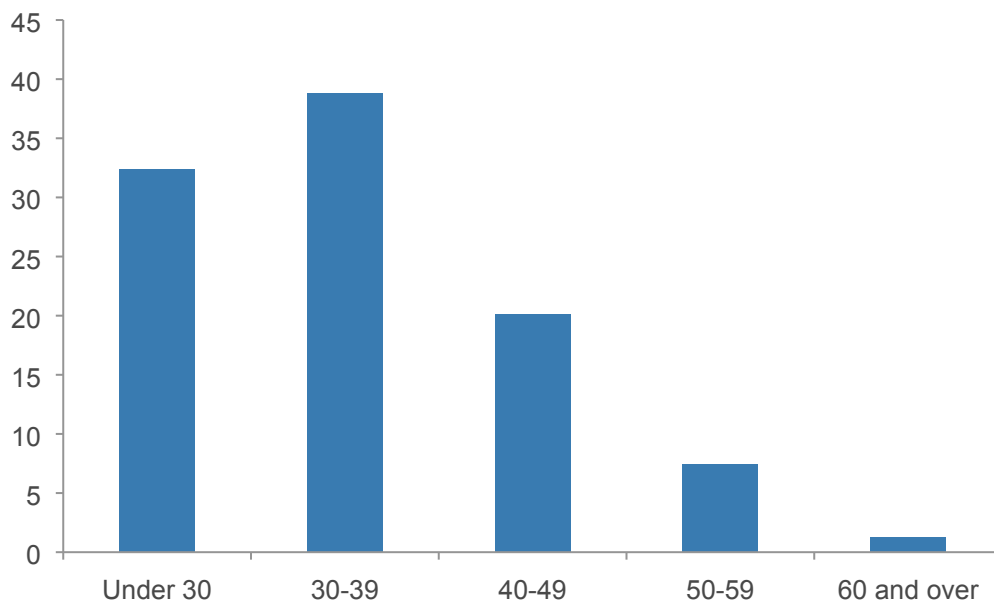
Executive Summary

This executive summary presents an overview of the results of the 2019 Survey of the Veterinary Nursing Profession, carried out on behalf of the Royal College of Veterinary Surgeons (RCVS) by the Institute for Employment Studies (IES). The survey was in the field during June and early July 2019, and yielded a response rate of 28.8 per cent (4,993 responses) counting only completed questionnaires, and 44.3 per cent including an additional 2,693 partially completed questionnaires. Throughout, VN is used as an abbreviation for veterinary nurse.

Personal details

The VN profession is predominantly made up of women, illustrated by 96.8 per cent of survey respondents being female; however, the percentage of male respondents has increased very slightly, from two per cent in 2008 to 2.7 per cent in 2019. It is also a relatively young population, as Figure 1 shows, with respondents having an average (mean) age of 35.2 (men are slightly younger, having an average age of 33). However, the average age of qualified respondents has increased since 2014, when it stood at 33.9.

Figure 1: Age distribution of VN respondents, %



VN Survey, 2019

The average age of respondents working outside the VN profession is higher than that of those working within it (40.4 compared to 35), and within the VN profession, those working in clinical practice are considerably younger than those working outside clinical practice: 34.7 compared to 40.3. Just over one-third (34.5%) of respondents have one or more dependent children living with them, and a much smaller proportion (3.3%) have caring responsibilities for one or more adults.

There has been a very small increase in Black and Minority Ethnic (BAME) respondents over the years, from 1.1 per cent in 2008 to 1.9 per cent in 2019. BAME respondents are, on average, younger than White respondents (33.1 compared to 35.3), suggesting this trend may continue. There has been a much larger increase in the proportion of respondents with a disability/medical condition that limits what they can do at work, from 3.9 per cent in 2014 to 7.4 per cent in 2019.

The majority (55.5%) of respondents qualified as VNs from 2010 onwards, with only 15.7 per cent having qualified before 2000. In terms of entering the RCVS Register, 40.7 per cent entered between 2015 and 2019, 22 per cent between 2010 and 2014, and 26 per cent between 2000 and 2009.

The large majority (97.1%) of respondents qualified in the UK, although this is slightly lower than in earlier surveys (e.g. 98.7% in 2010). A further 0.8 per cent qualified in the Republic of Ireland, and another 0.8 per cent qualified elsewhere in Europe; the majority of these are from in Portugal.

The VN profession seems to be relatively accessible in social mobility terms, in that respondents who lived entirely or mainly in the UK while growing up mostly attended state schools (93.5%) and less than one-quarter (21.3%) have one or more degree-educated parents or guardians. In addition, 19.8 per cent lived in household that at some point received income support, and 17.5 per cent received free school meals; it appears that the VN profession is relatively accessible. Before starting their VN training, 10.4 per cent were educated to degree level, 27.2 per cent had gained two or more A levels or equivalent, and 43.5 per cent had gained five or more GCSEs at grades A* to C or equivalent. Only 0.6 per cent had no qualifications.

Work status

As Table 1 shows, the large majority of respondents are in work: 70.5 per cent work full time and 27.1 per cent part time. The proportion in full-time work has decreased over the years, from 77.2 per cent in 2010. Full-time working is notably more common among male respondents, 93.5 per cent of whom work full time, compared to 69.9 per cent of women; conversely, and 3.5 per cent of men work part time, compared to 27.8 per cent of women. Part-time working increases in line with age, with the average (mean) age of those in full-time work being 33.6, compared to 39.6 for those in part-time work. The main correlation with full- or part-time working is having dependent children: 58.7 per cent of those with dependent children living with them work part time, compared to only 9.9 per cent of those without child dependants.

Table 1: Employment status

Employment status	2019 N	2019 %	2014 %	2010 %
Full-time work	5,084	70.5	73.5	77.2
Part-time work	1,955	27.1	20.9	18.6
Voluntary work	16	0.2	0.5	-
Unemployed	33	0.5	3.1	1.1
Taking a career break	109	1.5	1.8	3
Retired	10	0.1	0.2	0.1
Total	7,207	100	100	100

Source: VN Surveys, 2019, 2014 and 2010

The most common reason for being on a career break is parental leave/looking after children; 41.3 per cent of those on a career break give this reason. The 'typical' length of a career break (mode and median values) is 12 months. The small number of retired respondents are all female and have an average (mean) age of 62.5.

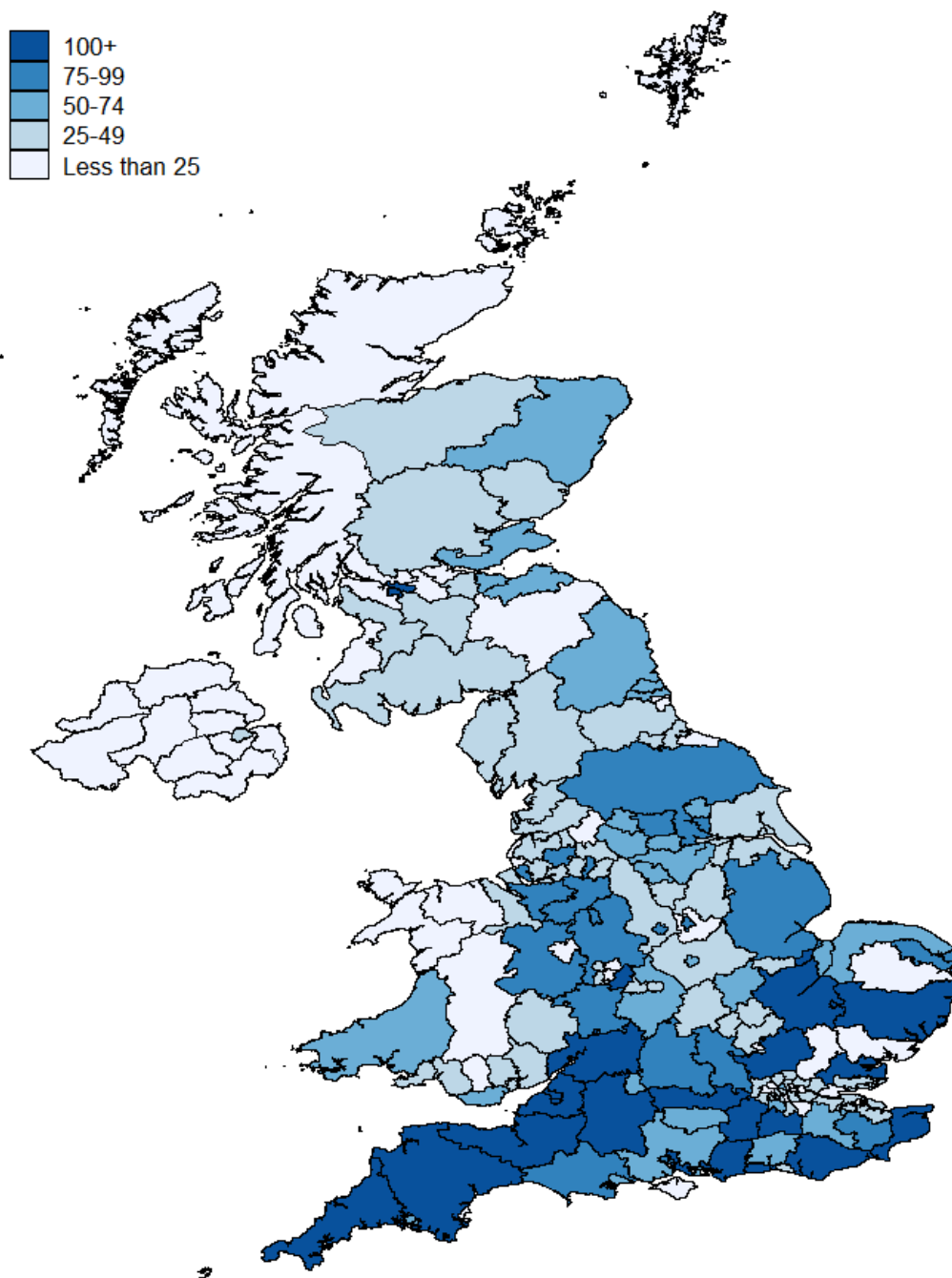
Current work (veterinary or non-veterinary)

The workplace of the large majority (97.6%) of VN respondents is in the UK or Republic of Ireland, with 87.6 per cent of these working in England; the majority of the 2.4 per cent of respondents who work abroad are in Australia, Europe or New Zealand.

Figure 2 shows the distribution of respondents in the UK, using a geographical classification called Nomenclature of Territorial Units for Statistics (NUTS), level 3. It is apparent that there are particularly high concentration of respondents in South East England, South West England and East of England. Overall, 41 per cent of respondents say they work in an urban location, 21 per cent a rural location, and 39 per cent an area that is a mixture of urban and rural.

The large majority (98%) of respondents are British or Irish citizens and a further 1.2% either have indefinite leave to remain (ILR) or intend to apply for ILR or British citizenship; however, 0.8 per cent do not intend to apply for either. For those who are not British/Irish citizens, the main reasons for coming to the UK are: for better career opportunities; to gain experience; that veterinary work has a higher status in the UK; and for better pay and conditions. One-half (50%) of those who have come to the UK from abroad arrived from 2014 onwards. Over one-half (57%) of non-British citizens would like to stay in the UK for at least five years.

Figure 2: All VN respondents in work in the UK (NUTS3)



Source: VN Survey, 2019

N = 6,089

When asked about additional work outside their main employment, 16.8 per cent of respondents overall say they have an additional job, with working for another veterinary practice or as a clinical coach being the most frequently-cited. The median number of hours worked in a typical week in the additional job is eight.

Working outside the VN profession

A small proportion (4.2%) of respondents currently work mainly or wholly outside the VN profession; of these, over half (58%) work in an animal-related role. The most common five areas of work outside the VN profession, using Standard Industrial Classification codes, are education (17.9%), professional, scientific and technical (17.1%), other service activities (12.1%), administrative and support services (11.8%) and human health and social work activities (10.7%). In terms of sector of employment, 57.7 per cent work in the private sector, 35.2 per cent in the public sector and 10.3 per cent in the third or charity sector.

Almost all (98.3%) have, at some point since qualifying, worked as a VN within the profession, and of these almost all (94.7%) worked in clinical veterinary practice. Of the small number of respondents who have never worked in the VN profession, 60% do not intend to do so in the future.

Working within the VN profession

The majority (95.8%) of respondents who are in work (i.e. not unemployed, on a career break or retired) are working within the VN profession in their main role, meaning that the role requires a VN qualification. Of these, 92.2 per cent work in clinical veterinary practice.

Small animal practice is the biggest area of work, in that 72.3 per cent of those working within the profession do all or some of their work in first opinion small animal practices; this proportion has increased gradually over the years (e.g. from 68.8% in 2014). Referral/consultancy practices are also growing as areas of work, with 13.9 per cent of those within the VN profession doing some or all of their work within a referral or consultancy practice, compared to 11.2 per cent in 2014. By contrast, mixed practice, equine practice and farm/production practice have all declined as areas of work for respondents, in terms of both the number and percentage of respondents working in these areas. Outside clinical practice, the most common employers are charities and trusts, veterinary schools, and other university/education providers. Respondents working in clinical veterinary practice are notably younger, on average, than those working outside clinical practice: 34.7 compared to 40.3.

The overall (mean) average typical working week of those within the VN profession is 33.9 hours; the median (middle value) is 38 hours and the mode (most frequently-cited value) is 40 hours. The highest typical weekly hours are found in small animal practice among those working in clinical practice (34.2), and in commerce and industry for those working outside clinical practice (35.7).

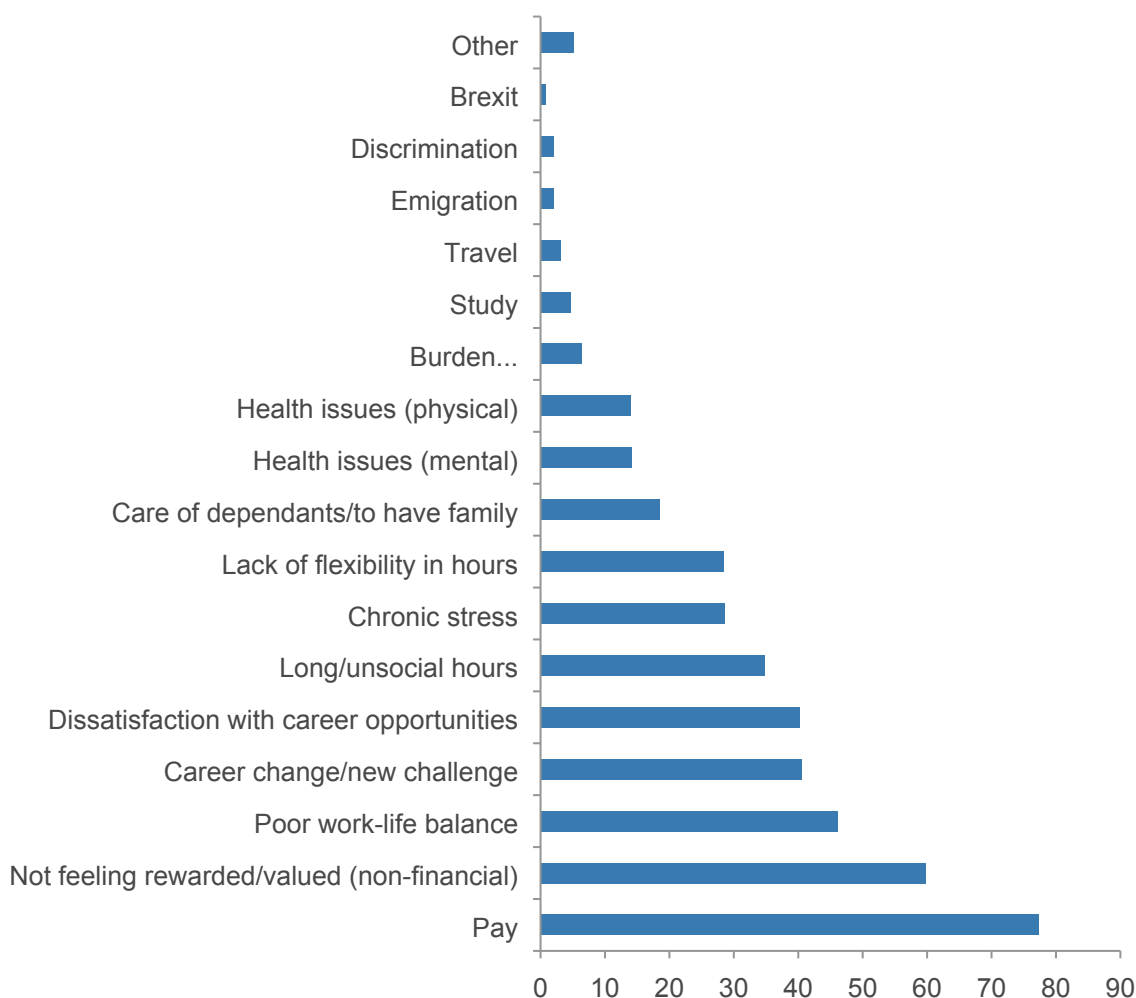
The majority of respondents are not required to be on call, either off or on the premises. For those who are required to be on call, the median for typical weekly hours on call off the premises is between 11 and 12, and the mode is 12 hours; and the median for typical weekly hours on call on the premises is 11, and the mode is 12 hours. Of those who are required to be on call on the premises, 57 per cent are normally asleep when not working; this is notably lower than in 2014 (79%) and 2010 (85%). Of those who work out of hours

on the premises caring for in-patients, over one third (36.5%) are alone when they do so, although 37.8 per cent are with one or more qualified VNs and 18.3 per cent are part of a multi-disciplinary team.

The three most commonly-cited workplace benefits received by respondents are paid time off for training/continuous professional development (CPD) (77.4%), RCVS retention fees paid in whole or part (74.3%) and financial support for training/CPD (69.7%).

Almost three-quarters (72%) of respondents plan to stay in the VN profession for more than five years, 3.2 per cent plan to retire at some point over the next five years, and 24.8 per cent (compared to 15.4% in 2014 and 22.6% in 2010) plan to leave at some point over the next five years for reasons other than retirement. For those planning to leave the VN profession, the top two reasons for doing so are the same as in 2014 and 2010: pay, chosen by 77.3 per cent of those planning to leave, and not feeling rewarded/valued (non-financial), chosen by 59.8 per cent. Figure 3 gives more detail.

Figure 3: Reasons for planning to leave the VN profession, %



Source: VN Survey, 2019

Working within clinical veterinary practice

The majority (53.9%) of respondents working within clinical practice describe themselves as a 'nurse', with a further 32 per cent being in roles described variously as head, deputy head or senior nurse (see Table 2). Twelve per cent typically work for more than one practice over the course of a month; most of these are locums, and it is noticeable that the proportion of respondents in locum roles has more than doubled since 2014.

Table 2: Position within practice

Position	2019 N	2019 %	2014 %	2010 %	2008 %
Nurse	2,576	53.9	52	42.8	55.5
Head/Deputy/Senior nurse	1,527	32	26.3	30.1	28
Assessor/training manager	-	-	11.3	15.8	-
Clinical coach	167	3.5	-	-	-
Practice manager/administrator	146	3.1	5	5.1	3.9
Locum	302	6.3	3	2.3	3.2
Practice owner or partner/director	59	1.2	0.8	0.7	0.9
Other	-	-	1.7	3	8.6
Total	4,777	100	100	100	100

Source: VN surveys, 2019, 2014, 2010 and 2008

The business model of the practices in which respondents work (i.e. the way in which practices are owned, managed and legally set up), is presented in Table 3, which shows that 48.6 per cent now work in a practice that is part of a corporate group or a joint venture with a corporate group, while 39.3 per cent work in an independent practice that is either standalone or part of a larger group.

Business model of practice(s) in which VN respondents work

Business model	%
Independent, stand-alone practice (e.g. a partnership)	32.5
Independent practice that is part of a larger group (with some shared centralised function)	6.8
Part of a corporate group	40.5
Part of a joint venture with a corporate group	8.1
Charity	5
Veterinary school	3.7
Out-of-hours only provider	1.9
Don't know	0.6
Other	0.9

Source: VN Survey 2019

Younger respondents are somewhat more likely to work in a practice that is part of a corporate group or a joint venture, while older respondents are somewhat more likely to work for an independent or charity practice:

- 43.9% of respondents aged under 30 work for corporate group or a joint venture, compared to 38% of those in their 40s and 31% of those in their 50s.
- The reverse pattern is seen among those who work in an independent, standalone practice: 31.3% of those aged under 40 work in an independent, standalone practice, compared to 34.4% of those in their 40s and 38% of those aged 50 and over.

Over three-quarters (77.9%) of respondents work wholly or mainly in a practice that is accredited by the RCVS Practice Standards Scheme (PSS) and an even larger proportion (84.7%) work in a training practice. The 'average' practice contains 7.6 full-time-equivalent (FTE) VSs, 8.4 FTE VNs and 2.2 VN students. In 2014, the mean averages were 6.7 VSs and 7.5 VNs, which suggests that practices may be getting bigger.

The most common approach to providing 24/7 emergency cover is to use a dedicated out-of-hours service provider (44.2% of respondents), closely followed by the practice providing its own cover (42.4%).

When asked about their day-to-day activities, more than two-thirds of respondents say they administer medicines by injection and carry out clinical cleaning every day, and more than half dispense medications, care for hospitalised animals, set up intravenous fluids or administer anaesthetic pre-medication every day. There are some activities that respondents carry out less often every day than in 2014: clinical cleaning (70.9% in 2019, 81.4% in 2014), caring for hospitalised animals (57.6% in 2019, 65.1% in 2014), general domestic cleaning (46.8% in 2019, 56.9% in 2014), and reception work (29.1% in 2019, 40.1% in 2014). There are also some activities that respondents carry out more often every day: taking blood samples (49.7% in 2019, 40.6% in 2014), teaching/supervising student VNs (37.6% in 2019, 29.5% in 2014), and dental hygiene work (11.4% in 2019, 4.9% in 2014).

In addition to day-to-day activities, respondents are participating in more nurse-led clinics than in previous years; 80.3 per cent are involved in clinics, with nail clipping, parasite control and weight management clinics being the most common. The large majority (91.9%) consider themselves to have expertise in at least one area, with nail clipping, parasite control, weight management and anaesthesia being most frequently mentioned. Averaged across all respondents, dogs and cats take up most working time (80.2%) and on call time (81.4%) of VN respondents.

A fairly low 14.8 per cent are required to make routine visits to clients as part of their job, and a larger proportion (39.1%) are required to work out of hours; of those required to work out of hours, 31.1 per cent make out-of-hours visits to clients.

With regard to rest periods, the majority (76.5%) always or usually have a minimum rest period of 11 hours in each 24 hour period, and a larger proportion (89.5%) always or

usually have at least two days' rest every 14 days; a similar proportion (89.5%) have at least 20 days' paid holiday a year in addition to bank holidays, pro rata for part-time.

Continuing professional development (CPD)

The two most frequently-cited CPD methods, used by over 60 per cent of respondents, are attending courses and seminars, and distance learning. The method taking up the most amount of time (44.3%) is distance learning. The majority of CPD is funded either by respondents' employers (54.1%) or themselves (26.6%). A very high 90.1 per cent of respondents are using the RCVS Professional Development Record (PDR) to record their CPD online, a big increase compared to 2014 (52.4%).

In addition to their VN qualification, 15 per cent of respondents working within the VN profession hold one or more additional qualifications, while 2.8 per cent are currently studying for one or more, and 12.4 per cent plan to study for one or more in the next five years.

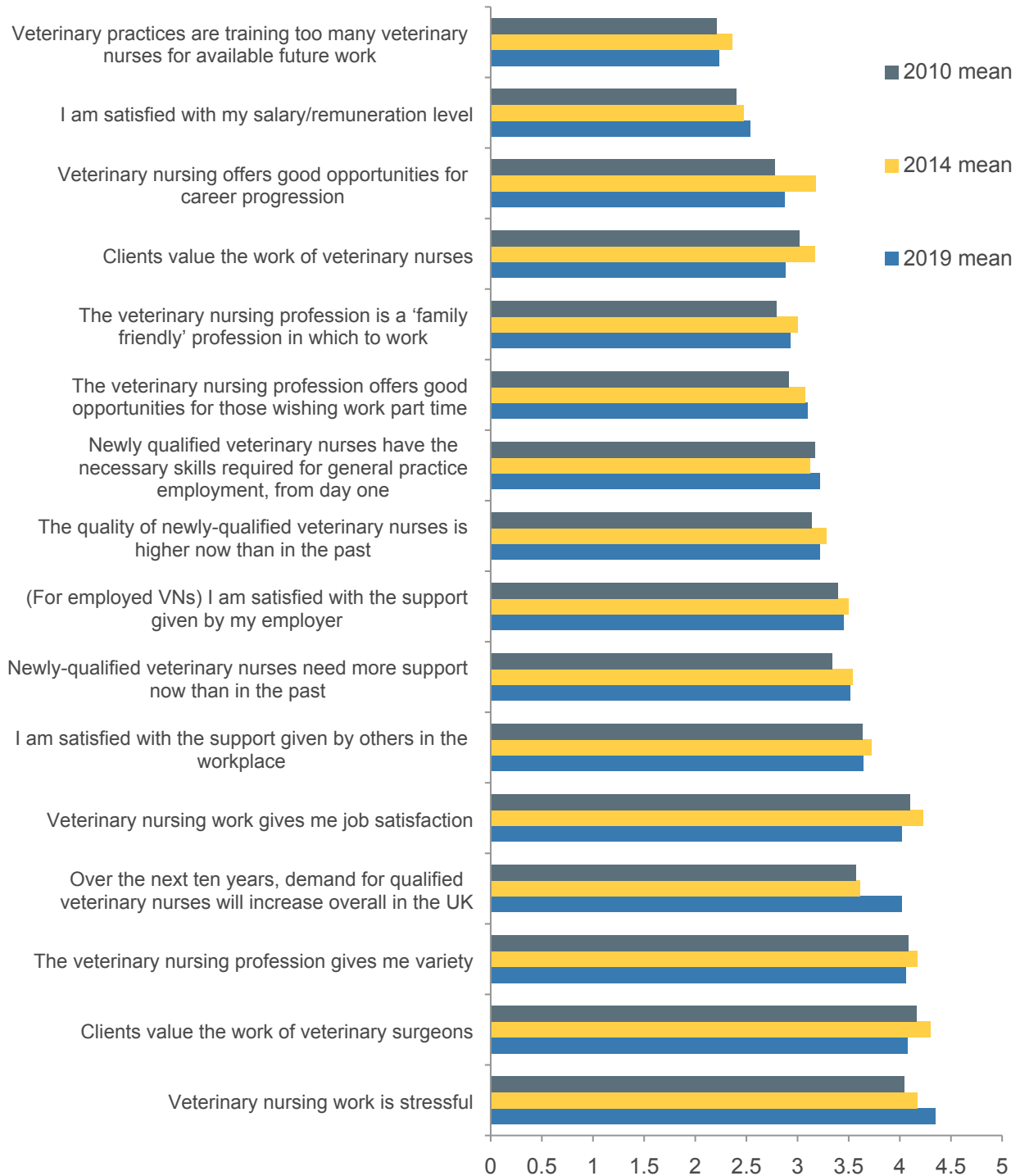
Recent qualifiers

The majority of recent qualifiers (2016 on) do not seem to have had much difficulty in finding a position as a Student VN: 66.9 per cent had to approach fewer than six practices, an improvement on previous years. Over three-quarters (77.5%) of recent qualifiers received appraisals or performance reviews while training, slightly lower than 2014 (81.2%). Overall, recent qualifiers were satisfied with their training: 82.2 per cent were satisfied/very satisfied with their clinical placement, 76.5 per cent with their training practice experience, and 70.2 per cent with their college/university experience.

Views about the VN profession

Figure 4 shows respondents' views about a series of statements that were also asked in 2014 and 2010. On the whole, views are positive, notably about the VN profession giving satisfaction and variety. However, respondents find VN work very stressful and are dissatisfied with their pay/remuneration. They also think that clients valued the work of VSs, but not VNs. There is a strong belief that the demand for VNs will increase over the next ten years.

Figure 4: General views about the VN profession: average (mean) scores, 2019 compared to 2014 and 2010



Source: VN Surveys, 2019, 2014 and 2010

In response to statements that were not asked in previous surveys:

- Respondents are confident in their familiarity with evidence-based medicine and quality improvement, and use these in their practice.
- There is a strong belief that the RCVS PSS should be mandatory.
- Respondents are comfortable reporting and sharing mistakes in the workplace, and feel that the VN profession has a culture of sharing and learning from mistakes. However, they are less sure that the VN profession nurtures innovation, and do not think the profession pays sufficient attention to the development of leadership skills or to its environmental footprint.

When asked if they would opt to become a VN if starting their career again, 50.8 per cent of respondents said yes, 21.6 per cent said no, and 27.7 per cent were unsure; in 2014, a notably higher 60 per cent said yes.

The top three best things about working in the VN profession are seen by respondents to be working with animals, making a difference, and job satisfaction, while the top three desired improvements that would make the VN profession a better place in which to work are better financial reward, better work-life balance, and more respect/recognition from the public. Related to this, the three biggest challenges to the VN profession are perceived to be poor financial reward, stress levels, and client expectations/demands.

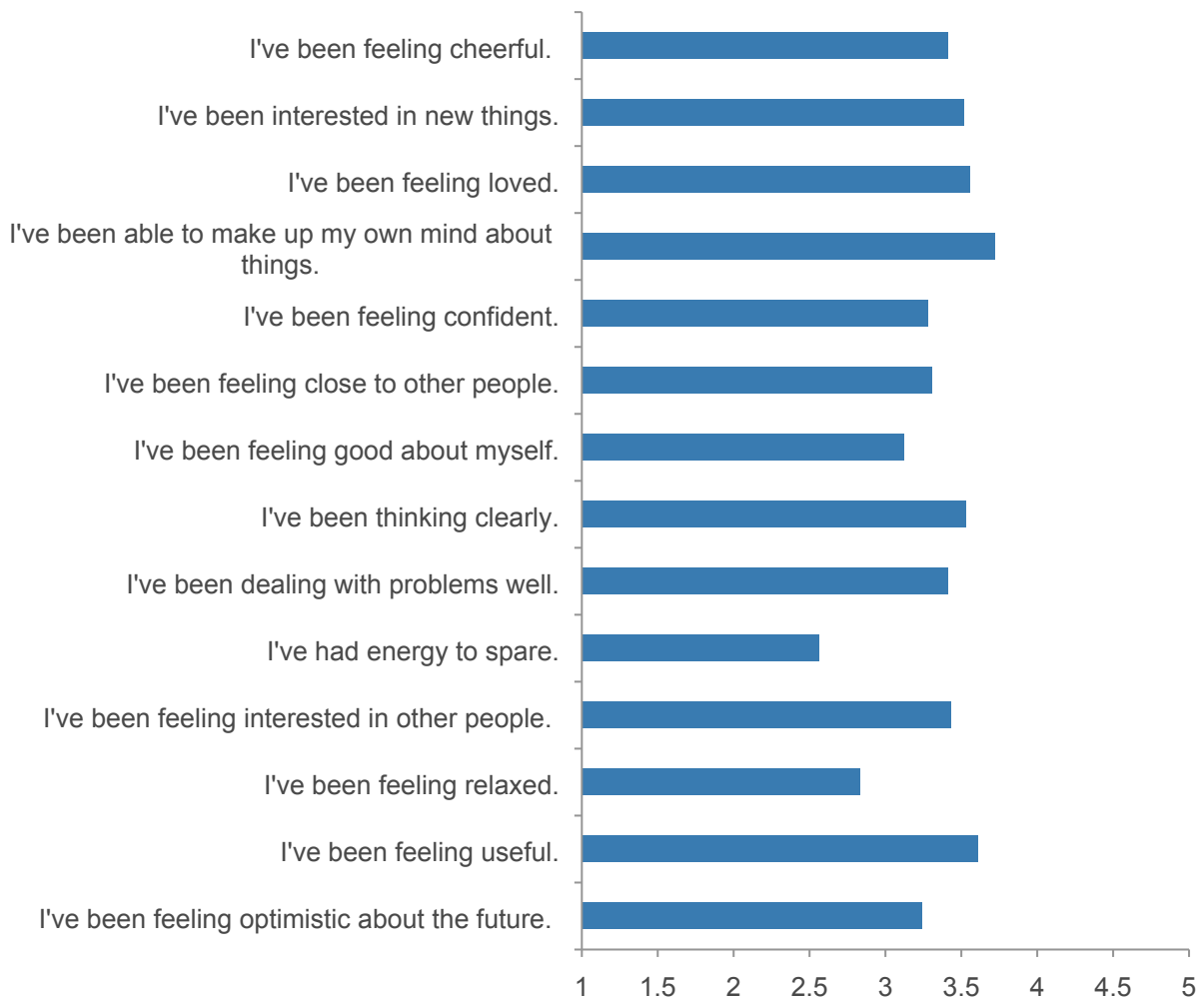
Well-being

In order to track the mental well-being of the veterinary profession at a population level over time, respondents to the 2019 VN survey were asked to respond to a short series of statements comprising a 14-item scale of mental well-being known as the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)¹. Figure 5 gives the average (mean) scores for these statements.

The overall WEMWBS well-being average (mean) score for respondents is 46.2, lower than in 2014 and 2010 when the scores were 47.5 and 47.4 respectively. The latest available comparable national data relate to the 2016 Health Survey for England; this gives the WEMWBS score for men as 50.1 and for women 49.6.

¹ Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh 2006, all rights reserved.

Figure 5: Average (mean) scores for well-being statements



Source: VN Survey, 2019

A demographic analysis shows that: respondents with a limiting disability/medical condition have a notably lower average well-being score than those who do not; women score somewhat lower than men; women with dependent children living with them have higher scores than those without dependent children; those with responsibility for an adult dependant, especially male respondents, have lower scores than those without an adult dependant; BAME respondents have somewhat lower scores than White respondents; and heterosexual respondents have somewhat higher scores than LGB respondents.

Analysed by employment status, respondents who are unemployed have the lowest average well-being scores (42.7), while those in part time work have the highest (46.9). Those working in clinical practice have a lower score (46.1) than those working inside the VN profession but outside clinical practice (48) and those working outside the VN profession altogether (48.1). Within clinical practice, practice managers/administrators have the highest scores (48.7) and nurses have the lowest (45.9).

Respondents who seldom or never have a minimum rest-period of 11 hours each day score lower, on average, than those who always or usually have this rest period. Similarly, those who seldom or never manage to have at least two rest days every 14 days score lower than those who always or usually have this rest period, and those who have at least 20 days' paid holiday every year have a higher score than those who do not.

Those who would still opt to be a VN if they could start their career again score 48.5, while those who are unsure score 44.5 and those who would not opt for veterinary nursing score 43. Related to this, respondents planning to leave the profession over the next five years for reasons other than retirement have notably lower average well-being scores than those who plan to retire or stay within the veterinary profession: 42.3, 46 and 47.6 respectively.

There is a clear association between respondents' views about the veterinary nursing profession and their average well-being scores, in that the greater the level of agreement that respondents have with positively-worded statements, the higher their average well-being scores tend to be, while the greater their level of agreement with negatively-worded statements, the lower their average well-being scores tend to be.

Views about the RCVS

A series of questions, new to the 2019 survey, sought respondents' views about the RCVS.

Overall, respondents perceive the RCVS favourably, and are notably positive that the RCVS is highly professional, has an international reputation, and has processes that reflect best practice. They also believe clearly that the RCVS demonstrates behaviours in accordance with its values, namely that it displays good judgement, is forward-looking and straight-talking, and displays compassion. They rate communications positively, and respondents who had, at the time of the survey, communicated with the RCVS in the previous year are very positive about every aspect of the staff they dealt with. Figure 6 shows that respondents also respond positively when asked to give their views about the RCVS's purpose.

Although views overall, are positive, many respondents have not engaged to any great extent with the RCVS:

- Awareness of four RCVS initiatives – Mind Matters, ViVet, RCVS Leadership and VetFutures – varies, with the highest percentage (46%) being aware of Mind Matters. Of those who are aware, between 11% and 16% have used or engaged with them.
- Over two-thirds (69%) have not taken part in any RCVS consultations in recent years; of those who have participated, the 2017 review of Schedule 3 is the most frequently-cited. Views about the RCVS's actions in response to consultations are generally positive, however.

Figure 6: Perceptions of RCVS purpose, average (mean) scores



Source: VN Survey, 2019

Finally, respondents were asked to rate the RCVS on a ten-point scale from 1 (very poor) to 10 (excellent). The average (mean) score overall is 7.15 out of ten, while the mode is eight; 71 per cent of respondents rate the RCVS at seven out of ten or higher.

Respondents would like the RCVS to do more to promote awareness of/respect for the VN profession, including protecting the title, and to call for better pay for VNs. They would also like the RCVS to give less focus to VSs and more to VNs, and to stop restricting the VN role and allow VNs to use their full range of skills and capabilities.

Final thoughts

At the end of the survey, all respondents were invited to give their views about their profession, their role and the survey in their own words. A ten per cent sample of these comments was analysed for themes, enabling the following main themes to be identified:

-
- Protect the VN title: to protect standards, increase respect for the VN profession and assist career progression.
 - Extend the VN role and reward expertise: to allow VNs to work to the full range of their capabilities and skills, acknowledge and reward them for further qualifications, and introduce new roles such as district VNs.
 - Educate VNs and the public about the VN role: to promote the role, enhance understanding and increase respect.
 - Pay VNs better: to reflect the volume and nature of the work and the skills required, to reward the acquisition of experience and additional expertise, and to stop taking advantage of the vocational nature of the work.
 - Improve management capabilities within the VN profession: to prevent poor management practices which can lead to burnout and stress.

Finally, although some respondents think the survey is too long and more applicable to VNs working in clinical practice than others in the VN profession, others say they appreciate being asked for their views and hope they will make a difference. Some also took the opportunity to express positive views about being a VN and say that, despite the downsides of low pay, hard work and feeling undervalued, they love their work and their profession.

1 Introduction

1.1 Background

This report presents the results of the 2019 Survey of the Veterinary Nurse Profession, carried out on behalf of the Royal College of Veterinary Surgeons (RCVS) by the Institute for Employment Studies (IES). A survey of veterinary surgeons was carried out at the same time and the results are presented in a companion report.

The 2019 survey of veterinary nurses (VNs) is the fifth survey carried out by the RCVS; VNs were also surveyed in 2003, 2008, 2010 and 2014. Throughout this report, where possible and appropriate, results are compared with previous years. The aim of these surveys is to provide the RCVS, and other interested parties, with an evidence-based view of the veterinary nurse profession and the changes taking place within it.

A new section was added to the 2019 survey to seek, in some detail, respondents' views about the RCVS as a regulatory and professional body.

1.2 Survey process

The questionnaire was compiled by IES using questions from previous surveys, together with additional questions and statements derived from discussions with RCVS staff.

The survey was launched on 6 June 2019, following an informal questionnaire testing exercise. As in 2014, the survey was conducted as an online survey only. Email invitations to participate in the survey were sent out to 17,378 veterinary nurses (VNs) for whom the RCVS held email addresses. A small number (34) of these addresses proved not to be valid, meaning that the total sample receiving an invitation to participate was 17,344. Three reminders were sent at intervals to those who had not responded.

In previous years, the VN survey included student VNs (SVNs), but this proved not to be possible for the 2019 survey as at the time of publishing the RCVS lacked sufficient consents to contact SVNs under the requirements of GDPR.

1.3 Response

By the time the survey closed on 2 July 2019, IES had received 4,993 completed questionnaires and 2,693 partial completions, giving a response rate of 28.8 per cent counting only the completed questionnaires and 44.3 per cent if partials are included. This is somewhat lower than the 2014 rate of 31 per cent (when only completed responses were used in the analysis), and also lower than the 2010 rate of 31 per cent and the 2008 rate of 35 per cent. However, the inclusion of partial responses means that the response for some questions, particularly those nearer the beginning of the questionnaire, was boosted.

A response analysis was carried out to compare survey respondents to the RCVS database of VNs at the time of the launch of the 2019 survey. The results, in Table 1.1, indicate that the breakdown of survey respondents by age within gender is fairly close to the breakdown from the RCVS database; there is a slight under-response from younger VNs (those under 40) overall, a corresponding small over-response from those aged 40 and over, and a slight over-response from male VNs.

Table 1.1: VN survey response analysis

Gender	Age	Survey respondents %	RCVS database %	Over/under response
Female	Under 30	31.2	32.4	Slightly under
	30s	37.7	40.3	Under
	40s	19.7	18.1	Slightly over
	50 and over	8.6	6.7	Over
	Total	97.2	97.5	Similar
Male	Under 30	1.1	1.1	Same
	30s	1.1	1	Similar
	40s	0.5	0.4	Slightly over
	50 and over	0.1	<0.1	Similar
	Total	2.8	2.5	Similar

VN Survey, 2019

1.4 Data input and survey analysis

The survey responses were analysed using the statistical package SPSS. Open-ended, free-text questions were analysed separately and grouped into categories, using a sampling approach when the number of responses was very high (for example, a 10% sample for questions yielding more than 1,000 several thousand free-text responses).

When carrying out the analysis, IES used key variables to provide breakdowns such as gender, age group, employment status and area of work, and also took account of any analysis undertaken for previous surveys.

1.5 Report structure

The report details the findings from the survey under the following headings, exploring trends over time where appropriate:

- Personal details
- Work status
- Current work (veterinary or non-veterinary)

- Working outside the VN profession
- Working within the VN profession
- Working within clinical veterinary practice
- Continuing professional development
- Recently-qualified VNs
- Views about the VN profession
- Well-being
- Views about the RCVS
- Final thoughts.

A separate report details the findings from the survey of veterinary surgeons (VSs).

2 Personal details

This chapter gives details of the characteristics of respondents to the VN survey, including details of gender, age, ethnicity, responsibility for dependants, disabilities, indicators of social mobility and qualifications prior to veterinary nursing study.

Chapter summary

- 96.8% of respondents are female, in line with previous surveys, although the percentage of male VN respondents has increased very slightly since 2008, from 2% to 2.7%.
- The overall average age of respondents is 35.2, with men having a slightly lower average age (33) than women (35.2). This compares with an average age of respondents (excluding VN students) of 33.9 in 2014.
- The average age of those working outside the VN profession is higher than that of those working within it: 40.4 compared to 35. Within the profession, those working in clinical practice are considerably younger, on average, than those working outside clinical practice: 34.7 compared to 40.3.
- There has been a very small increase in Black and Minority Ethnic (BAME) respondents over the years, from 1.1% in 2008 to 1.9% in 2019. BAME respondents are, on average, younger than White respondents (33.1 compared to 35.3), suggesting this trend may continue.
- 34.5% of respondents have one or more dependent children living with them, and 3.3% have caring responsibilities for one or more adults.
- 7.4% have a disability/medical condition that limits what they can do at work, a considerable increase from 2104 (3.9%).
- 99.5% are registered VNs, 0.3% are in a Period of Supervised Practice (PSP), having qualified in the UK, and 0.1% are in a Period of Supervised Adjustment (PSA), having qualified overseas.
- The most common qualification is the Level 3 Diploma (40.8%), followed by the NVQ (23.8%).
- The majority (55.5%) of respondents qualified from 2010 onwards, with only 15.7% having qualified before 2000.
- 40.7% entered the RCVS Register between 2015 and 2019, 22% between 2010 and 2014, and 26% between 2000 and 2009.
- 97.1% of respondents qualified in the UK, slightly lower than in earlier years (e.g. 98.7% in 2010). A further 0.8 per cent qualified in the Republic of Ireland, and another 0.8 per cent qualified elsewhere in Europe; the majority of these are from in Portugal.
- In terms of social mobility, of those who lived entirely or mainly in the UK while growing up, 21.3% have one or more degree-educated parents or guardians, 93.5% went to state schools, 19.8% lived in households that at some point received income support, and 17.5% received free school meals; it appears that the VN profession is relatively accessible.

- Before starting their VN training, 10.4% were educated to degree level, 27.2% had gained two or more A levels or equivalent, and 43.5% had gained five or more GCSEs at grades A* to C or equivalent. Only 0.6% had no qualifications.

2.1 Demographic characteristics

Table 2.1 shows the breakdown of respondents by gender, age, ethnicity and sexuality, with comparisons with the 2014, 2010 and 2008 surveys where possible. These are described in more detail in the sections below.

Table 2.1: Demographic characteristics of respondents, 2019 compared with 2014, 2010 and 2008

		2019 frequency	2019 %	2014 %	2010 %	2008 %
Gender	Male	207	2.7	2.4	2	2
	Female	7,290	96.8	97.5	98	98
	Prefer to self-describe	6	0.1	-	-	-
	Prefer not to say	28	0.4	0.1	-	-
Age	Under 30	2,391	32.4	53.4	50.8	56
	30 to 39	2,864	38.3	29.4	33.9	31
	40 to 49	1,484	20.1	12.5	11	10
	50 to 59	549	7.4	4.1	4	3
	60 and over	95	1.3	0.7	0.4	0.3
	Prefer to self-describe	21	0.3	-	-	-
	Prefer not to say	185	2.5	-	-	-
Ethnicity	White	7,332	97.6	98.3	98.8	98.9
	Mixed	85	1.1	0.9	0.7	0.6
	Asian/Asian British	19	0.3	0.3	0.1	0.1
	Black/Black British	9	0.1	0.2	0.2	<0.1
	Chinese	10	0.1	0.1	0.1	0.1
	Other	21	0.3	0.1	0.1	0.2
	Prefer not to say	40	0.5	-	-	-
Sexuality	Heterosexual/straight	6,933	92.3	-	-	-
	Bisexual	206	2.7	-	-	-
	Gay woman/lesbian	100	1.3	-	-	-
	Gay man	70	0.9	-	-	-
	Prefer to self-describe	21	0.3	-	-	-
	Prefer not to say	185	2.5	-	-	-
Total		100	100	100	100	

Source: VN surveys, 2019, 2014, 2010 and 2008

2.1.1 Gender

Nearly all respondents (96.8%) are women, with 2.7 per cent being male and the remaining 0.5 per cent preferring to self-describe or not to say. The small number who prefer to self-describe and provided further details mostly describe themselves as non binary.

The gender breakdown is similar to previous years, although there has been a very small increase in male respondents (from 2% in 2008 to 2.7% in 2019) and a corresponding very slight decrease in female respondents. As the proportion of male respondents is so low, gender comparisons have not routinely been made throughout the report; however, any areas where gender differences are significant have been reported.

In response to a question new for the 2019 survey, 99.4 per cent of respondents say their gender identity is the same as they were assigned at birth, with 0.2 per cent (N = 17) saying it is different and the remaining 0.4 per cent preferring not to say. The proportion of those whose gender identity differs from that assigned at birth is too small to allow for robust analysis.

Further analysis shows:

- The under 30 age group has the highest proportion of men (3.5%), suggesting that the overall proportion of male VNs may continue to rise very slowly in future.
- There are no male respondents in the 60 and over age group
- There are no significant differences between female and male respondents with regard to work status or area of work.

2.1.2 Sexual orientation

A question new to the 2019 survey asked respondents about their sexual orientation. The large majority (92.3%) are heterosexual/straight, with 4.9 per cent being bisexual or gay (gay man or gay woman/lesbian), 0.3 per cent preferring to self-describe, and the remaining 2.5 per cent preferring not to say. Those who prefer to self-describe give descriptions such as pansexual, asexual, demi-sexual and fluid. Further analysis shows no significant differences between heterosexual and bisexual or gay (LGB) respondents with regard to work status or area of work; however, LGB respondents have a slightly lower average age than heterosexual respondents (33.1 compared to 35.2).

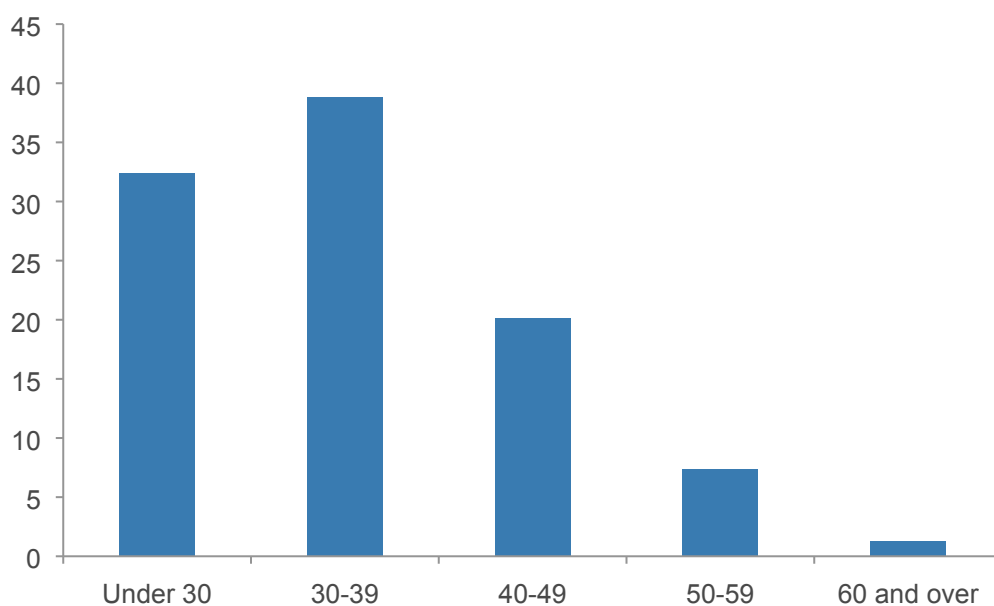
2.1.3 Age

The overall average (mean) age of respondents is 35.2, with men being slightly younger, on average, than women (33 compared to 35.2). This is higher than in 2014, 2010 and 2008, when the average age was consistently 31. This is due mainly to the inclusion of VN students in the earlier surveys; in 2014, almost all respondents aged under 20, and just under half of those in their 20s, were students. The average age of respondents excluding students in 2014 was 33.9, which suggests that the VN profession overall is getting older. The age distribution at Figure 2.1 shows, however, that VNs still tend to be

at the younger end of the working age range, with 71 per cent of respondents being under 40, and only 8.7 per cent being 50 and over.

The average (mean) age of those working outside the profession is considerably higher than that of those working within the profession: 40.4 compared to 35. Within the profession, those working in clinical practice are considerably younger, on average, than those working outside clinical practice: 34.7 compared to 40.3.

Figure 2.1: Age distribution of VN respondents, %



VN Survey, 2019

Table 2.2 shows average (mean) age by employment status, with comparisons for 2014 and 2010. The average age of those in full- or part-time work has been increasing steadily since 2010, although caution is needed due to student VNs not being included in the 2019 survey. The average ages of those in the career break, voluntary work, unemployed and retired categories has also increased, although additional caution is needed for the last three due to the small numbers of respondents in these categories.

Table 2.2: Average (mean) age by employment status, 2019 compared to 2014 and 2010

	Mean age	N	Mean 2014	Mean 2010
Full-time work	33.6	5,009	30.8	30
Part-time work	39.6	1,927	35.6	36.4
Voluntary work	39.6	14	25.2	-
Unemployed	35.3	33	22.3	25
Taking a career break	37.4	105	33.7	32.2
Retired	62.5	10	57.4	57.3
Total	35.3	7,098	30.7	31

Source: VN Surveys, 2019, 2014 and 2010

Table 2.3 shows, for respondents working in clinical practice, average (mean) age by position in practice; these positions will not be influenced by the absence of student VNs in the 2019 survey. It is worthy of note that the average age for all categories except for clinical coach has increased since 2014 and in comparison with 2010 and 2008.

Table 2.3: Average (mean) age by position in practice, 2019 compared to 2014, 2010 and 2008

Position	Mean age	N	2014	2010	2008
Nurse	33.3	2,549	31.8	31	30
Senior nurse	36.6	1,502	35.2	33	35
Clinical coach*	33.4	166	33.8	33	-
Practice manager/administrator	41.1	144	38.8	36	36
Locum/independent**	35.1	300	33.7	33	32
Practice owner	42	57	40.9	38	37

*In previous years, the description used was 'assessor/training manager'

**In 2019, this category includes a very small number (<10) respondents who are independent VN service providers

Source: VN Surveys, 2019, 2014, 2010 and 2008

2.1.4 Ethnicity

As in previous surveys, almost all (97.6%) of respondents are White; when those who 'prefer not to say' are removed, this percentage rises to 98.1. Those who selected 'other' and provided further details describe themselves in a variety of ways including White British, British, Turkish, Filipino, Hispanic, Persian, Traveller, Mediterranean, Oriental and Anglo Indian. There has been a very small, slow, but steady increase in Black and minority ethnic (BAME) respondents over the years, from 1.1 per cent in 2008 to 1.7 per cent in 2014 and 1.9 per cent in 2019. BAME respondents are, on average, younger than

White respondents (33.1 compared to 35.3), suggesting this trend may continue in the future.

The large majority of BAME and White respondents (89.6% and 86.5% respectively) work in clinical practice.

2.2 Responsibility for dependants

Just over one-third (34.5%) of respondents have dependent children living with them, a notably higher proportion than in previous years (22.8% in 2014, 24% in 2010 and 22% in 2008) although the usual caveat about the non-inclusion of VN students in the 2019 survey applies. Those with children were asked to select their age categories, with the following results:

- 0 to 4: 48.8%
- 5 to 11: 46.7%
- 12 to 18: 25.2%
- Over 18: 7.6%.

Further analysis shows:

- Those in their 40s and 30s are most likely to have dependent children living with them (58.8% and 47.8% respectively)
- In line with their somewhat older age profile, female respondents are more likely to have dependent children living with them than male respondents: 35.8% compared to 23.6%.
- The average (mean) age of those with one or more dependent children is 38.2, compared to 33.6 for those without children.
- The least likely group in terms of work status to have dependent children living with them are retired respondents (0%) and those in full-time work (19.3%), while the most likely are those in part-time work (76%) and those taking a career break (48.1%).
- At least one-quarter of those in every type of employment role have dependent children, with the highest proportions found among practice owners and practice managers/administrators (53.4% and 49% respectively).

A much smaller proportion of respondents (3.3%) have caring responsibilities for one or more adult dependants; although low overall, this is higher than in previous years (2.6% in 2014, 2% in 2010 and 1.5% in 2008).

The proportion of those with caring responsibilities for an adult dependant increases steadily with age: 1.3% of those under 30 and 2.5% of those in their 30s have such responsibilities, compared to 4.8% of those in their 40s, 9.5% of those in their 50s, and 13.8% of those aged 60 and over. The average (mean) age of those caring for an adult dependant is 42.2, compared to 35 for those without such caring responsibilities.

2.3 Work-limiting disability or medical condition

Overall, 7.4 per cent of respondents consider themselves to have a disability or medical condition that limits the work they can do. Even taking account of the absence of student VNs from the 2019 survey, this is a notably higher percentage than in previous surveys (see Table 2.4).

Table 2.4: ‘Do you consider yourself to have a disability or medical condition (physical or mental) that limits the work you can do?’

	2019 N	2019 %	2014 %	2010 %	2008 %
Yes	554	7.4	3.9	4	3
No	6,949	92.6	96.1	96	97
Total	7,503	100	100	100	100

Source: VN Surveys, 2019, 2014, 2010 and 2008

Further analysis shows:

- Age makes some, but not much, difference to whether respondents have a disability/medical condition or not: 6.3% of those aged under 30 have such a condition, compared to 7% of those in their 30s, 8.9% of those in their 40s, and 9.7% of those in their 50s and those aged 60 plus.
- Those in part-time work are somewhat more likely than full-timers to have a disability/medical condition: 8.8% compared to 6.4%.
- Respondents who have voluntary work or who are unemployed, on a career break or retired, are notably more likely than average to have a disability/medical condition, although this finding should be treated with caution due to the small numbers in these groups.
- Those working outside the profession are more likely than those within to have a disability/medical condition: 11.8% compared to 6.9%.
- There are no significant differences when having a disability/medical condition or not is analysed by whether respondents work within or outside clinical practice, and by position in practice.

2.4 VN status

Almost all respondents (99.5%) are registered VNs, with 0.3 per cent being in a Period of Supervised Practice (PSP) having qualified in the UK, and 0.1 per cent being in a Period of Supervised Adaptation (PSA) having qualified overseas.

2.5 VN qualification

Table 3.5 shows that the most common qualification is the Level 3 Diploma (40.8%), followed by the NVQ (23.8%). Compared to 2014, lower proportions have a degree or an NVQ as a primary qualification, while a higher proportion has a Level 3 Diploma.

Table 2.5: Primary VN qualification

	2019 N	2019 %	2014 %
Degree	782	10.7	13.3
Foundation degree	492	6.7	6.9
Level 3 Diploma	2,978	40.8	34
NVQ	1,735	23.8	28
Certificate (pre-2000)	1,155	15.8	15.8
Other	158	2.2	2.1
Total	7,300	100	100

Source: VN Survey, 2019 and 2104

As in 2014, the primary VN qualification varies significantly with age, reflecting changes to the qualification landscape over time; Table 2.5 shows both the percentage distribution by age of those holding different forms of qualification, and their average (mean) ages. The majority (52%) of respondents aged 40 and older hold a Certificate, while the majority of those under 30 (60%) have a level 3 Diploma; for those in their 30s, the most common qualifications are the Level 3 Diploma and the NVQ, with almost equal proportions holding each qualification (41.6% and 41.4%).

Table 2.5: Primary VN qualification by age

	Under 30 %	30 to 39 %	40 to 49 %	50 to 59 %	60 and over %	Average (mean) age
Degree	19.8	10	1.5	1.7	0	29.3
Foundation degree	16.1	3.4	0.8	0.9	0	27.1
Level 3 Diploma	60	41.6	20.3	15.5	12.6	31.6
NVQ	2.3	41.4	28.6	14.7	4.2	37.8
Certificate (pre-2000)	0.1	1.9	46.9	62.1	72.6	42.2
Other	1.6	1.8	1.9	5	10.5	39.2
N	2,318	2,794	1,444	536	95	

Source: VN Survey, 2019

Further analysis reveals an interesting finding: ten per cent of those who qualified in the UK or the Republic of Ireland have a degree as their primary VN qualification, compared to 70 per cent of those who qualified elsewhere in Europe.

The 158 respondents who selected the 'other' option were asked to provide further details, and most did so. Seventeen describe their qualification as Diploma in Veterinary Nursing, Dip VN or Diploma (without any further specification). Other responses from five or more respondents, with the number giving the response in brackets, are: HND (32), Certificate IV in VN (18), RANA (18), overseas qualification (14) and Green Book (6).

2.6 Year of qualification

Table 2.6 shows that the majority (55.5%) of respondents qualified from 2010 onwards, and a relatively small percentage (15.7%) qualified before 2000. The median year (that is, the year by which half of the respondents qualified) is 2011, while the modal, or most commonly-occurring, year is 2018 (when 10.4% of respondents qualified), followed by 2107 (when 8.2% of respondents qualified).

Table 2.6: Year of qualification

Year	N	%
2010 to 2019	4,128	55.5
2000 to 2009	2,140	28.8
1990 to 1999	860	11.6
1980 to 1989	243	3.3
1970 to 1979	61	0.8
Total	7,432	100

Source: VN Survey, 2019

Further analysis shows:

- In line with the younger age profile of male VNs, 69% qualified from 2010 onwards, compared to 55% of female respondents.
- Similarly, in line with the younger age profile of BAME respondents, 69% qualified from 2010 onwards, compared to 55% of White respondents.

2.6.1 Year of entry to the RCVS Register

Related to the year of qualification is the year of entry to the RCVS Register:

- 40.7% entered the RCVS Register relatively recently, between 2015 and 2019
- 22% entered between 2010 and 2014
- 26% entered between 2000 and 2009
- 11.3% entered before 2000.

2.7 Country of qualification

Most (97.1%) of respondents qualified in the UK, although this percentage is slightly lower than in earlier years (97.8% in 2014, 98.7% in 2010 and 98.5% in 2008). A further 0.8 per cent qualified in the Republic of Ireland, and another 0.8 per cent qualified elsewhere in Europe, mostly from an EU/EEA/EFTA country. Other countries of qualification accounting for ten or more respondents are Australia (35 respondents), South Africa (22), New Zealand (18) and Canada (11). Fewer than ten respondents selected 'other' countries; some of these provided further details, which included some EU countries as well as the United Arab Emirates and Hong Kong.

Those who qualified in Europe outside the UK and the Republic of Ireland were asked to name the country in which they qualified, and 54 of the 61 did so. This yielded an interesting result: 34 of the 54 qualified in Portugal. Other countries in which more than one respondent qualified are the Netherlands, Belgium, France, Germany, Italy and Lithuania.

Further analysis shows:

- Those who qualified in Europe outside the UK or Republic of Ireland are younger, on average, than UK qualifiers: 29.8 compared to 35.3. However, those who qualified outside Europe are slightly older than UK/Irish qualifiers, with an average (mean) age of 36.5.
- Almost all (98.1%) of non-UK/Irish qualifiers are White.
- Almost all (96.1%) of those who qualified in Europe outside the UK or Republic of Ireland are working within the VN profession.

2.8 Social mobility

The 2019 survey asked a series of questions with the aim of assessing the social mobility of individuals. The questions are endorsed by the government and recommended for use by professional bodies, in line with their responsibility to ensure fair access to professions and the best use of talent. The questions were asked for the first time in 2014. Only respondents who mainly or entirely resided in the UK up to the age of 18 (N = 6,910, 94.5% of respondents) were asked these questions.

The first question asked respondents whether any of their parents or guardians had completed a university degree course or equivalent. Table 2.7 shows that 21.3 per cent of VN respondents have one or more degree-educated parents or guardians, compared to a slightly higher 22.2 per cent in 2014. Table 2.7 also gives a comparison with recently-qualified VS respondents and with doctors in postgraduate training (2013) and medical students (2016), and shows that the percentage of VNs with at least one degree-educated parent/guardian is considerably lower. A fairer comparison might be to compare VNs with human nurses, but a search for comparable information did not yield any statistics about the percentage of nurses with one or more degree-educated parents. However, a report published in 2017 by the Social Mobility Commission stated that entry to the nursing

profession is more accessible than to many other professions; 61 per cent of nurses come from non-professional or non-managerial families². The findings from the VN survey would seem to support the view that the VN profession is similarly accessible.

Table 2.8: ‘Did any of your parents/guardians complete a university degree course?’

	2019 N	2019 %	2014 %	VS recent qualifiers 2016 onwards %	Doctors in postgraduate training 2013 %	Medical students 2016 %
Yes	1,449	21.3	22.2	58.6	65	67
No	5,090	74.9	73.6	41.2	31.4	33
Don't know/ Prefer not to say	225	3.8	4.3	0.2	3.5	-
Total	6,794	100	100	100	100	100

Source: VN Survey, 2019; VS Survey, 2019; GMC National Training Survey 2013; UCAS 2016

The second question asked respondents the type of school that was mainly attended between the ages of 11 and 16. Table 2.9 shows that the large majority of respondents (93.5%) went to a non-selective or selective state school, somewhat higher than in 2014 when the figure was 87.8 per cent. It also shows that, in comparison to both VS recent qualifiers and doctors in postgraduate medical training, very few VNs went to an independent or fee-paying school (5.2%).

Table 2.9: ‘What type of school did you mainly attend between the ages of 11 and 16?’

	2019 N	2019 %	2014 %	VS recent qualifiers 2016 on %	Doctors in postgraduate training 2013 %
A state-run or state-funded school in the UK - selective on academic, faith or other grounds	1,337	19.7	16.5	28.1	23.7
A state-run or state-funded school in the UK - non-selective	5,012	73.8	71.3	47.2	38.8
Independent or fee-paying school in the UK	353	5.2	5.9	24.4	33.7
Home-schooled	13	0.2	-	-	-
Attended school outside the UK	25	0.4	4.2	-	-
I don't know/Prefer not to say/Other	52	0.7	2.2	0.3	3.9
Total	6,792	100	100	100	100

² Friedman S, Laurison D, Macmillan C (2017). *Social Mobility, the Class Pay Gap and Intergenerational Worklessness: New Insights from the Labour Force Survey*. Social Mobility Commission.

Source: VN Survey, 2019; VS Survey, 2019; GMC National Training Survey 2013

Respondents were also asked whether their household received income support, or they received free school meals, at any point during their school years.

Table 2.10 shows that the proportion of VNs who grew up in a household receiving income support (19.8%) has increased since 2014, when it stood at 14 per cent, and is somewhat higher than that of VS recent qualifiers (15.4%) and notably higher than that of doctors in postgraduate training in 2013 (11.5%). Table 2.10 also shows that the proportion of respondents who received free school meals at some point during their school years (17.5%) has increased since 2014, when it stood at 13.3 per cent, and is notably higher than that of VS recent qualifiers (10.1%) and doctors in postgraduate training in 2013 (8.3%).

Table 2.10: 'Did your household receive, at any point during your school years ...?'

		2019 N	2019 %	2014 %	VS recent qualifiers 2016 on %	Doctors in postgraduate training 2013 %
Income support	Yes	1,345	19.8	14	15.4	11.5
	No	4,534	66.9	74.3	77.2	78.6
	Don't know/ Prefer not to say	904	13.3	11.7	7.4	10
Free school meals	Yes	1,184	17.5	13.3	10.1	8.3
	No	5,089	75	82.6	87.1	84.9
	Don't know/ Prefer not to say	510	7.5	4.1	2.8	6.9
Total		6,783	100	100	100	100

Source: VS Survey, 2019; GMC National Training Survey 2013

2.9 Qualifications prior to VN study

Table 2.11 shows the qualifications held by respondents prior to embarking on their VN qualification. The wording of the question has changed since the 2014 survey, in that in 2014 respondents were asked to select their highest level of qualification, whereas in 2019 they were asked to select all that applied; direct comparisons are therefore not possible. One in ten respondents (10.4%) were educated to degree level before starting their VN training, and more than one in four (27.2%) have two or more A levels or equivalent. However, the most frequently-selected qualifications are one to four GCSEs or equivalent at any grade (40.9%) and five or more GCSEs at grades A* to C or equivalent (43.5%). Very few respondents (0.6%) had no qualifications before starting their VN training.

Although direct comparisons are not possible with the 2014 survey, the pattern of qualifications appears to be similar: in 2014, 9.6 per cent had an undergraduate degree

as their highest qualification, while 25 per cent held two or more A levels or equivalent as their highest qualification, and 36 per cent held qualifications equivalent to five or more GCSEs at grades A* to C as their highest qualification.

Table 2.11: Qualifications held before embarking on the VN qualification

Qualification	Number with the qualification	% with the qualification
1 to 4 O levels / CSEs / GCSEs (any grades), entry Level, Foundation Diploma	2770	40.9
NVQ Level 1, Foundation GNVQ, Basic Skills	1409	20.8
5+ O levels (passes) / CSEs (grade 1) / GCSEs (grades A* to C), School Certificate, 1 A Level / 2 to 3 AS Levels / VCEs, Higher Diploma, Intermediate Apprenticeship	2942	43.5
NVQ Level 2, Intermediate GNVQ, City & Guilds Craft, BTEC First / General Diploma, RSA Diploma	1071	15.8
Apprenticeship	184	2.7
2+ A Levels / VCEs, 4+ AS Levels, Higher School Certificate, Progression / Advanced Diploma, Advanced Apprenticeship	1835	27.1
NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma	957	14.1
NVQ Level 4-5, NHC, NHD, RSA Higher Diploma, BTEC Higher Level, Higher Apprenticeship	207	3.1
Undergraduate degree (eg BA, BSc), Degree Apprenticeship	703	10.4
Master's degree (eg MA, MSc)	30	0.4
Doctorate degree (eg PhD)	5	0.1
Professional qualifications (eg teaching, nursing, accountancy)	80	1.2
Other vocational / work-related qualifications	340	5.0
Non-UK qualifications	22	0.3
No qualifications	41	0.6
		186.1

Note: Percentages add up to more than 100 because respondents were asked to select all the qualifications that applied.

Source: VN Survey, 2019

3 Work status

This chapter presents information on the current employment status of all respondents in the VN survey.

Chapter summary

- 70.5% of respondents are working full time, and 27.1% part time.
- 93.5 per cent of men work full time, compared to 69.9 per cent of women, and 3.5 per cent work part time, compared to 27.8 per cent of women.
- Part-time working increases in line with age: the average (mean) age of those in full-time work is 33.6, compared to 39.6 for those in part-time work.
- The main influence on full- or part-time working is having dependent children: 58.7% of those with dependent children living with them work part time, compared to only 9.9% of those without child dependants.
- For unemployed respondents, the average (mean) length of unemployment is 8.4 months, although the median value is five months and the modal value is one month. 57% of unemployed respondents are seeking work, and of these 63% seek VN work.
- The most common reason for being on a career break is parental leave/looking after children; 41.3% of those on a career break give this reason.
- The average (mean) expected length of career break is 19.9 months, although the median and mode are both 12 months, suggesting this is a more 'typical' length of career break.
- The small number of retired respondents are all female and have an average (mean) age of 62.5.

3.1 Employment status

Table 3.1 presents the employment status of VN respondents. The 2014 and 2010 percentages have been recalculated after removing students on clinical placements (paid and unpaid), to enable a more accurate comparison with 2019. Table 3.1 shows that:

- Almost all respondents are working, with the majority (70.5%) being in full-time work.
- Only 2.3 per cent are not working due to being unemployed, on a career break or retired, with a career break being the main reasons for not working.
- There is a clear trend for full-time work to decrease over time, and part-time work to increase.

Table 3.1: Employment status

Employment status	2019 N	2019 %	2014 %	2010 %
Full-time work	5,084	70.5	73.5	77.2
Part-time work	1,955	27.1	20.9	18.6
Voluntary work	16	0.2	0.5	-
Unemployed	33	0.5	3.1	1.1
Taking a career break	109	1.5	1.8	3
Retired	10	0.1	0.2	0.1
Total	7,207	100	100	100

Source: VN Surveys, 2019, 2014 and 2010

Further analysis shows clear differences between male and female respondents: 93.5 per cent of men work full time, compared to 69.9 per cent of women, and only 3.5 per cent of men work part time, compared to 27.8 per cent of women.

As in previous years, there are marked differences in employment status when analysed by age. Table 3.2 shows that the percentage of those in full-time work declines as age increases (with a corresponding increase in part-time work), that taking a career break is less common among the under 30s than in the older age groups, and that those in the 60 and over age group, unsurprisingly, are far more likely to be retired than those in the younger groups.

Table 3.2: Employment status by age

Employment status	Under 30 %	30-39 %	40-49 %	50-59 %	60 and over %	Average (mean) age
Full-time work	90.7	64.7	57.6	55.3	40.9	33.6
Part-time work	7.7	32.9	40.2	41.3	48.4	39.6
Voluntary work	0.3	0	0.2	0.4	0.2	39.6
Unemployed	0.7	0.3	0.3	0.9	0	35.3
Taking a career break	0.7	2	1.6	1.9	1.1	37.4
Retired	0	0	0.1	0.2	8.4	62.5
N	2,274	2,759	1,435	535	95	

Source: VN Survey, 2019

Further analysis shows:

- BAME respondents are slightly more likely to work full time than White respondents (76.6% compared to 70.5%).
- Having a dependent child or children makes a big difference to employment status: only 38.7% of those with child dependants work full time, compared to 87.9% of those

without children; and 58.7% work part time, compared to only 9.9% of those without child dependants.

- Having an adult dependant also make a difference, but much less so: 62.1% of those providing care to an adult work full time, compared to a larger 70.9% of those without an adult dependant.
- Those with a limiting disability/medical condition are less likely to work full time than those without: 61.4% compared to 71.3%.
- Working within or outside the VN profession also makes a difference to employment status, in that 72.5% of those within the VN profession work full time, compared to 62.1% of those working outside.

3.2 Unemployment

The 33 unemployed respondents were asked how long, in months, they had been unemployed. The average (mean) length of unemployment is 8.4 months, although this is influenced by a small number of respondents who have been unemployed for over a year. The median (middle value) is five months, while the mode (most common value) is one month, followed by two; 41 per cent of unemployed respondents have been unemployed for between one and three months. These figures are an improvement on 2014, when the mean was similar at eight months, but both the median and mode were six months. As Table 3.2 shows, the average (mean) age of unemployed respondents is 35.3.

Of those who are unemployed, 57 per cent are seeking work (compared to 69% in 2014), and of these, 63 per cent are seeking work within the VN profession. Further analysis would not be robust, due to the relatively small number of unemployed respondents overall.

3.3 Taking a career break

The 109 respondents who are on a career break were asked for what purpose they had taken a career break, and the results are shown in Table 3.3.

The most common reason, mentioned by 41.3 per cent of those on a career break, was parental leave or looking after children. This was also the most common reason in 2014 and 2010, although in 2010 a much higher proportion of VNs, 76.5 per cent, cited this reason. In comparison to 2014, the proportion citing 'illness (self)' has increased considerably. However, as in previous years the overall number of respondents on a career break is relatively small, so any breakdowns and comparisons should be treated with caution.

Table 3.3: Reasons for career break

Reason for career break	2019 N	2019 %	2014 %	2010 %
Travel	13	11.9	15.5	1.7
Study	7	6.4	14.3	7
Illness (self)	18	16.5	6	8.7
Sabbatical	5	4.6	4.8	0.9
Parental leave/looking after children	45	41.3	45.2	76.5
Looking after adult dependant	3	2.8	1.2	0
Other reason	18	16.5	13.1	5.2
Total	109	100	100	100

Source: VN Surveys, 2019, 2014 and 2010

Those who selected 'other reason' for taking a career break from veterinary nursing were asked to provide further details; those who did so give reasons such as career change, relocated, personal circumstances, self-employment, and being unhappy with the management style.

Respondents on a career break were asked how long they expected it to last from start to finish. The mean duration is 19.9 months, almost identical to 2014, when it was 20 months, although this has been influenced by the small number of respondents who expect their career break to last for over two years; the median (middle value) is 12 months, as is the mode (most commonly-mentioned value). The average age of the 21 respondents who expect their career break to last for 12 months is 39, while the average age of all respondents on a career break is 37.4.

3.4 Retirement

The ten retired respondents all retired fairly recently (between 2015 and 2019), are all female, and have an average age of 62.5. Further analysis would not be robust due to the small number of retired respondents.

4 Current work

This chapter gives details of the location and other work characteristics of the 97.8 per cent of respondents who are in current work (ie omitting those who are unemployed, taking a career break or retired), regardless of whether their work is within or outside the VN profession.

Chapter summary

- The location of the workplace of 97.6% of VN respondents who are in work is the UK or Republic of Ireland.
- The majority of respondents who work abroad are located in Australia, another EU/EEA/EFTA country, or New Zealand.
- Of those who work in the UK, the large majority (87.6%) have a workplace in England.
- The regions in which the workplaces of the largest number of VN respondents are situated are South East England, South West England, East of England and North West England. The region with the lowest number is North East England.
- 41% work in an urban location, 21% in a rural location, and 39% in an area that is a mixture of urban and rural.
- 98% of respondents are British or Irish citizens and 1.2% either have indefinite leave to remain (ILR) or intend to apply for ILR or British citizenship, but 0.8% do not intend to apply for either.
- For those who are not British/Irish citizens, the main reasons for coming to the UK are: for better career opportunities; to gain experience; that veterinary work has a higher status in the UK; and for better pay and conditions.
- 50% of those who have come to the UK from abroad arrived from 2014 onwards.
- 57% intend to stay for at least five years, although 30% are unsure of their plans.
- 16.8% of respondents overall have an additional job to their main employment, with working for another veterinary practice or as a clinical coach being the most frequently-cited additional jobs.
- The median number of hours worked in a typical week in the additional job or jobs is eight.
- 95.8% of respondents who are in work (i.e. not unemployed, on a career break or retired) are working within the VN profession in their main role, meaning that the role requires a VN qualification.

4.1 Country of employment

Table 4.1 shows that the workplace of most (97.6%) of VN respondents in current work is located in the UK or Republic of Ireland. Although this percentage is high, it is a little lower than in 2014 (98.7%), 2010 (98.8%) and 2008 (99%). For the 2.4 per cent of VNs working outside the UK/Ireland, Australia/New Zealand is the most likely destination (N = 70),

followed by another EU/EEA/EFTA country (N = 30). The 51 respondents who selected 'other' country were asked to name the country, and most did so. Responses include the Channel Islands (15 respondents), Hong Kong (9), the Isle of Man (6) and a variety of other countries named by three or fewer respondents: Bermuda, the Cayman islands, China, Kuwait, Singapore, the United Arab Emirates, Grenada, Mauritius, Singapore and Zimbabwe.

Table 4.1: 'In which country do you work, or mainly work if there is more than one?'

Country	2019 N	2019 %	2014 %
UK/Republic of Ireland	6,865	97.6	98.7
Other EU/EEA/EFTA country	30	0.4	0.1
Europe, outside EU/EEA/EFTA	3	0	0.1
Australia	56	0.8	0.5
New Zealand	14	0.2	0.1
Canada	6	0.1	0.1
USA	4	0.1	0
South Africa	5	0.1	0.1
Other	51	0.7	0.3
Total	7,034	100	100

Source: VN Surveys, 2019 and 2014

4.2 Working in the UK and/or Republic of Ireland

Respondents working in the UK and/or the Republic of Ireland were asked to give more detail about the location of their workplace(s). The data were collected at a standard geographic classification used across Europe known as the Nomenclature of Territorial Units for Statistics (NUTS)³. Data were collected at both the NUTS1 and NUTS3 levels⁴ which enables mapping of responses.

The results show that, of those who work within the UK and/or the Republic of Ireland, the large majority (87.6%) work in England. Only 21 VNs who responded to the survey work in the Republic of Ireland. This is shown in Table 4.2; note that the percentages total to greater than 100, as a small number of respondents work in more than one country.

³ For more detail see: <https://ec.europa.eu/eurostat/web/nuts/background>

⁴ For more detail see: <https://www.ons.gov.uk/methodology/geography/ukgeographies/eurostat>

Table 4.2: Main country of work, UK and/or Republic of Ireland

Country	N	%
England	5,989	87.6
Scotland	532	7.8
Wales	293	4.3
Northern Ireland	92	1.3
Republic of Ireland	21	0.3
N	6,834	101.4

Note: Percentage column totals to more than 100, as some VNs work in more than one country.

Source: VN Survey, 2019

A regional breakdown for England (Table 4.3) shows that the region in which the workplaces of the largest number of VN respondents are situated is South East England (23.4%). This is followed by South West England, East of England and North West England. The region with the lowest number is North East England. A small number of VN respondents (93, representing 1.6% of those who work in the UK/Republic of Ireland), work in locations in different countries, mostly as locums.

Table 4.3: Region of work in England

Region	Frequency	Percentage of cases
South East England	1,398	23.4
South West England	981	16.4
East of England	877	14.7
North West England	689	11.5
West Midlands	603	10.1
Yorkshire and the Humber	525	8.8
London	455	7.6
East Midlands	452	7.6
North East England	245	4.1
Throughout the UK	93	1.6
N	5,970	105.8

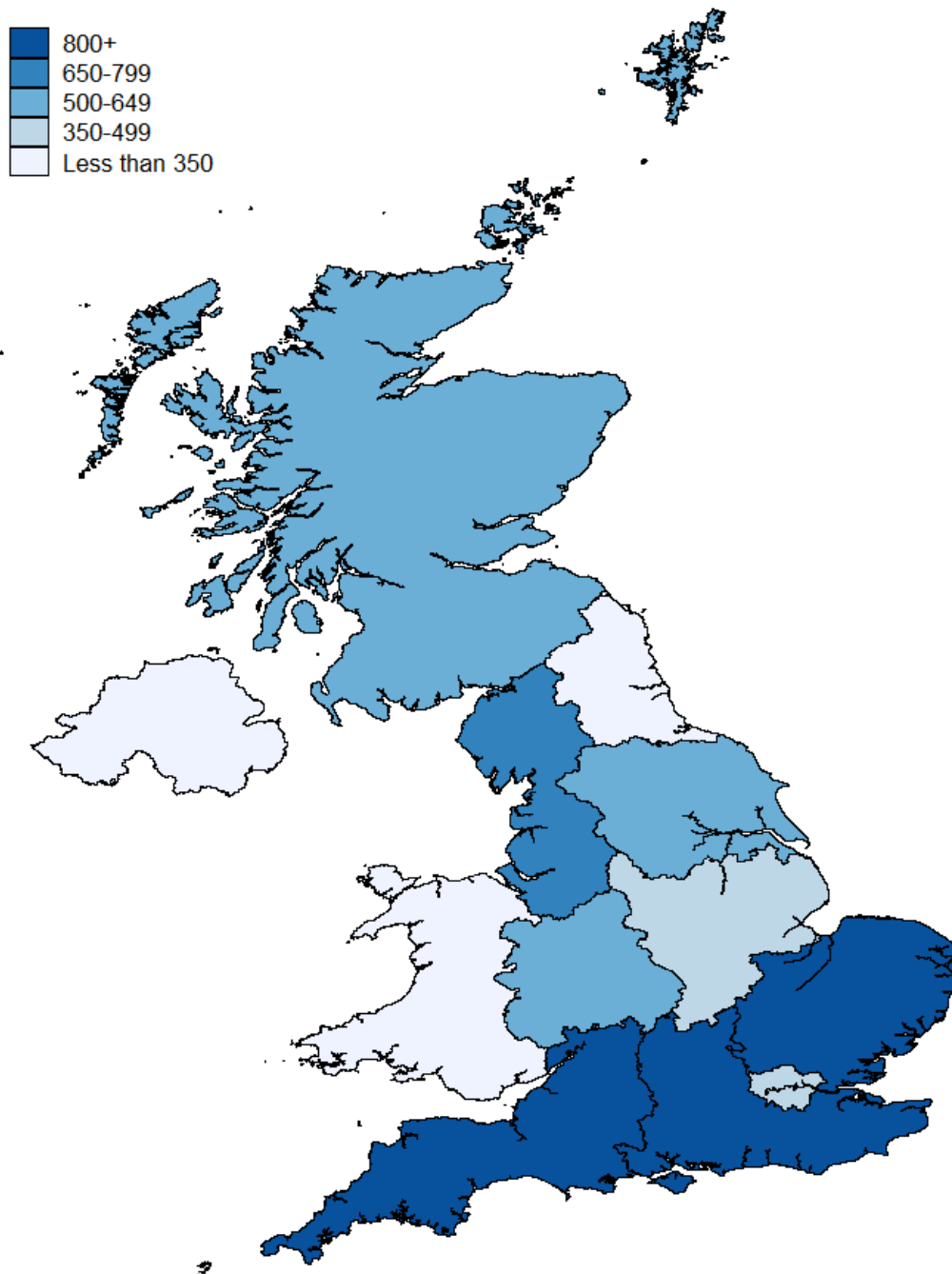
Source: VN Survey, 2019

Figure 4.1 shows the breakdown across the UK at the NUTS1 level; this shows clearly the concentration of VN respondents in the southern area of England.

Across the UK and the Republic of Ireland, at the NUTS3 level, the area with the largest number of respondents (189) is Hertfordshire, home to both the Royal Veterinary College and one of the largest referral practices. Further analysis shows that 75 or more respondents work in all the following areas:

- **South East England:** East Surrey, Berkshire, South Hampshire, West Surrey, East Kent, East Sussex, West Sussex, Oxfordshire, Buckinghamshire CC, Southampton, and Mid Kent (i.e. 11 out of 21 areas)
- **South West England:** Devon CC, Wiltshire, Somerset, Cornwall and Isles of Scilly, Bath & North East Somerset/North Somerset/South Gloucestershire, Gloucestershire, City of Bristol, and Dorset CC (i.e. 8 out of 12 areas)
- **East of England:** Hertfordshire, Suffolk, Cambridgeshire CC, Heart of Essex, and Norwich and East Norfolk (i.e. 5 out of 16 areas)
- **North West England:** Chester West and Chester, Greater Manchester North West, Liverpool, Manchester, and Cheshire East (i.e. 5 out of 20 areas)
- **West Midlands:** Birmingham, Staffordshire CC, Worcestershire, and Shropshire CC (i.e. 4 out of 14 areas)
- **Yorkshire and the Humber:** Leeds and North Yorkshire CC (i.e. 2 out of 11 areas)
- **London:** None of the 21 areas has 75 or more respondents working in it; the area with the highest number is Merton/Kingston upon Thames/Sutton (56)
- **East Midlands:** Derby, Lincolnshire, and Nottingham (i.e. 3 out of 11 areas)
- **North East England:** None of the seven areas has 75 or more respondents working in it; the area with the highest number is Northumberland (69).

Figure 4.1: All VN respondents in work in the UK (NUTS1)

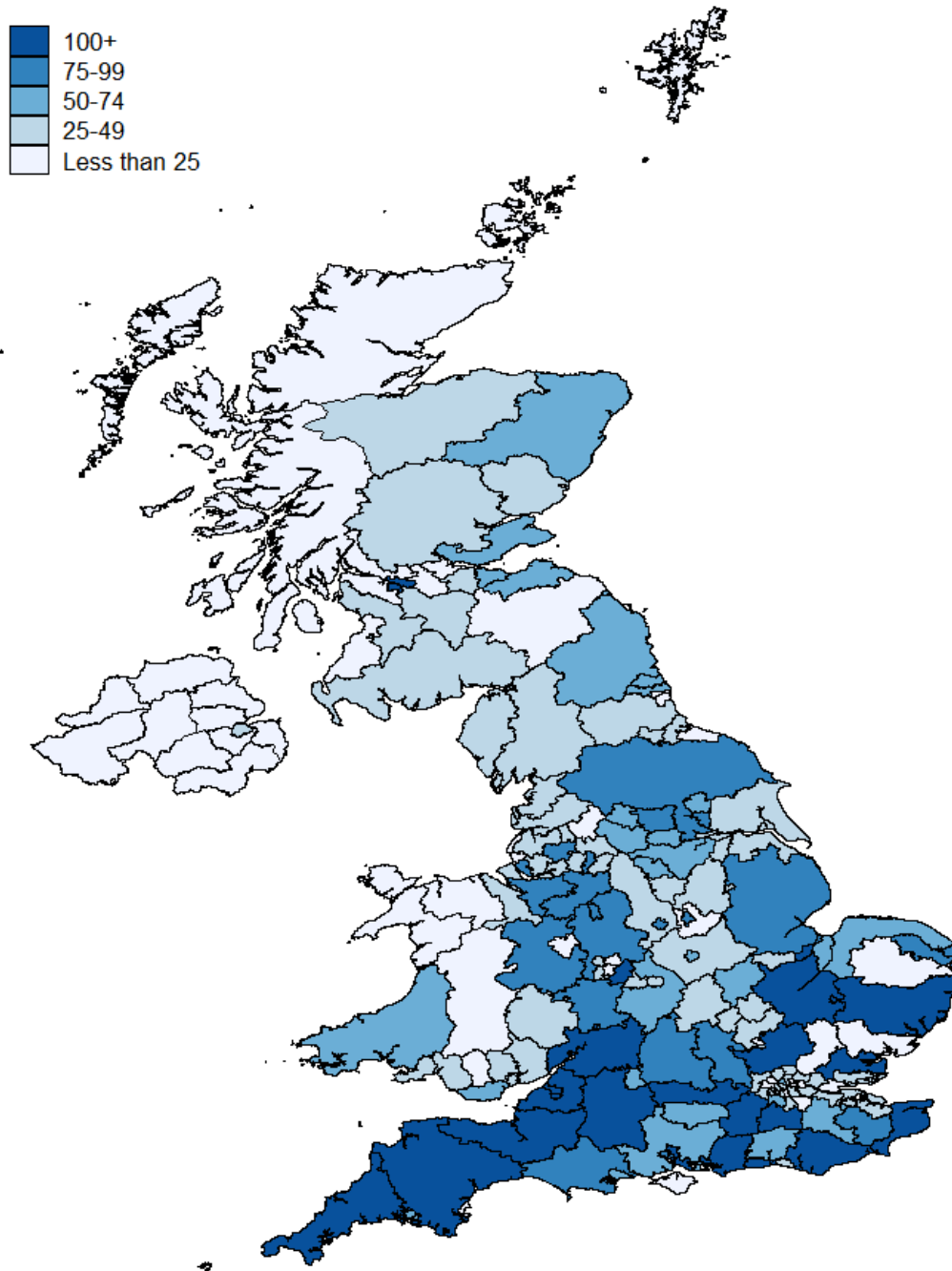


Source: VN Survey, 2019

N = 6,089

Figure 4.2 shows the breakdown of VNs across the UK at the NUTS3 level. As for the map at NUTS1 level, the concentration of VN respondents in the southern parts of England is clear, although the picture is now patchier.

Figure 4.2: All VN respondents in work in the UK (NUTS3)



Source: VN Survey, 2019

N = 6,089

Outside England:

- In **Scotland**, respondents come from 23 different areas. However, only one area has 75 or more respondents working in it: Glasgow City, with 105. The next biggest area, in terms of respondents working in it, is City of Edinburgh with 67.
- In **Wales**, respondents come from 12 different areas, but none has 75 or more respondents working in it. The biggest is Cardiff and Vale of Glamorgan, with 57.
- In **Northern Ireland**, respondents come from 11 different areas, but none has 75 or more respondents working in it. The biggest is Belfast, with 33.
- In the **Republic of Ireland**, respondents come from eight different areas, but all have fewer than ten respondents working in them.

4.2.1 Rural or urban?

When asked about whether their workplace (or workplaces, if more than one) was rural, urban or a mixture, 41.2 per cent selected urban, 20.7 per cent rural, and 39.5 per cent a mixture of urban and rural. These percentages add up to only a little over 100, suggesting that the workplaces of most respondents who regularly work in two or more locations are similar in nature.

Table 4.4 compares country within the UK with type of location. It is apparent that in every country, the majority of VN respondents work in urban or a mixture of urban and rural locations; however, in Wales a rural workplace location is more common, and an urban location less common, than in the other UK countries.

Table 4.4: Type of workplace location within UK country of work, %

Country	Urban	Rural	Mixture of urban and rural
England	40.9	19.9	39.2
Northern Ireland	45.1	15.4	39.6
Scotland	42.6	21.9	35.5
Wales	25.6	28.3	46.1

Source: VN Survey, 2019

4.3 Citizenship

The large majority of respondents, 97.1 per cent (N = 6,612), are British citizens (note that this percentage includes a very small number of individuals, N = <5), who hold a different type of British nationality). Of the 194 respondents who are not British citizens:

- 0.7% (N = 49) hold citizenship of the Republic of Ireland.
- 0.1% (N = 10) are in the process of applying for British citizenship.

- 0.4% (N = 24) have indefinite leave to remain (ILR), and 13 of these intend to apply for British citizenship.
- 0.8% (N = 59) are applying for ILR, mostly (N = 50) under the EU settlement scheme.
- The remaining 0.8% (N = 52) do not intend to apply for British citizenship or ILR.

The average (mean) age of those who are not British citizens is somewhat younger than that of respondents who are British citizens: 33.6 compared to 35.3.

4.4 Moving to the UK

Respondents who are not British citizens give a variety of reasons for coming to the UK, as Table 4.5 shows. The most frequently-given reason, not offered in 2014, is better career opportunities, with wanting to gain experience in second place (40.8%, compared to a notably lower 23.6% in 2014). VNs from abroad also think that veterinary work has a higher status in the UK (39.2%) and that the pay and conditions are better (36.8%). The top reason in 2014, to study or study further, seems less important in 2019.

Table 4.5: Reasons for coming to the UK

	Number 2019	% 2019	% 2014
Better career opportunities	62	49.6	-
To gain experience	51	40.8	23.6
Veterinary work has a higher status in the UK	49	39.2	-
Better pay and conditions	46	36.8	13.6
To work abroad	43	34.5	29.1
Better attitude to animals in the UK	40	32	-
To study/study further	30	24	30.9
Marriage/partner	29	23.2	28.2
Lack of work in home country	28	22.4	20.9
I like the British way of life	22	17.6	-
I like British culture	18	14.4	-
Stayed after studying	17	13.6	10
To learn English	14	11.2	11.8
I like British people	13	10.4	-
Family/friends in the UK	12	9.6	-
Other reason	14	11.2	13.6

Note: Percentages sum to more than 100 as respondents could select more than one category

Source: VN Surveys, 2019 and 2014

'Other' reasons for coming to the UK include travel, family connections with the UK and convenience.

An analysis of the average (mean) ages of those who opted for different reasons for coming to the UK suggests that:

- Younger respondents are more likely to have been motivated by the following (average age in brackets): to work abroad (30.1), better pay and conditions (30.3), to gain experience (30.7), lack of work in home country (31), better attitude to animals in the UK (31.1), better career opportunities (31.3), and veterinary work has a higher status in the UK (31.5).
- Older respondents, by contrast, are more likely to have selected (average age in brackets): marriage/partner (37.5), I like the British way of life (37), I like British people (37), I like British culture (36.1), stayed here after studying (35.9), to study/study further (35.7), to learn English (35.6), and family/friends in the UK (35.3).

Respondents arrived in the UK between 1979 and 2019, with two-thirds arriving from 2010 onwards. The full breakdown is:

- Before 2000: 10.4%
- 2000 to 2004: 12.8%
- 2005 to 2009: 10.4%
- 2010 to 2014: 23.2%
- 2015 to 2019: 43.2%.

The median (middle) year of arrival is 2014, and the modal (most frequently-cited) year is 2016.

When asked about intended length of stay, the majority (56.8%) say they intend to stay for more than five years, with 4.8 per cent opting for three to five years, 6.4 per cent for one or two years, and 2.4 per cent for less than a year; the remaining 29.6 per cent do not know or are unsure.

Further analysis shows:

- Those in the under-30 age group are most likely to say they are unsure (45% of under-30s selected this option).
- The proportion with an intention to stay for five years or more increases with age: only 41% of under-30s intend to stay for five or more years, compared to 61% of those in their 30s and 79% of those aged 40 and over.
- The relationship with age is to some extent borne out by the average (mean) ages of those selecting different categories:
 - More than five years: 35.9
 - Three to five years: 36.5
 - One or two years: 29.8
 - Less than a year: 32
 - Unsure: 29.7.

4.5 Additional jobs

The majority (83.2%) of respondents do not have additional jobs (paid or voluntary) to their main work. The 16.8 per cent (N = 1,119) of respondents who have more than one job were asked to provide further details, selecting all that applied to them. Table 4.6 shows the results, with veterinary and animal-related work in the upper part of the table, and other types of work in the lower part.

The 289 respondents who selected 'other' were asked for further details. Responses are very varied, with some giving animal-related jobs such as schooling horses, field sports, animal phlebotomist and animal fostering, and others giving non animal-related jobs such as journalist, author, book-keeper and beauty therapist.

Table 4.6: Nature of further work

	N	%
Working for another veterinary practice	257	23.3
Clinical coach	163	14.8
Assessor/internal verifier	37	3.4
Voluntary work for a veterinary-related charity (eg PDSA, RSPCA)	133	12.1
Telemedicine or tele-triage	8	0.7
Farm work (non-veterinary)	79	7.2
Other animal-related work (eg pet sitting, dog walking)	243	22.1
Bar work	39	3.5
Other hospitality (e.g. catering, working in a restaurant/hotel)	36	3.3
Childcare (eg baby-sitting)	11	1
Health and beauty	22	2
Non-veterinary voluntary work	126	11.4
Office work	35	3.2
Retail	17	1.5
Teaching	118	10.7
Other work	289	26.2

Note: percentages add up to more than 100 as some respondents have two or more additional jobs

Source: VN survey, 2019

Table 4.6 indicates that additional work is more likely to be in a veterinary or other animal-related area than in an area that is unrelated to animals. In particular, 23.2 per cent of those with additional jobs are working for another veterinary practice, 14.8 per cent are working as a clinical coach, 12.1 per cent are doing voluntary work for an animal charity, and 22.1 per cent are doing other work such as pet sitting or dog walking. However, two non-animal-related areas also attracted a relatively high response; 11.4 per cent of those

with an additional job are doing non-veterinary voluntary work, and 10.7 per cent are in a teaching role.

Further analysis shows that the likelihood of having one or more additional jobs increases with age: 11.9 per cent of those aged under 30 have an additional job, compared to 17.5 per cent of those in their 30s and 23 per cent of those aged 40 and over. This is borne out by the average age of those with additional jobs: 35.3, compared to 33.6 for those without additional work. However, further analysis of the average age of respondents doing different types of additional work suggests that there is also an age relationship here:

- Those doing the following types of additional work tend to be younger (average age in brackets): bar work (32.8), other hospitality work (31.3), and clinical coaching (33.6).
- By contrast, those doing the following types of work tend to be older (average age in brackets): office work (39), internal quality assessor (39.3), and teaching (39.4).

Respondents were asked how many hours they worked in their additional job(s) during a typical week. The overall average (mean) number of hours is 11.6, although this is somewhat influenced by the small number (3%) of respondents who say they work for 40 hours or more in their additional job(s); the median (middle value) is eight hours, and the mode (most frequently-given value) is ten hours. These hours are an increase on 2014, when the mean was 8.7 hours and the median seven hours.

4.6 Working within or outside the VN profession

The large majority (95.8%) of respondents who are in work (rather than being unemployed, on a career break or retired) are working within the VN profession in their main role; 'within the VN profession' means that the role requires a VN qualification. This is slightly higher than in 2014 (when it stood at 94.6%) but slightly lower than in 2010 (97%). The relatively small numbers of respondents working outside the profession may be due to the absence of a non-practising category of membership for VNs (whereas VVs have a non-practising category).

Further analysis shows:

- Male respondents are slightly more likely than female respondents to be working within the VN profession: 96.9% compared to 95.8%.
- The most likely age group to be working within the VN profession is those aged under 30 (98.2%) and the least likely is those in their 50s (91%).
- Respondents with a limiting disability/medical condition are slightly less likely to be working within the VN profession than those without such a disability/medical condition: 93.2% compared to 96.1%.
- There is a notable difference in the average ages of those working within and outside the VN profession: 35 for those within, and 40.3 for those outside.

5 Working outside the VN profession

This chapter presents information on the 4.2 per cent of respondents (N = 293) who are working (i.e. who are not unemployed, on a career break or retired) and whose main role is outside the VN profession. 'Outside' the profession means that the VN qualification is not a requirement for the job.

Chapter summary

- 4.2% of respondents (N = 293) work either mainly or wholly outside the VN profession.
- Over half (58%) of these work in an animal-related role.
- The top five areas of work outside the VN profession are education (17.9%), professional, scientific and technical (17.1%), other service activities (12.1%), administrative and support services (11.8%) and human health and social work activities (10.7%).
- 57.7% work in the private sector, 35.2% in the public sector and 10.3% in the third sector.
- 98.3% have, at some point since qualifying, worked as a VN within the profession, and of these almost all (94.7%) have worked in clinical veterinary practice.
- Although their main role is outside the VN profession, almost half (46.9%) still do some work within the profession.
- Of the small number who have never worked in the VN profession, 60% do not intend to do so in the future.

5.1 Type of organisation

5.1.1 Animal-related?

Over half (58%) of respondents working mainly or wholly outside the VN profession have, as their main role, an animal-related job. This is a higher proportion than in 2014, when 49.4 per cent worked in an animal-related main role. Further analysis shows no significant differences by biographical characteristics in the pattern of working in a role that is animal-related or otherwise.

5.1.2 Nature of work

Table 5.1 shows the type of organisation in which respondents outside the VN profession are working. The list of industrial sectors is based on the Standard Industrial Classification (SIC) used by the Office for National Statistics and other government departments. Only types in which five or more respondents are working are shown. Although a 2014 comparison is included, this should be treated with caution for two reasons. Firstly, the SIC categories and their descriptions have changed somewhat since the 2104 survey; and secondly, in 2014 respondents were asked to select one category only, whereas in

2019 they were asked to select all categories that applied to their areas of outside the VN profession.

The top five areas of work are education (17.9%), professional, scientific and technical (17.1%), other service activities (12.1%), administrative and support services (11.8%) and human health and social work activities (10.7%). This is somewhat different from 2014, when the four most common types were other service activities (21.6%), followed by wholesale and retail (18%, compared to only 1.8% in 2019), education (17.6%) and professional, scientific and technical services (11.8%).

Table 5.1: ‘What is the nature of your work?’

	2019 N	2019 %	2014 %
Agriculture, forestry and fishing (includes animal farming)	24	8.6	5.1
Manufacturing/Production	13	4.6	-
Wholesale and retail trade	5	1.8	18
Transportation and storage	5	1.8	-
Accommodation and food services (includes hospitality)	11	3.9	8.6
Information and communication	5	1.8	-
Financial and insurance	8	2.9	3.9
Professional, scientific and technical	48	17.1	11.8
Administrative and support services	33	11.8	-
Other business services	-	-	2
Education	50	17.9	17.6
Human health and social work activities	30	10.7	9
Arts, entertainment and recreation	5	1.8	-
Other service activities	34	12.1	21.6
Categories with fewer than five respondents	14	4.8	2.4
Don’t know	28	10	-
Total	313	111.6	100

Note: 2019 percentages total more than 100 because respondents were asked to select all that applied, whereas in 2014 they could select only one.

Source: VN Surveys, 2019 and 2010

Further analysis shows no marked differences in area of work when analysed by biographical characteristics. However, there are some differences when area of work is compared to whether the respondent works in an animal-related or non-animal-related role.

- Those working in the following areas are particularly likely to work in an animal-related role:
 - Agriculture, forestry and fishing: 92% say their role is animal-related
 - Professional, scientific and technical: 75%

-
- Other service activities: 68%
 - Administrative and support services: 68%
 - Education: 63%.
- By contrast, those in the following areas are particularly likely to work in a role that is not animal-related:
- Human health and social work: 97%
 - Accommodation and food services: 91%
 - Financial and insurance: 75%.

5.1.3 Sector

The majority (57.7%) of respondents working mainly or wholly outside the VN profession work in the private sector, with 35.2% working in the public sector and 10.3 per cent in the third or charity sector. This is a somewhat different picture from 2014, when 44 per cent were in the private sector and a slightly higher 47 per cent were in the public sector; the proportion in the third sector (9%) in 2014, however, is very similar to 2019.

Further analysis shows that the average (mean) age of those working outside the VN profession in the public sector is a little younger, at 39.4, than those working in the private sector (40.4) or third sector (43). However, the average age in all these sectors is notably higher than that of respondents who work within the VN profession (35.1).

5.2 Ever worked in the profession?

Almost all those working mainly or wholly outside the VN profession have, at some point since qualifying, worked within the VN profession: 98.3 per cent, compared to a much lower 77.7 per cent in 2014. In fact, almost half (46.9%) of those working mainly outside the VN profession still do some VN work; these respondents were routed to the sections of the questionnaire that asked about the nature of their VN work.

When asked how long they had worked within the VN profession, responses ranged from one year to 40 years, with a mean average of 162 months (13.5 years, compared to 11 years in 2014); the median (middle value) is 156 months (13 years) and the mode (most frequently-occurring value) is 240 months (20 years), closely followed by 120 months (10 years).

The large majority (94.7%) of those now working mainly or wholly outside the VN profession had worked in clinical practice, with 16.7 per cent saying they had worked in an animal charity, 6.7 per cent in industry (such as animal health or insurance), and five percent in a different area; note that these percentages total more than 100 because respondents were asked to select all that applied.

Most (60%) of the small number who have never worked in the profession do not intend to do so in the future.

6 Working within the VN profession

This chapter presents information on the 95.6 per cent of respondents (N = 6,784) who are working (i.e. who are not unemployed, on a career break or retired) and whose main role is within the VN profession. 'Within' the profession means that the VN qualification is a requirement for the job.

Chapter summary

- 92.2% of respondents within the VN profession work in clinical veterinary practice.
- Small animal practice is the biggest area of work, in that 72.3% of those working within the profession do all or some of their work in small animal practices; this proportion has increased gradually over the years (e.g. from 68.8% in 2014).
- Referral/consultancy practices are also growing as areas of work, with 13.9% of those within the VN profession doing some or all of their work within a referral or consultancy practice, compared to 11.2% in 2014.
- By contrast, mixed practice, equine practice and farm/production practice have all declined as areas of work for respondents.
- Outside clinical practice, the most common employers are charities and trusts, veterinary schools, and other university/education providers.
- Respondents working in clinical veterinary practice are notably younger, on average, than those working outside clinical practice: 34.7 compared to 40.3.
- The overall (mean) average typical working week of those within the VN profession is 33.9 hours; the median (middle value) is 38 hours and the mode (most frequently-cited value) is 40 hours.
- The highest typical weekly hours are found in small animal practice among those working in clinical practice (34.2), and in commerce and industry for those working outside clinical practice (35.7).
- The majority of respondents are not required to be on call, either off or on the premises. For those who are: the median for typical weekly hours on call off the premises is between 11 and 12, and the mode is 12 hours; and the median for typical weekly hours on call on the premises is 11, and the mode is 12 hours.
- Of those who are required to be on call on the premises, 57 per cent are normally asleep when not working; notably lower than in 2014 (79%) and 2010 (85%).
- Of those who work out-of-hours on the premises caring for in-patients over one third (36.5%) are alone when they do so, although 37.8% are with one or more qualified VSs and 18.3% are part of a multi-disciplinary team.
- The three most commonly-cited workplace benefits received by respondents are paid time off for training/CPD (77.4%), RCVS retention fees paid in whole or part (74.3%) and financial support for training/CPD (69.7%).

- 72% plan to stay in the VN profession for more than five years, 3.2% plan to retire at some point over the next five years, and 24.8% (compared to 15.4% in 2014 and 22.6% in 2010) plan to leave at some point over the next five years for reasons other than retirement.
- For those planning to leave, the top two reasons for doing so are the same as in 2014 and 2010: pay, chosen by 77.3% and not feeling rewarded/valued (non-financial), chosen by 59.8%.

6.1 Type of organisation

The large majority of respondents work in clinical veterinary practice: 88.1 per cent of respondents overall, and 92.2 per cent of those working within the VN profession.

Table 5.1 gives a breakdown of the type of organisation in which VNs within the profession work. It is clear that small animal practices employ the majority of VN respondents, and that the proportion of those working in a small animal practice has increased since 2014 (from 68.8% to 72.3%). The other area within clinical practice that has seen a rise since 2014 is referral/consultancy practice (from 11.2% to 13.9%). By contrast mixed, equine and farm practice have all seen notable decreases in percentages. Outside clinical practice, the percentage shares of different types of organisation have remained fairly steady in comparison with 2014; however, the percentage of those working in commerce and industry, while still very small, has more than doubled (from 0.4% to 0.9%). The two new areas of telemedicine and tele-triage currently employ only small numbers of respondents, although a third area offered for the first time in 2019, 'zoo/wildlife/conservation', employs 1.1 per cent of respondents working within the VN profession.

The 119 respondents selecting 'other' were asked to provide further details, and 109 did so. The descriptions provided, which are very varied and difficult to group, include being a training provider, being a mobile/home-visiting VN, being a VN advisor, working with/for guide dogs, working in animal therapy (hydrotherapy, rehabilitation or physiotherapy), and working with animals on film sets.

Table 6.1: 'In which type of organisation do you work?'

	N	%	%
	2019	2019	2014
Mixed practice	817	12	17.6
Small animal/exotic practice	4,965	73.2	68.8
Equine practice	91	1.3	2.6
Farm practice/production animal practice	10	0.1	0.6
Other first opinion practice	97	1.4	2.0
Referral practice/consultancy	943	13.9	11.2
Government departments or agencies	16	0.2	0.2
Veterinary school	188	2.8	2.8
Other university/education establishment	242	3.6	3.8
Commerce and industry	59	0.9	0.4
Charities and trusts	259	3.8	3.4
Telemedicine	13	0.2	-
Tele-triage	17	0.3	-
Zoo/wildlife/conservation	72	1.1	-
Other	119	1.8	1.1

Note: Percentages sum to more than 100% as respondents working in more than one type of organisation were asked to select all that applied

Source: VN surveys, 2019 and 2014

Further analysis shows that respondents working in clinical veterinary practice are notably younger, on average, than those working outside clinical practice: 34.7 compared to 40.3. A further illustration of this age difference is that the proportion of those working in clinical practice decreases with age from 95.8 per cent of those aged under 30 to 78.4 per cent of those in their 50s; interestingly there is a corresponding increase in the proportion of those working in VN education (i.e. veterinary schools or other university/educational establishments), from 1.3 per cent of those under 30 to ten per cent of those in their 50s. Apart from this difference related to age, there are no significant differences in terms of type of organisation when analysed by the demographic characteristics of respondents.

6.2 Hours of work and on call

Respondents were asked to provide information about the hours they work, and the hours they spend on call off and on the premises, in a typical week. Table 6.1 gives the number of respondents who provided this information and the average (mean) hours.

Table 6.2: Average (mean) hours worked and on call, by area of work

	Worked		On call off premises		On call on premises	
	Mean	N	Mean	N	Mean	N
Mixed practice	31.7	727	8.4	528	4.9	503
Small animal practice (including exotics)	34.2	4,664	3.18	3,388	3.2	3,334
Equine practice	33.2	78	8.1	65	4.3	67
Other first opinion practice	26.5	44	2.8	34	2.6	34
Referral practice/consultancy	30.1	748	5	568	3.3	558
Veterinary school	29.2	145	1.8	107	0.4	104
Other university/educational establishment	30.5	218	0.4	131	0	129
Commerce and industry	35.7	55	2.7	35	0	34
Charities and trusts	29.3	218	2.1	170	2.3	162
Telemedicine	17.8	12	-	-	-	-
Tele-triage	24.1	14	-	-	-	-
Zoo/wildlife/conservation	23.5	54	4.1	39	4.8	40

Note: areas of work with fewer than 10 respondents, and calculations based on fewer than 10 respondents, have not been included

Source: VN survey, 2019

6.2.1 Hours worked

Comparison of the typical weekly working hours provided by respondents to previous surveys requires some caution, first, due to slightly different wording of the question, and second, the absence of student VNs in the 2019 survey. Nevertheless, it appears that average (mean) weekly hours are continuing to fall. For those in small animal practice, average typical weekly hours were 40 in 2010 and 35.7 in 2014, compared to 34.2 in 2019. A similar pattern is discernible for those working in mixed practice (39 in 2010, 34.6 in 2014 and 31.7 in 2019) and for those in referral/consultancy practice (39 in 2010, 34.4 in 2014 and 30.1 in 2019).

It is important to be aware that the overall average (mean) calculation includes those working part time, and part-time working has increased over the years: in 2019, 27 per cent of all respondents work part time, compared to 21 per cent in 2014 and 19 per cent in 2010. The mean overall average of those working within the VN profession (33.9 hours) is somewhat lower than the median (middle value) of 38 hours and the mode (most frequently-cited value) of 40 hours.

Further analysis of the hours worked during a typical week shows:

- Women have a shorter typical week than men: 33.8 hours compared to 38.4.
- Those with dependent children living with them have lower hours than those without: 27.6 compared to 37.3.

- There is also a small difference between those providing care to an adult dependant and those who do not: 31.3 hours compared to 34.
- White respondents have slightly lower hours than BAME respondents: 33.9 hours compared to 35.7.
- Those with a limiting disability or medical condition have slightly lower hours than those without: 32.2 hours compared to 34.1.
- The clearest trend is that average working hours decrease as age increases:
 - Under 30: 38 hours
 - 30s: 32.9 hours
 - 40s: 31 hours
 - 50s: 30.1 hours
 - 60 and over: 28.5 hours.
- There is no difference in average hours between those working in the profession in the UK and those working as a VN abroad: both have a mean average of 33.9 hours.

6.2.2 On call

The average (mean) on-call hours in Table 6.2 are not comparable with those reported in the 2014 survey because the earlier survey asked about respondents on-call hours only if they had previously said they were required to do on-call work, whereas in 2019 all respondents working within the profession were asked for their on-call hours, resulting in many entering zero hours for both types of on call (off and on the premises). This means that the median and modal values for both types of on call are zero, because 77 per cent of respondents responded '0' when asked about on-call hours off the premises, and 80.3 per cent did likewise when asked about on-call hours on the premises. Further analysis shows that, of those who entered a value greater than zero:

- The median for typical weekly hours for on call off the premises is between 11 and 12, and the mode is 12 hours.
- The median for typical weekly hours for on call on the premises is 11, and the mode is 12 hours.

Respondents were asked whether they were required to be awake all night, or asleep when not working, if they had on-call duties on the premises. The majority (81.2%) said this does not apply to them, as they are not required to be on call on the premises. Of those who are required to be on call on the premises, 57 per cent are normally asleep when not working; this is notably lower than in 2014 (79%) and 2010 (85%). The remaining 43 per cent are required to be awake all night, notably higher than in 2014 (21%) and 2010 (15%). These figures suggest that, although most respondents are not required to perform on-call duties on the premises, for the minority who are required to do so, the duties are becoming more onerous in terms of the requirement to be awake rather than asleep.

A question new for 2019 asked VNs who are required to be on the premises and caring for in-patients out-of-hours whether they work alone or with others. The majority (57.9%) are not required to work out-of-hours on the premises; for those who are required to do so, Table 6.3 presents the results. It appears that over one-third (36.5%) of those who work out-of-hours on the premises caring for in-patients are alone, although 37.8 per cent are with one or more qualified VSs and 18.3 per cent are part of a multi-disciplinary team.

Table 6.3: ‘When working out-of-hours on the premises and caring for in-patients, are you typically working...’

	N	%
Alone	981	36.5
With at least one other qualified or student VN	133	4.9
With at least one qualified VS	1,018	37.8
With at least one other person who is not a VN or VS	66	2.5
In a multi-disciplinary team of at least three people including you, one or more VSs and one or more other people	493	18.3
Total	2,691	100

Source: VN Survey, 2019

6.3 Workplace benefits

Table 6.4 shows the workplace benefits that respondents receive, with comparisons to the 2014 and 2010 surveys where possible; some of the categories have been changed or removed since the previous surveys. Training/CPD support, received by 86.3 per cent of respondents in 2014 and 82.7 per cent in 2010, is also important in 2019: 77.4 per cent receive paid time off for training/CPD (and a further 14.9% unpaid time off), and 69.7 per cent receive financial support for training/CPD. Another commonly-cited benefit, RCVS retention fees paid in whole or part, has seen a big increase in 2019: 74.3 per cent receive this, compared to a much lower 46 per cent in 2014 and 46.6 per cent in 2010. There have also been increases in the proportion receiving professional indemnity insurance (from 15.3% in 2014 to 30.4% in 2019) and professional subscriptions (from 15.5% in 2014 to 24.9% in 2019). Only one comparable benefit, access to scientific literature and research papers, has seen a fall (from 24.2% in 2014 to 16.2% in 2019).

‘Other’ benefits include discounted/cost price treatment for pets, insurance (personal and pet), pension schemes, rewards schemes, a bonus for not having taken sickness absence, gym membership and a cycle to work scheme.

Table 6.4: Workplace benefits received by respondents (%)

	2019 %	2014 %	2010 %
Uniform/work clothing	-	86.6	90.6
No/reduced vet fees	-	72.9	80.7
Pension	-	29.1	17.8
Free/reduced pet insurance	-	6.5	7.1
Health insurance	-	6.5	6.8
Accommodation	-	5.6	6.8
Car	-	0.9	23
Training/CPD support (time and/or cost)	-	86.3	82.7
Time off (paid) for training/CPD	77.4	-	-
Time off (unpaid) for training/CPD	14.9	-	-
Financial support for training/CPD	69.7	-	-
RCVS retention fees paid (whole or part)	74.3	46	46.6
Professional indemnity insurance	30.4	15.3	7.3
Professional subscriptions (eg BVNA)	24.9	15.5	18.9
Access to scientific literature and research papers	16.2	24.2	-
Membership of a technical/scientific library	5.6	3.8	-
Employee Assistance Programme	9.2	-	-
Other	4.4	2.9	-

Note: Percentages sum to more than 100% as respondents were asked to select all that applied

Source: VS Surveys, 2019, 2014 and 2010

6.4 Career plans

When asked about their career intentions with regard to the VN profession, the majority (72%) say they plan to stay in the VN profession for more than five years; this compares to 82.9 per cent in 2014 and 76.3 per cent in 2010 who said they planned to stay 'for the foreseeable future'. A further 3.2 per cent (1.6% in 2014 and 1.1% in 2010) plan to retire at some point over the next five years, with three-quarters of these not planning to retire until three to five years' time. This leaves one-quarter (24.8%, compared to 15.4% in 2014 and 22.6% in 2010) who plan to leave the profession for reasons other than retirement. Of the planned leavers, only 13.5 per cent (N = 221) are firm enough to say they plan to leave the profession within the next year; 29.9 per cent (N = 488) aim to leave within one to two years, and the remaining 56.6 per cent (N = 923) have a longer-term aim of leaving within three to five years.

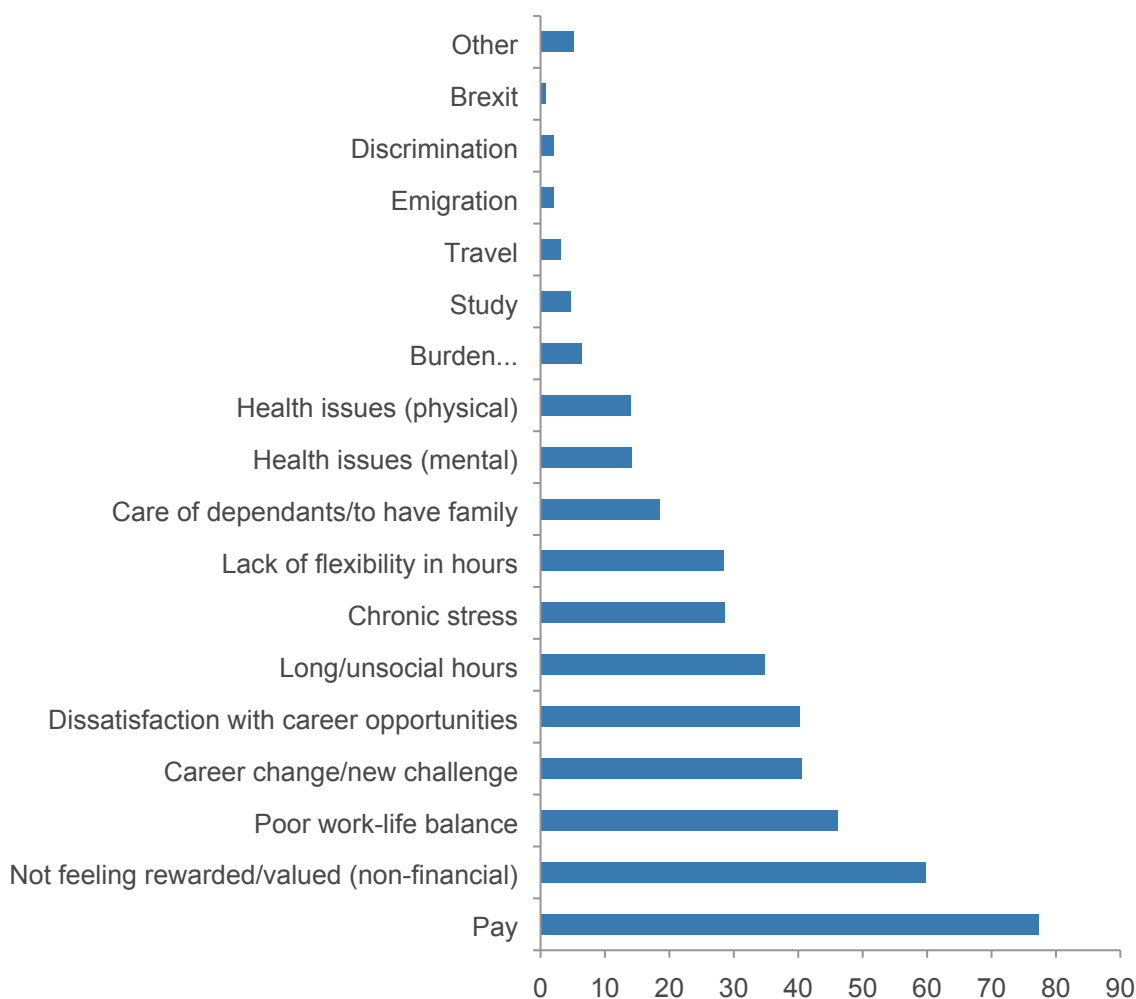
Further analysis (combining the three retirement categories into one and the three leaving categories into one) shows:

- A lower proportion of male respondents plan to stay than female respondents: 67.4% compared to 72.2%.

- Younger respondents are more likely to plan to leave than older respondents: 24.9% of those aged under 30, and 29.9% of those in their 30s, plan to leave.
- Unsurprisingly, older respondents are more likely to plan to retire at some point over the next five years (22.7% of those in their 50s and 66.7% of those aged 60 and over).
- Respondents with a limiting disability/medical condition are notably more likely to plan to leave than those without: 34.6% compared to 24%.
- Those with dependent children are a little more likely to plan to stay for at least five years than those without children: 74% compared to 71.1%.

Those who plan to leave for reasons other than retirement were asked to give their reasons for doing so, selecting all the reason that applied. Figure 6.1 gives the results, and shows that pay is very clearly the top driver for planning to leave.

Figure 6.1: Reasons for planning to leave the VN profession, %



Source: VN Survey, 2019

Over one-third gave the following reasons:

- Pay: 77.3%

-
- Not feeling rewarded/valued (non-financial): 59.8%
 - Poor work-life balance: 46.2%
 - Career change/new challenge: 40.6%
 - Dissatisfaction with career opportunities: 40.2%
 - Long/unsocial hours: 34.9%.

An exact comparison with previous years is not feasible because a few reasons offered to respondents have changed slightly and a small number have been added. However, Table 6.5 presents the 2019 findings, compared where possible with 2014 and 2010. Although the top two reasons are the same in 2019 as in 2014 and 2010, the strength of feeling appears greater, in that a higher percentage opt for both reasons in 2019. Another area attracting a higher percentage than in previous years is health reasons; just 7.7 per cent gave this reason in 2014, compared to 14.2 per cent citing mental health issues, and 14 per cent citing physical health issues, in 2019. By contrast, a few reasons appear to be less important than in previous years: career change/new challenge (40.6% compared to 46.3% in 2014 and 46.6% in 2010); care of dependants/to have family (18.6% in 2019 compared to 25.3% in 2010); and burden of bureaucracy/legislation (6.4% in 2019 compared to 9.4% in 2014 and 10.2% in 2010).

‘Other’ reasons for wanting to leave include:

- Physical and mental demands of the role:
 - Physical demands are high ... Will find it too much.*
 - Compassion fatigue.*
- Dissatisfaction with specific aspects of the role:
 - Qualified cleaner is not what I want to do.*
- Discomfort about the increase in corporate ownership:
 - After 25 years of service, practice sold to a giant corporate. Profession has changed a lot.*
- Workplace bullying:
 - Bullying/intimidation.*
- Lack of respect:
 - Tired of low amount of respect from many VSs.*

Table 6.5: Reasons for planning to leave the VN profession

	N 2019	% 2019	% 2014	% 2010
Pay	1,261	77.3	70.5	69.5
Not feeling rewarded/valued (non-financial)	976	59.8	54.0	48.3
Poor work-life balance	753	46.2	-	-
Dissatisfaction with veterinary nursing work (eg hours, stress)	-	-	48.3	46.8
Career change/new challenge	662	40.6	46.3	46.6
Dissatisfaction with career opportunities	665	40.2	40.3	38.0
Long/unsocial hours	570	34.9	-	-
Chronic stress	466	28.6	-	-
Lack of flexibility in hours	465	28.5	-	-
Fed-up with the way the veterinary nursing profession is going	-	-	28.7	31.5
Care of dependants/to have family	303	18.6	19.0	25.3
Burden of bureaucracy/legislation	105	6.4	9.4	10.2
Health issues	-	-	7.7	-
Health issues (mental)	231	14.2	-	-
Health issues (physical)	228	14	-	-
Study	76	4.7	6.3	6.4
Travel	53	3.2	-	-
Emigration	34	2.1	-	-
Emigration/travel	-	-	6.1	9.8
Discrimination	35	2.1	-	-
Brexit	14	0.9	-	-
Other	85	5.2	6.4	3.8

Source: VN Surveys, 2019, 2014 and 2010

7 Working in clinical veterinary practice

This chapter provides further details of the 4,917 VNs who work in veterinary clinical practice (i.e. omitting those who are fully retired, taking a career break or unemployed, and those who are currently working but work outside the VN profession, or work within the VN profession but entirely outside clinical practice).

Chapter summary

- 72.7% of respondents work within clinical veterinary practice.
- Their average (mean) age is 34.9, somewhat lower than the average age of those working entirely outside clinical practice (36.4).
- The majority (53.9%) describe their position within clinical practice as 'nurse', with a further 32% being a head/deputy/senior nurse.
- 12% typically work for more than one practice over the course of a month; most of these are locums/independent service providers.
- 48.6% work in a practice that is part of a corporate group or a joint venture with a corporate group, while 39.3% work in an independent practice that is either standalone or part of a larger group.
- Younger respondents are somewhat more likely to work in a practice that is part of a corporate group or a joint venture, while older respondents are somewhat more likely to work for an independent or charity practice.
- 77.9% work wholly or mainly in a practice that is accredited by the RCVS Practice Standards Scheme.
- 84.7% work in a training practice.
- The 'average' practice contains 7.6 full-time-equivalent (FTE) VSs, 8.4 FTE VNs and 2.2 VN students. In 2014, the mean averages were 6.7 VSs and 7.5 VNs, which suggests that practices may be getting bigger.
- The most common approach to providing 24/7 emergency cover is to use a dedicated out-of-hours service provider (44.2% of respondents), closely followed by the practice providing its own cover (42.4%).
- When asked about day-to-day activities, more than two-thirds of respondents say they administer medicines by injection and carry out clinical cleaning every day, and more than half dispense medications, care for hospitalised animals, set up intravenous fluids or administer anaesthetic pre-medication every day.
- VNs are participating in more clinics than in previous years; 80.3% are involved in clinics, with nail clipping, parasite control and weight management clinics being the most common.
- 91.9% consider themselves to have expertise in at least one area, with nail clipping, parasite control, weight management and anaesthesia being most frequently mentioned.
- Averaged across all respondents, dogs and cats take up most working time (80.2%) and on call time (81.4%) of VNs.

- 14.8% are required to make routine visits to clients as part of their job.
- 39.1% are required to work out of hours, and of these 31.1% make out-of-hours visits to clients.
- 76.5% always or usually have a minimum rest period of 11 hours in each 24-hour period, and 89.5% always or usually have at least two days' rest every 14 days.
- 89.5% have at least 20 days' paid holiday a year in addition to bank holidays.

7.1 Who works in clinical practice?

The large majority (72.7%) of respondents said 'yes' when asked if they do any work within clinical veterinary practice, even if their main job is outside the VN profession, or within the profession but outside clinical practice. Further analysis shows:

- A higher proportion of men (83.2%) than women (72.5%) work in clinical veterinary practice.
- The proportion working in clinical practice declines by age, in that 75.9% of the under-30s work in clinical practice, compared to 73% of those in their 30s, 70.6% of those in their 40s, 67.9% of those in their 50s, and 55.6% of those aged 60 and over.
- The average (mean) age of those doing some or all of their work within clinical practice is 34.9, compared to 36.4 for those who do no work within clinical practice.

7.2 Position in practice

Table 7.1 shows the position that respondents have within the practice(s) for which they work. Comparisons are given for 2014, 2010 and 2008; the percentages for these earlier years have been adjusted to remove student VNs from the calculation.

Table 7.1: Position within practice

Position	2019 N	2019 %	2014 %	2010 %	2008 %
Nurse	2,576	53.9	52	42.8	55.5
Head/Deputy/Senior nurse	1,527	32	26.3	30.1	28
Assessor/training manager	-	-	11.3	15.8	-
Clinical coach	167	3.5	-	-	-
Practice manager/administrator	146	3.1	5	5.1	3.9
Locum	302	6.3	3	2.3	3.2
Practice owner or partner/director	59	1.2	0.8	0.7	0.9
Other	-	-	1.7	3	8.6
Total	4,777	100	100	100	100

Source: VN surveys, 2019, 2014, 2010 and 2008

The 2019 breakdown of roles is reasonably consistent with those of earlier years, although a lower proportion of respondents are in practice manager/administrator roles, with a higher proportion being practice owners or directors; in addition, the percentage of respondents in locum roles has doubled. One-third (32%, a higher percentage than in previous years) are now in roles described variously as head nurse, deputy head nurse or senior nurse, indicating they have considerable experience and are likely to be line-managing or supervising less experienced VNs.

Twelve per cent of respondents typically work for more than one practice over the course of a month (excluding branch premises), a slight increase on 2014 (10.6%). The average (mean) number of practices for which these respondents work is 2.6, although this is somewhat influenced by the small number of respondents who typically work for more than five practices during the course of a typical month. Both the median (middle value) and the mode (most frequently-given value) are two, and over half (56%) give two as the typical number. Unsurprisingly, locums are the most likely of all roles to typically work for more than one practice; 46 per cent of locums do so. Locums are also more likely than other roles to work for several practices a month: 42 per cent work for two, 31 per cent three, and 11 per cent four.

7.3 The practice

7.3.1 Business model

Table 7.2 gives the business model of the practices in which respondents work, and shows that almost half (48.6%) work in a practice that is part of a corporate group or part of a joint venture with a corporate group, while 39.3 per cent work in an independent practice that is either standalone or part of a larger group.

Table 7.2: Business model of practice(s) in which VN respondents work

Business model	%
Independent, stand-alone practice (e.g. a partnership)	32.5
Independent practice that is part of a larger group (with some shared centralised function)	6.8
Part of a corporate group	40.5
Part of a joint venture with a corporate group	8.1
Charity	5
Veterinary school	3.7
Out of hours only provider	1.9
Don't know	0.6
Other	0.9

Source: VN Survey 2019

'Other' business models include employee-owned, MoD/Army, university and zoo; however, the majority of respondents who selected 'other' say they did so because of being a locum and therefore working in practices with different business models.

Further analysis shows that:

- Younger respondents are more likely to work in a practice that is part of a corporate group: 43.9% of those aged under 30 do so, compared to 38% of those in their 40s and 31% of those in their 50s.
- The reverse pattern is seen among those who work in an independent, standalone practice: 31.3% of those aged under 40 work in an independent, standalone practice, compared to 34.4% of those in their 40s and 38% of those aged 50 and over.
- Respondents in their 50s are most likely to work in a practice that is run by a charity: 12.7% do so, compared to 3.2% of those aged under 30.
- Practice owners are much more likely than average to work in a practice that is part of a joint venture with a corporate group: 37.5% of practice owners do so (with another 37.5% working in an independent, standalone practice).
- The above findings are, to some extent, reflected in the average (mean) ages of those working in the different business models: independent, standalone practice 35.5, independent, standalone practice that is part of a larger group 35, part of a corporate group 34.3, part of a joint venture 33.9, charity 39.2, veterinary or veterinary nursing school 35.5, out of hours only provider 35.3.

7.3.2 Accreditation

Overall, 77.9 per cent work wholly or mainly in a practice that is accredited by the RCVS Practice Standards Scheme (PSS), while 14.3 per cent do not and 7.8 per cent do not know.

Further analysis shows that:

- Those in a locum role are the most likely to say that they do not know if their main practice is accredited by the RCVS PSS (20.9%), although nine per cent of those in a nurse role also do not know.
- Those in a clinical coach role are the most likely to work in an RCVS PSS-accredited practice (83%).
- The average (mean) age of those working in an RCVS PSS accredited practice is 34.6, compared to 37.1 for those who do not work in such a practice.

7.3.3 Training practice?

Overall, 84.7 per cent say that the practice in which they wholly or mainly work is a training practice, while 13.6 per cent say they do not work in a training practice and 1.6 per cent do not know.

Further analysis shows that:

- Those in a locum role are the most likely to say that they do not know if their main practice is a training practice or not (7.9%), while practice managers/administrators and practice owners are the most likely to know for sure if their practice is a training practice or not.
- Those in a clinical coach role are the most likely to work in a training practice (98.1%), followed by senior nurses (86%).
- Those in a practice owner role are the least likely to work in a training practice (20%).
- The average (mean) age of those working in a training practice is 34.6, compared to 38 for those who do not work in such a practice.

7.3.4 Size of practice

Respondents were asked to give the full-time equivalent (FTE) number of VSs, VNs and VN students working in their practice, including themselves.

Across all respondents the average (mean) numbers are 7.6 FTE VSs, 8.4 FTE VNs and 2.2 VN students. In 2014, the mean averages were 6.7 VSs and 7.5 VNs, which suggests that practices may be getting bigger. These mean averages are, however, influenced by the small number of very large practices.

- For VSs, the median is four and the mode is three, and 85.2% of respondents work in a practice with ten or fewer VSs; 9.7% work in a small practice with fewer than two FTE VSs.
- For VNs, the median is four and the mode is two, closely followed by three, and 84.1% work in a practice with ten or fewer VNs; 12.4% work in a small practice with fewer than two FTE VNs.
- For VN students, the median is two and the mode is one. Overall, 23.2% work in a practice with no VN students, 47.5% in a practice with one or two students, 23.2% in a practice with three to five students, and 6.2% in a practice with six or more students.

7.3.5 Practice's approach to providing 24/7 emergency cover

A question not asked before of VNs, but asked in the previous three surveys of VSs, concerned the practice's approach to providing 24/7 emergency cover. Table 7.3 gives the results, and shows that using a dedicated out-of-hours service provide is the most common approach (44.2%), closely followed by the practice covering its own out-of-hours work, using its own VSs. Five per cent of respondents work in a practice that is primarily or wholly an out-of-hours provider.

Table 7.2: Practice's approach to providing 24/7 emergency cover

Approach	(%)
Practice covers its own out-of-hours work	42.4
Practice covers its out-of-hours work with the help of a locum	1.7
Practice uses a dedicated out-of-hours service provider	44.2
Practice co-operates with other local practices	2.9
Practice is primarily or wholly an out-of-hours provider	5
Don't know	0.7
Other	3.1

Source: VN Survey, 2019

'Other' approaches include providing cover via a mixture of approaches (e.g. partly by the practice, partly by an out-of-hours provider), having a dedicated night team due to being a hospital, and providing emergency cover to other practices as well as its own; some respondents say this question is not applicable due to 24/7 cover not being provided.

7.4 Work undertaken

7.4.1 Activities and their frequency

As Table 7.4 shows, a wide range of tasks is undertaken every day by most respondents. Table 7.4 is ordered from high to low of the percentage carrying out the activity 'every day', enabling easier identification of the activities carried out most often. More than two-thirds of respondents administer medicines by injection and carry out clinical cleaning every day, and more than half dispense medications, care for hospitalised animals, set up intravenous fluids or administer anaesthetic pre-medication. By contrast, there are some activities that respondents report rarely or never undertaking. A little over a half never assist with dental extractions, and two-thirds never undertake minor surgery not entering the body cavity or suturing.

These findings are broadly similar to those from the 2014 survey. However, there are some activities that respondents carry out less often every day: clinical cleaning (70.9% in 2019, 81.4% in 2014), caring for hospitalised animals (57.6% in 2019, 65.1% in 2014), general domestic cleaning (46.8% in 2019, 56.9% in 2014), and reception work (29.1% in 2019, 40.1% in 2014). There are also some activities that respondents carry out more often every day: taking blood samples (49.7% in 2019, 40.6% in 2014), teaching/supervising student VNs (37.6% in 2019, 29.5% in 2014), and dental hygiene work (11.4% in 2019, 4.9% in 2014).

Table 7.3: Activities undertaken by VN respondents, and their frequency (row percentages)

	Every day	Several times a week	Once a week or less, but at least once a month	Rarely, i.e. less than once a month	Never	N =
Administration of medicines by injection	73.6	16.1	5.3	3.7	1.3	4,815
Clinical cleaning (eg consulting rooms, theatre, instruments)	70.9	15.3	6.2	4.7	2.8	4,802
Dispensing of medications to clients	58.7	24.6	8.6	4.6	3.4	4,801
Caring for hospitalised animals	57.6	23.9	10	6.3	2.2	4,803
Setting up intravenous fluids	55.4	28.2	9.7	5	1.7	4,807
Administration of anaesthetic pre-medication	52.3	27	9.3	7.5	4	4,794
Taking blood samples	49.7	32.5	10	5.9	1.9	4,805
Monitoring of anaesthesia	49.6	31.7	8.3	6.4	3.9	4,804
Performing in-house laboratory tests	49.4	31.6	9.7	5.5	3.8	4,800
General domestic cleaning (eg waiting room, kitchen, corridors)	46.8	19.7	12.9	11.1	9.5	4,786
Teaching/supervising student VNs	37.6	20.7	12.1	10.8	18.8	4,771
Practice administration	30.2	20.9	14.5	13.7	20.8	4,761
Nursing clinics/counselling	29.3	30.4	16.8	10.6	13	4,762
Reception work	29.1	24.9	17.9	15.4	12.6	4,778
Assisting during surgical procedures	26.7	22.8	20.4	24.1	6	4,799
Processing radiographs	20.9	41.7	19.7	8.5	9.2	4,777
Taking radiographs	20	40.8	22.1	10.8	6.3	4,790
Nutritional advice/counselling	19.5	28.9	22.8	16.3	12.4	4,739
Assisting with ultrasound	16.6	39.1	26.7	11.9	5.9	4,790
Dental hygiene work	11.4	23.6	23.5	21.1	20.5	4,762
Assisting with dental extractions	6.2	13.7	12.5	15.5	52.1	4,733
Minor surgery not entering the body cavity	1.9	3.7	7.3	21.7	65.5	4,757
Suturing	1.1	1.8	6	22.1	68.9	4,739

Source: VN survey, 2019

Further analysis shows that the main aspect influencing the frequency of carrying out activities appears to be the age of the respondent (rather than other characteristics such as gender and ethnicity), with younger respondents on the whole being more 'hands on' and older respondents somewhat more frequently carrying out more practice management and some nursing activities requiring more experience. The following examples illustrate this finding:

- Those aged under 30 are more likely than those in other age groups to care for hospitalised animals every day (68.6%, compared to 47% of those aged 40 and over), to administer medications by injection every day (85.9%, compared to 62% of those aged between 40 and 59 and 49% of those aged 60 and over), to carry out in-house laboratory tests (60.3%, compared to 39% of those aged 40 and over), and to take blood samples (58% compared to 40% of those aged 40 and over).
- Teaching/supervising student VNs appears to be carried out every day by younger respondents (43.8% of under 30s and 39.4% of those in their 30s do this every day, compared to 28% of those in their 40s and 50s).
- The likelihood of setting up intravenous fluids every day decreases with age, from 66.4% of the under 30s to 22% of those aged 60 and over.
- Those in their 50s are the most likely age group to assist with surgical procedures every day (31.3%), carry out dental hygiene work every day (14.8%), and perform dental extractions every day (9%).
- Clinical cleaning is carried out every day by 83.9% of the under 30s, compared to 60% of those aged 40 and above. General domestic cleaning is also more likely to be carried out every day by younger respondents (54% of under 30s compared to 40% of those aged 40 and over).
- Practice administration is more likely to be carried out every day by older respondents, in that 38% of those aged 49 and over do this every day, compared to 22% of the under 30s.

7.4.2 Nursing clinics

Just under one-fifth (19.7%) of respondents are not involved in any nursing clinics at the practice(s) in which they work, with the remaining 80.3 per cent being involved in at least one (based on the percentages, the average number of clinics in which respondents are involved is six). Table 7.5 gives further details, with a comparison with 2014 and 2010. The comparison with previous years should be treated with caution, firstly because additional clinics were included in 2019, and secondly because student VNs were included in 2014 and 2010. Despite these limitations, it appears that VNs are now participating in considerably more clinics than in previous years, with at least two-thirds being involved in nail clipping, parasite control and weight management clinics.

'Other' clinics include post-operative checks, exotics advice, rabbit welfare and diabetes management/monitoring.

Table 7.4: Involvement in nursing clinics

Clinic	2019 N	2019 %	2014 %	2010 %
Nail clipping	3,452	74.8	-	-
Parasite control	3,134	68	-	-
Weight management	3,094	67.1	-	-
Anal gland emptying	2,589	56.1	-	-
Nutrition	2,569	55.7	53.6	51
Puppy/kitten	2,564	55.6	50.9	48
General check-ups	2,430	52.7	43.0	44
Dental	2,423	52.5	43.5	44
Vaccination	2,370	51.4	27.5	23
Geriatric/senior wellness	1,596	34.6	28.1	26
Behaviour	1,307	28.3	-	-
Other	481	10.4	19.7	29
None	903	19.7	26.7	28
Total	4,615			

Note: Percentages sum to considerably more than 100% as respondents could select more than one category, and most did so

Source: VN surveys, 2019, 2014 and 2010

Further analysis shows:

- Male respondents are slightly more likely than female respondents to be involved in no clinics (23.8% compared to 19.6%)
 - Men are a little more likely than women to be involved in the following four clinics: nutrition, vaccination, behaviour and anal gland emptying. For the other seven clinics, a higher proportion of women than men are involved. However, these differences by gender are not large.
- An age breakdown shows that 14.8% of the under 30s are involved in no clinics, compared to 22.4% of those in their 30s, 20.5% of those in their 40s, 22.1% of those in their 50s and 28.2% of those aged 60 and over.
 - There are no significant differences in the clinics in which different ages groups are involved: the most likely for every age group is nail clipping, followed by either parasite control or weight management.
- Respondents with a limiting disability/medical condition are notably more likely to be involved in behaviour clinics than those without a disability/medical condition: 38.9% compared to 27.5%. For all other clinics, there is no significant difference.
- The practice roles most likely to be involved in clinics are practice owners and clinical coaches. By contrast, 39.8% of practice managers/administrators are not involved in any clinics.

7.4.3 Expertise areas

Table 7.6 gives the expertise areas that respondents consider themselves to have provided to clients and/or employers in the last 12 months. Comparisons are shown with 2014 and 2010, although these should be treated with caution due to the absence of VN students in the 2019 survey and a small number of changes in the expertise areas offered to respondents.

Despite these caveats, it is apparent that the large majority of respondents feel they have expertise in several areas (the percentages would suggest an average of five or six), and only 8.1 per cent consider themselves to have no expertise areas (compared to 30% in 2014 and 47% in 2010).

'Other' expertise areas include wound care, imaging/advance imaging/radiography, wildlife care, senior care, exotics, quality assurance, insurance advice/claims and oncology/chemotherapy care.

Table 7.5: Expertise areas offered to clients or managers in the last 12 months

Expertise area	2019 N	2019 %	2014 %	2010 %
VN assessor/verifier	-	-	21.3	23.2
Clinical coach	1,739	37.9	-	-
Nutrition/diabetes	1,893	41.3	29.5	15.0
Behavioural management	1,164	25.4	19.2	11.2
Dentistry	1,514	33	16.7	8.4
Emergency/critical care	2,034	44.4	26.2	9.9
General/referral nurse clinics	1,673	36.5	25.8	13.5
Management	1,336	29.3	13.2	9.1
Specific animal specialist (e.g. exotics)	653	14.2	8.0	5.2
Dermatology	246	5.4	2.1	0.6
Physiotherapy/hydrotherapy	482	10.5	6.3	3.9
Anaesthesia	2,347	51.2	26.4	11.1
Weight management	2,388	52.1	38.7	21.0
Advising on pet choices	1,130	24.7	-	-
Parasite control	2,600	56.7	-	-
Nail clipping	2,775	60.5	-	-
Anal gland emptying	2,089	45.6	-	-
Other	253	5.5	4.7	5.4
None	370	8.1	30.0	47.0
Total	4,564			

Note: Percentages sum to considerably more than 100% as respondents could select more than one category, and most did so

Source: VN surveys, 2019, 2014 and 2010

Further analysis shows:

- Although a slightly higher proportion of male than female respondents do not consider themselves to have any expertise areas (9.8% compared to 8%), men overall seem much more confident than women about saying they have expertise in different areas:
 - A higher proportion of men than women consider they have expertise in the following areas: clinical coaching, emergency/critical care, general/referral nurse clinics, management, specific species, dermatology and anaesthesia
 - By contrast, a higher proportion of women than men consider they have expertise in only one area: behaviour management.
- An analysis by age groups suggests there are some differences in the areas in which different age groups consider themselves to have expertise, although these are not pronounced:
 - The under 30s have a higher proportion than all other age groups of respondents considering they have expertise in dentistry and physiotherapy/hydrotherapy
 - Those in their 30s have a higher proportion than all other age groups of respondents considering they have expertise in clinical coaching and emergency/critical care
 - Those in their 40s do not have a higher proportion than all other age groups of respondents in any expertise area
 - Those in their 50s are the most likely to consider themselves to have one or more expertise areas. They have a higher proportion than all other age groups of respondents considering they have expertise in nutrition/diabetes, general/referral nurse clinics, management, dermatology, anaesthesia, advising on pet choices, nail clipping, and anal gland emptying
 - Those in their 60s have a higher proportion than all other age groups of respondents considering they have expertise in weight management, behaviour management and parasite control.
- A higher proportion of respondents with a limiting disability/medical condition than those without such a condition consider themselves to have expertise in nutrition/diabetes, behavioural management, specific species expertise and weight management.
- When analysed by role within the practice, nurses are the most likely to say they do not have any specific expertise areas (11%). Other roles offer different areas in which they believe they have expertise:
 - Clinical coaches have a higher proportion than all other roles considering they have expertise in clinical coaching (unsurprisingly), anaesthesia, weight management, parasite control and nail clipping
 - Practice managers/administrators, unsurprisingly, have a higher proportion than all other roles considering they have expertise in management
 - Practice owners have a higher proportion than all other roles considering they have expertise in nutrition/diabetes, behavioural management, dentistry, general/referral

clinics, specific species, dermatology, advising on pet choices, and anal gland emptying

- Locums/independent VN services providers have a higher proportion than all other roles considering they have expertise in emergency/critical care and physiotherapy/hydrotherapy.

7.5 Breakdown of working and on-call time

Respondents were asked to estimate the percentage of their working time and on-call time that is spent on VN work with different species of animals and on other work such as practice administration. Table 7.7 gives the results and show that, overwhelmingly, across all respondents, it is dogs and cats that occupy most of the working time and on-call time of VNs. Table 7.7 also suggests that some animals (dogs, cattle and especially horses) take up a greater percentage of on-call time than working time.

Table 7.6: Percentage of working and on call time spent on different animals and other activities

Species/activity	Working time	Working time	Working time	On-call time	On-call time	On-call time
	Mean %	Median %	Mode %	Mean %	Median %	Mode %
Dogs	47.2	45	40	49.8	50	50
Cats	33	35	40	31.6	40	40
'Small furrries'	8.2	6	5	5.4	5	0
Exotics	3.9	2	0	3.1	0	0
Horses	4.2	0	0	7.7	0	0
Beef cattle	0.3	0	0	0.4	0	0
Dairy cattle	0.3	0	0	0.4	0	0
Sheep	0.3	0	0	0.3	0	0
Poultry	0.6	0	0	0.2	0	0
Official Veterinarian (OV) work	0.3	0	0	0.1	0	0
Practice management/admin	17.6	10	0	12.6	0	0
Other activities	3.8	0	0	39.1	0	0

Note: Pigs, laboratory animals, meat hygiene/officials controls, and fish for food have been omitted from the table due to accounting for less than 0.1% of working time on average overall

Source: VN survey, 2019

Further analysis shows:

- Only 1% of respondents spend no working time with dogs or cats, while 5.9% spend no working time with 'small furries' and 31.7% spend no working time with exotics.
- By contrast, 86.5% spend no working time with horses, 93.5% no working time with beef cattle, 93.8% no working time with dairy cattle, 91.4% no working time with sheep, 76.5% no working time with poultry, 96.7% no working time on OV work, and 80.6% no working time on 'other' activities.
- A lower 33.4% spend no working time on practice management.
- Due to some VNs not being required to work on call, the percentages of time are generally lower than for working hours:
 - 13% spend no on-call time with dogs, 14% spend no on-call time with cats, 33.8% spend no on-call time with 'small furries', and 60.4% spend no on-call time with exotics.
- For animals and activities taking up only small amounts of working hours overall across all respondents, the percentages of on-call time are even lower: 86.3% spend no on-call time with horses, 94% no on-call time with beef cattle, 94.1% no on-call time with dairy cattle, 94.1% no on-call time with sheep, 93.3% no on-call time with poultry, 99% no on-call time on OV work; however, only 56.4% spend no on-call time on 'other' activities.
- 71.8% spend no on-call time on practice management.

7.6 Visits and out-of-hours work

7.6.1 Routine visits

A fairly low proportion of respondents working in clinical practice (14.8%) are required to make routine visits to clients. This is almost identical to 2014 (when it stood at 14.9%) but much lower than 2010, when the proportion was 28 per cent.

The average (mean) one-way distance that respondents travel to a routine call is 6.8 miles, slightly higher than in 2014 when it stood at 5.9 miles. The mean average has been influenced by a small number of respondents giving long distances (the range is from zero to 50 miles, but 91% of those carrying out routine calls gave distances of ten miles or less). Both the median and modal distances are lower, at five miles.

The maximum distance travelled by respondents to a routine call is 15.6 miles, again higher than in 2014, when it stood at 13.2 miles. Again, the mean has been influenced by a small number giving long distances (the range is from zero to 210 miles, although 83.9% gave distances of 20 miles or less). The median and mean are lower, at 12 and ten miles respectively.

7.6.2 Out-of-hours work

The majority (60.9%) of respondents in clinical practice are not required to do any out of hours work. Of the 39.1 per cent who do work out of hours, 31.1 per cent say this work includes visits to clients.

The average (mean) one-way distance that respondents travel to an out-of-hours call is seven miles, lower than in 2014 when it stood at 8.7 miles. The median is lower, five miles; the mode is also five miles, although almost as many respondents gave ten miles.

The maximum distance travelled by respondents to an out-of-hours call is 11.9 miles, again lower than in 2014 when it stood at 15 miles. The median is lower, at ten miles; the mode is also ten miles, although almost as many respondents gave 20 miles.

7.7 Working time arrangements

7.7.1 Minimum rest periods

A variety of questions asked VNs about their rest periods and holidays. With regard to the minimum rest period of 11 hours in each 24-hour period specified by the Working Time Regulations, 39.1 per cent of respondents say they always have this, and a further 37.4 per cent say they usually have it. However, 7.8 per cent (N = 353) say they seldom have this rest period, and 3.5 per cent (N = 157) say they never have it. The remaining 12.2 per cent say the question is not applicable to them; these are mostly in locum/independent service provider or practice owner roles, rather than being employed. Due to the question having been asked in earlier years with only a yes/no answer, and no 'not applicable' option, direct comparisons with earlier surveys are not possible. In 2014, 78.5 per cent of respondents answered yes, down from 83 per cent in 2010.

The 11.3 per cent (N = 510) of respondents who said they seldom or never have a minimum 11-hour rest period were asked if they have signed up to a workforce agreement that provides compensatory rest. Only 5.3 per cent have done so; 52.4 per cent say they have not done so, 37.2 per cent do not know, and 5.1 per cent say the question is not applicable to them. Those who say they have not done so (N = 264) were then asked a further question regarding whether or not they have discussed a workforce agreement with their employer. Only 6.1 per cent say yes; 90.5 per cent say no, and 3.4 per cent say the question is not applicable to them.

When asked whether they have at least two days' rest every 14 days, the majority (64.7%) say they always have this, and a further 24.8 per cent say they usually have it. However, 1.9 per cent (N = 85) say they seldom have it and 0.5 per cent (N = 24) say they never have it. The remaining 6.1 per cent say the question is not applicable to them. In 2014, when the question was asked with yes and no being the only response options, 94.1 per cent said yes, slightly down from 95 per cent in 2010.

7.7.2 Holidays

When asked if they have at least 20 days' paid holiday a year plus bank holidays (pro rata for part time), 89.5 per cent say yes and 3.6 per cent no, with the remaining 6.8 per cent opting for not applicable. In 2014, when a 'not applicable' option was not available, 91.1 per cent said yes, slightly down from 93 per cent in 2010.

8 Continuing professional development

This chapter is concerned with the continuing professional development (CPD) and qualifications of VNs who work within the VN profession; there is also a short section dealing with experiences of recently-qualified (2016 onwards) VNs.

Chapter summary

- 15% of VNs working within the VN profession hold one or more additional qualifications, 2.8% are studying for one or more, and 12.4% plan to study for one or more in the next five years.
- The two most frequently-cited CPD methods, used by over 60% of respondents, are attending courses, seminars etc and distance learning. The method taking up the most amount of time (44.3%) is distance learning.
- The majority of CPD is funded either by respondents' employers (54.1%) or themselves (26.6%).
- A very high 90.1% are using the RCVS Professional Development Record (PDR) to record their CPD online, a big increase compared to 2014 (52.4%).
- The majority of recent qualifiers (2016 on) do not seem to have had much difficulty in finding a position as a student VN: 66.9% had to approach fewer than six practices, an improvement on 2014 when a lower 58.2% had to approach fewer than six. However, 22.2% had to approach more than ten.
- 77.5% of recent qualifiers received appraisals or performance reviews while training, slightly lower than 2014 (81.2%).
- Overall, recent qualifiers were satisfied with their training: 82.2% were satisfied/very satisfied with their clinical placement, 76.5% per cent with their training practice experience, and 70.2% with their college/university experience.

8.1 Qualifications

Overall, 15 per cent of respondents working within the VN profession hold at least one additional veterinary or business qualification that is relevant to their profession, while 2.8 per cent are studying for one or more such qualifications, and 12.4 per cent plan to study for one or more of them in the next five years. Table 8.1 shows these qualifications, with the qualifications held in 2014 for comparison.

Table 8.1: Further work-related qualifications, other than primary VN qualification (% of number of respondents working within the profession)

Further qualification	Hold 2019	Hold 2014	Studying for 2019	Plan to study for 2019
RCVS DipAVN	5.7	5.3	0.9	7.3
VN degree (top-up)	3.1	1.7	0.7	3.2
Bachelor's degree (veterinary-related)	6.9	7.9	0.4	0.6
Master's degree (veterinary-related)	1.2	0.6	0.6	2.2
PhD or other professional doctorate (veterinary-related)	0.5	0.2	<0.1	0.7
Business qualification (e.g. MBA) relevant to running/managing a business	2.1	-	0.4	1.5
Other veterinary-related qualification	14.6	15.3	6	7.5

Source: VN Survey, 2019

Further analysis shows:

- There are no significant differences between female and male respondents with regard to holding additional qualifications or studying for them.
- However, a higher proportion of men than women plan to study for one or more further qualifications: 15.9% compared to 11%.
- The average (mean) age of those with one or more further qualifications is slightly lower than those with none: 34.6 compared to 35.3.
- Those studying for one or more further qualifications are notably younger on average than those who are not: 32.9 compared to 35.3.
- The difference in average age is even greater when comparing those who plan to study for one or more further qualification compared to those who do not: 30.6 compared to 35.8.

8.2 CPD methods

Respondents were asked to estimate the percentage of their CPD, during the previous 12 months, that had fallen into nine different categories (plus 'other') under the three broad headings of 'formal CPD delivered by a third party', 'CPD focusing on practice or performance of workplace' and 'CPD focusing on own practice or performance'. Table 8.2 shows the number and percentage of respondents using each method, with a third column showing the average percentage of overall CPD allocated by those who completed the question. It appears that attending courses, seminars etc and distance learning are methods used by well over half of those who answered this question; reading veterinary press, conferences, and case discussions with colleagues are also frequently-used methods, in that they are used by over one third of respondents.

Overall, the relative percentage of CPD allocated to the chosen categories presents a slightly different picture, as Table 8.2 shows. Although attending courses and seminars was the most popular form of CPD in terms of being chosen as a method, a notably higher percentage of CPD time was allocated to distance learning (44.3% compared to 34.1%). Two other forms of CPD chosen as a method by over one-third of respondents, case discussions with colleagues and reading veterinary press, consumed relatively low percentages of CPD time: 11 per cent and 13.2 per cent respectively.

Table 8.2: CPD methods: percentage of overall CPD given to different CPD methods

CPD method	Number respondents using this method	% of respondents selecting this as part of their overall CPD	Average % of CPD allocated by those choosing this method
Attending courses, seminars, etc.	4,212	62.1	34.1
Conferences	2,406	35.5	21.9
Distance learning	4,076	60.1	44.3
Other formal CPD delivered by a third party	1,365	20.1	15.3
Significant event analysis from within own practice	1,847	27.2	9.9
Case discussions with colleagues	2,319	34.2	11
Clinical audit	1,398	20.6	5.7
Other CPD related to workplace practice/performance	841	12.4	5.2
Reading veterinary press	3,019	44.5	13.2
Research	1,637	24.1	10.7
Peer discussions	1,699	25	8.4
Other CDP relating to own practice or performance	823	12.1	8.2

Source: VN Survey, 2019

8.3 CPD funding

In response to a question about the funding of CPD where costs were incurred, VNs indicate that most of their CPD is funded either by their employer/practice or themselves. Table 8.3 gives the percentages, with 2014 and 2010 comparisons (the question in earlier surveys included a 'free' option, so the 2014 and 2010 percentages have been recalculated to take account of this).

Although these comparisons should be treated with caution due to the absence of the 'free' category in this 2019 survey, it appears that the percentage of cost-incurring CPD undertaken by respondents and funded by their employer/practice has declined, from around three-quarters in previous years to around a half, and that self-funding is now the funding source for around a quarter of cost-incurring CPD, compared to 16.7 per cent in

2014 and 13.5 per cent in 2010. This seems, however, to contradict slightly the responses given to an earlier question about workplace benefits (see Table 6.4) to which 69.7 per cent of respondents working within the profession say they receive financial support for CPD.

Table 8.3: How is cost-incurring CPD funded?

Funding source	2019	2014	2010
Self-funded	26.6	16.7	13.5
Commercial sponsorship	7	10.1	13.5
Employer-funded	54.1	71.8	77
Grant funded	5.5	0.3	1.4
Other	6.8	1	1.4

Source: VN Surveys, 2019, 2014 and 2010

8.4 RCVS Professional Development Record

As Table 8.4 shows, 90.1 per cent of respondents are using the RCVS Professional Development Record (PDR) to record their CPD online, a very big increase compared to 2014 (52.4%). The PDR is available to VNs at www.vnpdr.org.uk

Table 8.4 'Are you using the RCVS Professional Development Record to record your CPD online?'

	N 2019	% 2019	N 2014	% 2014
Yes	4,984	90.1	1,293	52.4
No	547	9.9	1,173	47.6
Total	5,531	100	2,466	100

Source: VN Surveys, 2019 and 2014

The relatively small number of respondents who are not using the PDR (N = 547) were presented with a list of possible reasons, and were asked to select all that applied:

- Prefer paper records: 52.1%
- Not aware of the PDR: 24.4%
- Use a different computerised/online recording system: 8.1%
- PDR not intuitive/too complex: 8.7%
- No internet access: 3%
- Other: 17.7%

'Other' reasons include finding the site difficult to access, mislaying log-in details, not having time, not having got round to it yet (although in some cases intending to do so),

having to keep paper records for other purposes, not having any CPD to log yet due to being a very recent qualifier, not liking technology, and having erratic Internet access.

Unsurprisingly (given that other countries may require a different recording system), a notably lower proportion of those working overseas are using the PDR: 68.4 per cent, compared to 90.5 per cent of those working in the UK. There is also a small difference between those working in clinical practice (91% of whom are using the PDR) and those working within the profession, but outside clinical practice (86.1%). Age is also a relevant factor, in that the average (mean) age of those using the PDR is 34.9, compared to 41.2 for those not using it.

8.5 Recently-qualified VNs

This section focuses on the student experiences of the 1,522 VNs who are relatively recent qualifiers, having qualified in 2016 or later.

- 96.5% are female, 3.5% male
- 73.4% are under 30, 21.3% are in their 30s and 5.2% are 40 and over; their average (mean) age is 27.7
- 2.3% are BAME and 97.7% are White
- 7.2% consider themselves to have a limiting disability or medical condition
- 98.4% qualified in the UK or Republic of Ireland, 1.1% elsewhere in Europe, and 0.5% elsewhere
- Of those who provided their current roles in clinical practice (N = 1,120): 77.3% are nurses, 15.4% are head/deputy/senior nurses, 3.6% are clinical coaches, 3.5% are locums/independent VN service providers, and 0.3% are practice managers or practice administrators.

8.5.1 Student experiences

The majority of recent qualifiers do not seem to have had much difficulty in finding a position as a student VN, in that 40.2 per cent approached only one practice, and 26.7 per cent approached between two and five. However, one-third had to make considerably more effort to find a position: 11.9 per cent approached between six and ten practices, 8.6 per cent between 11 and 20, and 13.6 per cent (N = 206) more than 20. Table 8.5 gives a comparison with previous years, and shows that recent qualifiers seem to have found it somewhat easier than in 2014 and 2010 to find a student position: 66.9 per cent approached between one and five practices compared to a lower 58.2 per cent in 2014 and 58.7 per cent in 2010, while 22.2 per cent had to approach more than ten practices, compared to a higher 31.1 per cent in 2014 and 28.9 per cent in 2010.

Table 8.5: 'How many practices did you approach before finding a position as a student VN?'

	Frequency 2019	2019 %	2014 %	2010 %
One	609	40.2	36.4	36.9
Two to five	390	26.7	21.8	21.8
Six to ten	180	11.9	10.7	12.4
Eleven to twenty	130	8.6	11.3	10.7
Over twenty	206	13.6	19.8	18.2
Total	1,515	100	100	100

Source: VN surveys, 2019, 2014 and 2010

Further analysis shows that 52.8 per cent of male recent qualifiers, compared to 39.8 per cent of female recent qualifiers, approached only one practice before finding a position as a student. It also suggests that those with a disability/medical condition found it harder to find a position: 33.1 per cent had to approach more than ten practices, compared to a lower 21.3 per cent of those without a disability/medical condition.

As a student, the majority (77.5%) received appraisals or performance reviews while training, but almost a quarter (22.5%) did not. The proportion receiving appraisals or performance reviews is lower than in 2014 (81.2%) but slightly higher than in 2010 (75.5%) and 2008 (72%). Further analysis shows that 84.9 per cent of male recent qualifiers, compared to 77.3 per cent of female recent qualifiers, received appraisals or performance reviews.

Recent qualifiers were also asked to rate their satisfaction with their clinical placement, the quality of their training practice experience, and the quality of their college/university experience. Table 8.6 shows that overall, respondents were satisfied with all three elements of their training: 82.2 per cent were satisfied or very satisfied with their clinical placement, 76.5 per cent with their training practice experience, and 70.2 per cent with their college/university experience. However, Table 8.6 also shows that the proportion being satisfied/very satisfied with their training practice has fallen slightly since 2014; this is illustrated further by the mean satisfaction score, which is 3.9 compared to 4.13 in 2014. The mean score for clinical placement is 4.1, and for college/university experience 3.8. The mean score is calculated out of five with a midpoint of three: 1 represents very dissatisfied and 5 very satisfied.

Table 8.6: How satisfied were you/are you with the quality of ...?

	Clinical placement	Training practice experience		College/university experience	
	2019 %	2019 %	2014 %	2019 %	2014 %
Very dissatisfied	3	3.4	3.3	4.8	4.3
Dissatisfied	6.6	10.1	6.7	12	11.5
Neither	8.3	10	6.7	13	9.7
Satisfied	43.3	42.1	40.6	43.1	46.0
Very satisfied	38.9	34.4	42.7	27.1	28.5

Source: VN surveys, 2019 and 2014

Further analysis shows:

- Recent qualifiers in their 40s were less satisfied than average with the quality of their clinical placement, scoring 3.78 compared to the overall average of 4.1.
- Male recent qualifiers were more satisfied than average with the quality of their training experience, scoring 4.06 compared to the overall average of 3.9.
- Those in their 40s, and those with a disability/medical condition, were less satisfied than average with the quality of their training experience, scoring 3.59 and 3.7 respectively compared to the overall average of 3.9.
- Men were more satisfied than women with the quality of their college/university experience, scoring 3.96 compared to 3.75 for women.
- Those in their 30s, and those with a disability/medical condition, were less satisfied than average with the quality of their college/university experience, scoring 3.6 and 3.46 respectively compared to an overall average of 3.8.

9 Views about the VN Profession

All respondents, regardless of their employment status and whether or not they worked within the profession, were invited to give their views about various aspects of the VN profession, whether they would still make the same choice if they were starting their career again, and to consider the best things about the profession, suggestions for improvement, and challenges.

Chapter summary

- Respondents believe the VN profession gives them job satisfaction and variety.
- However, they find VN work very stressful and are dissatisfied with their pay/remuneration. They also think that clients value the work of VSSs, but not VNs.
- There is a strong belief that the demand for VNs will increase over the next ten years.
- Respondents are confident in their familiarity with evidence-based medicine and quality improvement, and use these in their practices.
- There is a strong belief that the RCVS Practice Standards Scheme (PSS) should be mandatory.
- Respondents are comfortable reporting and sharing mistakes in the workplace, and feel that the VN profession has a culture of sharing and learning from mistakes. However, they are less sure that the VN profession nurtures innovation, and do not think the profession pays sufficient attention to the development of leadership skills or to its environmental footprint.
- When asked if they would opt to become a VN if starting their career again, 50.8% of respondents said yes, 21.6% said no, and 27.7% were unsure; in 2014, 60% said yes.
- The top three 'best things' about working in the VN profession are seen by respondents to be working with animals, making a difference, and job satisfaction.
- The top three desired improvements that respondents believe would make the VN profession a better place in which to work are better financial reward, better work-life balance, and more respect/recognition from the public.
- The three biggest challenges to the VN profession are perceived to be poor financial reward, stress levels, and client expectations/demands.

9.1 Views about the VN profession

Respondents were asked to indicate the extent to which they agree with a series of 32 attitudinal statements about the veterinary profession. Each statement used a five-item scale to capture responses ranging from 'strongly disagree' (scoring 1) to 'strongly agree' (scoring 5), with a mid-point score of 3. Sixteen of these statements were also used in the 2014 and 2010 surveys, a further three were used in 2014 but not 2010, and 13 are new to the 2019 survey. Within this chapter, views have been grouped, where appropriate, into

themes. Appendix Table 1 gives the full results for these 32 statements (i.e. number responding, percentage spread of responses and mean score for each statement).

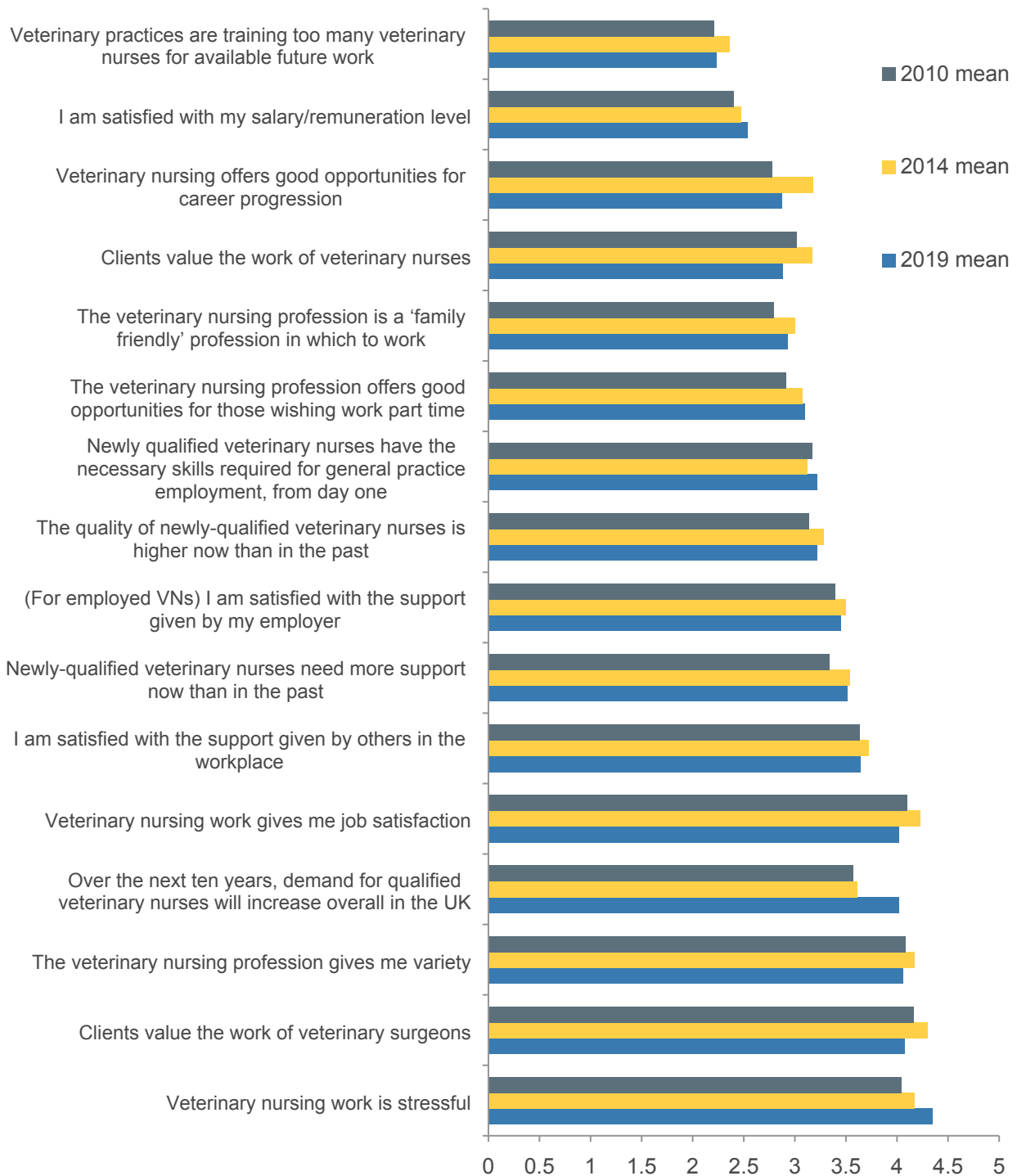
9.1.1 Views about the VN profession that are comparable to previous surveys

Figure 9.1 provides the average (mean) scores for the sixteen statements that have been used in the previous two surveys, and compares the 2019 results with those for 2014 and 2010.

It is apparent that, overall and in line with previous surveys, respondents feel clearly that VN work gives them job satisfaction and variety, and are satisfied with the support given by others in the workplace. However, they are dissatisfied overall with their salary/remuneration level, and are very clearly of the belief that VN work is stressful (more so than in previous years; this statement elicited the strongest response of all 32 statements). They are also neutral to negative, overall, that the VN profession offers good part-time opportunities, is family-friendly, and gives good opportunities for career progression. Another notable finding is that respondents believe very clearly that clients value the work of VSs, but return a negative score when asked if clients value the work of VNs (whereas in previous years their views have been neutral).

With regard to their wider views about the VN profession, respondents believe very clearly that the demand for qualified VNs will increase over the next ten years, and in line with this finding they disagree that too many VNs are being trained for available future work. Although they agree (while not strongly) that newly-qualified VNs have the necessary skills for practice from day one, and are of higher quality now than in the past, they are also clear that they require more support in the workplace than in the past.

Figure 9.1: General views about the VN profession: average (mean) scores, 2019 compared to 2014 and 2010



Source: VN Surveys, 2019, 2014 and 2010

Further analysis shows some differences in response patterns among different groups of VNs.

■ Gender differences:

-
- Male respondents are more likely to agree that the VN profession offers good opportunities for part time working, returning a mean score of 3.4 compared to 3.1 for female respondents.
 - Men believe more strongly than women that the demand for qualified VNs will increase over the next ten years: 4.3 compared to 4.0.
- Age differences:
- Those in their 30s are particularly likely to disagree that the VN profession is family-friendly, scoring 2.81 compared to an overall average of 2.93.
 - Those in their 30s are also neutral about part-time opportunities, scoring 3.0 compared to 3.3 for those in their 50s and 3.4 for those in their 60s.
 - Although all age groups agree clearly that VN work is stressful, the strength of this belief decreases somewhat with age, from an average of 4.46 among those aged under 30, to 4.15 among those in their 60s.
 - Those aged under 30 believe notably more strongly than average that newly qualified VNs have the necessary skills for practice from day one, scoring 3.5 compared to an overall average of 3.17.
 - The belief that clients value the work of VNs increases markedly in line with age, from a low mean score of 2.73 among those aged under 30, to 3.63 for those in their 60s.
 - Although respondents in all age groups are dissatisfied with their salary/remuneration level, the strength of feeling decreases with age, from 2.38 among those aged under 30, to 2.82 among those in their 60s.
- Differences relating to working within or outside the VN profession:
- Those working within the VN profession are neutral about the profession being family friendly, scoring 2.96, while those working outside are clearly negative, scoring 2.6.
 - Those working outside the VN profession are positive about VN work bringing job satisfaction, but less so than those within the profession: 3.74 compared to 4.04.
 - Those working outside the profession are notably more dissatisfied about the VN profession offering good career progression opportunities: 2.63 compared to 2.89 for those working within the profession.
 - Respondents within the VN profession are more positive about workplace support than those outside, both from their employer (3.42 compared to 3.08) and from others in the workplace (3.66 and 3.34).
- There are no significant differences in mean scores when broken down by those working within clinical practice and those working within the profession, but outside clinical practice.
- When analysed by role within clinical practice, a pattern emerges whereby, on the whole, the most positive respondents are those in practice owner roles and to some

extent practice manager/administrator roles, and the least positive are those in locum roles. The clearest examples are:

- The VN profession being family friendly: practice owner 3.26, locum 2.62
 - The VN profession good part-time opportunities: practice owner 3.61, locum 2.89
 - The VN profession giving job satisfaction: practice owner 4.36, locum 3.74
 - The VN profession offering good opportunities for career progression: practice manager/administrator 3.23, practice owner 3.62, locum 2.58.
- In two areas, however, the least positive respondents are those in clinical coach roles:
- Clients valuing the work of VNs: clinical coach 2.7, practice owner 3.23
 - Satisfaction with remuneration: clinical coach 2.33, practice owner 3.57.
- Unsurprisingly, there are big differences in mean scores between those who say yes, they would definitely opt for being a VN if they could start their career again, and those who say no, they would definitely not to so. The biggest differences, which serve to highlight the areas of greatest career choice disillusionment, are:
- VN profession being family-friendly: yes 3.2, no 2.48
 - VN profession offering good opportunities to work part time: yes 3.31, no 2.78
 - VN work being stressful: yes 4.28, no 4.49
 - VN work giving job satisfaction: yes 4.36, no 3.4
 - VN work giving variety: yes 4.3, no 3.63
 - Clients valuing the work of VNs: yes 3.07, no 2.52
 - VN profession offering good career progression opportunities: yes 3.23, no 2.27
 - Satisfaction with support from employer: yes 3.72, no 2.96
 - Satisfaction with support from others in the workplace: yes 3.84, no 3.26
 - Satisfaction with remuneration: yes 2.83, no 2.01.

9.1.2 Views about evidence-based medicine and quality improvement

Figure 9.2 shows that respondents are confident in their familiarity with evidence-based medicine and quality improvement, and believe clearly that they use these in their practices; they also feel they can critically appraise a research study. However, relatively few respond positively when asked if they have participated in scientific research over the past five years.

Figure 9.2: Views about evidence-based medicine and quality improvement: average (mean) scores, 2019



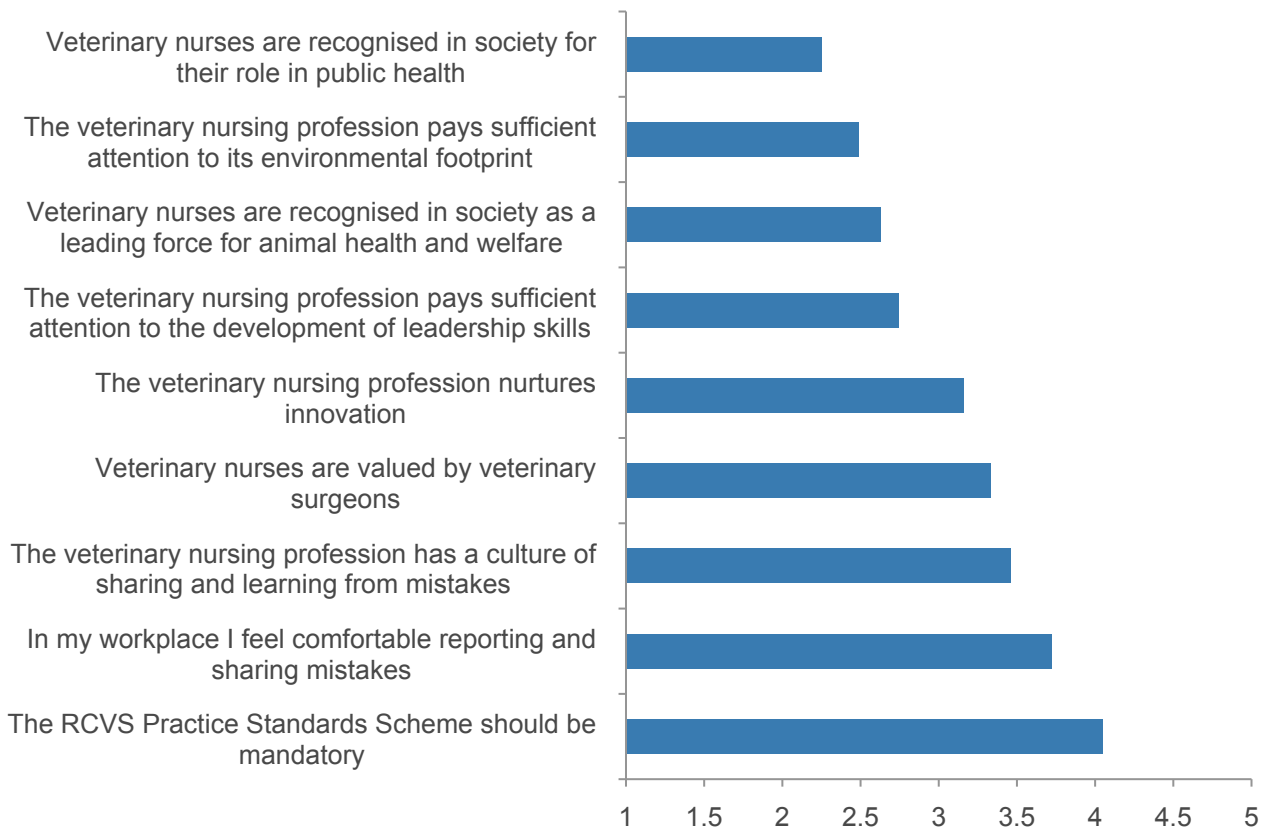
Source: VN Survey, 2019

Further analysis shows consistency of response, with no significant differences, among respondent groups.

9.1.3 Views about standards, learning and recognition of the VN contribution

Figure 9.3 gives the average (mean) scores returned to a variety of statements exploring respondents' views around the profession's standards, learning and development, environmental footprint, and societal recognition of the VN contribution. It is very clear that respondents believe the RCVS Practice Standards Scheme (PSS) should be mandatory. Respondents are also positive that they feel comfortable reporting and sharing mistakes in the workplace, and feel that the VN profession has a culture of sharing and learning from mistakes; they are also, on average, positive that VNs value the work of VNs. However, they are less sure that the VN profession nurtures innovation, and negative about the VN profession paying sufficient attention to the development of leadership skills and to its environmental footprint. In addition, on average they do not believe that VNs are recognised in society as a leading force for animal health and welfare or for their role in public health.

Figure 9.3: Views about standards, learning and recognition of VN contribution: average (mean) scores, 2019



Source: VN Survey, 2019

Further analysis shows some differences among respondent groups.

■ Differences by age:

- The belief that the VN profession has a culture of sharing and learning from mistakes is strongest among the under-30 age group (3.72) and decreases steadily with age to 3.12 among those in their 60s
- The under-30 age group is more likely to be positive about the VN profession nurturing innovation, scoring 3.33 compared to 3.02 for those in their 50s and 3.16 overall.

■ There are some differences when the scores of those working within the VN profession are compared to those working outside:

- The VN profession having a culture of sharing and learning from mistakes: within 3.48, outside 3.12
- Feeling personally comfortable in the workplace reporting and sharing mistakes: within 3.75, outside 3.43
- The VN profession nurturing innovation: within 3.18, outside 2.8

- The VN profession paying sufficient attention to the development of leadership skills: within 2.76, outside 2.45.
- When analysed by role within clinical practice:
 - Those in locum roles score a relatively low 3.15 relating to VNs being valued by VSSs, whereas practice managers/administrators score 3.63 and practice owners 3.68
 - Those in nurse roles are most likely to agree that the VN profession has a culture of sharing and learning from mistakes (3.56), while those in practice owner (3.3) and locum (3.2) roles are least likely to agree
 - Those in practice owner roles are more comfortable reporting and sharing mistakes than those in locum roles. Although the latter are still clearly positive (4.15 compared to 3.56)
 - Practice owners constitute the only respondent group to score above the midpoint of three regarding VNs being recognised in society as a leading force for animal health and welfare, although only just, at 3.04 (compared to 2.63 overall)
 - Clinical coaches feel particularly strongly that the RCVS PSS should be mandatory, and practice owners the least strongly, while still being clearly in agreement (4.11 compared to 3.76)
 - Practice managers/administrators and locums are the most negative about the VN profession giving attention to leadership development, scoring 2.6 and 2.49 respectively, compared to an overall average of 2.74
 - Although all groups are negative about the VN profession paying attention to its environmental footprint, the least negative are practice owners (2.57) and the most negative are locums (2.19).
- There are some big differences in mean scores between those who say yes, they would definitely opt for being a VN if they could start their career again, and those who say no, they would definitely not do so. The biggest differences, which point to areas of serious disillusionment with the profession, are:
 - VN profession having a culture of sharing and learning from mistakes: yes 3.57, no 3.24
 - Feeling personally comfortable reporting and learning from mistakes: yes 3.89, no 3.46
 - VNs being a leading force for animal health and welfare: yes 2.83, no 2.26
 - VNs being recognised for their role in public health: yes 2.4, no 1.98
 - Profession nurturing innovation: yes 3.38, no 2.8
 - Profession paying sufficient attention to leadership skills: yes 2.94, no 2.36.

9.1.4 Views about 'being myself at work'

A statement new to the 2019 survey asked respondents about the extent to which they feel able to 'be themselves' in their workplace. Encouragingly, the majority of respondents responded positively to this statement, returning an average (mean) score of 3.9 out of five, well above the midpoint of three.

Further analysis shows:

- Those working within the profession are notably more likely to respond positively than those working outside the profession, although both groups are positive overall: 3.92 compared to 3.45.
- Within clinical practice, those in practice owner roles are most likely to agree and those in locum roles, while still clearly positive, are least likely to agree (4.3 and 3.7 respectively).
- Those who say yes, they would opt to be a VN if they could start their career again score 4.12, compared to a lower but still positive 3.55 for those who say no, they would not opt to do so.
- Heterosexual respondents score more highly than LGB respondents, on average, although both groups return clearly positive scores: 3.92 and 3.75.
- Those with a limiting disability/medical condition score notably lower, overall, than those without a disability/medical condition: 3.56 and 3.93.

9.2 'Overall views score'

For the first time, an 'overall views score' has been created by taking the average of respondents' views on all 32 attitude statements. The scores for the two negatively-worded statements, 'VN work is stressful' and 'Veterinary practices are training too many nurses for the available future work' have been reversed in order to create this variable, so that a high score consistently indicates positive views. The midpoint for this overall means score, as for each individual attitude statement, is three.

The overall views score for all respondents is 3.26. There are some differences in the overall view score when it is broken down by respondent groups:

- Demographic/personal variables:
 - Gender: female 3.26, male 3.32
 - Age: under 30 3.32, 30s 3.22, 40s 3.24, 50s 3.25, 60 and over 3.33
 - Sexual orientation: heterosexual 3.26, LGB 3.22
 - Ethnicity: BAME 3.26, White 3.27 (i.e. very little or no difference)
 - Dependent children living with respondent: yes 3.24, no 3.27
 - Adult dependant: yes 3.27, no 3.26 (i.e. very little or no difference)
 - Disability/medical condition that limits work the respondent can do: yes 3.15, no 3.27.

- Whether would opt to be a VN if could start career over again: yes 3.39, no 3.03, unsure 3.19.
- Work variables:
 - Working within VN profession 3.27, working outside profession 3.12
 - Recently qualified (2016 onwards) 3.33
 - Working within clinical practice 3.27, outside clinical practice 3.24
 - Role within clinical practice: nurse 3.26, head/deputy/senior nurse 3.29, clinical coach 3.25, practice manager/administrator 3.35, practice owner 3.44, locum 3.17
 - Type of organisation:
 - Clinical practice 3.26 (with the two biggest types of practice, small animal and referral/consultancy, scoring 3.26 and 3.31 respectively)
 - Government departments/agencies 3.32
 - Veterinary school/other educational establishment 3.36.

9.3 Reflections on career choice

When asked if they would opt to become a VN if starting their career again, half (50.8%) of respondents say yes, 21.6 per cent say no, and 27.7 per cent are unsure. Table 9.1 shows that these results are more comparable with the 2010 survey than those of 2014; in 2014, a notably higher 60.2 per cent were clear that they would still opt for being a VN.

Table 9.1: ‘Still opt to become a veterinary nurse if started career again?’

	Frequency	2019 %	2014 %	2010 %
Yes	2,802	50.8	60.2	54
No	1,190	21.6	15.1	20
Unsure	1,526	27.7	24.8	26
Total	5,518	100.0	100.0	100

Source: VN surveys, 2019, 2014 and 2010

Further analysis indicates:

- Women are more likely to say yes, they would become a VN if starting their career again, than men (51% compared to 45.9%), and much less likely to say no, they would not (21.1% compared to 37.2%).
- However, women are less certain than men, with 27.9% being unsure, compared to 16.9% of men.
- LGB respondents are less likely to say yes than heterosexual respondents (41.8% compared to 51.4%).
- With regard to age, those in their 60s are most likely to say yes (76.3%) and those in their 30s the least likely (47.1%).

- Those with a limiting disability/medical condition are less likely to say yes (43.4%) than those without a disability/medical condition (51.5%).
- BAME respondents (45.2%) are somewhat less likely to say yes than White respondents (50.9%).
- When analysed by role within practice, those in practice owner or practice manager/administrator roles are most likely to say yes (63.8% and 62.7% respectively) while those in locum and clinical coach roles are least likely to say yes (41.3% and 48.1% respectively).
- The average (mean) age of those who say yes is 35.7, while the average ages of those saying no is a little lower, at 34.9.

9.4 Best things, suggestions for improvement and challenges

Respondents were invited to select up to three aspects for each category of: the best things about working in the VN profession; the things that would make the VN profession a better place in which to work; and the biggest challenges to the VN profession. The lists with which respondents were presented were derived from previous surveys, and included 'other' free-text options.

9.4.1 Best things about working in the VN profession

- The top six 'best things', listed below with the percentage selecting them, were all chosen by over 1,000 respondents:
 - Working with animals: 91.4%
 - Making a difference: 54.9%
 - Job satisfaction: 52.2%
 - Challenge/stimulus: 39.1%
 - Workplace relationships/colleagues: 34.9%
 - Client relationships: 22.6%.
- The remaining six options attracted notably fewer respondents:
 - Ability to choose working location: 8.0%
 - Work-life balance: 4.9%
 - Autonomy: 3.7%
 - Status: 3.2%
 - Working hours: 2.3%
 - Financial reward: 0.8%.

The top three 'best things' are the same as in 2014, and in the same order.

Further analysis shows:

- 'Working with animals' is the top 'best thing' for women and men. However, for men 'job satisfaction' is in second place and 'challenge/stimulus' in third place, while for women 'making a difference' is in second place and 'job satisfaction' third.
- 'Working with animals' comes top for all age groups, but for those under 30 and those in their 30s, 'making a difference' is in second place, while for those in their 40s, 50s and particularly their 60s, 'job satisfaction' comes second.
- 'Working with animals' comes top for all practice roles. However, for nurses, clinical coaches and locums, 'making a difference' is in second place and 'job satisfaction' third, while for head/deputy/senior nurses, practice managers/administrators and practice owners, 'job satisfaction' is in second place and 'making a difference' third.
- The top three things are the same, and in the same order, for those working in clinical practice and those working outside clinical practice but still within the VN profession.

9.4.2 Things that would make the VN profession a better place to work

- The top eight things that would make the profession a better place in which to work, listed below with the percentage selecting them, were all chosen by over 600 respondents:
 - Better financial reward: 86.3%
 - Better work-life balance: 41.6%
 - More respect/recognition from the public: 40.9%
 - Better opportunities for career progression: 32.3%
 - More responsibility: 18.9%
 - Less workload pressure: 18.7%
 - More flexibility of working hours: 15.5%
 - More support staff: 12.6%.
- The remaining four options attracted fewer than 500 respondents:
 - Less out-of-hours/on call: 7.5%
 - Less regulation/bureaucracy: 5.6%
 - Shorter hours: 5.4%
 - More variety: 2.4%.

Ninety-six respondents (1.7%) selected 'other' things that would make the profession, and almost all provided further detail; several of these respondents simply said 'all of the above'. The following themes emerge from an analysis:

- Having a protected title is the most frequently-mentioned 'other' thing that would make the VN profession better:

The title needs to be protected, so only RVNs can call themselves a VN.

A protected VN title.

- More respect and recognition: from VSs in particular (this is mentioned repeatedly), but also from other workplace colleagues, and for specific areas of expertise:

More respect from VSs.

Respect from the staff you work with.

Equine nurses being more highly recognised.

- Better support from employers/managers, without interference and without bullying:

Mandatory leadership/people management training.

Less bullying.

Less management interference.

- Further/better training and development:

More effort put into advanced qualifications.

Better training/education.

- More VNs

More RVNs in practice.

- Implementation/extension of Schedule 3:

Not being restricted by VSs in the use of my skill base.

Change in VN Schedule 3 to allow scope to specialise and do more.

- Clearer rules around corporates:

Less corporate involvement.

Clearer guidelines outlining the responsibilities and accountability of corporate ownership.

In 2014 the same top four improvements were selected as in 2019, but in a slightly different order: better pay came first, more respect/recognition from the public second, better work-life balance third, and more opportunities for career progression fourth.

Further analysis shows:

- Although men and women both have 'better financial reward' at the top of their list of the things that would make veterinary nursing a better profession in which to work, a long way ahead of anything else, they have slightly different views about the other things that are important:

- Four further things are, for men, of almost equal importance: 'more respect/recognition from the public' (37%), 'better opportunities for career progression' (37%), 'better work-life balance' (37%) and 'more responsibility' (36%).
- For women, 'better work-life balance' (41.6%) and 'more respect/recognition from the public' (41.1%) are in almost equal second place, followed by 'better

opportunities for career progression' (32.2%), with 'more responsibility' coming next, but quite a long way behind (18.4%).

- For all age groups, 'better financial reward' is very clearly at the top of the list. However, for those in their 30s 'better work-life balance' comes second, while for those aged under 30, in their 50s and in their 60s it is 'more respect/recognition from the public' that is in second place; for those in their 40s, 'more respect/recognition from the public' (35.4%) and 'better work-life balance' (35.2%) are in almost equal second place.
- Whether respondents have dependent children living with them or not does not make a difference to the top four things that would make the VN profession a better one in which to work; however, for those with dependent children, 'more flexibility of working hours' is more important than it is for those without child dependants (22.4% compared to 12%).
- When analysed by role within clinical practice, it is apparent that 'better financial reward' is the top thing for every role, and 'better opportunities for career progression' is consistently in fourth place. However, the thing in second place varies with role:
 - For nurses, it is 'more respect/recognition from the public' (42.5%)
 - For head/deputy/senior nurses, it is 'better work-life balance' (41.4%), very closely followed by 'more respect/recognition from the public' (41%)
 - For clinical coaches, it is very clearly 'more respect/recognition from the public' (54.1%)
 - For both practice managers/administrators and practice owners, it is 'better work-life balance' (47% and 51.1% respectively)
 - For locums, it is 'better work-life balance' (42.8%), followed very closely by 'more respect/recognition from the public' (41.4%) and 'better opportunities for career progression' (39.1%).
- Those working within the VN profession but outside clinical practice have 'better opportunities for career progression' in second place (43.6%) while for those working outside the VN profession it is 'better work-life balance' that comes a clear second (58%), and for those in clinical practice 'more respect/recognition from the public' (42.4%) comes slightly ahead of 'better work-life balance' (41.1%).

9.4.3 Challenges to the VN profession

- The top six challenges to the VN profession, listed below with the percentage of respondents choosing them, were all chosen by more than 1,000 respondents:
 - Poor financial reward: 63.4%
 - Stress levels: 46.6%
 - Client expectations/demands: 34.8%
 - Lack of respect/recognition for the profession from the public: 30.7%
 - Affordability of veterinary services: 27.1%

- Lack of career progression: 20.9%.
- The remaining six challenges, in order, are:
 - Lack of respect/recognition from employers: 18%
 - Changing structures in veterinary practice ownership: 14.5%
 - Lack of respect/recognition from VSs: 12.5%
 - Economic climate: 11.1%
 - Misinformation/bad PR: 10.6%
 - Brexit: 2.8%.

Sixty-six respondents (1.2%) selected 'other' challenges, and most provided further detail, with several saying 'all of the above'. An analysis gives the following themes:

- Shortage of VNs:
 - Lack of available RVNs.*
 - Lack of qualified nurses ... Increased use of lay staff.*
- Lack of respect for VNs, from VSs, the RCVS and the public:
 - Lack of respect/recognition from the RCVS – our title should be protected.*
 - Lack of respect from VSs and public.*
- Skills of VNs not being used properly/effectively:
 - Nurses wanting to do more in practice and being held back.*
 - Prevented from utilising professional skills.*
- Concerns about recent qualifiers:
 - Lack of resilience.*
 - The ability of new staff coming through to deal with work and life in general.*

In 2014, when the list of challenges was somewhat different and some options (notably 'stress levels') were not offered, the top challenge to the VN profession was also thought to be 'poor financial reward' (53.7%) but the next two were 'lack of respect/recognition for the profession from the public' (47.8%) and 'affordability of veterinary services' (43.5%).

Further analysis shows:

- Women and men have the same two top challenges, but for men 'lack of respect/recognition for the profession from the public' comes third (33.1%) while for women 'client expectations/demands' is in third place (35%).
- All age groups have the same top two challenges, and in the same order, apart from those in their 60s for whom 'poor financial reward' (52.7%) is very closely followed by 'affordability of veterinary services' (51.4%).

- The percentage choosing 'poor financial reward' declines in line with age, from 67% of those aged under 30 to 52.7% of those in their 60s
 - The percentage choosing 'stress levels' also declines with age, from 51.8% of those aged under 30 to 32.4% of those in their 60s
 - The average (mean) age of those opting for 'changing structures in veterinary ownership' is notably higher than the average age of those who do not choose this option: 40.3 compared to 34.6
 - The average (mean) age of those opting for 'lack of respect/recognition for the profession from the public' is notably lower than the average age of those who do not choose this option: 33.2 compared to 36.5.
- When analysed by role within practice, the same top two challenges of 'poor financial reward' and 'stress levels', in the same order, are chosen by nurses, head/deputy/senior nurses, clinical coaches and locums. However, for practice managers/administrators 'client demands/expectations' is in second place after 'poor financial reward', while for practice owners, 'client expectations/demands' is in first place with 'poor financial reward' second.
 - The top two challenges of 'poor financial reward' and 'stress levels', in the same order, are chosen by those working in clinical practice, those working outside clinical practice but within the VN profession, those working outside the VN profession, and those who are not working.

10 Well-being

As in the 2014 and 2010 surveys, respondents to the 2019 VN survey were asked to respond to a short series of statements concerning their well-being in both their professional and personal lives. To do this, a 14-item scale of mental well-being known as the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)⁵ was used. The rationale underpinning the inclusion of these questions is to track the mental well-being of the veterinary profession at a population level over time. Respondents did not have to complete this section of the survey if they preferred not to. This chapter of the report provides details of the responses to the WEMWBS, comparing the results to those found in the 2014 and 2010 surveys.

Chapter summary

- The overall WEMWBS well-being average (mean) score for respondents is 46.2, lower than in 2014 and 2010 when the scores were 47.5 and 47.4 respectively.
- The latest available comparable national data relate to the 2016 Health Survey for England; this gives the WEMWBS score for men as 50.1 and for women 49.6.
- A demographic analysis shows that: respondents with a limiting disability/medical condition have a notably lower average well-being score than those who do not; women score somewhat lower than men; women with dependent children living with them have higher scores than those without dependent children; those with responsibility for an adult dependant, especially male respondents, have lower scores than those without an adult dependant; BAME respondents have somewhat lower scores than White respondents; and heterosexual respondents have somewhat higher scores than LGB respondents.
- Analysed by employment status, respondents who are unemployed have the lowest average well-being scores (42.7), while those in part time work have the highest (46.9).
- Those working in clinical practice have a lower score (46.1) than those working inside the VN profession but outside clinical practice (48) and those working outside the VN profession altogether (48.1).
- Within clinical practice, practice managers/administrators have the highest scores (48.7) and nurses have the lowest (45.9).
- Those who 'seldom' or 'never' have a minimum rest-period of 11 hours each day score lower, on average, than those who 'always' or 'usually' have this rest period. Similarly, those who 'seldom' or 'never' manage to have at least two rest days every 14 days score lower than those who 'always' or 'usually' have this rest period, and those who have at least 20 days' paid holiday every year have a higher score than those who do not.

⁵ Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh 2006, all rights reserved.

- Those who would still opt to be a VN if they could start their career again score 48.5, while those who are unsure score 44.5 and those who would not opt for veterinary nursing score 43.
- Those planning to leave the profession for reasons other than retirement have notably lower average well-being scores than those who plan to retire or stay within the VN profession: 42.3, 46 and 42.3 respectively.
- There is a clear association between respondents' attitudes towards the VN profession and their average well-being scores, in that the greater the level of agreement that respondents have with positively-worded statements, the higher their average well-being scores tend to be, while the greater their level of agreement with negatively-worded statements, the lower their average well-being scores tend to be.

10.1 Background to the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

The WEMWBS asks respondents about their experiences over the past two weeks. They are asked to respond to fourteen attitudinal statements which describe their thoughts and feelings during this period. Individual items are scored from one (none of the time) to five (all of the time) and a total scale score is calculated by summing the 14 item scores. The minimum score is 14 and the maximum is 70.

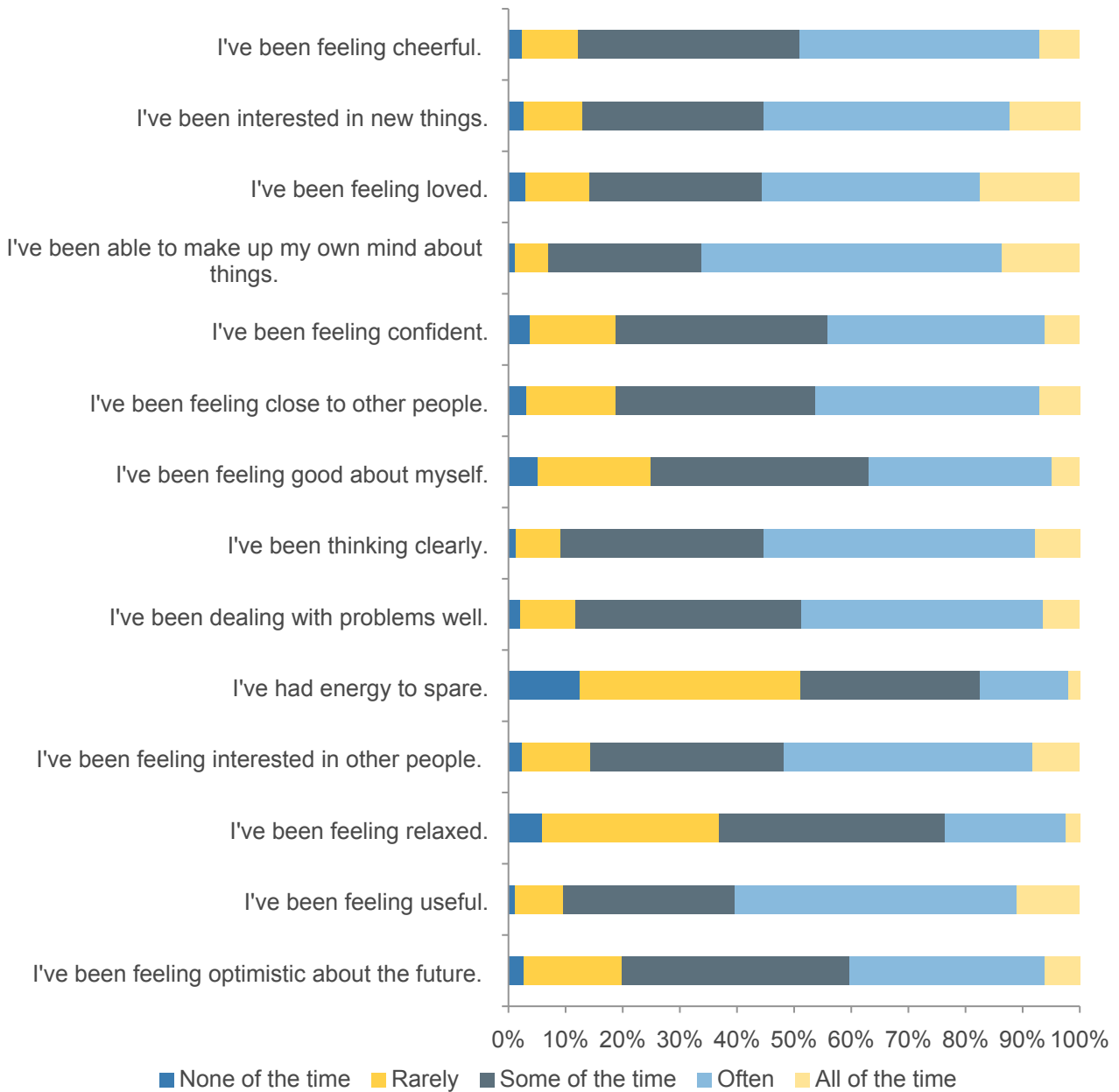
10.2 Responses to the WEMWBS

Figure 10.1 gives the spread of responses to each of the WEMWBS statements (i.e. the percentage allocating each of the scores from 1 to 5), and Figure 10.2 gives the average (mean) scores for each statement; the midpoint for these mean scores is three.

As in 2014 and 2010, respondents were largely positive in how they rated the individual items of the WEMWBS. During the two weeks prior to completing the survey, respondents on average were especially positive (i.e. scored 3.5 or above) about how often they had been able to make up their own mind and to think clearly, had been feeling useful and loved, and had been interested in new things. However, they were not positive overall (i.e. scored below the midpoint of 3) about having energy to spare and feeling relaxed. These overall results are broadly similar to the findings of the 2014 and 2010 surveys.

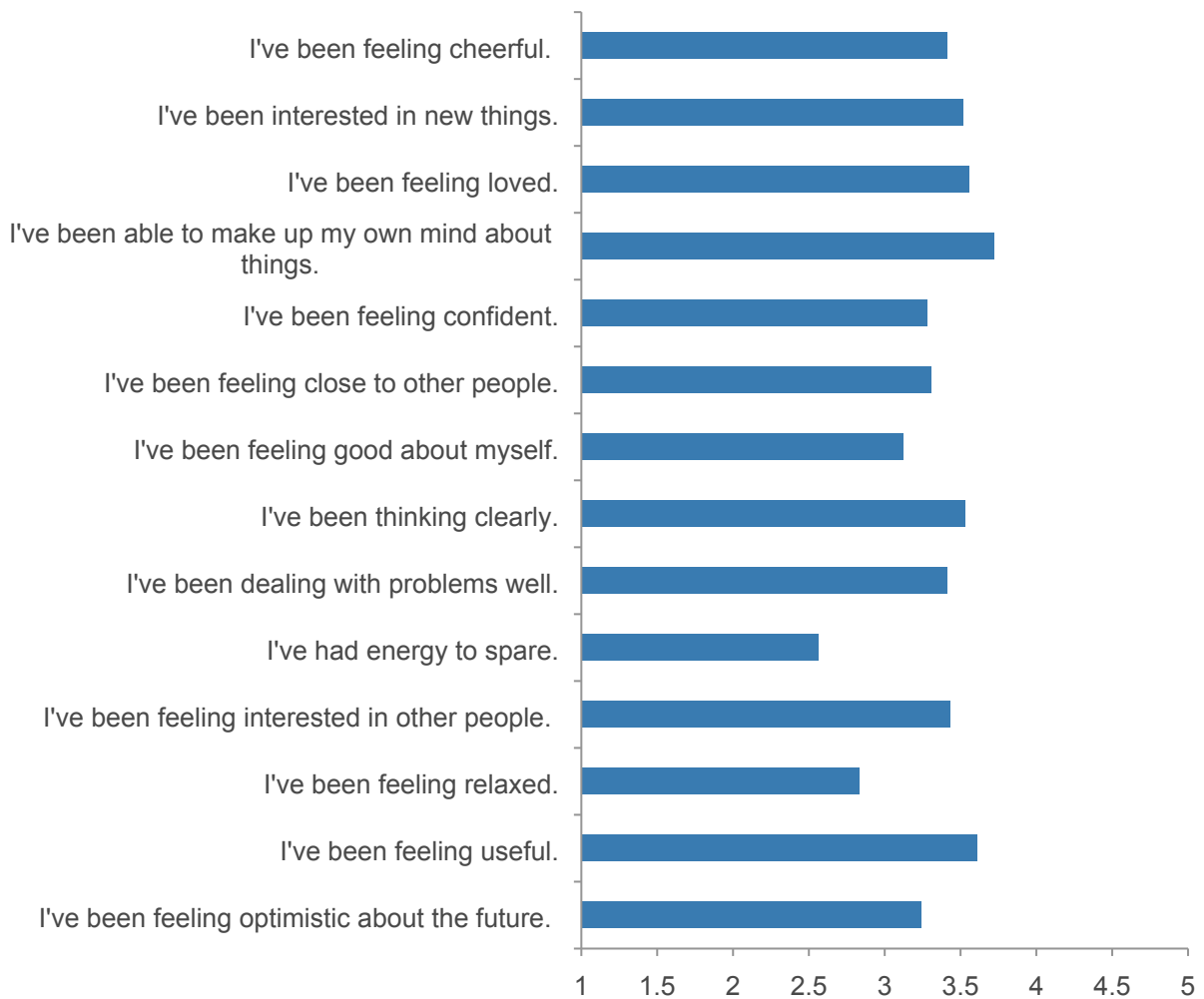
The mean WEMWBS score for the entire sample is 46.2, lower than in 2014 and 2010 when the scores were 47.5 and 47.4 respectively. Over the years VNs have consistently returned WEMWBS scores below the average population mean, although exact comparisons are hard to do because published national data usually relates to surveys undertaken a year or two earlier. The latest available large-scale data collection report, published in December 2017, relates to the 2016 Health Survey for England; this gives the WEMWBS score for men as 50.1 and for women 49.6. It appears that the decline in scores being experienced by VNs may be part of a wider trend, as the WEMWBS scores for the Health Survey for England 2015 were notably higher than those for 2016: 51.7 for men and 51.5 for women.

Figure 10.1: Self-ratings for WEMWBS well-being statements: percentage spread of response



Source: VN Survey, 2019

Figure 10.2: Average (mean) scores for well-being statements



Source: VN Survey, 2019

Table 10.1 compares the WEMWBS scores for 2019 with those of 2014 and 2010, and shows that the decrease in scores is general across all the breakdowns with the exception of those working within the VN profession but outside clinical practice; here, the 2019 score is a little higher than in 2014 but a little lower than in 2010.

Table 10.1: Mean total well-being scores, 2019 compared to 2010 and 2014

		2019	2014	2010
Gender	Female	46.2	47.5	47.4
	Male	47	49.3	49.4
Age	16-19	-	48.9	49.8
	20-29	-	47.8	47
	Under 30	46	-	-
	30-39	46.2	47	47.7
	40-49	46.8	47	47.5
	50-59	46	-	-
	50 and over	-	47.5	48.5
	60 and over	46.6	-	-
Disability/medical condition	Yes	41	44.2	44.2
	No	46.7	47.7	47.5
Employment status	Full-time work	46.1	47.1	47.1
	Part-time work	46.9	48.2	48.3
	Unemployed	42.7	47.8	47.7
	Taking a career break	43.2	47.9	48.3
Broad work area	Within clinical practice	46.1	47.4	47.2
	Outside clinical practice but within profession	48	47.3	48.5
	Outside profession	48.1	48.7	50

Source: VN surveys, 2019, 2014 and 2010

Table 10.2 provides a breakdown of the 2019 scores, and shows some differences among respondent groups.

- In general, men are somewhat more positive than women. However it should be noted that, due to the relatively low proportion of men in the survey response, scores for female respondents tend to be very similar to the scores for the overall sample.
- There is not much variation by age group, although the score for men in their 40s is notably lower than average.
- BAME respondents return somewhat lower scores than White respondents, although BAME respondents aged 40 and over are more positive than average.
- Women with dependent children score higher than those without, but the reverse is true for male respondents.
- Having caring responsibilities for an adult dependant is associated with consistently lower scores, especially for male respondents.
- LGB respondents score consistently lower than heterosexual respondents.
- The biggest difference in scores is seen between those with a limiting medical condition/disability and those without, with the former scoring consistently notably lower.

Table 10.2: Breakdown of average WEMWBS scores

	Overall	Female	Male	Aged below 40	Aged 40 & above
Gender					
Female	46.2				
Male	47				
Age bands					
Under 30	46	45.9	47.1		
30 to 39	46.2	46.1	49		
40 to 49	46.8	46.9	41.9		
50 to 59	46	46	-		
60 and over	46.6	46.6	-		
Ethnicity					
White	46.3	46.2	47.1	46.1	46.6
BAME	45.1	45.2	-	45	47.2
Dependent children					
Yes	47.4	47.4	45.9	47.3	47.6
No	45.6	45.6	47.4	45.6	45.7
Dependent adult					
Yes	44.8	44.8	41.3	43.3	45.4
No	46.3	46.3	47.2	46.2	46.6
Disability/medical condition					
Yes	41	41.1	-	40.5	42
No	46.7	46.7	47.7	46.5	47.1
Sexual orientation					
Heterosexual	46.4	46.4	47.9	46.3	46.8
LGB	43.4	42.9	45.7	43.4	43.5

Note: WEMWBS scores for groups containing ten or fewer respondents have not been included

Source: VN Survey, 2019

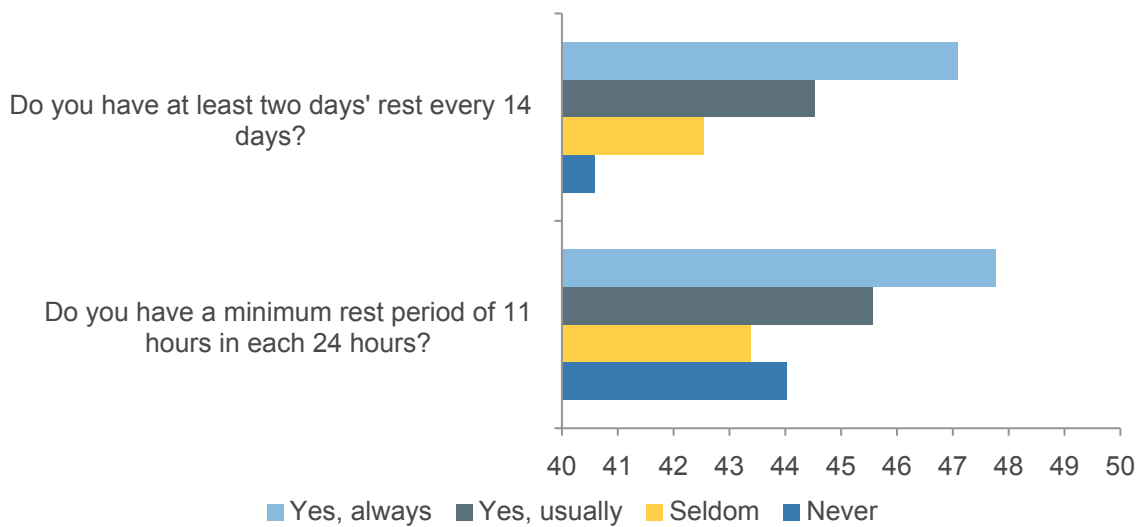
Further analysis reveals some additional differences among respondent groups:

- There is no significant difference between the scores of respondents working overseas (46.4) and in the UK (46.3).
- Employment status makes a difference, with those who are unemployed or taking a career break (42.7 and 43.2 respectively) scoring lower than those who are employed full time (46.1) or part time (46.9).

-
- Those working in clinical practice (i.e. the majority of respondents) have a lower score (46.1) than those working inside the VN profession but outside clinical practice (48) and those working outside the VN profession (48.1).
 - Within clinical practice, there are some differences depending on role:
 - Nurse: 45.9
 - Head/deputy/senior nurse: 46.4
 - Clinical coach: 47
 - Locum: 47
 - Practice owner: 47.3
 - Practice manager/administrator: 48.7.
 - Unsurprisingly, there is a relationship between the WEMWBS score and whether respondents would opt to be a VN if they could start their career again:
 - Yes: 48.5
 - No: 43
 - Unsure: 44.5.
 - Those planning to leave the profession for reasons other than retirement have notably lower average well-being scores than those who plan to retire or stay within the VN profession:
 - Stay for at least five years: 47.6
 - Retire: 46
 - Leave within the next five years: 42.3.

Figure 10.3 shows that there is an association between WEMWBS scores and rest periods, in that those who always or usually get two days' rest every 14 days, and 11 hours' rest every 24 hours, score higher than those who seldom or never get these rest periods. An additional finding is that respondents who get 20 days' paid holiday a year in addition to bank holidays (pro rata for part timers) have a WEMWBS score of 46.4, whereas those who do not get this holiday have a lower score of 44.9.

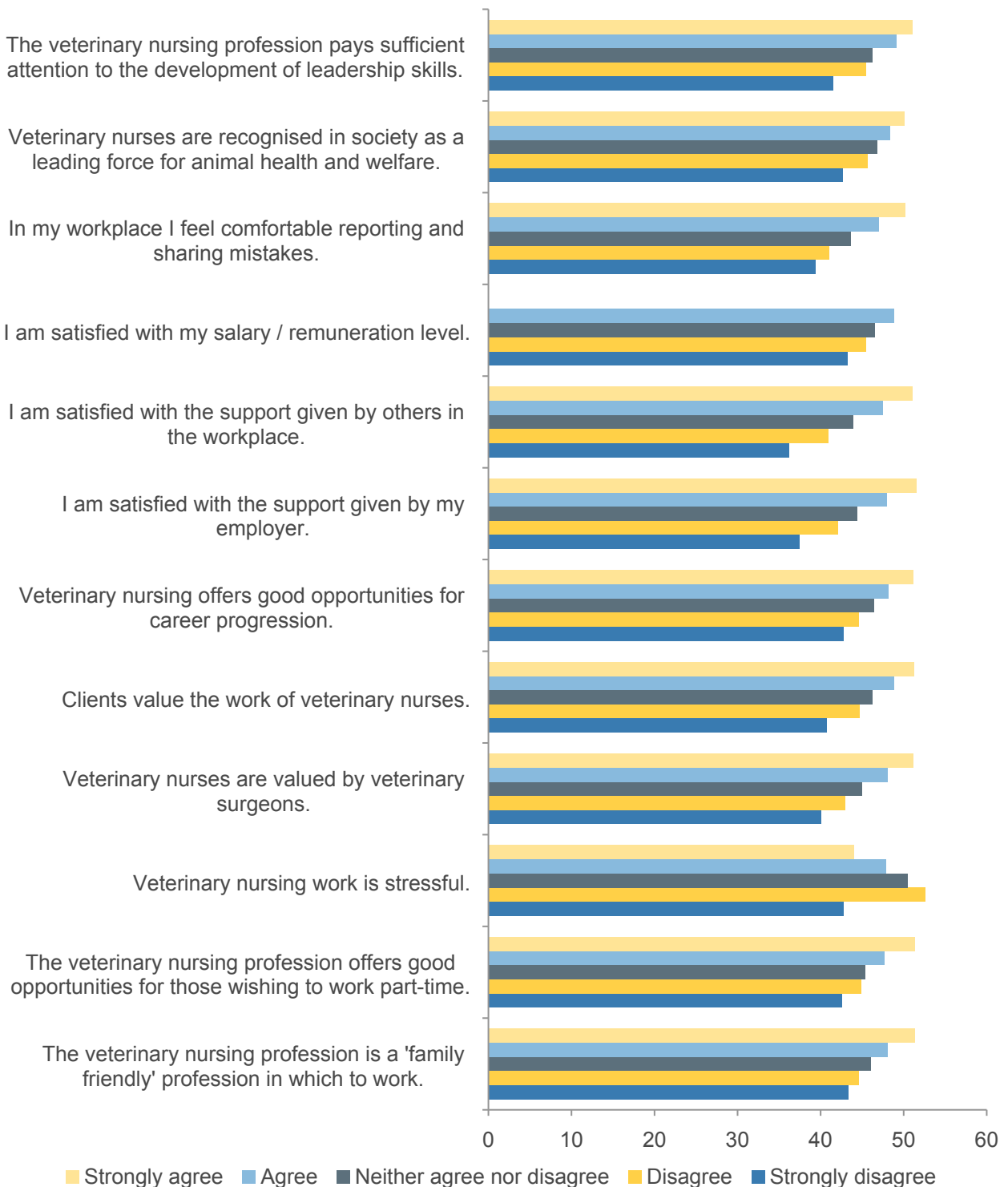
Figure 10.3: Average WEMWBS scores by rest periods



Source: VN Survey, 2019

Finally, there is a clear association between respondents' attitudes towards the VN profession (see previous chapter) and their average WEMWBS well-being scores, in that the greater the level of agreement that respondents have with positively-worded statements, the higher their average WEMWBS scores tend to be, while the greater their level of agreement with negatively-worded statements, the lower their average WEMWBS scores tend to be. Statistical analysis shows that there is a highly significant correlation between responses to attitude statements and the WEMWBS score; it therefore follows that, unsurprisingly, a more positive view of the different aspects of the VN profession is associated with greater well-being. Figure 10.4 provides examples of the statements displaying the greatest difference in WEMWBS responses.

Figure 10.4: WEMWBS scores according to strength of agreement or disagreement with selected attitude statements



Source: VN Survey, 2019

11 Views about the RCVS

This chapter describes responses to a set of questions relating to VNs' perceptions of the RCVS, views about its values and its purpose, and experiences of its communications and consultations. These questions are new for the 2019 survey.

Chapter summary

- In terms of perceptions of the RCVS, the overall perceptions score is clearly positive (i.e. above the midpoint of 3), at 3.52. Respondents are notably positive that the RCVS is highly professional, has an international reputation, and has processes that reflect best practice.
- When asked whether the RCVS demonstrates behaviours in accordance with its values, the overall values score is notably positive (i.e. well above the midpoint of 2.5) at 3.08. Respondents believe that the RCVS displays good judgement, is forward-looking and straight-talking, and displays compassion.
- With regard to communications generally, on average respondents are clearly positive about different aspects of RCVS communications. The overall communication ratings score is 3.73, well above the midpoint of 3.
- Respondents who had, at the time of the survey, communicated with the RCVS in the previous year are very positive about every aspect of the staff they dealt with. The overall staff communication score for those who have contacted the RCVS in the previous year is 4.05, well above the midpoint of 3.
- Awareness of four RCVS initiatives – Mind Matters, ViVet, RCVS Leadership and VetFutures – varies, with Mind Matters attracting the highest level of awareness (46% are aware of Mind Matters). Of those who are aware of each initiative, between 11% and 16% of respondents have engaged with or used them.
- 69% have not taken part in any RCVS consultations in recent years; of those who have participated, the 2017 review of Schedule 3 is the most frequently-selected consultation. Views about the RCVS's actions in response to consultations are generally positive in that the average score is clearly above the midpoint for every statement.
- Respondents return positive scores for 14 different aspects of the RCVS's purpose; the most positive responses are related to the RCVS being fit for purpose, upholding standards within the VN profession, setting appropriate standards, being a positive force for animal health and welfare, and being trusted by the VN profession.
- Respondents were asked to rate the RCVS on a ten point scale from 1 (very poor) to 10 (excellent). The average (mean) score overall is 7.15 out of ten, while the mode is eight; 71 per cent of respondents rate the RCVS at seven out of ten or higher.
- Overall, some groups of respondents tend to be more positive, on average, about the RCVS than others. Women are more positive than men, the under 30 age group is more positive than other age groups, BAME respondents are somewhat less positive than White respondents, LGB respondents are somewhat less positive than heterosexual respondents, and overseas-practising respondents are more positive than those in the UK. Within clinical practice, clinical coaches tend to be the most positive group and practice owners and locums

the least positive. However, no respondent group returns a negative (below the midpoint) score about any aspect of the RCVS.

- A number of suggestions were made about what the RCVS should do more of. In particular, respondents would like the RCVS to promote awareness of, and respect for, the VN profession, including protecting the title, and to do more to call for better pay for VNs.
- Regarding what the RCVS should do less of, respondents feel in particular that the RCVS should give less focus to VVs and more to VNs, and should stop restricting the VN role and allow VNs to use their full range of skills and capabilities.

11.1 Perceptions

Respondents were asked for their perceptions of the RCVS, by rating their responses to 11 statements on a five-point scale from 'disagree strongly', scoring one, to 'agree strongly', scoring five, with a midpoint of three. Table 11.1 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 11.1 presents the average scores. Views are positive, particularly in relation to the RCVS being highly professional, having a good international reputation, having processes that reflect best practice, commanding the respect of respondents, and supporting the development of the professions. Respondents are less sure that the RCVS registration provides good value for money, although this statement returns a positive score overall (i.e. above the midpoint of 3). It is worth noting that for some statements – relating to registration providing good value for money, the RCVS being empathetic and understanding, and the RCVS being good at communicating with VNs – over 50 per cent of respondents opt for the 'neither agree nor disagree' option, suggesting they may lack experience of these aspects or have no comparators.

Table 11.1: Perceptions of the RCVS, percentage spread and average (mean) scores

Statement	N	Mean	Disagree strongly %	Disagree %	Neither agree nor disagree %	Agree %	Agree strongly %
RCVS registration provides good value for money	5,214	3.19	2.6	13.8	50.1	29.7	3.9
It commands my respect	5,203	3.63	0.9	6.0	31.3	53.2	8.7
It is empathetic and understanding	5,189	3.27	1.4	7.7	56.3	31.4	3.2
It is good at communicating with VNs	5,154	3.4	0.8	4.9	52.3	38.0	4.0
I feel I can approach the organisation	5,199	3.43	1.8	10.9	35.3	46.3	5.7
It is highly professional	5,197	3.95	0.5	1.3	19.3	60.5	18.5
RCVS Council members understand the challenges of modern veterinary work	5,185	3.38	2.3	8.6	44.6	38.2	6.2
It has a good international reputation	5,184	3.77	0.3	1.4	34.1	49.5	14.8
Its processes reflect best practice	5,183	3.76	0.7	2.9	29.9	53.2	13.4
It is in touch with the issues facing VSs and VNs	5,190	3.36	2.6	12.5	36.8	41.8	6.1
It supports the development of the professions	5,186	3.61	1.8	6.6	30.4	51.5	9.8
Overall perceptions score		3.52					

Source: VN Survey 2019

Figure 11.1: Perceptions of the RCVS, average (mean) scores



Source: VN Survey, 2019

The **overall perceptions score**, calculated as a mean average of the responses to all 11 of the perception statements, is a clearly positive 3.52. Further analysis of the overall perceptions score indicates that:

- Women are more positive than men: 3.53 compared to 3.33.
- The most positive age group is those aged under 30 (3.64) and the least positive is those in their 50s (3.42).
- Respondents who are not British citizens are more positive than those who are: 3.64 compared to 3.52.
- When analysed by practice role, the most positive roles are clinical coaches (3.58) and nurses (3.56), while the least positive are practice owners (3.39) and locums (3.4).
- Respondents working overseas are more positive than those working in the UK: 3.7 compared to 3.52.

11.2 Values

The RCVS has five stated behaviours to which it aspires, and respondents were asked how well they thought the RCVS demonstrates these behaviours. A four-point scale (rather than the usual five-point scale) was used: 'not at all', 'partially', 'mostly' and 'totally'. Those who did not feel they could give a view could select 'no opinion/don't know/not relevant'. Table 11.2 gives the percentage spread of responses to these

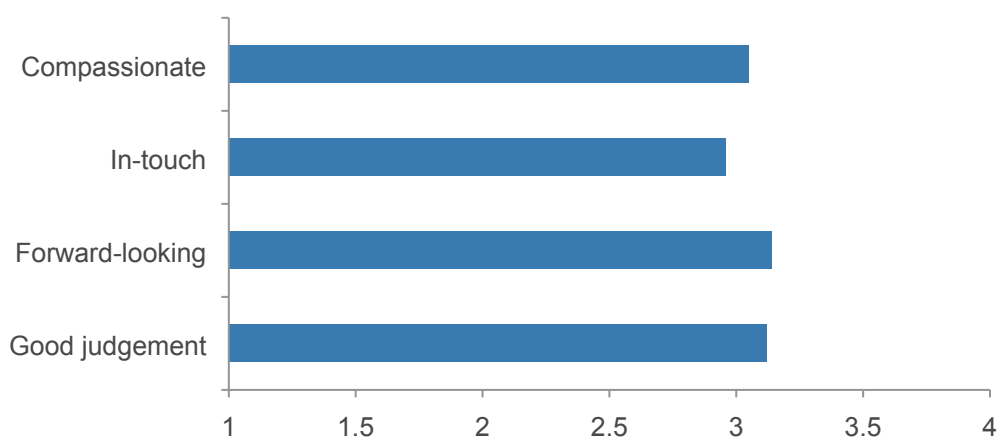
statements, together with the average (mean) score for each statement, while Figure 11.2 presents the average scores; the statement means were calculated only for responses selecting one of the four points on the scale (i.e. omitting the 'no opinion' responses).

Table 11.2: RCVS values, percentage spread and average (mean) scores

Values behaviour	N	Mean	Not at all %	Partially %	Mostly %	Totally %	No opinion/ Don't know/ Not relevant %
Good judgement	5,146	3.12	1.3	6.8	35.9	16.8	39.4
Forward-looking	5,142	3.14	1.4	9.1	34.5	21.1	33.9
In-touch	5,136	2.96	2.8	13.1	34.3	15.9	33.9
Compassionate	5,140	3.05	2.1	10.5	32.2	17.8	37.4
Straight-talking	5,137	3.15	1.7	8.4	32.1	21.3	36.6
Overall values score		3.08					

Source: VN Survey 2019

Figure 11.2: Perceptions of values behaviours, average (mean) scores



Source: VN Survey 2019

The **overall values score**, calculated as a mean average of the responses to all five of the values behaviours (excluding the 'no opinion' responses), is well above the midpoint of 2.5, at 3.08. Further analysis of the overall values score shows:

- Women are more positive than men: 3.1 compared to 2.9.
- The under-30 group is the most positive (3.23) and the 50 to 59 group the least positive (2.85).
- The most positive practice roles are clinical coaches (3.18) and nurses (3.13), and the least positive are practice owners (2.78).

- Those working in clinical practice are more positive than those working in education: 3.11 compared to 2.93.

11.3 Contact and communications

Those respondents who have contacted the RCVS over the previous year (21% of respondents, N = 1,112) were asked how they rated their communication with RCVS staff on those occasions, on six aspects. A five-point scale was used: ‘very poor’, ‘poor’, ‘satisfactory’, ‘good’ and ‘excellent’, with a midpoint of three. Those who did not feel they could give a view could select ‘no opinion/don’t know/not relevant’. Table 11.3 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 11.3 presents the average scores; the statement means were calculated only for responses selecting one of the five points on the scale (i.e. omitting the ‘no opinion’ responses).

Table 11.3: Views about aspects of communication among those who have contacted the RCVS in the last year, percentage spread and average (mean) scores

Communication aspects	N	Mean	Very poor %	Poor %	Satisfactory %	Good %	Excellent %	No opinion/ Don't know/ Not relevant %
Professionalism	1,095	4.08	0.5	2.2	17.3	35.9	42.3	1.8
Helpfulness	1,096	3.92	2.2	6.1	16.7	32.5	41.1	1.4
Compassion	1,090	3.63	2.0	4.7	18.5	29.2	26.1	19.5
Approachability	1,090	3.89	1.6	3.6	19.3	33.5	37.3	4.8
Tone when addressing you	1,091	3.99	1.5	4.4	17.7	32.4	37.9	6.1
Ability to solve your issue/ answer your questions	1,092	3.77	4.0	7.6	16.9	28.9	40.0	2.5
Overall staff communication staff score		4.05						

Source: VN Survey 2019

Figure 11.3: Contact and communications, average (mean) scores

Source: VN Survey, 2019

The **overall staff communication score** for those who have contacted the RCVS in the previous year, calculated as a mean average of the responses to all five of the values behaviours (excluding the 'no opinion' responses), is a high 4.05, well above the midpoint of three, indicating that most respondents who make contact with RCVS staff have a positive or very positive experience.

Further analysis shows:

- Men and women have similar views about the professionalism, helpfulness and tone of RCVS staff. However, women are more positive than men about the compassion and approachability of RCVS staff, and about their ability to solve the issue.
- There is a consistent pattern whereby scores for every aspect of staff communication decreases in line with age, so that the most positive group is the under 30s and the least positive those in their 60s.
- LGB respondents are somewhat less positive than heterosexual respondents about every aspect of staff communication.
- BAME respondents are somewhat less positive than heterosexual respondents about every aspect of staff communication.
- Respondents working in clinical practice are consistently more positive about every aspect of staff communication than those working within the VN profession but outside clinical practice.
- Those working overseas are consistently more positive about every aspect of staff communication than those working in the UK.

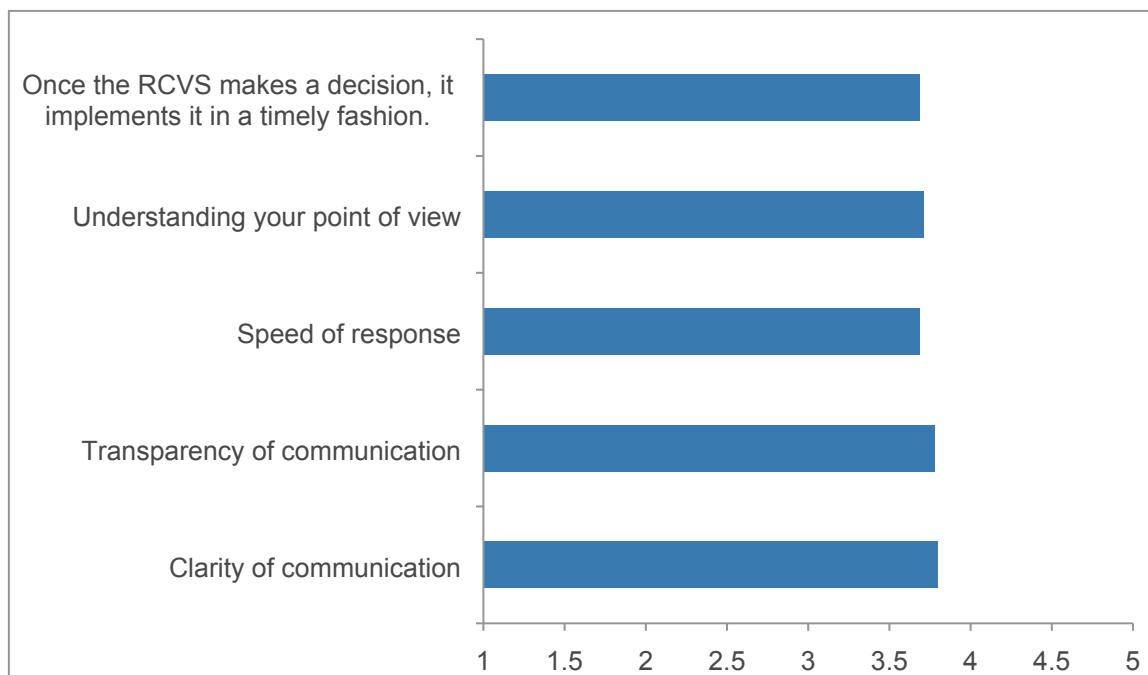
All respondents, regardless of whether or not they had contacted the RCVS in the previous year, were asked to rate general RCVS communications on six aspects, using

the same five-point scale with a ‘no opinion/don’t know/not relevant’ option. Table 11.4 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 11.4 presents the average scores; again, the statement means were calculated only for responses selecting one of the five points on the scale (i.e. omitting the ‘no opinion’ responses). It is worth noting that around one half of respondents did not feel able to express an opinion about each statement, with the statement about the RCVS’s speed of implementing decisions yielding a high 60 per cent ‘no opinion’ response.

Table 11.4: General communication ratings, spread of responses and average (mean) scores

Communication ratings	N	Mean	Very poor %	Poor %	Satisfactory %	Good %	Excellent %	No opinion/ Don't know/ Not relevant
Clarity of communication	5,111	3.8	0.5	2.0	15.8	23.1	10.8	47.7
Transparency of communication	5,102	3.78	0.5	1.9	16.1	21.9	10.2	49.3
Speed of response	5,101	3.69	1.1	3.3	15.3	18.7	10.1	51.6
Understanding your point of view	5,095	3.71	0.9	2.7	13.8	17.4	9.2	55.9
Once the RCVS makes a decision, it implements it in a timely fashion	5,094	3.69	0.9	2.1	13.4	15.4	8.1	60.1
Overall communication ratings score		3.73						

Source: VN Survey 2019

Figure 11.4: General communications ratings, average (mean) scores

Source: VN Survey 2019

The **overall communication ratings score**, calculated as a mean average of the responses to all five of the values behaviours (excluding the 'no opinion' responses), is well above the midpoint of 3, at 3.73.

Further analysis of the different aspects of communications indicates:

- Women are consistently more positive than men about every aspect of general communication.
- Those aged under 30 are consistently the most positive about every aspect, and those in their 50s the least positive.
- LGB respondents are somewhat less positive about every aspect than heterosexual respondents.
- BAME respondents are somewhat less positive about every aspect than White respondents.
- Respondents working in clinical practice are consistently more positive about every aspect of general communication than those working within education.
- Within clinical practice, practice managers/administrators are consistently the most positive about every aspect, and practice owners the least positive.
- Those working overseas are notably more positive about every aspect of staff communication than those working in the UK.

11.4 Awareness of initiatives

Respondents were asked about their awareness of, and engagement with, four RCVS initiatives. Table 11.5 gives the overall response, and shows that awareness of these initiatives is variable, with the highest percentage being aware of Mind Matters; however, relatively low percentages of those who are aware of the initiatives are engaging with/using them.

Table 11.5: RCVS initiatives: awareness and engagement/use

RCVS initiative	Aware N	Aware (% of overall respondents)	Used/engaged with N	Used/engaged with (% of those aware)
Mind Matters	3,533	46.0	464	13.1
ViVet	1,070	13.9	172	16.1
RCVS Leadership	1,840	23.9	216	11.7
VetFutures	2,758	35.9	393	14.2

Source: VN Survey 2019

11.5 Consultations

In recent years the RCVS has run a number of consultations to seek the views of VSs and VNs on a variety of topics; respondents were asked whether they had taken part in ten of these consultations. The results show that two-thirds (68.9%) have not taken part in any of the ten consultations, and of those who have participated, the 2017 review of Schedule 3 was the most frequently-selected consultation:

- Graduate Outcomes Consultation (2018-2019): 193 took part, representing 4.2 per cent of respondents overall.
- Proposed new framework for post-registration qualifications for VNs (2018): 708 took part, representing 15.2 per cent of respondents overall.
- Review of Schedule 3 (2017): 1,083 took part, representing 23.3 per cent of respondents overall.
- Review of the use of telemedicine within veterinary practice (2017): 56 took part, representing 1.2 per cent of respondents overall.
- Review of CPD (2016): 348 took part, representing 7.5 per cent of respondents overall.
- Review of Year-One Competencies for VSs (2015): 59 took part, representing 1.3 per cent of respondents overall.
- Review of Day-One Skills for VNs (2015): 411 took part, representing 8.8 per cent of respondents overall.

- RCVS PSS review – the final stage consultation (2015): 143 took part, representing 3.1 per cent of respondents overall.
- Use of the courtesy title ‘Doctor’/‘Dr’ by RCVS-registered VSs (2015): 125 took part, representing 2.7 per cent of respondents overall.
- Proposals for the future of the RCVS Fellowship (2014): 20 took part, representing 0.4 per cent of respondents overall.

Respondents who had taken part in one or more consultations were asked about how, in general, the RCVS handles four aspects of its consultations, using a four-point scale: ‘not at all’, ‘partially’, ‘mostly’ and ‘totally’, with a midpoint of 2.5. Those who did not feel they could give a view could select ‘no opinion/don’t know/not relevant’. Table 11.6 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 11.5 presents the average scores; the statement means were calculated only for responses selecting one of the four points on the scale (i.e. omitting the ‘no opinion’ responses).

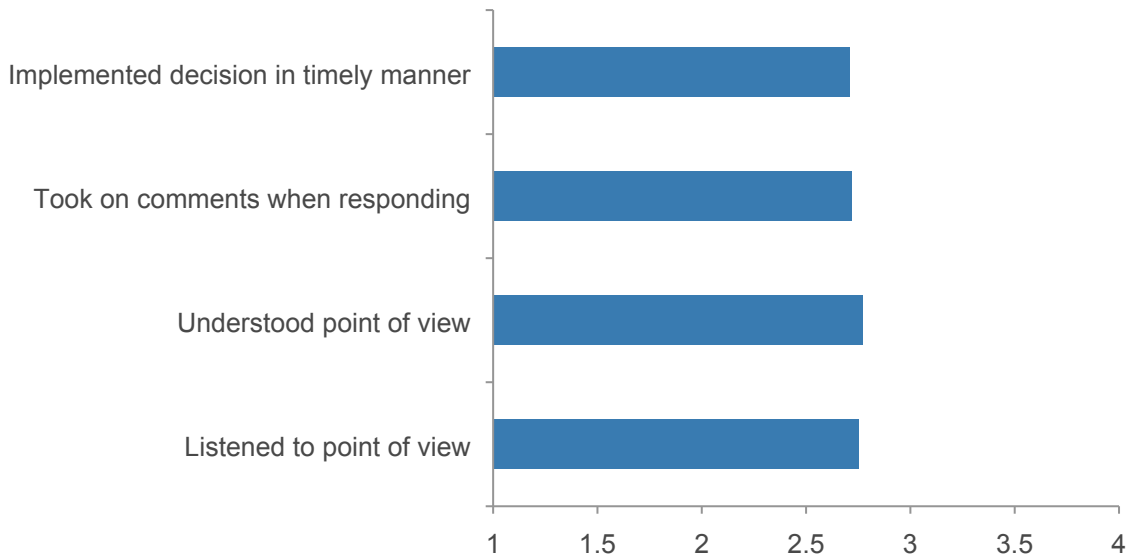
Table 11.6: Views about RCVS’s actions with regard to consultation responses

To what extent did the RCVS do the following?	N	Average (mean)	Not at all %	Partially %	Mostly %	Totally %	No opinion/ Don’t know/ Not relevant %
Listened to your point of view	1,420	2.75	4.1	15.7	29.6	9.2	41.6
Understood your point of view	1,417	2.77	3.6	14.6	30.4	8.8	42.8
Took on board your comments when formulating its response	1,418	2.72	4.8	15.5	26.8	8.7	44.9
Once made, acted in a timely manner to implement the decision	1,417	2.71	5.5	14.1	25.2	9.2	46.6

Source: VN Survey 2019

For each statement, over 40 per cent of respondents, even though they had participated in at least one consultation, did not feel able to express an opinion. Among those who did, views are generally positive in that the average (mean) score is about the midpoint of 2.5 for every statement.

Figure 11.5: Views about consultation responses, average (mean) scores



Source: VN Survey 2019

11.6 Purpose

To test views about the RCVS’s purpose, respondents were asked to rate the RCVS on 14 aspects, using a scale from 1 (not at all) to 5 (totally), with a midpoint of three. Table 11.7 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 11.6 presents the average scores out of five.

Table 11.7: Views about the RCVS's purpose

On a scale of 1 to 5, to what extent do you personally feel that the RCVS...	N	Mean	1 %	2 %	3 %	4 %	5 %
Is fit for purpose	4,742	3.88	0.6	2.7	31.5	38.2	27.0
Spends money appropriately	4,589	3.40	0.7	5.2	56.1	29.5	8.4
Is trusted by the VN profession	4,749	3.76	1.5	7.9	26.9	40.7	23.0
Pays sufficient attention to the development of leadership skills within the profession	4,682	3.37	2.1	11.4	44.3	32.3	10.0
Has a global reach (i.e. improves animal health and welfare internationally)	4,659	3.53	1.2	7.6	42.0	35.1	14.1
Is a service-oriented organisation	4,620	3.47	1.0	6.4	47.9	34.3	10.5
Is forward-focused (e.g. embraces change, is open to ideas)	4,666	3.51	1.9	8.5	38.8	38.1	12.7
Sets appropriate standards within the VN profession	4,722	3.82	1.3	5.2	27.1	43.5	22.9
Upholds standards within the VN profession	4,717	3.87	1.0	4.5	25.5	44.7	24.3
Advances standards within the VN profession	4,713	3.67	1.9	7.4	31.8	40.0	18.9
Supports the health and welfare of the VN profession	4,699	3.42	3.1	12.3	37.1	34.7	12.8
Is a positive force for animal health and welfare	4,699	3.81	0.7	3.9	29.9	44.1	21.4
Promotes and facilitates innovation in the VN profession	4,684	3.48	2.3	9.5	39.0	36.5	12.7
Supports the development of a learning culture in the VN profession	4,691	3.58	1.9	8.1	35.0	40.3	14.7
Overall RCVS purpose score		3.62					

Source: VN Survey 2019

The **overall RCVS purpose score**, calculated as a mean average of the responses to all 14 of the purpose aspects (excluding the 'no opinion' responses), is well above the midpoint of 3, at 3.62. Further analysis of these 14 statements about the RCVS's purpose shows:

- Women are more positive than men about 13 of the 14 statements, the exception being the statement about global reach where the scores for women and men are the same.
- When analysed by age, the most respondents are those in the under-30 age group; they have the highest score for all 14 statements. However, the picture is not so clear for the other age groups:
 - Respondents in their 50s are the least positive about the RCVS being fit for purpose, spending money appropriately, paying sufficient attention to the

development of leadership skills within the VN profession, being a service-oriented organisation, being forward-focused, setting appropriate standards within the profession, supporting the health and welfare of the VN profession, and promoting and facilitating innovation in the VN profession.

- Respondents in their 40s are the least positive about the RCVS having a global reach, upholding standards within the profession, and advancing standards within the profession.
- Respondents in their 60s are the least positive about the RCVS being trusted by the VN profession and being a positive force for animal health and welfare.
- For the statement about the RCVS supporting a learning culture within the profession, those in their 50s and 60s are jointly the least positive.
- LGB respondents are somewhat less positive about every aspect than heterosexual respondents.
- BAME respondents are somewhat less positive about every aspect than White respondents.
- Those working in clinical practice are more positive than those working in education about every aspect except those about the RCVS spending money appropriately and having a global reach; for these two statements, views are the same.
- Within clinical practice, clinical coaches are the most positive about ten of the statements. However, for the statements that the RCVS is trusted by the VN profession, nurses are the most positive; and for the statements that the RCVS supports the health and welfare of the VN profession, is a positive force for animal health and welfare, and supports the development of a learning culture within the VN profession, nurses and clinical coaches are jointly the most positive groups.
- The least positive group within clinical practice for ten of the statements is practice owners; however, for the statements that the RCVS pays sufficient attention to the development of leadership skills within the VN profession, advances standards within the VN profession, promotes and facilitates innovation within the VN profession, and supports the development of a learning culture within the VN profession, the least positive group is locums.
- Those working overseas are more positive about every aspect than those working in the UK.

Figure 11.6: Perceptions of RCVS purpose, average (mean) scores

Source: VN Survey, 2019

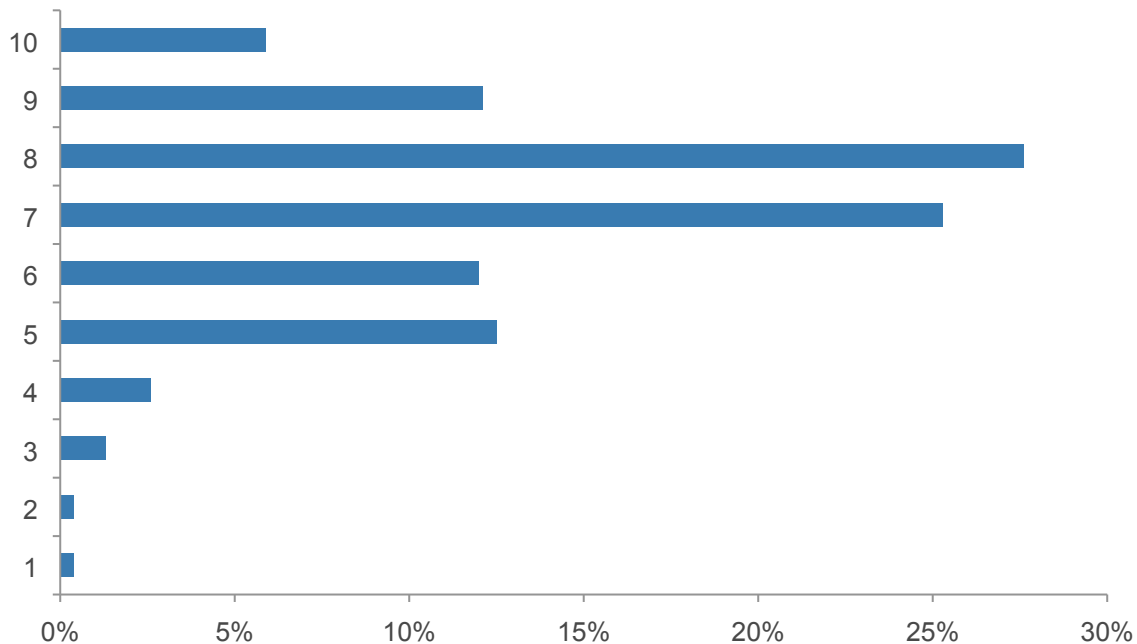
11.7 Overall views

In the final section, respondents were asked to rate the RCVS on a ten-point scale from 1 (very poor) to 10 (excellent), with a midpoint of 5.5. Figure 11.7 gives the percentage response for each of the scores from one to ten. The average (mean) score overall is 7.15 out of ten, while the mode is eight; 71 per cent of respondents rate the RCVS at seven out of ten or higher. Further analysis shows that:

- Women rate the RCVS more highly than men: 7.17 compared to 6.57.
- There is some variation by age:
 - Under 30: 7.47
 - 30 to 39: 7.04
 - 40 to 49: 6.95
 - 50 to 59: 6.89

-
- 60 to 69: 7.17.
 - LGB respondents rate the RCVS lower than heterosexual respondents; 6.87 compared to 7.18.
 - Respondents working in clinical practice rate the RCVS higher than those working in education: 7.19 compared to 6.87.
 - There is some variation by practice role:
 - Nurse: 7.3
 - Head/Deputy/Senior Nurse: 7.05
 - Clinical coach: 7.45
 - Practice manager/administrator: 7.19
 - Practice owner: 6.47
 - Locum: 6.69.
 - Respondents working overseas rate the RCVS at 7.79, compared to 7.15 for those working in the UK.

Figure 11.7: Percentage of respondents allocating overall scores for the RCVS from 1 to 10



Source: VN Survey, 2019

11.8 Do more, do less?

Finally, respondents were asked to nominate one thing of which they would like the RCVS to do more, and one thing of which they would like the RCVS to do less. A content and theme analysis was carried out using a random sample of ten per cent of those providing responses.

11.8.1 The RCVS should do more of...

Responses fall mainly into the following themes.

■ Promote awareness of, and respect for, the VN profession, including protecting the title

Fight for professional recognition for nurses.

Protect the title of the RVN.

Promote VNs to the public more.

Public information to show what the veterinary team does, including the VN and support staff, to increase awareness.

Do more to get VNs the respect they deserve.

■ Call for better pay for VNs

Push for higher wages for nurses.

RVNs' pay should be higher than Tesco wages! Try fighting more for this.

Encourage higher wages.

Insist on a minimum wage for nurses and regulate this.

■ **Push for better management and better workplaces**

Advise practices and make them implement mental health policies.

Introduce management and people skills training.

Provide support for anti-bullying in the work environment.

Stricter regulation on maximum weekly working hours and enforcement on 11-hour rest periods.

■ **Promote better training, development and career progression**

Give VNs the chance to gain further qualifications that will allow them to undertake more responsibility.

Monitor training colleges more closely.

More career progression for nurses.

Take note of the way that nurses are wanting to progress in their field.

Talk to clinical coaches.

More training places for student nurses.

■ **Give clarity around Schedule 3 and allow VNs to do more**

Go over the VS Act and update it more frequently and also don't leave so many grey areas.

Would like to see the role of the RVN given more responsibility. It seems that Schedule 3 is continuously reduced.

Shake off the chains and actually bring Schedule 3 in.

Allow RVNs to have more responsibility parallel to human nursing.

■ **Enforce practice standards and advocate better for animal welfare and the environment**

Clinical standards in all vet practices.

Regular practice visits, unannounced.

Make being part of the RCVS accredited practice scheme as standard.

Stand up for animal welfare – work with Defra to improve welfare for farm animals.

Be more of a presence in animal welfare.

Positive things for the environment.

■ **Focus more on VNs and less on VSs**

I would like them to recognise who we are.

Listen to nurses and understand we are an independent profession ... I find the RCVS in structure and approach views veterinary nursing from the perspective of VSs and therefore has an unintentional bias towards VSs.

11.8.2 The RCVS should do less of...

To some extent, these 'less of' requests are the reverse of some of the 'more of' suggestions. Responses ranged mostly across the following themes.

■ **Focus less on VSs**

Focusing just on VSs.

Promotion of VSs.

Treating VNs as inferior to VSs.

Less emphasis on vets.

■ **Do less restricting of the VN role and capabilities**

Removing Schedule 3 tasks that were allowed and taking abilities away from qualified VNs.

Restricting nurses performing certain tasks.

Restricting nurses' ability.

■ **Email/communicate less wastefully**

Blanket mailing.

Sending email of no interest.

■ **Less CPD pressure**

Constantly chase for CPD.

Imposing CPD.

Chasing part-timers for CPD.

■ **Reduce fees**

Lower subscription.

Not charge so much money.

It is encouraging, however, that some respondents felt unable to come up with any suggestions of what the RCVS should do less of, while others made encouraging, rather than critical, comments:

Can't think of anything.

You're doing great :)

12 Final Thoughts

The last question in the survey asked all respondents if they had anything else they would like to say about the VN profession, their role, the RCVS or the survey. A content and theme analysis of these free-text responses was carried out using a ten per cent random sample of the 1,477 provided.

Chapter summary

- Protect the VN title: to protect standards, increase respect for the VN profession and assist career progression.
- Extend the role and reward expertise: allow VNs to work to the full range of their capabilities and skills, acknowledge and reward them for further qualifications, and introduce new roles such as district VNs.
- Educate VNs and the public about the VN role: to promote the role, enhance understanding and increase respect.
- Better pay: to reflect the volume and nature of the work and the skills required, to reward the acquisition of experience and additional expertise, and to stop taking advantage of the vocational nature of the work.
- Improve management capabilities: to prevent poor management practices which can lead to burnout, stress, and VNs leaving the profession.
- Address the lack of funding for training and CPD, and approach CPD more flexibly: to ensure a future supply of VNs, to encourage VNs to maintain their CPD without additional outlay, and to help VNs on maternity leave and with young children.
- The survey: it is too long and more applicable to VNs working in clinical practice than others in the VN profession; however, some respondents appreciate being asked for their views.
- Positive views about being a VN: despite the downsides of low pay, hard work and feeling undervalued, some respondents took the opportunity to say how much they love their work.

12.1 Themes

Broadly, the themes emerging from the final free-text comments are similar to those arising when respondents were asked to identify the things that they would like the RCVS to do more and less of (see sections 11.8.1 and 11.8.2 in the previous chapter). These themes are described below, with illustrative quotations.

12.1.1 Protect the VN title

A recurring comment is that the RCVS should work to get legal protection for the title of VN or Registered VN (RVN), to preserve standards in the VN profession, to enable the public to have confidence in the role, and increase the standing and authority of the VN

profession. Some respondents also express concern that the lack of protection is encouraging the replacement of VNs by unqualified employees.

'Veterinary nurse' needs to be a protected title.

Anyone can still claim to be a VN and that's terrifying!

The RCVS's refusal to support the protection of the RVN title is astounding.

I feel we need to get our title protected before we are taken seriously in society. Our career progression will advance massively if this happens.

Vet nurses are vastly being replaced by lay staff in corporate practices. We are not respected enough.

12.1.2 Extend the role and reward expertise

Some respondents would like to see the VN role extended, to allow VNs to use their full range of expertise without restriction, to facilitate career development, and to encourage further qualifications and expertise to be rewarded. This includes introducing a new role of district VN, which is mentioned by several respondents.

There are many experienced, highly qualified nurses out there who do not get the credit due to them due to an out-of-date Vet Surgeons Act – it is high time there was an update – district vet nursing and physiotherapy are two such areas that need addressing in a way that reflects the knowledge and passion demonstrated by nurses – vets do not know EVERYTHING!

I have seen so many nurses fall out of love with the job because they cannot progress within the profession. I've seen so many nurses put a lot of time and effort into further nursing qualifications to gain nothing. We are all still restricted by Schedule 3.

Time to embrace the District Veterinary Nurse role.

District veterinary nursing is a role that is needed now. It is a role that has huge potential and will be beneficial to all who provide or use this specialist service. For nurses craving better career progression. For practices that are pushed for time and short staffed. To provide the gold standard of care to clients that they expect. To compassionately give nursing support to animals in their own home.

Obviously love where I work but none of my qualifications are acknowledged..... There seems no point!

12.1.3 Educate VNs and the public about the VN role

Regardless of title protection and Schedule 3, some respondents feel that the RCVS should do more to educate VNs and the public about their role, to promote greater respect for the VN profession.

We still need to be recognised as professionals!! We are taken for granted and not respected enough as people don't understand our roles.

More recognition in the public eye and respect from VSs for nurses.

The RVN role is generally misunderstood by the general public. RVNs still being used as cleaners! Vets often take credit for nurses' work. Role needs to be promoted ... so attitudes change (student vets look down on student nurses) and the public better educated.

We are incredibly undervalued by the public.

A small number of respondents believe things are improving, albeit slightly and slowly:

The VN profession in general needs more awareness from the public. It's getting there but still not where it should be.

VNs are appreciated and have more of a voice now than when I started working in the industry. Knowledge and skills have increased hugely giving way to more respect from VSs.

12.1.4 Better pay is needed

Comments about poor pay occur frequently. Inadequate reward is seen as contributing to the lack of respect for the VN role and to VNs leaving the profession.

It is severely underpaid.

Salaries should increase for nurses to reflect the volume of work undertaken and the huge amount of support provided to VSs.

Undervalued, underpaid and overworked. People will leave the profession.

I think wages are a big problem for VNs as they are often low and not fair.

As a highly skilled profession we are massively underpaid. Salary hardly increases with experience or years spent working in practice.

Make the pay something people can live off.

For too long a vocation has been used as an excuse for wages that do not match the skill set or responsibilities of vet nurses.

Nurses are paid awfully and that will be the reason I leave the profession.

I love my job but will be forced to leave it within the next year as I cannot afford to stay.

12.1.5 Improve management capabilities

Some respondents believe that the poor quality of leadership in some veterinary practices is leading to VNs being badly managed and overworked, which in turn can lead to burnout and high stress levels.

The RCVS needs to stand up publicly for improvements to the way RVNs are treated by both corporate and private practices.

Those working in private practice doing weekends, nights etc, these are the people who are likely to leave the profession.

They work hard, antisocial hours for bosses who are unsophisticated and without management training or skill – stress is rife and mental health takes a battering – some employers are good ... but by and large they see nothing wrong with expecting 12 hour shifts with no breaks.

Believe employers/vets should be held accountable by the professional body when they dismiss staff unfairly.

12.1.6 Training and CPD

Some respondents would like to see better funding of VN training and CPD, and more flexibility around CPD requirements. A small number also comment that not enough VNs are being trained as there are shortages.

I feel disappointed that the government no longer funds RVN training in colleges ... this will decrease the amount of students able to attend college.

... better employee benefits such as compulsory paid and allocated CPD.

CPD requirements when on maternity leave should be reduced ... and it is difficult to keep up with working and CPD with young children, especially when childcare is limited.

Many practices I visit are usually short staffed and constantly recruiting.

12.1.7 The survey

Comments about the survey are mixed, with some respondents finding it too long and/or aimed too much at VNs working in clinical practice rather than in other areas; there are also a small number of objections to specific questions. However, some respondents are pleased that they have been given the opportunity to provide their views.

This survey is too long.

The survey has some rather odd 'politically correct' [questions].

Difficult to fill in accurately if you are not working in practice.

I found the survey interesting and I hope it benefits the profession in some way.

Thank you for the opportunity.

12.1.8 Positive comments about being a VN

Despite the many comments around being overpaid, under-valued and over-worked, some respondents are very positive about their role and the work they do; some qualified their favourable comments with a 'but' or a 'however' and also mention the downsides of the role.

An incredible profession to be proud of!

Love my job and colleagues.

I love my job as an RVN and the job has many positives.

Veterinary nursing is all I've ever wanted to do and I'm so grateful that I am able to do so.

13 Conclusions

This report has presented the findings from the 2019 RCVS survey of VNs, carried out on behalf of the RCVS by IES. The survey of the VN profession provide a large amount of information about VNs, the work they do and their views about the profession; this survey provides additional detail about their views of the RCVS. The report provides the RCVS, and other interested parties, with an evidence-based view of the VN profession, and has helped highlight a number of important issues and trends. This final chapter highlights these, and attempts to identify their implications.

13.1 The demographic profile

The demographic profile remains essentially the same as in previous years, in that VNs tend to be young, female and White. Seventy-one per cent of respondents are aged under 40 and over one-half (55.5%) qualified from 2010 onwards; 96.8 per cent are female; and 98.1 per cent (excluding those who opted for 'prefer not to say') are White. However, there is some evidence of small shifts, in that the proportion of men and BAME respondents has risen slightly since 2014 and, given that respondents in these two groups are younger than average, this trend may continue. There is also some evidence that the profession seems to be getting more mature in terms of age, even allowing for the absence of students from the 2019 survey. Within clinical practice, where the majority of VNs work, the average (mean) ages of those in 'nurse' and 'senior nurse' roles (by far the biggest role groups) has increased to 33.3 and 36.6 respectively, compared to 31.8 and 35.2 in 2014. The overall average age of respondents is 35.2, compared to 33.9 in 2014 when student VNs are excluded from the calculation.

Related to the slow shift upwards in age profile is an increase in the proportion of respondents who have dependent children living with them. Over one-third (34.5%) have dependent children, and mostly these children are young; of those with child dependants, 48.8 per cent have pre-school children aged nought to four, and 46.7 per cent have primary school children aged five to 11. This suggests that the profession will continue to meet increased demands for part-time working and greater flexibility with regard to hours and working patterns. The proportion of respondents working part time is increasing (from 18.6% in 2010 to 27.1% in 2019) and there has been a corresponding decrease in full-time working (from 77.2% in 2010 to 70.5% in 2019). However, respondents do not currently feel that the VN profession offers good opportunities for part-time working, scoring this aspect barely above the midpoint at 3.1 out of five; although this is an improvement on 2010, when the average score was 2.91, it suggests that a substantial number of respondents would like to see faster movement. The score for the family-friendliness of the VN profession is even lower, at 2.93 out of five, although there has again been a small improvement from 2.79 in 2010.

13.2 Retention

The findings with regard to retention are a cause for concern, in that one-quarter of respondents (24.8%, much higher than in 2014) plan to leave the profession at some point over the next five years, and the proportion of those in their 30s who intend to leave is particularly high (29.9%). There is also evidence that some VNs regret their career choice, in that only half (50.8%) of respondents say they would opt for being a VN if they could start their career again; this is notably lower than in 2014, when 60.2 per cent said they would still opt to be a VN.

For those planning to leave the VN profession, the top two reasons for doing so are pay and not feeling valued/rewarded in non-financial terms. Although these findings are worrying, the majority of those planning to leave say they do not plan to leave immediately, but rather within the next three to five years; this suggests that changes within the VN profession, for example greater family-friendliness (which is likely to be particularly relevant to those in their 30s), may persuade them to stay.

Overall, the main changes that respondents would like to see are better financial reward, better work-life balance, more respect/recognition from the public, and better opportunities for career progression. Of these four, better pay is very clearly at the top of the list, and many of the free-text comments given at the end of the survey echo this; some respondents say the pay is not enough to live on, and that poor pay is driving them out of the profession. Although some respondents also say that they have to take on additional work to make ends meet, the majority (83.2%) of respondents do not have additional jobs to their main work. However, the overall score for satisfaction with pay/remuneration, despite a small improvement since 2014, is very low: 2.54 out of five, well below the midpoint of three. When asked about challenges to the VN profession, pay is seen as the top challenge. The consistency with which poor pay is seen as a cause for dissatisfaction, a challenge, and a driver for some to leave the profession, suggests that it remains a high priority for action.

13.3 Respect

Another aspect which seems to be far more important to respondents to this survey than in previous years is the call for the VN title to be protected. This appears to be seen as a way of raising the profile of the VN profession with the public and with VSs, and a facilitator of greater career progression. VNs clearly feel undervalued, and not only due to poor pay; they believe that clients value the work of VSs but not VNs, and do not think society recognises them as a force for animal health and welfare. Promoting greater awareness of the VN role and contribution – not only to the general public, but to VSs – is something that respondents would like the RCVS to do more of.

The call for greater respect for VNs appears to be linked to the wish to be managed better. Respondents have negative views about the VN profession paying sufficient attention to the development of leadership skills, scoring this well below the midpoint of three at 2.74; free-text comments relate to poor management within some veterinary practices, with some adding that they feel they are being taken advantage of.

13.4 Well-being

The mean WEMWBS well-being score for respondents overall is 46.2, lower than in 2014 and 2010 when the scores were 47.5 and 47.4 respectively. This is a cause for concern, even though it appears that there is a trend for WEBWMS scores to decline across the population, especially as over the years VNs have consistently returned WEMWBS scores below the average population mean. Respondents feel very strongly that VN work is stressful, scoring this well above the midpoint at 4.35 out of five, notably higher than in 2014 (4.17) and 2010 (4.04). Free-text comments support this, with some respondents saying they have to work very hard and feel stressed, especially when they are not managed well. Inadequate rest seems to be contributing to lower well-being for some, in that those who get two days' rest every 14 days, 11 hours' rest every 24 hours, and 20 days paid holiday a year in addition to bank holidays have a higher WEMWBS score than those who do not. There is also a clear association between respondents' views about different aspects of the VN profession and well-being; there is a highly significant correlation between responses to attitude statements and the WEMWBS score.

13.5 Workplaces and work activities

The majority (92.2%) of respondents work in clinical practice, and of these, three-quarters (73.2%) work in first opinion small animal practices, with a further 13.9% working in referral consultancy practices. The proportion of respondents working in these two types of practice has gradually increased over the years, with a corresponding decline in the proportions working in mixed, equine and farm practices; it seems likely to continue. Outside clinical practice, the most frequently-cited employers are charities and trusts, veterinary schools, and other university/education providers.

The day-to-day activities of VNs working in clinical practice have not changed substantially since 2014 and 2010. Averaged across all respondents, dogs and cats take up most working time (80.2%) and on-call time (81.4%) of VNs. In terms of frequency of specific activities, more than two-thirds of respondents administer medicines by injection and carry out clinical cleaning every day, and more than half dispense medications, care for hospitalised animals, set up intravenous fluids or administer anaesthetic pre-medication every day. However, VNs appear to be carrying out some activities less often every day, including clinical cleaning (70.9% in 2019, 81.4% in 2014), general domestic cleaning (46.8% in 2019, 56.9% in 2014), and reception work (29.1% in 2019, 40.1% in 2014). There are also some activities that respondents carry out more often every day, including taking blood samples (49.7% in 2019, 40.6% in 2014), and teaching/supervising student VNs (37.6% in 2019, 29.5% in 2014). Judging by respondents' free-text comments, they would like to continue to do fewer activities that do not require a VN qualification (such as cleaning) and more activities that require them to use their VN skills; some would also like to be allowed to extend their role to demonstrate their full range of skills and experience.

In addition, VNs are participating in more clinics than in previous years; 80.3 per cent are involved in clinics, with nail clipping, parasite control and weight management clinics being the most common. In addition, 91.9 per cent consider themselves to have expertise

in at least one area, with nail clipping, parasite control, weight management and anaesthesia being most frequently mentioned. In 2014 and 2010, a much lower percentage considered themselves to have at least one expertise area (70% and 53% respectively).

13.6 Positive trends

The survey demonstrated many positive aspects of being a VN. Respondents feel that the VN profession gives them job satisfaction and variety, and their two top best things about working as a VN are working with animals and making a difference. Some free-text comments also express this view, although some qualify their enthusiasm for their work with comments such as 'despite being overworked, underpaid and undervalued...'. Another encouraging finding is that the majority of recent qualifiers (2016 on) seem to have had a good experience while training, in that they rate their college, placement and training experiences positively.

Respondents are also positive about the RCVS. Most (90.1%) are using the RCVS PDR to record their CPD online, a big increase compared to 2014 (52.4%), and there is a very strong belief that the RCVS PSS should be mandatory; free-text comments indicate that some respondents are keen to see standards maintained or raised within the VN profession. When asked to rate several different aspects of the RCVS, on average respondents are positive about every aspect, especially professionalism. Overall, respondents give the RCVS a score 7.15 out of ten, with 71 per cent of respondents awarding a score of seven out of ten or higher.

Appendix

Appendix Table 1: Attitude statements: number, percentage spread and mean scores, with 2014 and 2010 mean scores for comparison

Statement	N	% strongly disagree	% disagree	% neither agree nor disagree	% agree	% strongly agree	2019 mean	2014 mean	2010 mean
Veterinary nursing work is stressful	5,526	1.1	1.6	5.6	44.8	47	4.35	4.17	4.04
Clients value the work of veterinary surgeons	5,505	1	5.6	7.9	56.7	28.8	4.07	4.3	4.16
The veterinary nursing profession gives me variety	5,512	0.9	4.6	10.7	54.9	28.8	4.06	4.17	4.08
Over the next ten years, demand for qualified veterinary nurses will increase overall in the UK	5,474	0.8	3.4	17.3	50.4	28.1	4.02	3.61	3.57
Veterinary nursing work gives me job satisfaction	5,518	1.4	5.9	10.7	53	29.1	4.02	4.23	4.1
I am satisfied with the support given by others in the workplace	5,379	2.4	10.4	20.8	53.7	12.7	3.64	3.72	3.63
Newly-qualified veterinary nurses need more support now than in the past	5,464	0.9	11.5	35.4	40.4	11.8	3.51	3.54	3.34
(For employed VNs) I am satisfied with the support given by my employer	5,168	4.9	15	23.5	44	12.7	3.45	3.5	3.39
The quality of newly-qualified veterinary nurses is higher now than in the past	5,448	3.4	14.6	46.6	27.1	8.4	3.22	3.28	3.14
Newly qualified veterinary nurses have the necessary skills required for general practice employment, from day one	5,479	3	20.9	32.4	38.3	5.4	3.22	3.12	3.17

Statement	N	% strongly disagree	% disagree	% neither agree nor disagree	% agree	% strongly agree	2019 mean	2014 mean	2010 mean
The veterinary nursing profession offers good opportunities for those wishing work part time	5,484	5.8	25	26.7	38.3	4.2	3.1	3.07	2.91
The veterinary nursing profession is a 'family friendly' profession in which to work	5,496	8.9	28.7	27.8	29.6	5.1	2.93	3	2.79
Clients value the work of veterinary nurses	5,501	7.1	33.7	25	32.3	1.9	2.88	3.17	3.02
Veterinary nursing offers good opportunities for career progression	5,497	10.2	30.3	25.9	29.1	4.5	2.87	3.18	2.78
I am satisfied with my salary/remuneration level	5,395	21	35.3	16.2	23.8	3.8	2.54	2.47	2.4
Veterinary practices are training too many veterinary nurses for available future work	5,450	17.4	48.1	29.2	4.2	1	2.23	2.36	2.21
I am familiar with the concept of evidence-based medicine	5,428	0.8	3.6	11.4	58.7	25.5	4.05	3.69	-
I am familiar with the concept of quality improvement	5,342	1.2	8.7	17.7	54.8	17.5	3.79	-	-
I actively use published evidence as part of my clinical decision-making*	5,332	1.5	9.2	28.5	45.5	15.4	3.64	3.58	-
I actively use quality improvement in my practice	5,213	1.5	9.1	33	43.7	12.7	3.57	-	-
I feel able to critically appraise a research study	5,273	3	16.1	31.7	36.5	12.6	3.4	-	-
Over the past five years, I have participated in scientific research	5,228	29.7	36.6	15.1	12.9	5.6	2.28	-	-
The RCVS Practice Standards Scheme should be mandatory	5,401	1.2	3	18.5	43.5	33.7	4.05	-	-
In my workplace I feel comfortable reporting and sharing mistakes	5,392	2.9	9.7	14.2	58.3	14.8	3.72	-	-

Statement	N	% strongly disagree	% disagree	% neither agree nor disagree	% agree	% strongly agree	2019 mean	2014 mean	2010 mean
The veterinary nursing profession has a culture of sharing and learning from mistakes	5,386	2.3	13	27.5	50.9	6.3	3.46	-	-
Veterinary nurses are valued by veterinary surgeons	5,505	3.9	18.3	24	48	5.8	3.33	3.32	-
The veterinary nursing profession nurtures innovation	5,368	3.5	16.3	44.2	32.6	3.5	3.16	-	-
The veterinary nursing profession pays sufficient attention to the development of leadership skills	5,403	7.3	33.3	38.7	19.1	1.6	2.74	-	-
Veterinary nurses are recognised in society as a leading force for animal health and welfare	5,420	13.2	38.3	24.4	21	3.2	2.63	-	-
The veterinary nursing profession pays sufficient attention to its environmental footprint	5,391	16	34.5	35.2	13	1.4	2.49	-	-
Veterinary nurses are recognised in society for their role in public health	5,420	19.3	47.4	23.8	8.3	1.2	2.25	-	-
I am able to be myself in the workplace	5,419	2.4	7.5	12.9	51.7	25.4	3.9	-	-

The 2019 survey of the veterinary profession

A report for the Royal College of Veterinary Surgeons

Dilys Robinson, Megan Edwards, Bethany Mason, James Cockett, Kate Arnill
Graham and Alex Martin

November 2019

Institute for Employment Studies

IES is an independent, apolitical, international centre of research and consultancy in public employment policy and HR management. It works closely with employers in all sectors, government departments, agencies, professional bodies and associations. IES is a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and HR planning and development. IES is a not-for-profit organisation.

Acknowledgements

The authors are indebted to the many veterinary surgeons who took time out of their busy schedules to respond to the 2019 survey.

Institute for Employment Studies
City Gate
185 Dyke Road
Brighton BN3 1TL
UK

Telephone: +44 (0)1273 763400
Email: askIES@employment-studies.co.uk
Website: www.employment-studies.co.uk

Copyright © 2019 Institute for Employment Studies

IES project code: 00194-5673

Contents

Executive summary	7
<i>Personal details</i>	7
<i>Work status</i>	8
<i>Current work (veterinary or non-veterinary)</i>	9
<i>Working outside the profession</i>	10
<i>Working within the profession</i>	10
<i>Working within clinical veterinary practice</i>	11
<i>Continuing professional development (CPD)</i>	15
<i>Recently-qualified VSs</i>	15
<i>Views about the veterinary profession</i>	15
<i>Well-being</i>	18
<i>Views about the RCVS</i>	20
<i>Final thoughts</i>	23
1 Introduction	25
1.1 Background	25
1.2 Survey process.....	25
1.3 Response	25
1.4 Data input and survey analysis	26
1.5 Report structure.....	26
2 Personal details	28
2.1 Gender and sexual orientation	29
2.1.1 <i>Gender</i>	29
2.1.2 <i>Sexual orientation</i>	30
2.2 Age	30
2.3 Ethnicity.....	32
2.4 Responsibility for dependants	33
2.5 Disability	35
2.6 RCVS membership category.....	36
2.7 Year of qualification.....	37
2.8 Degree course.....	38
2.9 Country of qualification.....	38
2.10 Social mobility	40
3 Work status	44
3.1 Employment status.....	44
3.2 Unemployment	46
3.3 Career breaks.....	47
3.4 Retirement.....	48
4 Current work (veterinary and non-veterinary)	50
4.1 Country of employment	50
4.2 Location of main workplace.....	52
4.2.1 <i>Regional breakdown for England</i>	52
4.2.2 <i>Regional breakdown for Scotland</i>	53
4.2.3 <i>Regional breakdown for Wales</i>	54
4.2.4 <i>Regional breakdown for Northern Ireland</i>	55
4.2.5 <i>Regional breakdown for the Republic of Ireland</i>	55
4.2.6 <i>Rural or urban?</i>	56
4.3 Location maps	57
4.3.1 <i>All VSs working in the UK and Republic of Ireland</i>	57
4.3.2 <i>VSs working in clinical practice</i>	63
4.4 Citizenship.....	69
4.5 Moving to the UK.....	69

4.6	Working within or outside the profession	71
5	Working outside the profession	73
5.1	Type of organisation.....	73
5.2	Ever worked in the profession?.....	75
5.3	Lost to profession?.....	75
6	Working within the profession.....	77
6.1	Area of work	78
6.2	Hours of work	80
6.2.1	<i>Full-time working hours</i>	81
6.3	On call	82
6.3.1	<i>On-call hours by area of work</i>	82
6.4	Hours of work (overseas VSs).....	84
6.5	Work-related benefits	86
6.6	Career intentions	87
6.6.1	<i>'Other' reasons for leaving</i>	90
7	Working within clinical veterinary practice	92
7.1	Position in practice	93
7.2	Working for more than one practice	94
7.3	Business model, accreditation and size	95
7.3.1	<i>Business model</i>	95
7.3.2	<i>Accreditation</i>	96
7.3.3	<i>Size of practice</i>	96
7.4	Allocation of working time.....	97
7.5	Routine visits to clients.....	99
7.6	Out-of-hours work and 24/7 emergency cover	101
7.7	Emergency cases.....	102
7.7.1	<i>Concerns for personal safety</i>	103
7.8	Working time arrangements	104
8	Continuing professional development.....	106
8.1	Qualifications.....	106
8.2	Status	107
8.3	CPD methods	108
8.4	CPD funding.....	109
8.5	RCVS Professional Development Record.....	110
9	Recently qualified VSs.....	112
9.1	Awareness of Professional Development Phase (PDP)	112
9.2	After graduation.....	113
9.3	Time to find first position	115
9.4	The first year of clinical practice.....	116
9.5	The Professional Development Phase (PDP)	117
10	Views about the profession	119
10.1	General views about the profession.....	120
10.2	Views about recent qualifiers and veterinary school places.....	125
10.3	Views on evidence-based medicine and quality improvement.....	127
10.4	Views about emergency first aid provision	129
10.5	Views about standards, learning and societal recognition	131
10.6	Views on 'being myself at work'	133
10.7	'Overall views score'.....	134
10.8	Reflections on career choice.....	135
10.9	Best things, suggestions for improvement and challenges	136
10.9.1	<i>Best things about working in the profession</i>	137
10.9.2	<i>Things that would make the profession a better place to work</i>	139
10.9.3	<i>Challenges to the profession</i>	144

11	Well-being	151
11.1	Background to the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)	152
11.2	Responses to the WEMWBS	152
12	Views about the RCVS	161
12.1	Perceptions	162
12.2	Values	164
12.3	Contact and communications	165
12.4	Awareness of initiatives	168
12.5	Consultations	169
12.6	Purpose	171
12.7	Overall views	173
12.8	Do more, do less?	175
12.8.1	<i>The RCVS should do more of</i>	175
12.8.2	<i>The RCVS should do less of</i>	177
13	Final thoughts	180
13.1	Themes identified	180
13.1.1	<i>Workforce supply</i>	181
13.1.2	<i>Work-life balance</i>	181
13.1.3	<i>Rising costs</i>	182
13.1.4	<i>The RCVS</i>	182
13.1.5	<i>The onward march of the corporates</i>	183
13.1.6	<i>The survey</i>	184
14	Conclusions	185
14.1	Evidence of trends	185
14.2	Implications for the future	187
	Appendix	188

Executive summary

This executive summary presents an overview of the results of the 2019 Survey of the Veterinary Profession, carried out on behalf of the Royal College of Veterinary Surgeons (RCVS) by the Institute for Employment Studies (IES). The survey was in the field during June and early July 2019, and yielded a response rate of 31.8 per cent (10,279 responses) counting only completed questionnaires, and 42.6 per cent including an additional 3,485 partially-completed questionnaires. Throughout, VS is used as an abbreviation for veterinary surgeon.

Personal details

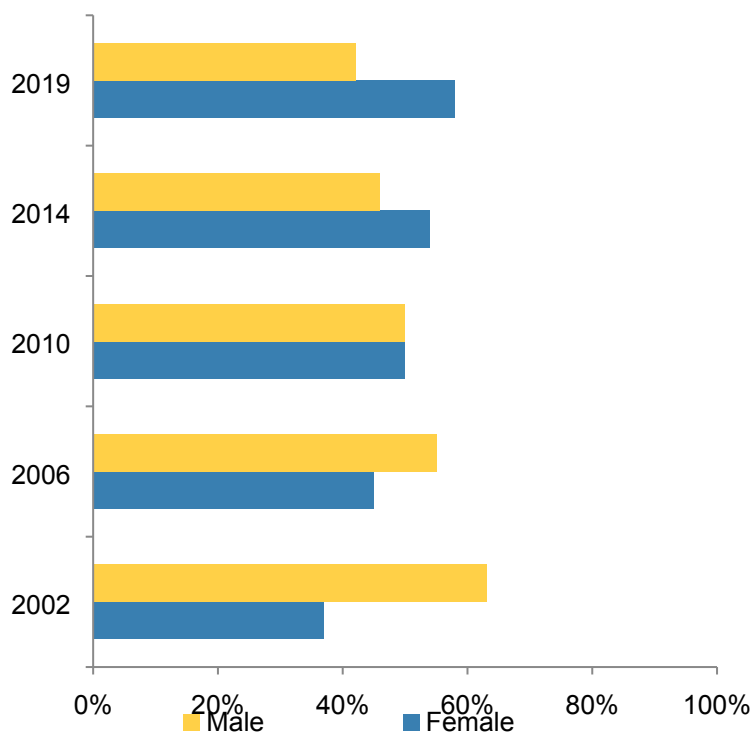
The gender breakdown of respondents – 58 per cent female, 42 per cent male – illustrates the continuing ‘feminisation’ of the veterinary profession. Over successive surveys, the percentage of female respondents has been steadily increasing, as Figure 1 shows. The overall average age of respondents is 44.8, with women having a much lower average age than men: 40 compared to 51.5. The average age of respondents working within the veterinary profession is 42.3, and within clinical practice 41.8.

Although the percentage of Black and Minority Ethnic (BAME) respondents is small, at 3.5, it has increased since 2010 when only 2 per cent of respondents were BAME. The percentage may continue to increase slowly, as 4.5 per cent of respondents who qualified between 2010 and 2019 are BAME.

Just over one-third (36%) of respondents have one or more dependent children living with them, and 5.4 per cent have caring responsibilities for one or more adults. A little under seven per cent have a disability/medical condition that limits what they can do at work; most (74%) of these respondents classify their disability/condition as a physical rather than a mental health issue.

A breakdown of respondents by RCVS membership category shows that 76 per cent are UK-practising, ten per cent are practising outside the UK, just under two per cent are Southern Irish, and 12 per cent are non-practising.

Over half (55%) of respondents qualified from 2000 onwards. Three-quarters of those qualifying between 2010 and 2019 are female, compared to only ten per cent of those qualifying in the 1960s or earlier. The majority (73%) of respondents qualified in the UK or the Republic of Ireland, with almost one-quarter (23%) having qualified elsewhere in Europe, mostly in EU countries; 36 per cent of those who qualified in an EU/EEA/EFTA country did so from Spain or Italy.

Figure 1: Male and female respondents to RCVS Surveys of the Profession, 2002 to 2019

Source: VS Surveys, 2019, 2014, 2010, 2006, 2002

In terms of social mobility, of recent qualifiers (2016 onwards) who lived entirely or mainly in the UK while growing up, 59 per cent have a parent/guardian with a degree, 75 per cent went to state schools and 15 per cent lived in households that at some point received income support; these percentages compare favourably with broadly comparable groups of medical students and doctors in postgraduate training.

Work status

Most (87.5%) of respondents are in either full or part-time work, as Table 1 shows: 68 per cent of male respondents and 61 per cent of female respondents work full time. Full-time working is more common among respondents who work within the veterinary profession than those working outside the profession: 73 per cent compared to 60 per cent. The percentage of men who work part time (14%) has increased considerably since 2006, when it stood at five per cent; the average age of men working part time, however, is much higher than that of women working part time: 59 and 44 respectively.

Table 1 also shows that one per cent of respondents are unemployed, 2.5 per cent are taking a career break, one per cent are in voluntary work, and eight per cent are retired. Almost half of those taking a career break are on parental leave/looking after children, and this is the main reason why female respondents are on a career break; however, for men, illness is the most commonly-cited reason for a career break. The majority (79%) of retired respondents are male.

Table 1: Employment status by gender, 2006 to 2019 (per cent)

Employment status	2019		2014		2010		2006	
	Male	Female	Male	Female	Male	Female	Male	Female
Full-time work	68.2	61.1	67.8	64.5	66.5	62	70	64
Part-time work	13.6	30.5	11.2	26	5.5	26	5	25
Voluntary work	0.8	0.8	1.2	1.2	0.5	0.3	-	-
Unemployed	0.6	1.3	1.1	1.9	1	2	0.5	1
Taking a career break	1.2	3.2	0.7	4	0.5	5	0.5	5
Retired	15.5	3.0	18	2.4	26.5	5	23	5

Source: VS Surveys, 2019, 2014, 2010 and 2006

Current work (veterinary or non-veterinary)

As Table 2 shows, 86 per cent of respondents work in the UK and/or the Republic of Ireland, with a further five per cent working in other European countries.

Table 2: 'In which country do you work?'

	Number 2019	% 2019	Number 2014	% 2014
UK and/or Republic of Ireland	9,782	86.3	5,117	88.9
Other EU/EEA/EFTA country	486	4.3*	167	2.9*
Europe, outside EU/EEA/EFTA	45	0.6*	56	1*
Australia	224	2	134	2.3
New Zealand	100	0.9	60	1
Canada	62	0.5	35	0.6
South Africa	106	0.9	57	1
USA	238	2.1	-	-
Asia	186	1.6	-	-
Africa (outside South Africa)	33	0.3	-	-
Other	78	0.7	128	2.2
Total	11,340	100	5,754	100

*These 2014 and 2019 percentages are not strictly comparable, as the options in 2014 were 'Other EU' and 'Europe, outside EU'

Source: VS Surveys, 2014 and 2019

Of those working in the UK/Republic of Ireland, 80 per cent work in England, 11 per cent in Scotland, eight per cent in Wales, four per cent in Northern Ireland and three per cent in the Republic of Ireland (with percentages adding up to more than 100 because some respondents work in more than one country). The type of area in which respondents work is urban for 39 per cent, rural for 25 per cent, and a mix of urban and rural for 36 per cent.

Three-quarters (75%) of respondents are citizens of the UK or the Republic of Ireland, while two per cent are applying for British citizenship, 15 per cent hold a form of indefinite leave to remain (ILR) or are applying for ILR; however, eight per cent do not intend to apply for British citizenship or ILR. Of those who are not British or Irish citizens, 47 per cent intend to stay in the UK for more than five years, although 31 per cent are currently unsure about their planned length of stay.

Working outside the profession

Some (4.5%) respondents to the survey work outside, or mainly outside, the veterinary profession; 'working outside the profession' is defined as the work not needing a veterinary qualification. Of these, the majority (64%) work in an organisation or area that is not animal-related. The main broad areas in which respondents work are 'professional, scientific and technical', 'agriculture, forestry and fishing', 'education' and 'human health and social work'. In terms of sector, 58 per cent work in the private sector, 29 per cent in the public sector, and 13 per cent in the third or charity sector.

Most (85%) have, at some point, worked within the profession, and of these most (87%) have worked in clinical practice. However, the majority of those who work entirely outside the veterinary profession do not intend to return to it (54%) or are unsure whether or not they will return (32%). A small number (11%) still do some work in the veterinary profession, despite their main area of work being outside.

Working within the profession

The majority of respondents (85%) fall into the two categories of working (rather than being retired, unemployed or on a career break) and working within the veterinary profession. Of these, 83 per cent do at least some work within clinical veterinary practice, and for 80 per cent clinical practice is their main or only area of work.

Table 3 shows that just over half of those working in the profession (53%) work mainly or entirely in small animal practice; this has increased from 46 per cent in 2010. The percentage of those working mainly or entirely in mixed practice is 12 per cent, down from 22 per cent in 2010. The main areas of work outside clinical practice are veterinary schools/other educational establishments and commerce and industry.

The average hours worked by respondents in a typical week (including overtime but excluding on call) are 37.8. For those working full time, the average hours are 42.3, lower than in 2014 (44) and 2010 (45). Men working full time have a typical average working week of 43.4 hours, women 41.9 hours. The age groups with the longest average full-time hours are the under 30s, 50s and 60s, while the areas of work with the highest average weekly full-time hours are equine practice (50.5), mixed practice (44.2) and veterinary

schools (43.1). The majority (80%) of respondents are not required to be on call. Nineteen per cent of those required to be on call and on the premises are awake all night (up from 7.5% in 2014).

The most frequently-cited work-related benefits are paid time off for training/continuous professional development (CPD), financial support for training/CPD, RCVS retention fees paid in whole or part, and professional indemnity insurance

Most (79%) intend to stay in the profession for the foreseeable future, 11.5 per cent intend to retire at some point over the next five years, and 9.5 per cent intend to leave the profession at some point over the next five years for reasons other than retirement. The most frequently-cited reasons for planning to leave the profession for reasons other than retirement are poor work-life balance, not feeling rewarded/valued (non-financial), long/unsocial hours and chronic stress.

Table 3: Main area of work

Type of organisation	%
Small animal (including exotics) practice	52.6
Mixed practice	11.7
Equine practice	5.5
Farm practice/production animal practice	3.2
Other first opinion practice	0.4
Referral practice/consultancy	6.4
Zoo/wildlife/conservation	0.7
DEFRA, APHA, FSA, FSS, DAERA	2.8
Meat hygiene/official controls	1.2
Other UK government	0.5
Overseas government	0.7
Veterinary school	4.7
Other university/educational establishment	1.2
Commerce and industry	2.9
Charities and trusts	1.9
Portal	0.1
Telemedicine, tele-triage	0.4
Other	2.9

Source: VS Survey, 2019

Working within clinical veterinary practice

The majority (80%) of respondents work wholly, mainly or partly in clinical veterinary practice. Of these, 52 per cent are employed assistants (compared to 57% in 2014), 26 per cent are principals/directors/partners, 15 per cent are independents (locums, independent veterinary service providers or independent consultants/peripatetic specialists, and seven per cent are in other roles (see Table 4, which contains

comparative percentages with previous surveys where possible; note that a dash in the column means that respondents were not asked about the position). Independents typically work across two or three practices over the course of a month. Veterinary services clients are now more likely to engage with female VSs when they visit a clinical practice: female respondents account for 40.5 per cent of principals/directors/partners overall, 73.6 per cent of employed assistants, and 60.6 per cent of independents/locums.

Table 4: Position in practice, 2006 to 2019

Position	2019 %	2014 %	2010 %	2006 %
Employed assistant*	52.1	57	57	51
Equity partner	2.9	6	13	-
Joint venture partner (JVP)	1.9	-	-	-
Director (of a limited company)	11.5	13	9	10
Sole principal	6.7	5	8	11
Independent veterinary service provider	3.3	-	-	-
Locum	9.6	8	6	6
Salaried partner	3.1	2	2	2
Independent consultant/peripatetic specialist	2.1	3	2	1
VS working as a VN	0.3	0.2	-	-
Other	6.4	4	3	2

*In previous surveys, this position was described as 'Assistant (or employee of a limited company)'

Source: VS Surveys, 2019, 2014, 2010 and 2006

Most respondents in clinical practice work in an independent, standalone practice (42%) or a practice that is part of a corporate group (36%); Table 5 shows the percentage breakdown of the different types of business model. The majority (61.5%) work in a practice that is accredited by the RCVS Practice Standards Scheme (PSS), although a sizeable minority (11.5%) do not know if the practice is accredited or not.

In terms of size of practice, using median values, an 'average' VS works in a practice with an average of four to five other VSs, three to four VNs, and one VN student. However, the size of practices varies enormously, and around 11 per cent of respondents appear to work on their own or with another VS or VN who is not full time.

Table 6 shows the average hours worked and on call by respondents in different types of clinical practice; those working in equine practices have the highest average hours on call off the premises and on the premises in a typical week. With regard to the allocation of working time, time spent on small animals continues to increase, and takes up the largest share of VSs' working time, on average; this is due entirely to the time spent with dogs and cats (especially dogs) rather than other small animals. Overall, dogs and horses seem to take up the most on-call time, followed by cats and cattle. Among those who spend time on practice management/administration, this activity takes 11 to 12 per cent of

both working and on-call time. Just over half (52.5%) of respondents personally carry out routine visits to clients, fewer than in 2014 (65%).

Table 5: Business model of clinical practice veterinary workplaces

Business model	%
Independent, stand-alone practice (e.g. a partnership)	41.6
Independent practice that is part of a larger group (with some shared centralised function)	6.4
Part of a corporate group	35.5
Part of a joint venture with a corporate group	4.6
Veterinary school	4.6
Charity	3.4
Out-of-hours-only provider	0.9
Don't know	0.9
Other	2

Source: VS Survey, 2019

The most common ways for practices to provide 24/7 emergency cover are for the practice to cover its own out-of-hours work (51%) or to use a dedicated out-of-hours service provider (34.5%). Using the median as an average measure, respondents typically deal with three to four emergency cases out of hours away from the practice, and one at the practice, over the course of a month; however, the number varies considerably.

Table 6: Average hours per week worked and on call by different areas of practice

	Hours worked 2019	On-call hours off premises 2019	On-call hours on premises 2019	Hours worked 2014	On-call hours off premises 2014	On-call hours on premises 2014
Mixed	41.2	28	5.4	46.6	27.4	12.9
Small animal	38.6	11.1	4.5	38	10.8	7.2
Equine	50.3	35.5	14.8	42.4	27.7	13.5
Farm/production animal	42.7	13.2	9.8	42.8	25	9.4
Referral/consultancy practice	34.1	15.2	4.6	30.2	7.8	6.5

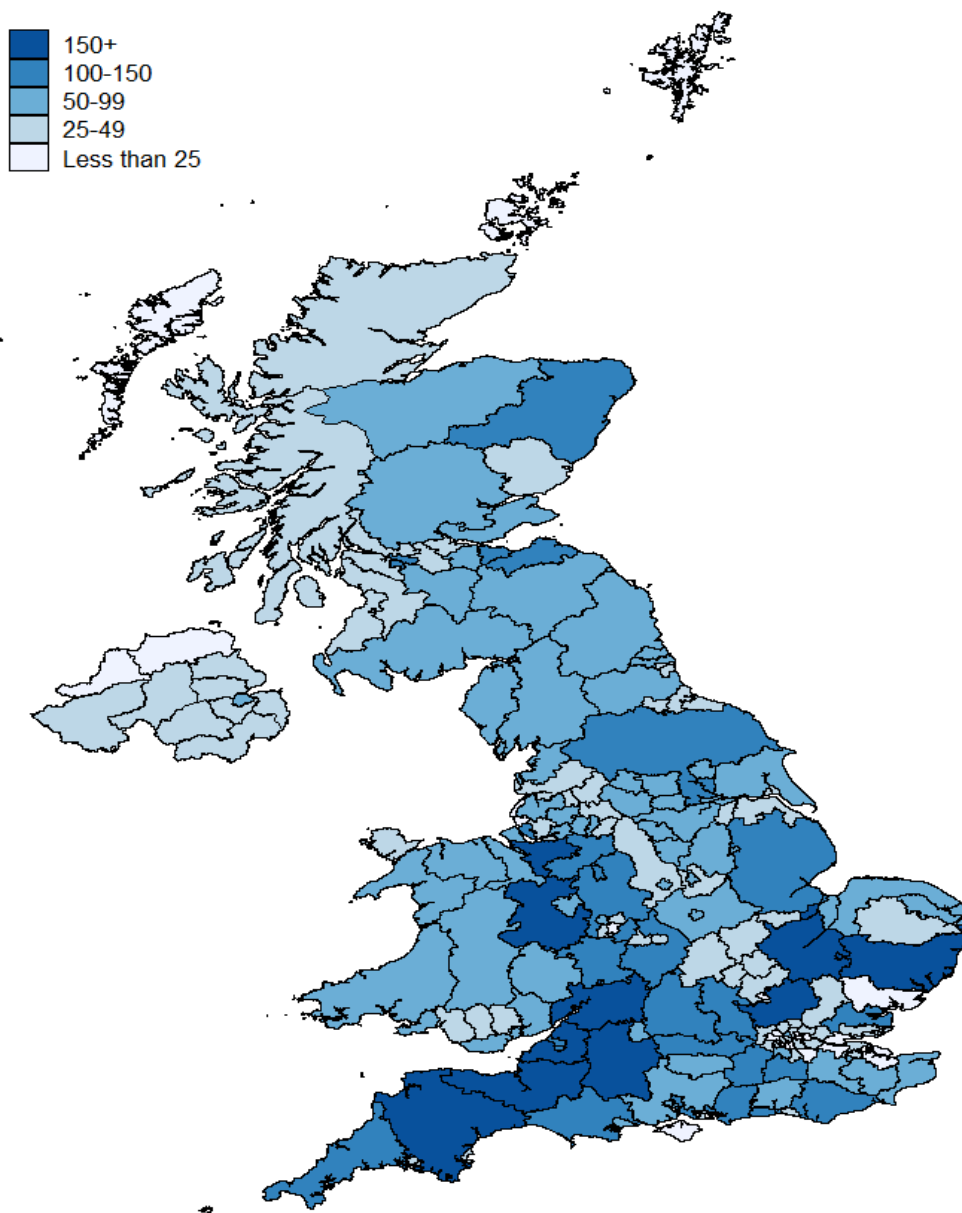
Source: VS Surveys, 2019 and 2014

It is encouraging that most (81.5%) of respondents have not experienced concerns for their personal safety at work during the previous 12 months. Those who have had concerns have experienced very varying numbers of incidents with a modal average of one when dealing with an emergency at the practice, one when dealing with an emergency away from the practice, and one to two at any other time including daytime and out-of-hours work. Very few incidents have been reported to the police.

With regard to the Working Time Regulations, three-quarters (74%) always or usually have a minimum rest period of 11 hours in each 24-hour period and most (87%) always or usually have at least two days' rest in every 14 days; in addition, three-quarters (77%) have at least 20 days' paid holiday a year.

Figure 2 shows the distribution of the workplaces of respondents who work in clinical practice in the UK.

Figure 2: VSs in clinical veterinary practice: location of work in the UK (NUTS3¹)



Source: VS survey, 2019

¹ NUTS3 stands for Nomenclature of Territorial Units for Statistics, level 3; NUTS is a method of classifying geographical areas.

Continuing professional development (CPD)

Forty-three per cent of respondents working within the veterinary profession hold at least one relevant qualification other than their primary qualification, while 15 per cent are studying for one or more and 21 per cent plan to study for one or more over the next five years. The most common qualification to hold, be studying for, or plan to study for, is an RCVS Certificate.

The most frequently cited CPD methods, in terms of their use by respondents, are (in order) attending courses, distance learning, conferences and reading veterinary press. In terms of the percentage of time allocated to different CPD methods, however, the most time is given to distance learning, ahead of courses and conferences. Half (51%) of the cost-incurring CPD done by respondents is funded by their employer or practice, while 33 per cent is self-funded. The majority (71%) are using the RCVS Professional Development Record (PDR) to record their CPD, a big increase compared to 2014 (44%).

Recently-qualified VSs

The majority of recently-qualified (2016 onwards) respondents (71%) went straight into practice after qualifying into a permanent position, and a further two per cent went straight into practice as a locum; this compares to a much lower 52 per cent going straight into practice in 2014. Male and female respondents are equally as likely to have gone straight into practice. On average, it took recent qualifiers 1.87 months to find their first position, compared to three months in 2014.

In terms of support received from their practice, 75 per cent received training during their first year in clinical practice, 64 per cent were assigned a mentor, and 64 per cent received appraisal/performance reviews. Around two-thirds (65%) felt adequately or fully supported during their first year, while 34 per cent felt not at all or inadequately supported. Those in independent, standalone practices are most likely to say they felt fully or adequately supported (69%).

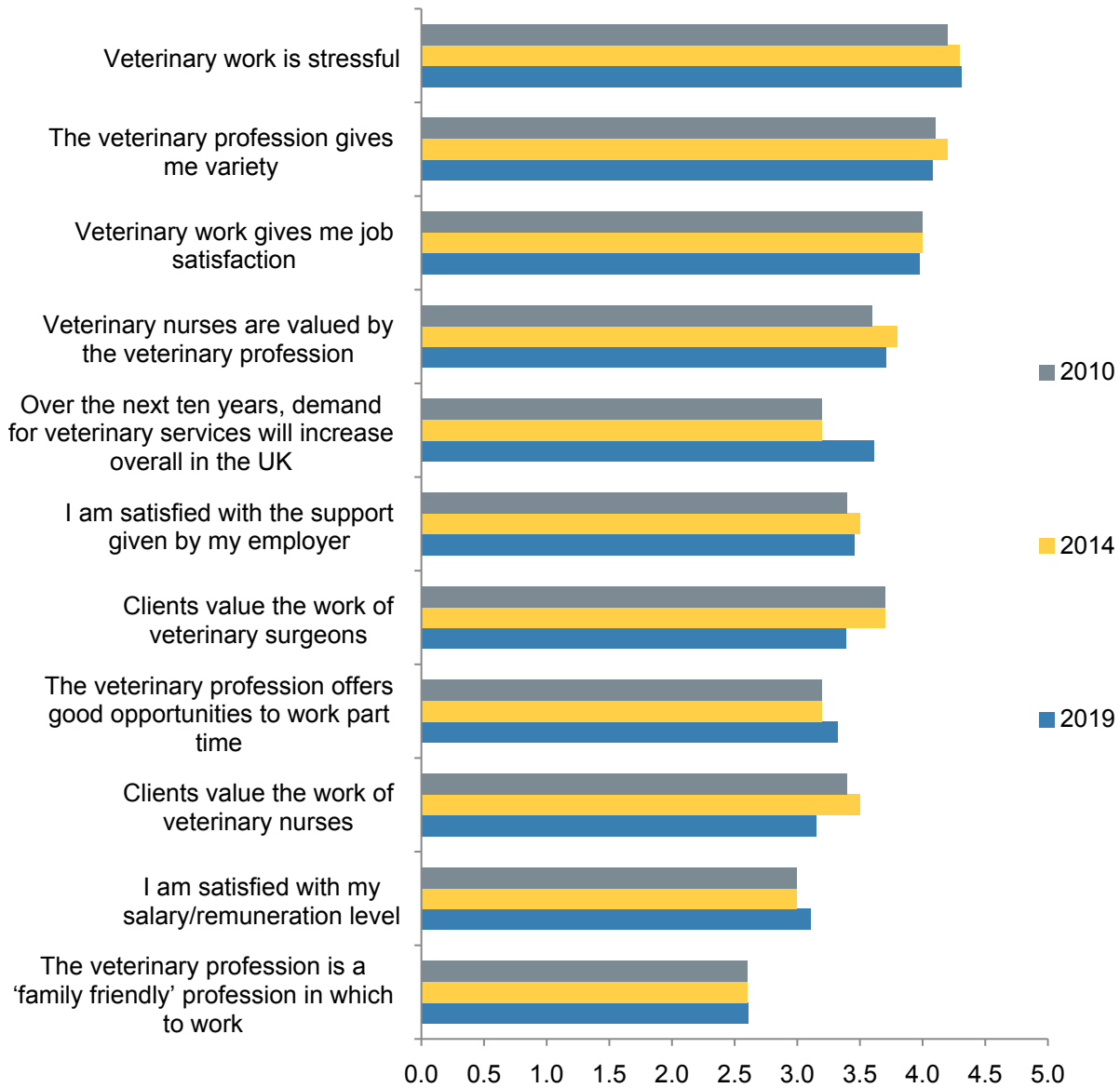
Overall, 79 per cent of respondents who qualified from 2016 onwards are aware of the Professional Development Phase (PDP). Of those who have been working in practice for 12 months or more, 60 per cent have completed their PDP, 35 per cent have not, and five per cent do not know whether they have completed it or not.

Views about the veterinary profession

Respondents were asked to give their views about 31 statements representing different aspects of working for the profession, on a five-point scale from strongly disagree to strongly agree.

The responses to 11 statements representing general views about the veterinary profession follow a similar pattern to those of 2014 and 2010, although the average (mean) scores for the two statements about clients valuing the work of VSs and VNs have decreased since 2014 and 2010, while satisfaction with remuneration/salary level has increased slightly. Figure 3 shows the average scores for these statements.

Figure 3: Average (mean) scores for 11 statements representing general views of the profession



Source: VS surveys, 2019, 2014 and 2010

Regarding the remaining 20 statements:

- Respondents have a slightly negative view about newly-qualified VSs having the necessary skills for general practice from day one, and slightly disagree that veterinary schools are recruiting too many students for available future work.
- Respondents are confident in their familiarity with, use of, and ability to critically appraise, evidence, although they are not likely to have participated in research over

the previous five years. They are also confident about understanding and using quality improvement.

- On the topic of emergency first aid provision, as in 2014, there is strong agreement that respondents should continue to be obliged to take steps to provide emergency first aid and pain relief to animals, and a less strong but still clearly positive view that they are satisfied, when on call, to be obliged to attend an emergency away from the practice only if necessary on clinical or welfare grounds. However, the agreement to being obliged to take steps to provide emergency first aid and pain relief, when on call, only to animals registered with the practice is much less strong.
- Although respondents overall feel comfortable reporting and sharing mistakes, they are neutral about whether or not the profession has a culture of sharing and learning from mistakes. A similar division is apparent regarding societal recognition: there is agreement that VSs are recognised as a leading force for animal health and welfare, but disagreement that their role in public health is recognised.
- There is agreement overall that the RCVS PSS should be mandatory, with only nine per cent disagreeing or strongly disagreeing. However, respondents who work in an RCVS PSS-accredited practice are clearly positive about this aspect, scoring a mean average of 3.7, while those who work in a practice that is not accredited by this scheme return a negative mean score of 2.9.
- There is only a slightly positive view overall regarding whether or not the profession nurtures innovation, and overall, respondents do not have a high opinion of the profession's development of leadership skills, with over half (52%) disagreeing or strongly disagreeing that the profession pays sufficient attention to this.
- The lowest overall average (mean) score is given to the statement that the profession pays sufficient attention to its environmental footprint; 62 per cent of respondents disagree or strongly disagree.

Taking an average score of all 31 attitude statements together, some overall differences of view are apparent:

- Demographic differences:
 - Men are more positive than women
 - Those in their 60s and 70s are more positive than younger age groups
 - Those with a disability/medical condition are less positive than those without such a disability/condition.
- Work-related differences:
 - Those working within the profession are more positive than those working outside
 - In clinical practice, those in senior roles are more positive than employed assistants and independents/locums
 - When analysed by type of practice, those in farm animal practices are more positive than other types of practice

-
- Outside clinical practice, those working in veterinary schools are more positive than those working in other non-practice areas.

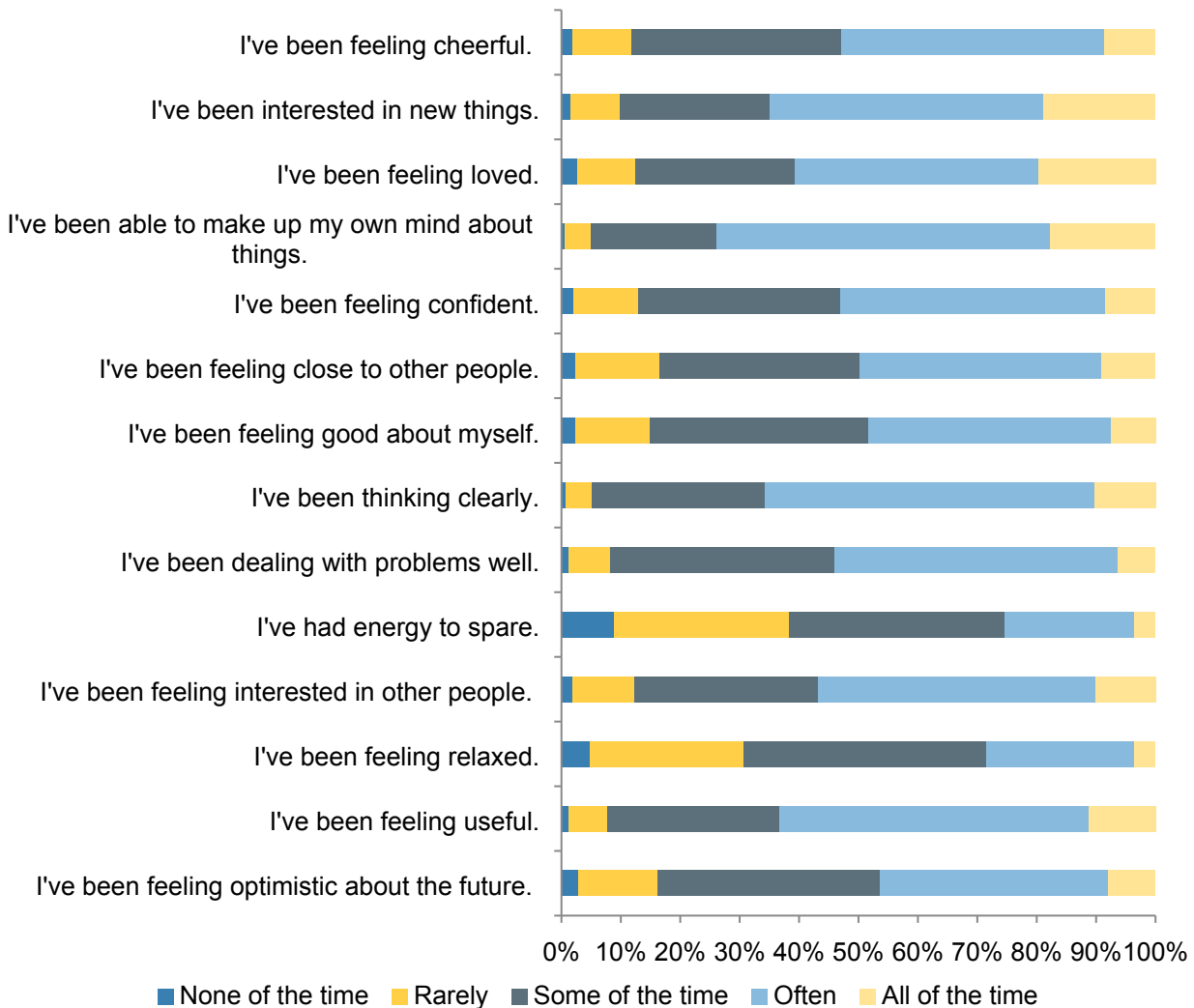
Almost half (48%) of respondents would still opt for the veterinary profession if they could start their career over again, while 23 per cent would not and 29 per cent are undecided. The top three best things about working in the profession are seen as working with animals, job satisfaction and challenge/stimulus, while the top three things that would make the profession a better place to work are better work-life balance, better financial reward and less workload pressure. The four biggest challenges to the profession are considered to be client expectations/demands, stress levels, changing structures in veterinary practice ownership, and affordability of veterinary services.

Well-being

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was used in the survey to gauge the well-being of respondents. WEMWBS asks about experiences, thoughts and feelings over the past two weeks. Individual items are scored from 1 (none of the time) to 5 (all of the time) and a total scale score is calculated by summing the 14 item scores. The minimum score is 14 and the maximum is 70.

Figure 4 shows how VSs responded to the 14 WEMWBS statements and indicates that they were largely positive in how they rated the individual items of the WEMWBS. They were especially positive about how often they had been able to make up their own mind and think clearly, had been feeling useful and loved, and had been interested in new things. However, they were less positive about having energy to spare and feeling relaxed. Although these overall results are very similar to the findings of the 2014 and 2010 survey, the overall WEMWBS well-being average (mean) score for respondents, at 47.7, is a little lower than in 2014 and 2010 when the score was 49.

Figure 4: WEMWBS responses



Source: VS Survey, 2019

An analysis of responses shows some differences in WEMWBS scores among respondents.

- A demographic analysis shows that:
 - respondents with a limiting disability/medical condition have a notably lower average well-being score than those who do not have such a condition, especially if the disability relates to mental health
 - women score somewhat lower than men
 - those in their 60s are more positive than other age groups
 - respondents of all ages with dependent children living with them have higher scores than those without dependent children
 - those with responsibility for one or more adult dependants have lower scores than those without an adult dependant

- BAME respondents have lower scores than White respondents
- heterosexual respondents have higher scores than LGB respondents.
- Analysed by employment status:
 - respondents who are unemployed have the lowest average well-being scores
 - retired respondents, who had the highest scores in both 2014 and 2010, now have lower scores than those in full time or part time work.
- With regard to working life:
 - within clinical practice, there has been a decline in scores since 2014 in every practice area except mixed practice; those working in small animal practices have the lowest well-being scores, and those in referral/consultancy practices the highest
 - respondents who have had concerns for their personal safety when dealing with an emergency during the previous 12 months have a lower average well-being score than those who reported no such concerns
 - those who 'seldom' or 'never' have a minimum rest-period of 11 hours each day score lower, on average, than those who 'always' or 'usually' have this rest period
 - those who 'seldom' or 'never' manage to have at least two rest days every 14 days score lower than those who 'always' or 'usually' have this rest period
 - those who have at least 20 days' paid holiday every year have a higher score, on average, than those who do not
 - respondents who plan to leave the profession for reasons other than retirement have notably lower average well-being scores than those who plan to retire or stay within the veterinary profession.

There is a clear overall association between respondents' attitudes towards the veterinary profession and their average well-being scores, in that the greater the level of agreement that respondents have with positively-worded attitude statements, the higher their average well-being scores tend to be, while the greater their level of agreement with negatively-worded attitude statements, the lower their average well-being scores tend to be.

Views about the RCVS

A set of questions, new for the 2019 survey, asked for respondents' views about the RCVS, specifically about perceptions, values, communications, and engagement with initiatives, consultations, and purpose.

- In terms of perceptions of the RCVS, the overall perceptions score is positive (i.e. above the midpoint of 3), at 3.3. Respondents are notably positive that the RCVS has a good international reputation and is highly professional.
- When asked whether the RCVS demonstrates behaviours in accordance with its values, the overall values score is positive (i.e. above the midpoint of 2.5) at 2.72. Respondents believe that the RCVS displays good judgement, is forward-looking and is straight-talking, but are neutral about its compassion.

-
- With regard to communications generally, on average respondents are clearly positive about different aspects of RCVS communications. The overall communication ratings score is 3.58, clearly above the midpoint of 3.
 - On average, respondents who had, at the time of the survey, communicated with the RCVS in the previous year are clearly positive about every aspect of the staff they dealt with, most notably about their professionalism. The overall staff communication score for those who have contacted the RCVS in the previous year is 3.9, well above the midpoint of 3. This encouraging finding suggests that those who engage with the RCVS and interact with staff tend to have a higher opinion, overall, than those who do not.
 - The majority of respondents are aware of four RCVS initiatives – Mind Matters, ViVet, RCVS Leadership and Vet Futures – and between ten and 14 per cent of those who responded to this question have used them or interacted with them.
 - Most (63%) have not taken part in any RCVS consultations in recent years; of those who have participated, the 2015 consultation on the use of the courtesy title ‘Doctor/’Dr’ by registered VSs was the most frequently-cited consultation.
 - Relating to the RCVS’s purpose, overall respondents return positive scores (see Figure 5). The most positive responses are related to the RCVS setting, upholding and advancing standards, being fit for purpose, being a positive force for animal health and welfare, and supporting the development of a learning culture within the profession. The overall RCVS’s purpose score is 3.37, clearly above the midpoint of 3.

Figure 5: Perceptions of RCVS purpose: average (mean) scores

Source: VS Surveys, 2019

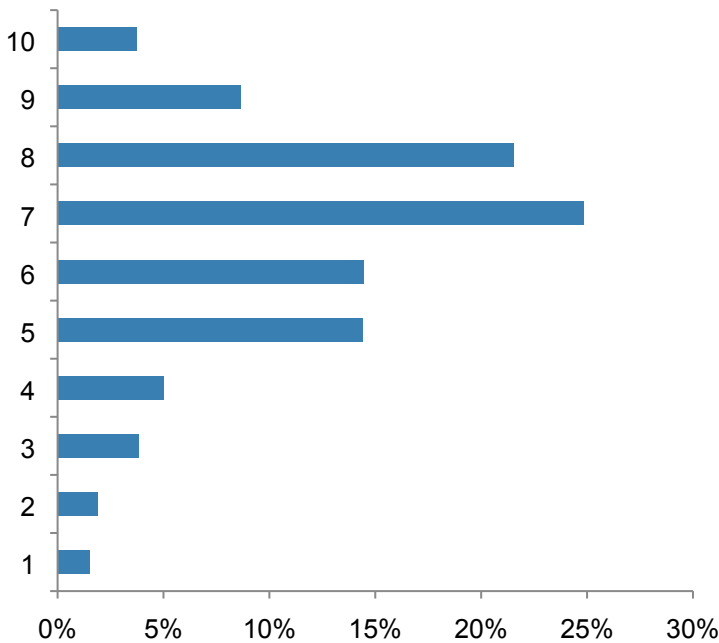
Respondents were asked to rate the RCVS on a ten-point scale from 1 (very poor) to 10 (excellent). The average (mean) score overall is 6.58, clearly above the midpoint of 5.5, and the modal (most frequently-chosen) response is to give the RCVS 7 out of 10. One-third of respondents (34%) awarded the RCVS a clearly positive score of 8, 9 or 10 out of 10. Figure 6 shows how the scores were allocated.

A number of suggestions were made when asked what the RCVS should do more of. These relate to providing more support, engaging better with VSSs, being clearer about career support and progression, and engaging with veterinary schools around future supply; different views, however, were expressed around standards and their enforcement, with some believing the RCVS is too rigid and others that standards need more enforcement.

When asked what the RCVS should do less of, ideas were put forward around doing less in three areas: regulations, bureaucracy, and complaints and disciplinarys. Views were

also expressed that the RCVS is sometimes out of touch, could manage costs and spending better, and can miss the big picture by focusing too much on the detail.

Figure 6: Percentage of respondents allocating overall scores for the RCVS from 1 to 10



Source: VS Survey, 2019

Final thoughts

The last question in the survey asked all respondents if they had anything else they would like to say about the veterinary profession, their role, the RCVS or the survey.

One issue that appears to be worrying respondents is that of existing and future workforce supply, particularly in light of a perceived recruitment crisis. Some respondents comment that newly-qualified Vets can have unrealistic expectations and require additional support from more experienced Vets. There is also a belief, held by some, that the gender inequality within the profession is contributing to workforce shortages, as women are more likely to take career breaks and work part time.

Another big issue is work-life balance, or rather the lack of it, within the profession. There is seen to be a need for increased thought around flexible working, out-of-hours service, and work-load, and there are concerns about the impact of veterinary work on health, especially mental health.

Some respondents feel that increasing costs overall, and especially the rise in treatment costs, represent a big concern; some practice owners are worried that clients will be prevented from accessing expensive treatments, and may feel the profession is placing too much emphasis on profits rather than care.

Comments about the RCVS are both positive and negative. Some say that they find the RCVS supportive and helpful, whereas others feel it is disconnected from actual practice, and express dissatisfaction with the complaints process and how the profession is regulated, particularly with regard to the corporates. Some Vets who work within the profession, but outside clinical practice, feel ignored. There is also a view that the RCVS should do more to educate the public.

The rise in corporate practice ownership is causing a concern, with worries about the impact on patient care, younger Vets' development, and smaller businesses that find it hard to compete with the large corporates.

Finally, with regard to the survey itself, respondents commonly report that it is too long or time-consuming, and contains irrelevant or repetitive questions; however, a minority view is that these surveys are useful and helpful.

1 Introduction

1.1 Background

This report presents the results of the 2019 Survey of the Veterinary Profession, carried out on behalf of the Royal College of Veterinary Surgeons (RCVS) by the Institute for Employment Studies (IES). A survey of veterinary nurses was carried out at the same time and the results are presented in a companion report.

The 2019 survey of veterinary surgeons (VSs) is the seventh survey carried out by the RCVS; VSs were also surveyed in 1998, 2000, 2002, 2006, 2010 and 2014. Throughout this report, where possible and appropriate, results are compared with previous years. The aim of these surveys is to provide the RCVS, and other interested parties, with an evidence-based view of the veterinary profession and the changes taking place within it.

A new section was added to the 2019 survey to seek, in some detail, respondents' views about the RCVS as a regulatory body and Royal College.

1.2 Survey process

The questionnaire was compiled by IES using questions from previous surveys, together with additional questions and statements derived from discussions with RCVS staff.

The survey was launched on 6th June 2019, following an informal questionnaire testing exercise. As in 2014, the survey was conducted as an online survey only. Email invitations to participate in the survey were sent out to 32,427 veterinary surgeons (VSs) for whom the RCVS held email addresses. A small number (121) of these addresses proved not to be valid, meaning that the total sample receiving an invitation to participate was 32,306. Three reminders were sent at intervals to those who had not yet responded; a small number of VSs, who contacted IES to ask not to participate, were removed from the reminder list.

1.3 Response

By the time the surveys closed on 2nd July 2019, IES had received 10,279 completed questionnaires and 3,485 partial completions, giving a response rate of 31.8 per cent counting only the completed questionnaires and 42.6 per cent if partials are included. Encouragingly, this is higher than the 2014 rate of 27 per cent (when only completed responses were used in the analysis), but lower than the 2010 rate of 37 per cent and the 2006 rate of 47 per cent.

A response analysis was carried out to compare survey respondents to the RCVS database of VSs as at 24th May 2019, shortly before the survey was launched. This

shows that the overall response pattern of male and female respondents (58% female, 42% male) is close to the gender split in the RCVS database overall (59% female, 41% male). However, both women and men in the younger age groups (under 30 and 30s) under responded, although not markedly so, while the older age groups, especially those in their 40s, 50s and 60s, over responded somewhat.

Table 1.1: VS survey 2019 response analysis, percentage

		Survey respondents	RCVS membership	Over/under response
Female	20s	11.6	14.7	Under
	30s	20.7	23	Under
	40s	13.6	12.2	Slightly over
	50s	8.4	6.4	Over
	60s	3	2.1	Slightly over
	70+	0.8	0.6	Similar
	Total	58.1	59.1	Similar
Male	20s	3.7	5	Slightly under
	30s	7.7	9.3	Slightly under
	40s	8.4	8.3	Similar
	50s	8.7	7.5	Slightly over
	60s	6.9	5.7	Slightly over
	70+	6.6	5	Slightly over
	Total	42.0	40.9	Slightly over

Source: VS Survey, 2019; RCVS database

1.4 Data input and survey analysis

The survey responses were analysed using the statistical package SPSS. Open-ended, free-text questions were analysed separately and grouped into categories, using a sampling approach when the number of responses was very high (for example, a 20% or 50% sample for questions yielding several hundred, or sometimes several thousand, free-text responses).

When carrying out the analysis, IES used key variables to provide breakdowns such as gender, age group, employment status and area of work, and also took account of any analysis undertaken for previous surveys.

1.5 Report structure

The report details the findings from the survey under the following headings, exploring trends over time where appropriate:

- Personal details

-
- Work status
 - Current work (veterinary or non-veterinary)
 - Working outside the profession
 - Working within the profession
 - Working within clinical veterinary practice
 - Continuing professional development
 - Recently qualified VSs
 - Views about the veterinary profession
 - Well-being
 - Views about the RCVS
 - Final thoughts
 - Conclusions.

A separate report details the findings from the survey of veterinary nurses (VNs).

2 Personal details

This chapter describes the demographic and personal details of respondents: gender, sexual orientation, age, ethnicity, responsibility for dependants, disability, year of qualification, degree course, RCVS membership category, country of qualification, and (for those who mainly or entirely resided in the UK up to the age of 18), social mobility.

Chapter summary

- 58% of respondents are female, and the percentage of women has increased with every survey; only 34% of respondents to the 2000 survey were female.
- The overall average age of respondents is 44.8, with women having a much lower average age than men: 40 compared to 51.5. The average age of those working within the veterinary profession is 42.3, and within clinical practice 41.8.
- 3.5% of respondents are BAME, an increase since 2010 when the percentage was 2%. This percentage may continue to increase slowly, as 4.5% of respondents who qualified between 2010 and 2019 are BAME.
- 36% of respondents have one or more dependent children living with them, and 5.4% have caring responsibilities for one or more adults.
- 6.7% have a disability/medical condition that limits what they can do at work; most of these respondents classify their disability/condition as a physical rather than a mental health issue.
- In terms of RCVS membership categories, 76% of respondents are UK-practising, 10% are practising overseas, and just under 2% are Southern Irish.
- 55% of respondents qualified from 2000 onwards, 75% of those qualifying between 2010 and 2019 are female, compared to only 10% of those qualifying in the 1960s or earlier.
- 73% of respondents qualified in the UK or the Republic of Ireland, 23% qualified elsewhere in Europe, mostly in EU countries; 36% of those who qualified in an EU/EEA/EFTA country are from Spain or Italy.
- In terms of social mobility, of recent qualifiers (2016 onwards) who lived entirely or mainly in the UK while growing up, 59% have a parent/guardian with a degree, 75% went to state schools and 15% lived in household that at some point received income support; these percentages compare favourably with broadly comparable groups of medical students and doctors in postgraduate training.

2.1 Gender and sexual orientation

2.1.1 Gender

Overall, 57.4 per cent of respondents are female, 41.5 per cent male, 0.9 per cent prefer not to say, and 0.2 per cent prefer to self-describe; six of the 19 people who preferred to self-describe specified 'non-binary' as their preferred gender description. Of those who selected 'female' or male', 58 per cent are female and 42 per cent male. These percentages suggest that the 'feminisation' of the veterinary profession has continued since the last survey in 2014, when female respondents outnumbered males for the first time. Table 2.1 shows the changing percentages over time.

Table 2.1: Percentage of female and male respondents, 2000 to 2019

Gender %	2000	2002	2006	2010	2014	2019
Female	34	37	45	50	54	58
Male	66	63	55	50	46	42

Source: VS surveys, 2000 to 2019

When analysed by age group, the results show that female respondents outnumber males in every age category under 50:

- Age under 30: female 76%, male 24%
- Age 30 to 39: female 73%, male 27%
- Age 40 to 49: female 62%, male 38%
- Age 50 to 59: female 49%, male 51%
- Age 60 to 69: female 30%, male 70%
- Age 70 and over: female 11%, male 89%.

In line with the age breakdown, the average (mean) ages of female and male respondents are notably different: female respondents have an average age of 40, compared to 51.5 for their male counterparts.

The gender difference is somewhat more marked when a comparison is made between those working within and outside the veterinary profession, in that of those who work within the profession, 61 per cent are female and 39 per cent are male. This percentage share of female respondents working within the profession has increased from 57.6 per cent in 2014 and 54 per cent in 2010. To look at this another way, in overall terms 96.1 per cent of female respondents and 94.8 per cent of male respondents work within the profession.

A similar gender split is seen when analysing the percentages of men and women working within clinical practice. Of those working within the veterinary profession, 62.2 per cent are female and 37.8 per cent are male. Overall, 77.8 per cent of female respondents, and 73.3 per cent of female respondents, work in clinical practice.

For the first time, the 2019 survey asked respondents if their gender identity was the same as the sex assigned at birth. Most respondents (98.7%) say that it is the same, with 0.2 per cent saying it is different and 1.1 per cent preferring not to say.

2.1.2 Sexual orientation

Another 'first time' question in the 2019 survey related to sexual orientation. In response, 89.4 per cent of those who answered this question are 'heterosexual/straight', 2.6 per cent 'bisexual', 2.0 per cent 'gay man', and 0.9 per cent 'gay woman'; 0.6 per cent prefer to self-describe, while 5.5 per cent prefer not to say. However, it is worth noting that a relatively high 1,261 respondents did not answer this question. The small number (N = 49) of respondents who selected 'prefer to self-describe' were asked to specify, and 23 did so: they describe themselves in various ways, including 'asexual', 'binary' and 'transgender'.

Of those who answered the question, it appears that it is slightly more common for those in the non-heterosexual (LGB) categories to work outside the profession rather than within it; 6.4 per cent of respondents working outside the profession are LGB, compared to 4.2 per cent of those working within the profession.

2.2 Age

The overall average (mean) age of respondents is 44.8, fairly similar to previous surveys; in 2014, the average age was 44.3, and in 2010 a somewhat older 45.5. The average age differs considerably between females and males, as noted in 2.1.1 above: female respondents have an average age of 40, compared to 51.5 for males. As might be expected from the overall 'feminisation' trend over the past 20 years or so, the average age of female respondents has increased somewhat over the years (37.5 in 2006 and 38 in 2014) while the average age of male respondents has remained more or less the same.

The overall age breakdown of respondents is:

- Age under 30: 15.3%
- Age 30 to 39: 28.4%
- Age 40 to 49: 22%
- Age 50 to 59: 17.1%
- Age 60 to 69: 9.9%
- Age 70 and over: 7.4%.

The female to male split by age group is given in section 2.1.1 above.

Overall, ages range from an unlikely 18 (2 respondents) to 99 (3 respondents). The modal (most common) ages are in the 25 to 42 range, in which every age has at least 300 respondents; the age with the highest number of all (434) is 30.

The average age of those working within the veterinary profession is 42.3, compared to 49.9 for those working outside the profession; this is fairly similar to 2014, when the average ages were 41 and 49 respectively. For those working within the profession, the average age of those working in clinical practice is 41.8, compared to 44.2 for those working in a different veterinary area.

As Table 2.2 shows, the average age of respondents undertaking voluntary work is considerably higher than the average age of those in full-time or part-time employment, but notably lower than in 2014; it is possible that the result in 2014 was something of a 'blip', in that the average age in 2010 was 61. The average age of respondents in work or unemployed is fairly similar to 2014, although the mean age of those taking a career break has increased somewhat.

As might be expected, overall well over half of respondents aged under 60 are in full time work, with the percentage being particularly high among those aged under 30 (88%). Part time work is most prevalent among respondents aged 40 to 49 (30%), while the under 30 age group has the highest unemployed percentage (but still low at 3%). Around three per cent of those aged 30 to 49 are on a career break.

Table 2.2: Average age by employment status, 2019 compared to 2014

Employment status	Mean 2019	Mean 2014
Full-time work	40.6	39.7
Part-time work	47.4	46.7
Voluntary work	57.4	50.6
Unemployed	35.8	37.3
Taking a career break	42.3	38.5
Retired	72.3	72.8
N =	12,609	6,806

Source: VS Surveys, 2019 and 2014

The average age of respondents currently undertaking veterinary clinical practice work varies according to their position in the practice, as Table 2.3 shows. Some of the categories are not strictly comparable to previous years, as several new categories have been added to reflect the changing nature of the profession: Joint Venture Partner, independent veterinary service provider (i.e. someone providing services as part of the normal rota, rather than a locum who covers posts temporarily due to absence or a vacancy), and VS working as a veterinary nurse. In addition, the 'assistant' category was not split between full time and part time in 2019, as it had been in previous surveys. Despite these changes, some small differences are apparent in comparison with previous years; a more marked difference is that the average ages of locums and consultants has increased considerably since 2014, although they are fairly similar to the 2010 findings. Consultants (rather than sole principals, as in 2014 and 2010) now have the highest average age.

Table 2.3: Average age of respondents by position in practice

Position in the practice	Average age 2019	Average age 2014	Average age 2010
Sole Principal	48.7	49	52
Director	48.1	47	46
Equity Partner	49.1	48	48
Joint Venture Partner (JVP)*	42.9	-	-
Salaried Partner	41.4	39	41
Full-time Assistant	38.6**	35	32
Part-time Assistant	(see note below)**	43	41
Consultant	53.3	42	49
Independent veterinary service provider*	43.2	-	-
Locum	42.8	30	42
VS working as a veterinary nurse*	34.6	-	-
Other	41	39	39

*The categories of JVP and independent veterinary service provider were not offered as options in the 2014 survey. VS working as a VN was offered in 2014, but the number of respondents were too small to be included in this table.

**For the 2019 survey, the category of 'Employed Assistant' was not split between full time and part time as in previous surveys.

Source: VS Surveys, 2019, 2014 and 2010

2.3 Ethnicity

As in previous surveys, the large majority of respondents give their ethnicity as 'White'. The full breakdown is:

- White: 93.9%
- Asian/Asian British: 1.2%
- Mixed: 1.2%
- Chinese: 0.7%
- Black/Black British: 0.3%
- Other: 0.7%
- Prefer not to say: 2.1%.

'Other' responses were recoded into one of the main headings where possible. They included responses such as English, Caucasian, Celtic, Channel Islander, Gaelic, Irish, Scottish, Greek, Spanish, Romanian, Arab, Iranian, Caribbean, Eskimo, Jewish, Korean, Mexican and Taiwanese.

If respondents who preferred not to give their ethnicity are removed from the calculation, the Black and Minority Ethnic (BAME) percentage is 3.5 per cent, compared to the White percentage of 96.5 per cent. The BAME percentage has been increasing slowly and slightly since 2006 and 2010, when it stood at two per cent, and 2014 when the figure was 3.1 per cent.

Further analysis indicates that there is no difference in the percentages of BAME VS respondents who are working within and outside the profession, and there is only a small difference in the percentages working within clinical practice (76.2% of White respondents and 74.4% of BAME respondents). However, there is a gender difference, in that 39.2 per cent of BAME respondents are male while a notably larger 60.8 per cent are female. An analysis by age shows that BAME respondents are somewhat younger than their White counterparts: the average (mean) ages are 40.1 (BAME) and 44.9 (White).

2.4 Responsibility for dependants

A little over one-third (36.1%, compared to 32.5% in 2014, 34% in 2010 and 35% in 2006) have dependent children living with them. For the first time in 2019, respondents with dependent children were asked about the ages of these children (by selecting all age categories that applied). The results showed:

- 39.2% have dependent children aged between 0 and 4
- 44.1% have dependent children aged between 5 and 11
- 31% have dependent children aged between 12 and 18
- 17.8% have dependent children over 18.

Unsurprisingly, when analysed by age group, it is clear that respondents between 30 and 59 are far more likely to have dependent children living with them than older or younger respondents: 29.7 per cent of those aged 30 to 39, 41.1 per cent of those aged 40 to 49, and 23.1% of those aged 50 to 59.

An analysis by gender shows that there is no difference at all between the percentage of female and male respondents who have dependent children living with them; this finding is consistent with earlier surveys. There is, however, a difference with regard to work status, as Table 2.4 shows; respondents in part-time work or on a career break are noticeably more likely to have dependent children living with them. This is consistent with 2014, although the percentage of those working full time while living with dependent children has increased somewhat since 2014, and the percentage with dependent children doing voluntary work has increased markedly.

Table 2.4: ‘Do you have dependent children living with you?’ by employment status

	2019 Yes (%)	2019 No (%)	2014 Yes (%)	2014 No (%)
Full-time work	32.4	67.6	29.9	70.1
Part-time work	55.8	44.2	54.2	45.8
Voluntary work	38.1	61.9	15.9	84.1
Unemployed	19.8	80.2	25.5	74.5
Taking a career break	55.9	44.1	53	47
Retired	5.5	94.5	4.9	95.1
N =	4,616	8,155	2,203	4,577

Source: VS Surveys, 2014 and 2019

A much smaller number of respondents have caring responsibilities for one or more adult dependants: 5.4 per cent (compared to 5.5% in 2014, 5% in 2010 and 5.5% in 2006). The gender split with regard to providing care to an adult dependant has changed somewhat since 2014 and 2010, when 63 per cent (2014) and 65 per cent (2010) of those providing adult care were male; in 2019, 54 per cent of respondents who are adult carers are male and 46 per cent female. An analysis by age group indicates that respondents in older age groups are more likely to have adult caring responsibilities: 10.6 per cent of those aged 50 to 59, 9.4 per cent of those aged 60 to 69, and 8.1 per cent of those aged 70 and over. This is consistent with the 2014 survey findings.

Table 2.5 indicates that respondents in voluntary work or who taking a career break or are retired are more likely to provide care for an adult dependant compared to those in other employment categories. Some differences between the 2019 and 2014 findings are apparent in the table, although the numbers of those providing adult care are relatively small overall, meaning that small differences can have an impact on percentages.

Table 2.5: ‘Do you provide care to an adult dependant?’ by employment status

	Yes 2019 (%)	No 2019 (%)	Yes 2014 (%)	No 2014 (%)
Full-time work	4.9	95.1	4.8	95.2
Part-time work	5.3	94.7	6.7	93.3
Voluntary work	13.1	86.9	8.9	91.1
Unemployed	3.8	96.2	4.7	95.3
Taking a career break	7.2	92.8	4.8	95.2
Retired	8.8	91.3	7.9	92.1
N =	694	12,060	372	6,395

Source: VS Surveys, 2019 and 2014

2.5 Disability

Overall, 6.7 per cent of respondents consider themselves to have a physical or mental disability or medical condition that limits the work they can do. This is similar to the 2014 survey (6.5%) but lower than in 2010 and 2006 (8% for both surveys).

Table 2.6 shows that the age of respondents is associated with whether or not they report having a disability or medical condition; as the age of respondents increases, so does the share who report that they have a condition that limits the work they can do. However, this relationship is less obvious than in 2014, in that somewhat higher percentages of those in age groups up to 39, and somewhat lower percentages of those aged 40 and over, report having a disability/medical condition.

Table 2.6: Disability or medical condition by age group, 2019 and 2014

	Yes 2019 (%)	No 2019 (%)	Yes 2014 (%)	No 2014 (%)
Under 30	3.1	96.9	1.5	98.5
30 to 39	4.0	96.0	2.7	97.3
40 to 49	4.8	95.2	5.5	94.5
50 to 59	8.3	91.7	8.8	91.2
60 to 69	9.6	90.4	9.7	90.3
70 and over	22.3	77.7	25.7	74.3
N =	858	12,017	442	6,372

Source: VS Surveys, 2014 and 2019

Further analysis shows that a notably higher percentage of those working outside the veterinary profession have a disability or medical condition than those working within the profession (9.9% compared to 4.7%), although this is largely due to the older age profile of those working outside the profession. There is no difference, however, between the percentages of those working in clinical practice and those working in a different veterinary area.

Table 2.7 demonstrates that, as in 2014, higher shares of respondents who are currently retired, unemployed or undertaking voluntary work report having a disability or medical condition compared to other employment categories. However, further analysis shows that almost two-thirds (64%) of respondents with a disability or medical condition are in full- or part-time paid employment; this is markedly higher than 2014's 55 per cent.

Table 2.7: Disability or medical condition by employment status, 2019 and 2014

	Yes 2019 (%)	No 2019 (%)	Yes 2014 (%)	No 2014 (%)
Full-time work	3.5	96.5	3	97
Part-time work	8.4	91.6	8.2	91.8
Voluntary work	16.8	83.2	12.2	87.8
Unemployed	13.2	86.8	15.1	84.9
Taking a career break	13.5	86.5	9.5	90.5
Retired	22.4	77.6	23.8	76.2
N =	852	11,923	439	6,365

Source: VS Surveys, 2014 and 2019

When asked for further detail about whether the nature of their disability or limiting medical condition was physical or mental, 815 people responded. These responses were coded into three categories: physical, or primary physical, disabilities/conditions; mental health, or primarily mental health, disabilities/conditions; and both types of disability/medical condition. Examples of physical conditions are neurodegenerative conditions such as: Parkinson's and dementia, cancer, joint pain such as arthritis, back problems such as a slipped disc, brain injury, diabetes, Crohn's, heart disease, ME/chronic fatigue syndrome, multiple sclerosis, endocrine disorders, and injuries such as fractures. Examples of mental health disabilities/conditions are mood disorders such as depression, anxiety and bipolar, ADHD, social phobia, and chronic stress and/or burnout.

The further analysis of disabilities/conditions shows that 74.2 per cent of the 815 respondents have a physical disability/condition, 21.3 per cent a mental disability/condition, and 4.4 per cent have both. Fifty-five per cent of respondents who provided this information are female, and 45 per cent male. It appears that female and male respondents to some extent have different types of disability/medical condition (or at least are prepared to share this information), in that 67 per cent of women with a disability/condition say this is physical compared to 83 per cent of men, 26 per cent say it is a mental health disability/condition compared to 15 per cent of men, and 6.5 per cent say they have both, compared to two per cent of men.

2.6 RCVS membership category

Table 2.8 gives the membership category of respondents, with a 2014 comparison for all categories except 'temporary registration', which was not offered as an option in the 2014 survey. The percentage breakdown for 2019 is fairly similar to that of 2014, although the percentage selecting 'UK practising' is somewhat higher, while the 'Southern Irish' percentage is lower.

Table 2.8: RCVS membership category, 2019 and 2014

	N 2019	% 2019	N 2014	% 2014
UK-practising	10,058	76.2	4,957	72.3
Practising outside the UK	1,349	10.2	721	10.5
Non-practising	929	7	539	7.9
Non-practising (70 years plus)	628	4.8	414	6
Southern Irish	214	1.6	224	3.3
Temporary registration	17	0.1	N/A	N/A
Total	13,195	100	6,855	100

Source: VS Surveys, 2019 and 2014

2.7 Year of qualification

The breakdown of year of qualification is:

- 2010 to 2019: 30.0%
- 2000 to 2009: 25.4%
- 1990 to 1999: 17.4%
- 1980 to 1989: 14.4%
- 1970 to 1979: 7.8%
- 1960 to 1969: 4.1%
- Before 1960: 0.9%.

The majority of respondents qualified in this century (55 per cent from 2000 onwards). Although almost three-quarters (73%) qualified in the past 30 years, this percentage is lower than in 2014, when almost 80 per cent had qualified in the previous 30 years.

An analysis of respondents by gender shows that female qualifiers have outnumbered males from the 1990s onwards:

- 1990 to 1999: female 56.3%, male 43.7%
- 2000 to 2009: female 68.3%, male 31.7%
- 2010 to 2019: female 74.5%, male 25.5%.

This is in stark contrast to the 1960s and earlier, when slightly under ten per cent of qualifiers were female.

An analysis by ethnicity shows that in the 1970s and 1980s, only around 1.5 per cent of qualifiers were BAME. This has increased to 3.7 per cent in the 1990s, 4.1 per cent in the 2000s, and 4.6 per cent in the 2010s.

The results of an analysis by year and country of qualification are presented in Table 2.9. This shows how the nationality of VSs practising in the UK has changed, notably from the 1990s onwards.

Table 2.9: Year and country of qualification

Year of qualification	Qualified in UK or Republic of Ireland %	Qualified elsewhere in Europe %	Qualified outside Europe %
2010 to 2019	55.9	38.8	5.3
2000 to 2009	63.8	27.9	8.3
1990 to 1999	68.5	18.3	13.2
1980 to 1989	82	6.9	11.1
1970 to 1979	91.2	1.4	7.4
Before 1970	93.8	0.1	6.1
All years	68.5	23	8.5

VS Survey, 2019

2.8 Degree course

Most respondents (84.3%) went straight into a degree course in veterinary medicine/veterinary science. However, 7.7 per cent studied another subject first, specifically as a stepping stone into veterinary medicine/veterinary science. A smaller number (4.8%) studied another subject first, not intending this to be a stepping stone into veterinary medicine/veterinary science, although it became so. The remaining 3.2 per cent initially studied for a degree in a subject unrelated to veterinary medicine/veterinary science.

The average age of those who studied another degree as a stepping stone is 42.3, and the gender breakdown is 64.5 per cent female and 35.5 per cent male. An analysis by year of qualification shows that 40.9 per cent qualified between 2010 and 2019, 27.3 per cent between 2000 and 2009, 17.8 per cent between 1990 and 1999, 9.6 per cent between 1980 and 1989, and 4.5 per cent before 1980.

2.9 Country of qualification

Over two-thirds (68.6%) of respondents qualified in the UK (63.9%) or the Republic of Ireland (4.7%). In addition, 7.5 per cent qualified in countries that are largely English speaking: South Africa (2.9%), Australia (2.8%), New Zealand (0.7%), the USA (0.8%) and Canada (0.4%). A large minority (21.6%) qualified in an EU, EEA or EFTA country, with a further 1.1 per cent having qualified in Europe but outside the EU/EEA/EFTA. Finally, 1.3 per cent qualified elsewhere, mostly in Asia, Africa (elsewhere from South Africa) and South America.

There is some difference when the country of qualification is analysed by ethnicity: 64.5 per cent of White respondents qualified in the UK, and 35.5 per cent qualified elsewhere; while a somewhat lower 54.9 per cent of BAME respondents qualified in the UK, and 45.1 per cent qualified elsewhere.

Table 2.10 indicates that the percentage of respondents who qualified in European countries outside the UK has risen considerably since 2014, while the percentage of those qualifying in the UK and Ireland has fallen. In particular, 22.7 per cent of respondents qualified in a European country outside the UK and Republic of Ireland, compared to a considerably lower 14.9 per cent in 2014. The percentages of respondents who qualified in non-European countries, by contrast, have remained stable.

Table 2.10: Country of qualification, 2019 and 2014

Country	N 2019	% 2019	N 2014	% 2014
UK	8,420	63.9	4,849	70.8
Republic of Ireland	614	4.7	427	6.2
Other EU/EEA/EFTA*	2,880	21.8	925	13.5
Europe, outside EU/EEA/EFTA*	150	1.1	93	1.4
Australia	364	2.6	179	2.6
New Zealand	93	0.7	59	0.9
Canada	54	0.4	23	0.3
USA/North America	113	0.8	51	0.7
South Africa	378	2.9	170	2.5
Africa (other than South Africa)	42	0.3	-	-
Asia	47	0.4	-	-
South America	25	0.2	-	-
Other	5	0	73	1.1
Total	13,185	100	6,849	100

*The 2014 and 2019 numbers and percentages are not strictly comparable here, as in 2014 the categories were 'Other EU' and 'Europe, outside EU'.

Source: VS Surveys, 2019 and 2014

Respondents who qualified in an EU/EEA/EFTA European country outside the UK and Republic of Ireland were asked to state their country of qualification, and the majority did so. The following countries have 50 or more respondents who qualified in them (percentage of the total EU/EEA/EFTA in brackets):

- Spain: 527 (18.6%)
- Italy: 483 (17.1%)
- Romania: 310 (10.9%)
- Poland: 285 (10.1%)
- Portugal: 225 (7.9%)
- Germany: 199 (7.0%)
- Greece: 132 (4.7%)
- Belgium: 113 (4.0%)

-
- Hungary: 97 (3.4%)
 - Slovakia: 81 (2.9%)
 - Bulgaria: 67 (2.4%)
 - France: 54 (1.9%).

This question was not asked in previous surveys of the veterinary profession, so comparisons are not possible.

2.10 Social mobility

The majority of respondents (8,220 individuals, representing 62.4% of the total VS response) mainly or entirely resided in the UK up to the age of 18. These respondents were asked a series of questions which aimed to assess the social mobility of individuals. The questions are endorsed by the government and recommended for use by professional bodies, in line with their responsibility to ensure fair access to professions and the best use of talent; they were also asked in the 2014 survey.

Half (49.5%) of respondents have at least one parent or guardian who completed a university degree course or equivalent (e.g. a BA, BSc or higher). This compares to 51.2 per cent in 2014, although the figure is not strictly comparable because the 2014 question was asked of all VSs, whereas the 2019 question was asked only of those who resided in the UK while they were growing up. Interestingly the percentage of female respondents with a parent/guardian who completed a degree is notably higher than the percentage of males (55.1% compared to 41.6%), although this reflects to some extent the overall higher age of male respondents in that the percentage of respondents who have a parent/guardian with a degree increases as the age of the respondent decreases. Around 60 per cent of VSs under 40 have a parent/guardian with a degree, for example, compared to 46 per cent of those in their 50s and 35 per cent of those in their 60s. The average age of those with a parent/guardian with a degree is 43.5, compared to 50.3 of those who do not.

Although the population of BAME respondents is small overall, it is also notable that the percentage of BAME respondents with a parent/guardian who completed a degree is notably higher than the percentage of White respondents: 61 per cent compared to 49.5 per cent. Again, this probably reflects the overall higher age of White respondents.

Table 2.11 gives a limited comparison between VSs and doctors. The latest available statistics for the latter are doctors in postgraduate training in 2013 (unfortunately the General Medical Council (GMC) National Training Survey has not asked social mobility questions since then) and medical school students in 2016; the comparator VS group from the 2019 survey, chosen as the nearest to these groups of doctors, is VSs who have recently qualified (2016 onwards). The table shows that recent qualifiers are more likely to have a parent/guardian with a degree than respondents overall (the overall figure is 49.5%, as reported above); it also suggests that VSs, or at least recently qualified VSs, are more socially mobile than doctors, in that the percentage of VS recent qualifiers who

have a parent/guardian with a degree is lower than the percentages for doctors in postgraduate training or medical students.

Table 2.11: ‘Did any of your parents or guardians complete a university degree course or equivalent?’

	VS recent qualifiers 2016 onwards (%)	Doctors in postgrad training 2013 (%)	Medical students 2016 (%)
Yes	58.6	65.0	67.0
No	41.2	31.4	33.0
Don't know/Prefer not to say	0.2	3.5	-

Source: VS Survey, 2019; GMC National Training Survey 2013; UCAS 2016

A question asking about the type of school attended (or mainly attended, if more than one type) yielded the following responses. Comparisons with the 2014 survey are given in brackets, and indicate that the breakdown has not changed much:

- Non-selective state-run/state-funded in UK: 37.9% (37.6%)
- Independent or fee-paying in UK: 31.4% (33.8%)
- Selective state-run/state-funded in UK: 28.5% (28.2%)
- School outside the UK/home-schooled/don't know/other: 2.3% (0.6% don't know in 2014).

Further analysis indicates that male respondents are more likely to have gone to a selective state school than their female counterparts (33.4% of males, 25.1% of females) while female respondents are notably more likely to have attended a non-selective state school (34% of females compared to 30.6% of males). However, this finding is also age-related, in that around 45 per cent of VS respondents in their 60s and 70s went to a selective state school, while well over 40 per cent in their 40, 30s and 20s attended a non-selective school.

A small difference is apparent with regard to ethnicity, in that a higher percentage of BAME respondents attended an independent/fee-paying school (37%, compared to 31.4% of White respondents) and a lower percentage attended a non-selective state school (32.2%, compared to 38% of White respondents).

Table 2.12 gives a limited comparison with doctors, using the 2013 GMC survey. The table shows that VSs who qualified from 2016 onwards are notably more likely to have attended a state school rather than an independent school when compared to doctors in postgraduate training in 2013.

Table 2.12: ‘What type of school did you mainly attend between the ages of 11 and 16?’

Type of school	VS recent qualifiers 2016 onwards (%)	Doctors in postgrad training 2013 (%)
A state-run or state-funded school in the UK - selective	28.1	23.7
A state-run or state-funded school in the UK - non-selective	47.2	38.8
Independent or fee-paying school in the UK	24.4	33.7
I don't know/other	0.3	3.9

Source: VS Survey, 2019; GMC National Training Survey 2013

In response to a question about whether the household had received income support at any point during your school years, 9.7 per cent of respondents said yes and 83.7 per cent no, while 6.7 per cent did not know. In 2014 the percentage saying yes was lower, at 7.8 per cent, but the figure is not strictly comparable due to the question being asked of all VSs, regardless of where they grew up. A slightly higher percentage of women (10.6%) said yes compared to men (8.3%), although a higher percentage of women than men did not know (7.3% compared to 5.5%). This gender difference is probably explained by the relative ages of male and female respondents who grew up in households that had at some point received income support: 41.4, compared to 47.8 for those who had not. Although the number of BAME respondents is small, there are some marked differences with regard to the household being in receipt of income support: 19.3 per cent of BAME respondents said yes, compared to 9.5% of White respondents.

Table 2.13 gives a limited comparison with doctors, using the 2013 GMC survey. The table suggests a somewhat greater degree of social mobility for recently-qualified VSs compared to doctors, although caution is needed due to the different years of comparison.

Table 2.13: ‘Did your household receive income support at any point during your school years?’

	VS recent qualifiers 2016 onwards (%)	Doctors in postgrad training 2013 (%)
Yes	15.4	11.5
No	77.2	78.6
Don't know	7.4	10

Source: VS Survey, 2014; GMC October 2013

Free school meals had been received by 11.9 per cent of respondents, with 83.5 per cent saying they had not received free school meals and 4.6 per cent selecting ‘don't know’. The percentage receiving free school meals in 2014 was lower, at 9.6 per cent, but the

figures are not comparable as the 2014 question was asked of all VSs, regardless of whether they had grown up in the UK or elsewhere. A higher percentage of men (15.3%) said they had received free school meals compared to women (9.4%), which seems somewhat at odds with the relative percentages who said their household had received income support during their school years; however, this is probably related to the higher average age of male respondents, as in the pre-Thatcher years, children from low-income families (i.e. families not necessarily receiving income support) were entitled to free school meals. The average age of those who received free school meals (50.6, compared to 46.3 for those who did not) would seem to confirm this. A more consistent finding related to ethnicity is that 17.6 per cent of BAME respondents, compared to a lower 11.7 per cent of White respondents, had received free school meals at some point during their school years.

Table 2.14 gives a limited comparison with doctors, using the 2013 GMC survey. These results are inconclusive, especially given the higher percentage of doctors in postgraduate training who do not know whether or not they ever received free school meals.

Table 2.14: ‘Did you receive free school meals at any point during your school years?’

	VS recent qualifiers 2016 onwards (%)	Doctors in postgrad training 2013 (%)
Yes	10.1	8.3
No	87.1	84.9
Don't know	2.8	6.9

Source: VS Survey, 2019; GMC October 2013

A final question in the social mobility section, which was not asked in 2014, asked whether or not respondents had done a one-year Access course to enable them to access their veterinary degree. Only 1.5 per cent of respondents said yes, and all of these are currently working within the veterinary profession rather than outside. A somewhat higher percentage of women (1.7%) than men (1.1%) said yes, although this is probably related to the higher average age of men in the sample (in that this option would not have been available to older male respondents). A higher percentage of BAME respondents (4.1%) compared to White (1.4%) said yes, although this again is probably related to the higher average age of White respondents overall. Finally, respondents working within clinical practice as an employed assistant are more likely to have done an Access course (2.2%) than those working as a principal director/partner (0.6%) or independent/locum (1.2%), although this is again consistent with the average ages of these groups. The average age of those who did an Access course, at 38.3, is notably younger than those who did not (47.1).

3 Work status

This chapter presents aggregate data on the current employment status of all survey respondents, whether or not they work within the veterinary profession.

Chapter summary

- 87.5% of respondents are in either full or part time work.
- 68% of men and 61% of women work full time.
- Full-time working is more common among respondents who work within the veterinary profession than those working outside the profession: 73% compared to 60%.
- The percentage of men who work part time (14%) has increased considerably since 2006, when it stood at 5%; the average age of women working part time is 44, compared to 59 for men.
- 1% of respondents are unemployed, 2.5% are taking a career break, 1% are in voluntary work, and 8% are retired.
- Almost half of those taking a career break are on parental leave/looking after children, and this is the main reason why female respondents are on a career break; however, for men, illness is the most commonly-cited reason for a career break.
- 79% of retired respondents are male.

3.1 Employment status

Table 3.1 shows the current employment status of survey respondents, with a 2014 comparison. The proportion of respondents in full-time work (64.1%) is slightly lower than 2014's 65.4 per cent, almost identical to 2010's 64 per cent but lower than 2006's 68 per cent. The number of respondents in part-time work continues to rise: 23.4 per cent of respondents are currently working part-time compared with 19.2 per cent in 2014, 16 per cent in 2010, 14 per cent in 2006, 12 per cent in 2002 and 11 per cent in 2000. The proportion of respondents undertaking voluntary work, which increased from 0.4 per cent in 2010 to 1.2 per cent in 2014, has dropped again to 0.8 per cent in the current survey.

Table 3.1: Employment status, 2014 and 2019

	N 2019	% 2019	N 2014	% 2014
Full-time work	8,265	64.1	4,519	65.4
Part-time work	3,016	23.4	1,323	19.2
Retired	1,070	8.3	703	10.2
Taking a career break	307	2.4	170	2.5
Unemployed	131	1.0	107	1.5
Voluntary work	107	0.8	84	1.2
Total	12,896	100	6,906	100

Source: VS Surveys, 2014 and 2019

Table 3.2: Employment status by gender, 2006 to 2019 (per cent) presents employment status by gender, with 2014, 2010 and 2006 comparisons. The percentage of female and male respondents in full-time work has remained reasonably steady over the years, although the percentage of women who work full time has dropped somewhat since 2014. The percentage of women in part-time work has risen in 2019, after staying steady between 2006 and 2019; more notable is the increase in men who are working part time, from five per cent in 2006 to 13.6 per cent in 2019. It is also apparent that the percentage of men taking a career break has increased, while for women it has decreased. Unemployment seems to have decreased to levels akin to 2006, although a higher percentage of women are unemployed, in line with previous surveys. Voluntary work has declined, after rising between 2010 and 2014. In line with the older age profile of male VSs, a far higher percentage of men give 'retired' as their employment status, although the percentage is lower than for the past three surveys.

Table 3.2: Employment status by gender, 2006 to 2019 (per cent)

	2019		2014		2010		2006	
	Male	Female	Male	Female	Male	Female	Male	Female
Full-time work	68.2	61.1	67.8	64.5	66.5	62	70	64
Part-time work	13.6	30.5	11.2	26	5.5	26	5	25
Voluntary work	0.8	0.8	1.2	1.2	0.5	0.3	-	-
Unemployed	0.6	1.3	1.1	1.9	1	2	0.5	1
Taking a career break	1.2	3.2	0.7	4	0.5	5	0.5	5
Retired	15.5	3.0	18	2.4	26.5	5	23	5

Source: VS Surveys, 2019, 2014, 2010 and 2006

With regard to age, the average age for each employment status category overall, shown in Table 2.2 in the previous chapter, is repeated here as Reason for career break: percentage breakdown of the VSs who are on a career break for ease of access.

Table 3.3: Average age by employment status, 2019 and 2014

Employment status	Mean 2019	Mean 2014
Full-time work	40.6	39.7
Part-time work	47.4	46.7
Voluntary work	57.4	50.6
Unemployed	35.8	37.3
Taking a career break	42.3	38.5
Retired	72.3	72.8
N =	12,609	6,806

Source: VS Surveys, 2019 and 2014

A breakdown of average age by gender shows some big differences in the average ages of men and women in each type of employment status, with women being much younger than men in every category:

- Full-time work: women 37, men 45
- Part-time work: women 43.8, men 58.6
- Voluntary work: women 50.4, men 67.1
- Unemployed: women 34.8, men 39.5
- Career break: women 39.8, men 50.7
- Retired: women 66.6, men 73.8.

Further analysis of the employment status of those working within and outside the profession shows that VSs working within the profession are notably more likely to be working full time (73.2%, compared to 59.6% of those working outside) and somewhat less likely to be working part time (26.2% compared to 32.6%).

3.2 Unemployment

Only 131 respondents (1%) are unemployed, a little lower than in 2014 when 1.5 per cent were unemployed. As mentioned in section 3.1 above, a higher percentage of female VSs are unemployed than their male counterparts, probably due to the older age profile of male VSs overall; as Table 3.2: Employment status by gender, 2006 to 2019 (per cent) shows, the percentage of retired male VSs is five times higher than that of female VSs. It is, of course, important to note that only RCVS members were invited to participate in the survey, so the number of VSs who are unemployed and have left the RCVS Register is not known.

The breakdown of unemployed respondents by age group (with the 2014 percentages in brackets) is:

- Under 30: 43.8% (36%)

- 30 to 39: 25.4% (33%)
- 40 to 49: 16.9% (12%)
- 50 to 59: 10% (13%)
- 60 and over: 3.9% (6%).

In this sample of 131 respondents, the length of unemployment ranges from zero to 250 months, with an average (mean) length of 15.5 months (lower than the 17.6 month length in 2014). This average is, however, skewed by a small number of people who have remained unemployed for a very long time. Taking only those who have been unemployed for 36 months or fewer, the average length of unemployment is 6.7 months (compared to 8.1 months in 2014), and exactly half (50%) have been unemployed for a relatively short period of up to three months.

Two-thirds (66%) of VSs who are unemployed are actively seeking work (notably lower than 2014's 77.6% and 2010's 88%). Of these, 86 per cent are seeking veterinary work and a further nine per cent are not currently seeking veterinary work but may do so in future; only five per cent (the same percentage as in 2010) are not seeking veterinary work and do not intend to do so. When asked if they were seeking non-veterinary work, 27 per cent of unemployed VSs say they are, and a further 20 per cent are not currently doing so, but may do in future; this suggests that a minority of unemployed VSs are considering any kind of suitable work, regardless of sector. Just over half (53%), however, are not seeking work outside the veterinary profession; this is higher than in 2014 (45%) and 2010 (38%).

3.3 Career breaks

Table 3.1 in section 3.1 above shows that 2.4 per cent of respondents are taking a career break, very similar to 2014 (2.5%). Table 3.2 in section 3.1 above suggests that taking a career break is becoming more common among male VSs, in that 1.2 per cent of male respondents are currently taking a career break, up from 0.7 per cent in 2014 and 0.5 per cent in previous surveys. The percentage of female VSs on a career break is higher than that of males (3.2%), but lower than in previous surveys; however, of those taking a career break, over three-quarters (78.5%) are female.

The average (mean) expected length of a career break is 82 months, but this has been distorted by extreme outliers. When career breaks over 120 months are excluded, the average length is 25.5 months. There is only a small difference between the mean expected length of career breaks (again excluding career breaks of over 120 months) of men and women, with men expecting their break to last for an average of 27.4 months compared to 25.1 months for women.

The reasons for taking a career break are presented in Table 3.4: Reason for career break: percentage breakdown of the VSs who are on a career break, with comparisons from previous years. 'Parental leave/looking after children' (which accounts for almost half of those on a career break) is at a very similar level to 2014, after decreasing from previous surveys. 'Travel' and 'sabbatical' have also increased as a reason for taking a

break. 'Looking after an adult dependant', while only accounting for 4.6 per cent of career breaks, has increased at least three-fold compared to previous surveys.

Those who selected 'other' (N = 45) were asked to specify, and most did so. Twenty-one respondents said they were leaving the profession, or deciding whether or not to leave; and 11 respondents said they were changing their work.

Further analysis by gender shows big differences. The top four reasons for taking a career break among male respondents are illness (27%), study (14%), sabbatical (13%) and travel (13%). For women, by far the most frequent response is parental leave/looking after children (59%), followed by travel (15%) and illness (12%).

Table 3.4: Reason for career break: percentage breakdown of the VSs who are on a career break

	2019	2014	2010	2006
Parental leave/looking after children	48	47.3	67	54
Study	8	8.9	9.5	12
Travel	12.7	8.9	5	11
Illness (self)	13	10.7	4	8
Sabbatical	5.3	4.1	3	3
Looking after adult dependant	4.4	0.6	1.5	1
Other	13.3	19.5	10	12

Source: VS Surveys, 2006, 2010, 2014 and 2019

3.4 Retirement

The percentage of respondents who are retired (8.3%) has decreased slightly since 2014, when ten per cent were retired. Of these, the majority of retirees are male (79%) whereas 21 per cent are female. There has been a shift in the comparative percentages of men and women since 2014 (when 86.4% were male and 13.6% female) and 2010 (when 84% were male and 16% female). Given the increasing presence of women in the veterinary workforce, the percentages of female retirees is likely to continue to increase. Currently, as mentioned in section 3.1 above, the average (mean) ages of retirees by gender are 73.8 for men and 66.6 for women.

Table 3.5 shows that around one-third of retired VSs are recent retirees, having retired between 2015 and 2019, although over one-tenth retired 20 years or more ago; it is evident, from their completion of this 2019 survey, that many retirees VSs are still taking a keen interest in the RCVS and their profession.

Table 3.5: Year of retirement of retired VSs

Year of retirement	Number	%
2015 to 2019	346	34.7
2010 to 2014	239	22.8
2005 to 2009	184	17.5
2000 to 2004	141	13.4
Before 2000	122	11.6
Total	1,050	100

Source: VS Survey, 2019

4 Current work (veterinary and non-veterinary)

This chapter provides details of the location of the 88.3 per cent (N = 11,388) VSs who are currently in work (i.e. omitting those who are retired, on a career break or unemployed, but including those who are in voluntary work).

Chapter summary

- 86% respondents overall work in the UK and/or the Republic of Ireland; a further 5% work in other European countries.
- Of those working in the UK/Republic of Ireland, 80% work in England, 11% in Scotland, 8% in Wales, 4% in Northern Ireland and 3% in the Republic of Ireland (note that some work in more than one country).
- 39% work in urban areas, 25% in rural areas and 36% in areas that are a mix of urban and rural.
- 75% of respondents are citizens of the UK or the Republic of Ireland, while 2% are applying for British citizenship, 15% hold a form of indefinite leave to remain (ILR) or are applying for ILR; however, 8% do not intend to apply for British citizenship or ILR.
- Of those who are not British or Irish citizens, 47% intend to stay in the UK for more than five years, although 31% are unsure about their planned length of stay.

4.1 Country of employment

As Table 4.1 indicates, 86.3 per cent of VSs currently in employment are working in the UK or the Republic of Ireland. This percentage has declined since 2014, when 88.9 per cent of respondents worked in the UK and/or Ireland, and the 2010 survey, when 92.73 per cent of respondents worked in the UK and/or Ireland.

Table 4.1: 'In which country do you work?'

	Number 2019	% 2019	Number 2014	% 2014
UK and/or Republic of Ireland	9,782	86.3	5,117	88.9
Other EU/EEA/EFTA country	486	4.3*	167	2.9*
Europe, outside EU/EEA/EFTA	45	0.6*	56	1*
Australia	224	2	134	2.3
New Zealand	100	0.9	60	1
Canada	62	0.5	35	0.6
South Africa	106	0.9	57	1
USA	238	2.1	-	-
Asia	186	1.6	-	-
Africa (outside South Africa)	33	0.3	-	-
Other	78	0.7	128	2.2
Total	11,340	100	5,754	100

*These 2014 and 2019 percentages are not strictly comparable, as the options in 2014 were 'Other EU' and 'Europe, outside EU'

Source: VS Surveys, 2014 and 2019

Further analysis shows that female respondents are a little more likely than their male counterparts to work in the UK or Ireland, in that 88.3 per cent of women work in the UK and 11.7 per cent overseas, compared to 83.7 per cent and 16.3 per cent respectively for men. This finding may be in part due to the older profile of male respondents, in that the likelihood of working overseas increases somewhat with age:

- Under 30: 89.6% work in the UK/Ireland, 10.5% overseas
- 30 to 39: 87.1% work in the UK/Ireland, 12.9% overseas
- 40 to 69: 85.5% work in the UK/Ireland, 14.4% overseas
- 70 and over: 78.9% work in the UK/Ireland, 21.1% overseas.

Of respondents working overseas, 93.6 per cent are currently working within the veterinary profession, and of these, 91.6 per cent are working in clinical veterinary practice.

Although the number of BAME respondents is small, there is a marked difference when the country of work is analysed by ethnicity: 65.8 per cent of BAME respondents work in the UK compared to a much higher 87.3 per cent of White respondents, and 34.2 per cent of BAME respondents work overseas compared to 12.7 per cent of White respondents.

VSs who are working within the profession but outside clinical practice are more likely than those working within clinical practice to work overseas: 20.1 per cent compared to 11 per cent. There are also some differences among VSs working in clinical practice when analysed by position in practice: respondents in senior roles (principal, director and

partner) and locum/independent roles are more likely than employed assistants to work overseas: the percentages are 16.3, 15.5 and 8.7 respectively. However, this is probably explained at least in part by the younger ages overall of people in employed assistant posts.

4.2 Location of main workplace

Vs working in the UK and/or Republic of Ireland were asked for more information about their workplace (or workplaces, if more than one).

The country breakdown is:

- England: 80.4%
- Scotland: 11.2%
- Wales: 7.7%
- Northern Ireland: 3.8%
- Republic of Ireland: 3.4%.

In addition, approximately five per cent of respondents are unable to select a country, or region within a country, due presumably to working in many different places. Further analysis shows that 94 per cent of these respondents work within the veterinary profession, and of these, 50 per cent work within clinical practice. As might be expected from their inability to select a main location of work, over half (58.6%) are independent practitioners or locums, although 26 per cent are principals, directors or partners and 17 per cent are employed assistants.

Note that the percentages total more than 100, as some respondents work in more than one location across country borders.

4.2.1 Regional breakdown for England

The breakdown of the nine regions in which Vs work in England, with further information about the areas in which the biggest number of respondents work in each region, is:

- South East England: 20.4%
 - Within the South East region, three of the 21 areas have over 200 respondents: Berkshire, Oxfordshire, and West Surrey.
- South West England: 18.4%
 - Within the South West region, six of the 12 areas have over 200 respondents: Devon, Bath and NE Somerset/North Somerset/South Gloucestershire, Somerset, Gloucestershire, Wiltshire, and the City of Bristol.
- East of England: 13.9%
 - Within the East of England region, three of the 16 areas have over 200 respondents: Cambridgeshire, Suffolk and Hertfordshire.

- North West England: 12.3%
 - Within the North West region, only one of the 20 areas, Cheshire West and Chester, has over 200 respondents; the next biggest, in terms of response, is Cheshire East, with 168 respondents.
- West Midlands: 11.0%
 - Within the West Midlands region, only one of the 14 areas, Shropshire, has over 200 respondents; the next biggest, in terms of response, is Worcestershire, with 183 respondents.
- East Midlands: 8.8%
 - Within the East Midlands region, none of the 11 areas has over 200 respondents; the area with the biggest number of respondents is Lincolnshire, with 166.
- London: 8.6%
 - Within the London region, none of the 21 areas has over 200 respondents; the area with the biggest number of respondents is Camden and the City of London, with 110.
- Yorkshire and the Humber: 8.6%
 - Within the Yorkshire and the Humber region, none of the 11 areas has over 200 respondents; the area with the biggest number of respondents is North Yorkshire, with 169.
- North East England: 4.1%.
 - Within the North East region, none of the seven areas have has 200 respondents; the area with the biggest number of respondents is Northumberland, with 117.

The regional breakdown of percentages total more than 100 due to VSs having workplaces in different locations across regional boundaries.

4.2.2 Regional breakdown for Scotland

The breakdown of the 23 regions in which VSs work in Scotland is:

- Edinburgh: 18.8%
- Glasgow: 18.7%
- East Lothian and Mid Lothian: 17.8%
- Aberdeen and Aberdeenshire: 15.6%
- Perth and Kinross and Stirling: 13.4%
- Clackmannanshire and Fife: 11.3%
- Scottish Borders: 10.4%
- Dumfries and Galloway: 10%
- West Lothian: 9%
- Angus and Dundee: 8.9%

-
- East Ayrshire and North Ayrshire mainland: 8.9%
 - South Lanarkshire: 8.7%
 - Inverness and Nairn and Moray, Badenoch and Strathspey: 8.5%
 - East Dunbartonshire, West Dunbartonshire and Helensburgh and Lomond: 8.3%
 - Inverclyde, East Renfrewshire and Renfrewshire: 7.7%
 - Falkirk: 7.1%
 - North Lanarkshire: 6.9%
 - Lochaber, Skye and Lochalsh, Arran and Cumbrae and Argyll and Bute: 6.4%
 - South Ayrshire: 6.1%
 - Caithness and Sunderland and Ross and Cromarty: 5.5%
 - Orkney Islands: 4%
 - Na h-Eileanan Siar: 3.6%
 - Shetland Islands: 3.1%.

Of the above, there are no regions with over 200 respondents. The four regions with more than 150 respondents are Edinburgh (197), Glasgow (196), East Lothian and Midlothian (187) and Aberdeen and Aberdeenshire (164). It is very apparent that many respondents have workplaces in at least two regions, as the percentages add up to over 200.

4.2.3 Regional breakdown for Wales

The breakdown of the regions in which VSs work in Wales is:

- South West Wales: 25%
- Powys: 22.7%
- Cardiff and the Vale of Glamorgan: 21.7%
- Monmouthshire and Newport: 18.8%
- Flintshire and Wrexham: 18.1%
- Conwy and Denbighshire: 14.8%
- Swansea: 13.3%
- Gwynedd: 13%
- Bridgend and Neath Port Talbot: 12.6%
- Isle of Anglesey: 9.8%
- Gwent Valleys: 9.3%
- Central Valleys: 9%.

Of the above, there are no regions with over 200 respondents. The three regions with more than 150 respondents are South West Wales (175), Powys (159) and Cardiff and

the Vale of Glamorgan (152). It is apparent that many respondents have workplaces in least two regions, as the percentages add up to well over 150.

4.2.4 Regional breakdown for Northern Ireland

The breakdown of the regions in which VSs work in Northern Ireland is:

- Belfast: 34.1%
- Antrim and Newtownabbey: 28%
- Fermanagh and Omagh: 26%
- Mid Ulster: 24.3%
- Armagh, Banbridge and Craigavon: 23.1%
- Newry, Mourne and Down: 22.5%
- Ards and North Down: 21.1%
- Derry and Strabane: 19.7%
- Lisburn and Castlereagh: 19.7%
- Mid and East Antrim: 18.5%
- Causeway Coast and Glens: 16.5%.

Of the above, Belfast is the only region with over 100 respondents. Many respondents clearly have workplaces in at least two regions, as the percentages add up to over 250.

4.2.5 Regional breakdown for the Republic of Ireland

The breakdown of the regions in which VSs work in the Republic of Ireland is:

- Dublin Region: 34.2%
- South-East Region: 23.4%
- South-West Region: 22.5%
- Border Region: 21.5%
- Mid-East Region: 19.6%
- Midlands Region: 18.4%
- West Region: 18.4%
- Mid-West Region: 15.2%.

Of the above, Dublin is the only region with over 100 respondents. It is clear that many respondents have entered at least two regions as place of work, as the percentages add up to well over 150.

4.2.6 Rural or urban?

When asked about whether their workplace (or workplaces, if more than one) was rural, urban or a mixture, 39.1 per cent selected urban, 25.8 per cent rural, and 36.6 per cent a mixture of urban and rural. These percentages add up to only a little over 100, suggesting that the workplaces of most respondents who regularly work in two or more locations are similar in nature.

Table 4.2 compares country within the UK and Ireland with type of location. It is apparent that VS respondents in the Republic of Ireland and Wales are most likely to work in rural locations, while those in Northern Ireland are most likely to work in locations that a mixture of urban and rural. In both England and Scotland, rural workplaces are less common than urban or mixed urban/rural workplaces, with this being particularly the case in England.

Table 4.2 Type of location, by country in the UK and Republic of Ireland, %

Country	Urban	Rural	Mixture of urban and rural
England	39.5	23.9	36.5
Republic of Ireland	22.5	45.8	31.7
Northern Ireland	20.3	36.1	43.6
Scotland	37.2	29.1	33.6
Wales	20.8	41.5	37.7

Source: VS Survey, 2019

Table 4.3 gives a breakdown of regions in England by type of location. Unsurprisingly, London has by far the highest percentage of VSs working in an urban location, followed by Yorkshire and the Humber and the North East. Working in a rural location is most commonly-found in the South West, while in the East Midlands, East of England and the South East, over two-fifths of VSs work in locations that are a mixture of urban and rural.

Table 4.3: Type of location, by region in England %

Region	Urban	Rural	Mixture of urban and rural
East Midlands	33.6	25.9	40.5
East of England	31.5	26.9	41.7
London	78.5	4.5	17
North East	41.3	23.7	35
North West	38.6	22.3	39.1
South East	39.9	18.2	41.9
South West	26	38.5	35.5
West Midlands	35.2	28.8	36
Yorkshire and the Humber	44.9	20.2	35.5

Source: VS Survey, 2019

4.3 Location maps

4.3.1 All VSs working in the UK and Republic of Ireland

Data for the UK and the Republic of Ireland were collected at a standard geographic classification used across Europe known as the Nomenclature of Territorial Units for Statistics (NUTS)². Data were collected at both the NUTS1 and NUTS3 levels³ which enables mapping of responses. Of those who work within the UK and/ or the Republic of Ireland, four in five (80.4%) work in England. Approximately one in ten works in Scotland, while a similar proportion of those surveyed work in either Northern or the Republic of Ireland. This is shown in **Error! Reference source not found. 4.4**; note that the percentages total more than 100 due to some respondents working in more than one country.

Table 4.4: Main country of work - UK and/or Republic of Ireland

Country	Frequency	Per cent of cases
England	7834	80.4
Scotland	1094	11.2
Wales	753	7.7
Northern Ireland	374	3.8
Republic of Ireland	335	3.4
N	9738	106.7

VS Survey, 2019

² For more detail see: <https://ec.europa.eu/eurostat/web/nuts/background>

³ For more detail see: <https://www.ons.gov.uk/methodology/geography/ukgeographies/eurostat>

Table 4.5 shows that of those who work in England, the largest number work in the South East of England (20.4%). This is followed by South West England, East of England and the North West of England. The lowest number work in the North East of England. Around five per cent of VSs work throughout the UK (see section 4.2 above for more information about these). Percentages in Table 4.5 total more than 100 because some respondents work in more than one region.

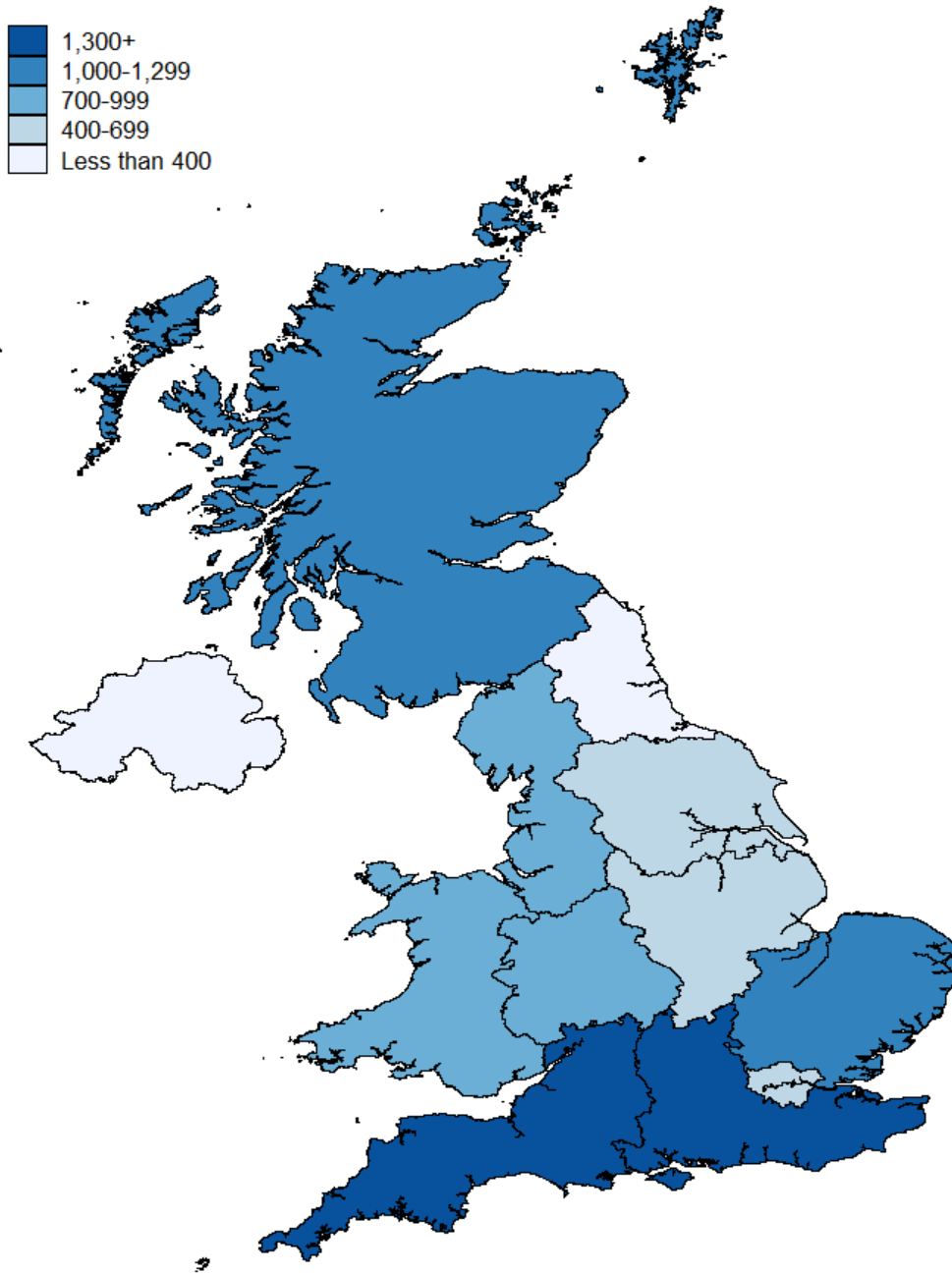
Table 4.5 Region of work in England

Region	Frequency	Per cent of cases
South East England	1591	20.4
South West England	1434	18.4
East of England	1087	13.9
North West England	957	12.3
West Midlands	859	11.0
East Midlands	688	8.8
Yorkshire and the Humber	674	8.6
London	668	8.6
North East England	321	4.1
Throughout the UK	390	5.0
N =	7807	111.0

VS Survey, 2019

Figure 4.1 shows the breakdown of those who answered the survey of location of work in the UK at the NUTS1 level (N = 9,467).

Figure 4.1 All veterinary surgeons in work in the UK (NUTS1)



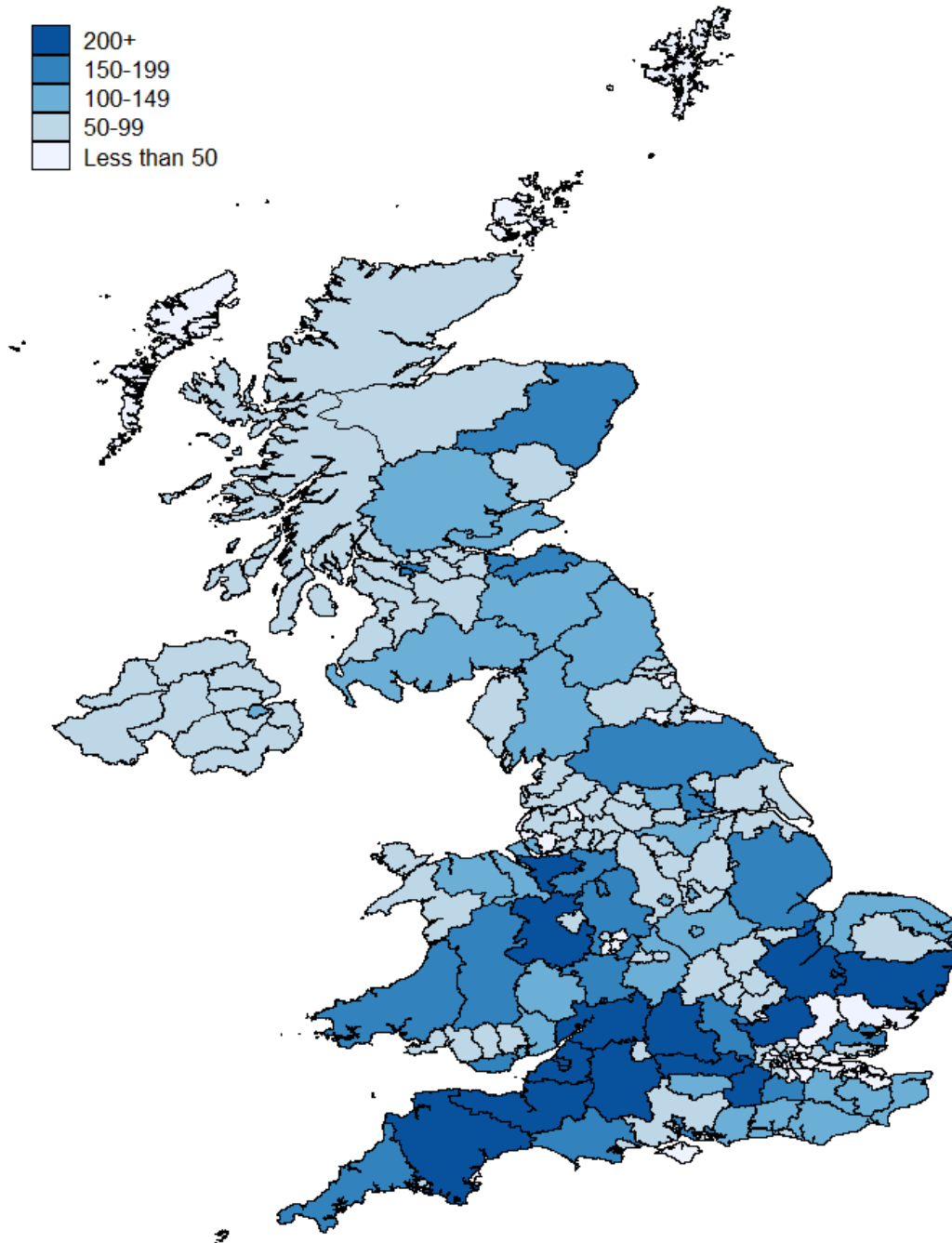
Source: VS survey, 2019

Across the UK and the Republic of Ireland, at the NUTS3 level, the area where the largest number of VS respondents work is Devon. Over 200 surgeons who responded to the survey work in following regions (at NUTS3 level):

- Devon
- Cambridgeshire
- Suffolk
- Bath and North East Somerset, North Somerset and South Gloucestershire
- Somerset
- Gloucestershire
- Wiltshire
- Hertfordshire
- Shropshire
- Cheshire West and Chester
- Berkshire
- Bristol, City of
- Oxfordshire
- West Surrey.

Figure 4.2 shows the breakdown of VSs across the UK at the NUTS3 level.

Figure 4.2 All veterinary surgeons in work in the UK (NUTS3)

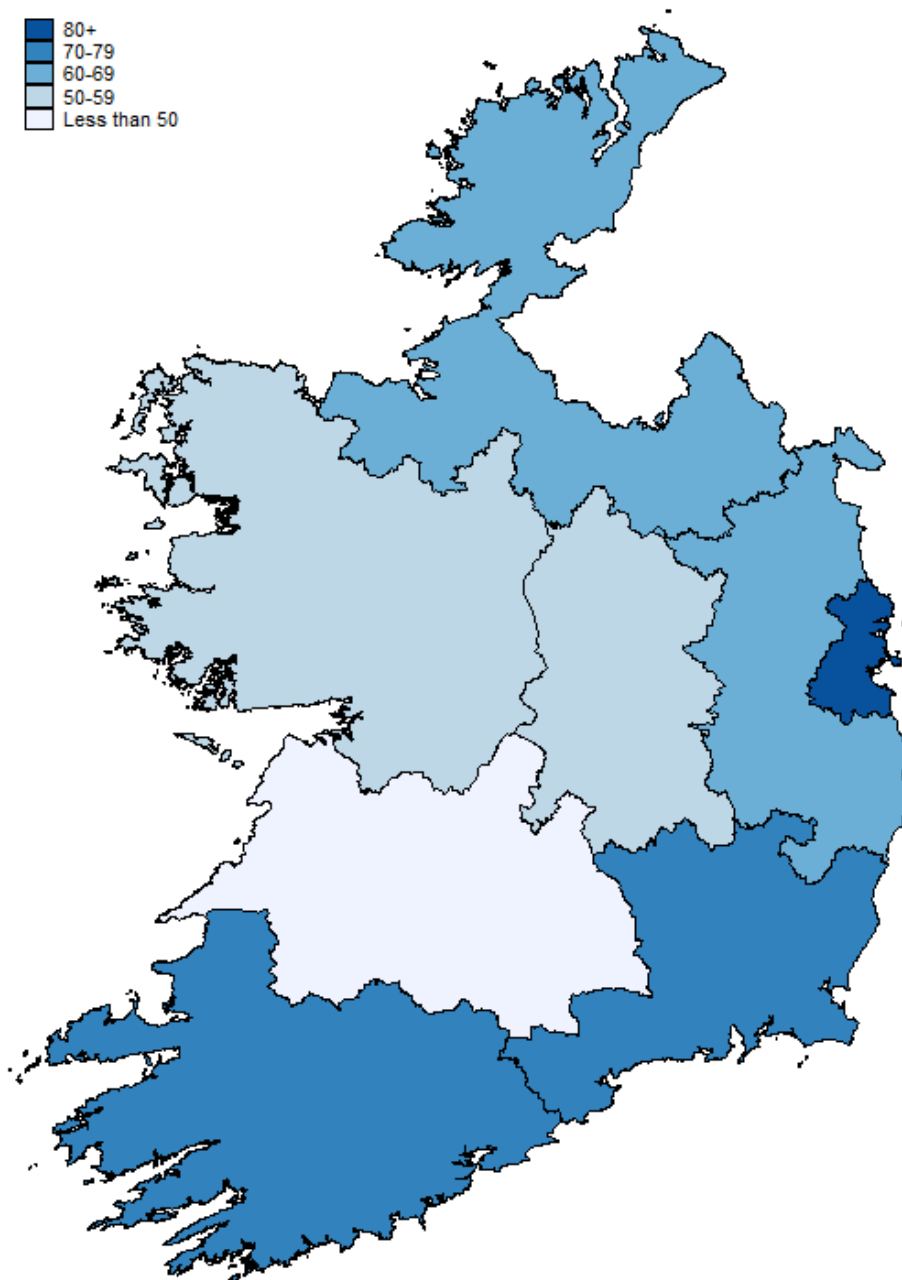


Source: VS survey, 2019

As there is a large enough sample (N = 316), it is possible to look at the geographic spread of VSs who responded to the survey across the Republic of Ireland at NUTS3 level. The region with the highest number VSs is the Dublin region, with a number of respondents from all other regions of around 50 to 70.

Figure 4.3 shows the breakdown of VSs across the Republic of Ireland at the NUTS3 level.

Figure 4.3 All veterinary surgeons in work in the Republic of Ireland (NUTS3)



Source: VS survey, 2019

4.3.2 VSs working in clinical practice

Of VSs working in clinical veterinary practice, most (87.6%) work in the UK and/or the Republic of Ireland. A further 3.3 per cent state they work in another EU/EEA/EFTA country. In total 2.6 per cent of those working in clinical practice state they worked in another country not listed in the table below. The country breakdown is shown in Table 4.6

Table 4.6: VSs working in clinical veterinary practice: Main country of work

Country	Frequency	%
UK and / or Republic of Ireland	7032	87.6
Other EU / EEA / EFTA country	267	3.3
Other	205	2.6
Australia	168	2.1
United States of America	143	1.8
New Zealand	78	1.0
South Africa	69	0.9
Canada	44	0.5
Europe outside EU / EEA / EFTA	25	0.3
N =	8031	100.0

VS Survey, 2019

Of those who work in clinical practice within the UK and/or the Republic of Ireland, around eight in ten (81.5%) work in England. Approximately ten per cent work in Scotland, with a further seven per cent working in Wales. This is shown in Table 4.7.

Table 4.7: VSs working in clinical veterinary practice: Main country of work UK or Republic of Ireland

Country	Frequency	Per cent of cases
England	5709	81.5
Scotland	734	10.5
Wales	520	7.4
Northern Ireland	212	3.0
Republic of Ireland	168	2.4
N =	7004	104.8

VS Survey, 2019

Of those who work in clinical practice in England (see Table 4.8), the South East of England (20.3%) has the greatest number. This is followed by South West England, East of England and the North West of England. The lowest number work in the North East of England.

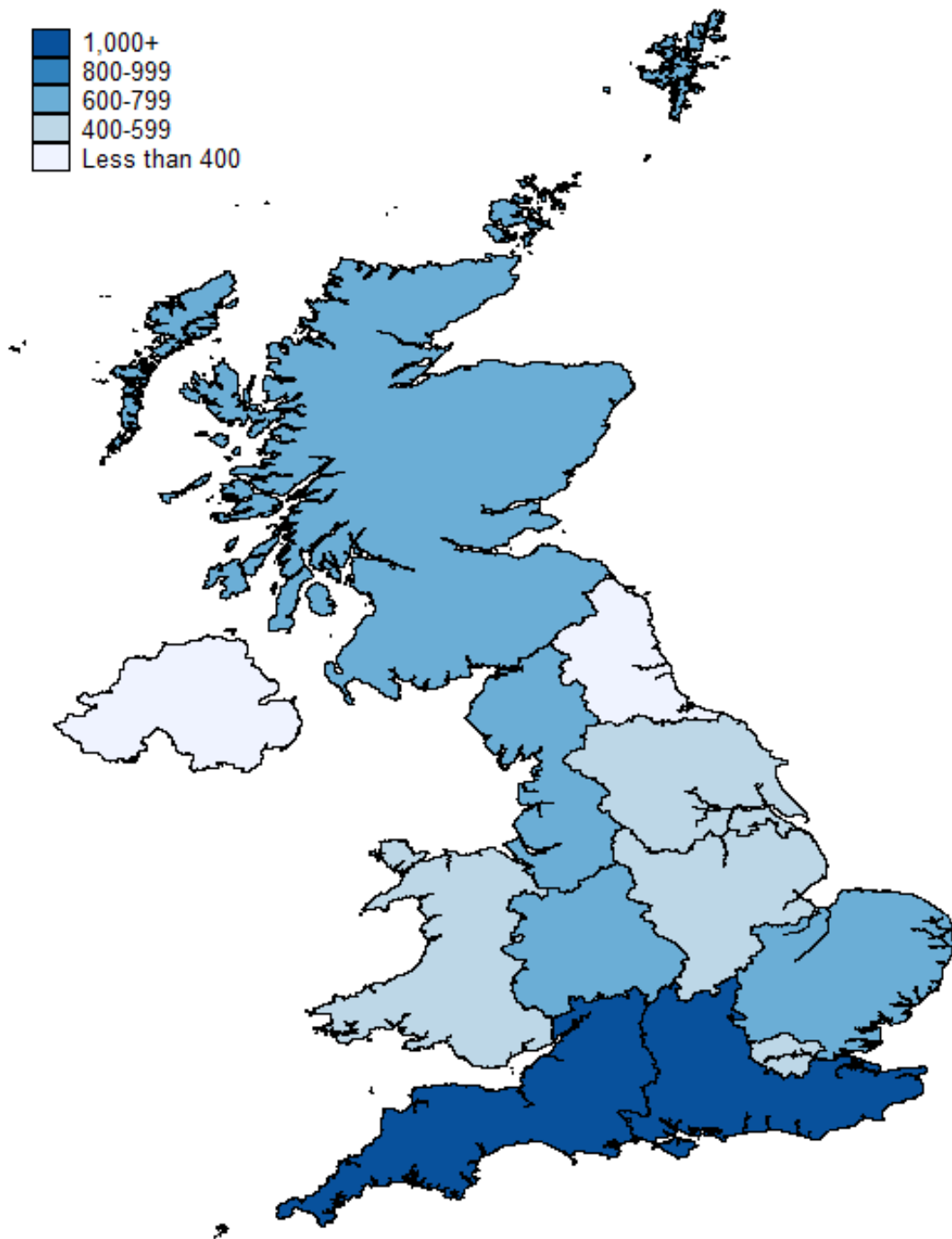
Table 4.8: VSs working in clinical veterinary practice in England: Region of work

Region	Frequency	Per cent of cases
South East England	1159	20.3
South West England	1059	18.6
East of England	774	13.6
North West England	729	12.8
West Midlands	658	11.5
East Midlands	518	9.1
Yorkshire and the Humber	514	9.0
London	429	7.5
North East England	233	4.1
Throughout the UK	177	3.1
N =	5699	109.7

VS Survey, 2019

Figure 4.4 shows the breakdown of VS respondents working in clinical practice across the UK at the NUTS1 level (N = 6,870).

Figure 4.4: VSs working in clinical veterinary practice: location of work in the UK (NUTS1)



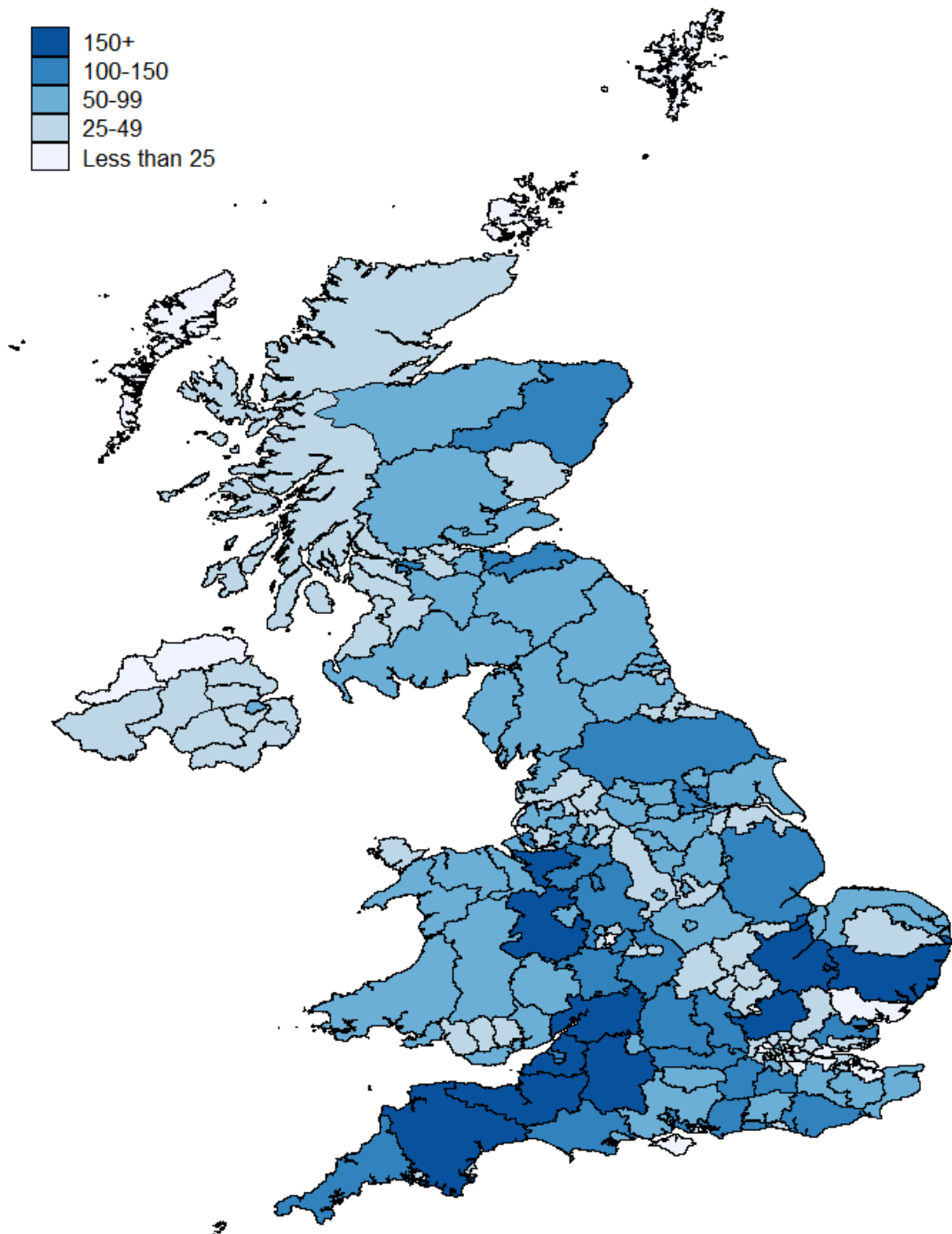
Source: VS survey, 2019

Across the UK and the Republic of Ireland, at the NUTS3 level, the Devon region has the largest number of VS respondents working in clinical practice. Over 150 VS respondents work in following regions (at NUTS3 level):

- Devon
- Suffolk
- Bath and North East Somerset, North Somerset and South Gloucestershire
- Somerset
- Cambridgeshire
- Gloucestershire
- Wiltshire
- Hertfordshire
- Cheshire West and Chester
- Shropshire.

Figure shows the breakdown of VS respondents in clinical practice across the UK at the NUTS3 level.

Figure 4.5: VSs in clinical veterinary practice: location of work in the UK (NUTS3)

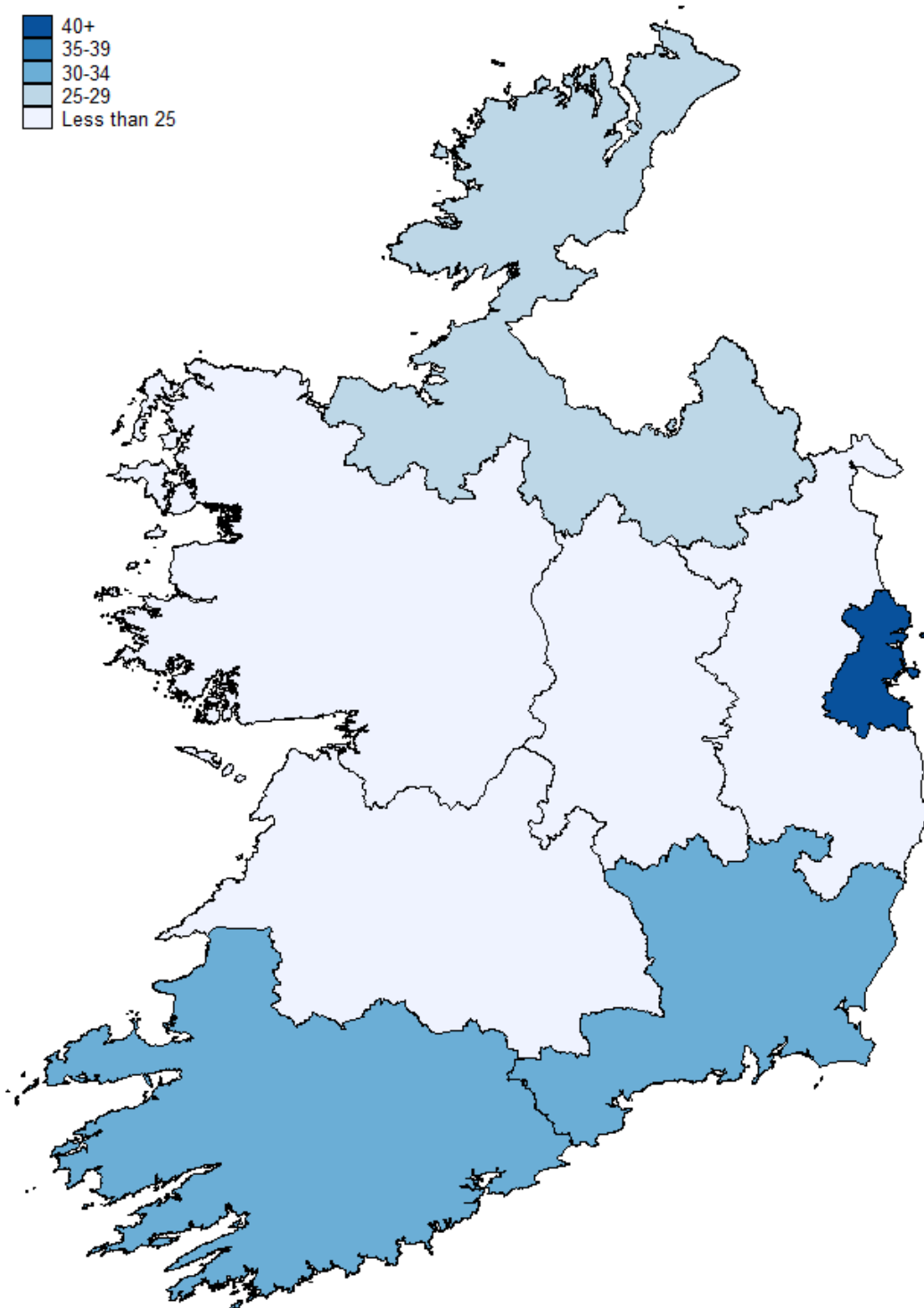


Source: VS survey, 2019

In the Republic of Ireland, the Dublin region has the largest number of VS respondents working in clinical practice. Overall, there is an interesting picture amongst those working in clinical practice across the regions of the Republic of Ireland, with slightly fewer VSs working in clinical practice in the middle of the republic compared to the south, the north, and (particularly) Dublin. This should be interpreted with caution, however, due to the

relatively small number of VS respondents working in the Republic of Ireland. Figure 4.6 shows the breakdown of VSs working in clinical practice across the Republic of Ireland at the NUTS3 level (N = 153).

Figure 4.6: VSs working in clinical veterinary practice in locations of work in the Republic of Ireland (NUTS3)



Source: RCVS survey, 2019

4.4 Citizenship

The majority of respondents are British citizens (71.4%), with another 0.4 per cent having a different type of British nationality; in addition, 3.1 per cent hold citizenship of the Republic of Ireland. A further 2.1 per cent are in the process of applying for British citizenship, while 2.2 per cent have indefinite leave to remain (ILR) and intend to apply for British citizenship; however, 2.7 per cent hold ILR but do not intend to apply for British citizenship. Around ten per cent are currently in the process of applying, or are intending to apply, for ILR; this is either under the EU settlement scheme (9.5%) or under a different settlement scheme (0.8%). The remaining 7.9 per cent, most of whom (74.2%) qualified in a European country outside the UK or Republic of Ireland, do not intend to apply for either British citizenship or ILR. Although this might suggest that they probably do not intend to stay in the UK indefinitely, an analysis of these respondents by intended length of stay shows that 27.4 per cent plan to stay for more than five years, and a further 17.3 per cent plan to stay for two to five years; only 19.7 per cent plan short lengths of stay for up to two years, although 35.5 per cent do not know or are unsure.

The percentage of respondents who are not British citizens (28.6%) is considerably higher than in 2014, when 19.4 per cent did not hold British citizenship.

Although the majority of those who are not British citizens are female (59.1%), a slightly higher percentage of male respondents overall are not British citizens: 30.6 per cent, compared to 27.2 per cent of female respondents.

Non-British citizens are slightly less likely to be working in clinical practice than British citizens (80.1% compared to 82.1%) and more likely to be working within the profession, but outside clinical practice (18.1% compared to 13.5%). They are also much less likely to be working, but outside the profession (1.8% compared to 4.4%).

4.5 Moving to the UK

Respondents who are not British citizens were asked why they came to the UK to work. Table 4.9 presents the results, with a 2014 comparison. Several reasons were added in the 2019 survey, so a comparison is possible only for around half of the options. It appears that the top three reasons in 2014 – to work abroad, to gain experience, and better pay and conditions – are still very important in 2019, perhaps even more so given the increased percentages of respondents who selected these reasons. However, several of the reasons that were not presented as options in 2014 also gained a high level of agreement: better career opportunities (the third most important reason overall), the higher status of veterinary work in the UK, and a better attitude to animals in the UK.

Table 4.9: Reasons for coming to the UK, 2019 and 2014: multiple response

	Number 2019	% 2019	Number 2014	% 2014
To work abroad	1,094	51.4	456	48.7
To gain experience	1,071	50.3	356	38
Better career opportunities	1,009	47.4	-	-
Better pay and conditions	880	41.3	299	31.9
Veterinary work has a higher status in the UK	665	31.2	-	-
Better attitude to animals in the UK	530	24.9	-	-
To study/study further	451	21.2	157	16.8
Lack of work in home country	421	19.8	214	22.8
To learn English	398	18.7	120	12.8
I like British culture	381	17.9	-	-
I like the British way of life	372	17.5	-	-
I like British people	287	13.5	-	-
Marriage/partner	216	10.1	169	18
Family/friends in the UK	208	9.8	-	-
Stayed after studying	98	4.6	43	4.6
Travel	24	1.1	-	-
Other reason	4	0.2	52	5.5

Note: Percentages sum to more than 100% as respondents could select more than one category

Source: VS Surveys, 2019 and 2014

Respondents were asked when they came to the UK. The results show that half of the 2,119 VSs who gave this information have come to the UK in the last five years (i.e. since the last survey in 2014):

- 2015 to 2019: 50.2%
- 2010 to 2014: 19.7%
- 2005 to 2009: 11.7%
- 2000 to 2004: 7.7%
- 1995 to 1999: 5.1%
- 1990 to 1994: 2.4%
- Before 1990: 3.2%.

When asked about the length of intended stay in the UK from the time of the survey onwards, around one-third currently do not know, but almost half indicate that they intend to stay for more than five years:

- More than five years: 46.6%

- Three to five years: 12.6%
- One or two years: 6.6%
- Less than a year: 3.4%
- Don't know/unsure: 30.8%.

Among VS respondents who qualified in an EU/EEA/EFTA country outside the UK and Republic of Ireland, a high percentage (45.9%) intend to stay more than five years, but a higher than average 33.3 per cent do not know or are unsure. By contrast, 51.8 per cent of respondents who qualified in Europe outside the EU/EEA/EFTA intend to stay for more than five years, with only 18 per cent being unsure.

Among those who qualified in countries outside Europe, over 50 per cent of respondents from the following countries/continents intend to stay for more than five years: the USA, South Africa, elsewhere in Africa, Asia and South America.

Looking only at VS respondents who qualified in an EU/EEA/EFTA country outside the UK and Republic of Ireland, 54.5 per cent came to the UK fairly recently, between 2015 and 2019, while 45.5 per cent came before 2015. Of those who came to the UK between 2015 and 2019, 82.3 per cent qualified in an EU/EEA/EFTA country outside the UK/Republic of Ireland; this compares to 70.2 per cent of those coming to the UK from abroad before 2015.

A further analysis focusing only on those EU/EEA/EFTA countries in which at least 50 respondents qualified shows big differences in their arrival pattern:

- Belgium: 34.6% of respondents arrived between 2015 and 2019, 65.4% before 2015
- Germany: 16.3% arrived between 2015 and 2019, 83.7% before 2015
- Greece: 69.7% arrived between 2015 and 2019, 30.6% before 2015
- Italy: 58.3% arrived between 2015 and 2019, 41.7% before 2015
- Poland: 49.7% arrived between 2015 and 2019, 50.3% before 2015
- Portugal: 65.2% arrived between 2015 and 2019, 34.8% before 2015
- Romania: 72.8% arrived between 2015 and 2019, 27.2% before 2015
- Spain: 53.4% arrived between 2015 and 2019, 46.6% before 2015.

4.6 Working within or outside the profession

The very large majority (95.5%) of VSs who are currently in work are, at present, employed within the veterinary profession. Table 4.10 shows that these percentages are very similar to those in 2014.

Table 4.10: 'In your main employment are you working within or outside the veterinary profession?'

Number	%	Number	%
--------	---	--------	---

	2019	2019	2014	2014
Within the profession	10,766	95.5	5,628	95.2
Outside the profession	503	4.5	285	4.8
Total	11,269	100	5,913	100

Source: VS Surveys, 2014 and 2019

5 Working outside the profession

This chapter of the report provides information about the 4.5 per cent of respondents currently working outside, or mainly outside, the veterinary profession; in 2014, the percentage was very slightly higher, at 4.8 per cent. The definition of ‘working outside the profession’ is any role that does not require a veterinary qualification or use of veterinary skills.

Chapter summary

- 4.5% of respondents work outside, or mainly outside, the veterinary profession.
- Of these, the majority (64%) work in an organisation or area that is not animal-related.
- The main broad areas in which respondents work outside the profession are ‘professional, scientific and technical’, ‘agriculture, forestry and fishing’, ‘education’ and ‘human health and social work’.
- 58% work in the private sector, 29% in the public sector, and 13% in the third or charity sector.
- 85% have, at some point, worked within the profession, and of these most (87%) have worked in clinical practice.
- 11% still do some work in the veterinary profession, despite their main area of work being outside the profession.
- The majority of those who work entirely outside the veterinary profession do not intend to return to it (54%) or are unsure whether or not they will return (32%).

5.1 Type of organisation

Table 5.1 shows that among those currently working outside the profession, the majority (64.2%, slightly lower than in 2014) are doing non-animal-related work.

Table 5.1: ‘Is the organisation in which you work animal-related or non-animal-related?’

	Number 2019	% 2019	Number 2014	% 2014
Animal-related	177	35.8	88	31.8
Non-animal-related	317	64.2	189	68.2
Total	494	100	277	100

Source: VS Surveys, 2014 and 2019

Table 5.2 shows the nature of respondents’ work, using standard industrial classifications, with the 2014 results for comparison; for both years, only the categories attracting a

response from at least four respondents are included. The categories in the two surveys do not match completely, as the 2019 survey offered additional categories which allowed a greater degree of choice. The most frequently-selected categories in 2019 are 'professional, scientific and technical', 'agriculture, forestry and fishing', 'education' and 'human health and social work'; these correspond fairly closely to VSS' responses in 2014, although a much higher percentage in 2014 selected the somewhat unspecific 'other service activities' category.

Table 5.2: 'What is the nature of your organisation?'

	Number 2019	% 2019	Number 2014	% 2014
Agriculture, forestry and fishing	92	18.7	32	11.6
Manufacturing	22	4.5	7	2.5
Construction	4	0.8	4	1.5
Wholesale and retail trade	9	1.8	13	4.7
Accommodation/food services	14	2.9	10	3.6
Financial and insurance	10	2	10	3.6
Professional, scientific and technical	136	27.7	47	17.1
Administrative and support services	24	4.9	12	4.4
Information and communication	22	4.5	-	-
Real estate activities	10	2	-	-
Public administration and defence	13	2.6	9	3.3
Education	80	16.3	35	12.7
Human health and social work activities	64	13	39	14.2
Arts, entertainment and recreation	17	3.5	-	-
Other service activities	42	8.6	53	19.3
Don't know	19	3.9	-	-

Source: VS Surveys, 2019 and 2014

As Table 5.3 indicates, the percentage of those working in the private and public sectors has increased somewhat compared to 2014, and there has been a corresponding decrease in those working for the third (charity) sector.

Table 5.3: Sector of work: 2019 and 2014

	% 2019	% 2014
Private sector	57.6	56.7
Public sector	29.2	25.5
Third sector (charities)	13.2	17.8
Total	100	100

Source: VS Surveys, 2019 and 2014

5.2 Ever worked in the profession?

The overwhelming majority (94.8%, slightly higher than 2014's 93.6%) of respondents currently working outside the veterinary profession have at some time over the course of their career undertaken veterinary work. As in 2014, the large majority have worked in clinical practice. The full breakdown is given below (note that respondents could select all areas of work that were applicable):

- Clinical practice: 87.2%
- Academia: 21.3%
- Government department or agency: 18.3%
- Research: 17.1%
- Industry (e.g. animal health, insurance): 14.5%
- Animal charity: 9.4%
- Other 5.3%.

'Other' work included teaching (e.g. teaching VNs, giving CPD workshops) research and development (e.g. pharmaceutical research, research in international development), and consultancy.

Among those respondents who had never worked within the veterinary profession (N = 26), the most common reasons provided for not doing so were finding it difficult to get veterinary work as a recent graduate and foreign national with no work experience, preferring to work in academic research, or not having finished postgraduate study.

5.3 Lost to profession?

For the first time in this 2019 survey, VNs whose main employment is outside the profession were asked if they still do some work within the profession: 11.3 per cent responded positively, and were routed to the section in the questionnaire that asked about their veterinary employment.

Those who currently do no work within the profession were asked whether they intended to seek employment within the profession in the future. A little over half do not intend to do so, slightly higher than in previous surveys. Almost a third (31.5%) are unsure, notably higher than in the 2014 survey but similar to 2010, when 33 per cent were unsure of their intentions.

Table 5.4 shows that the proportions of respondents currently working outside the profession who are intending to look for veterinary work within the next year or longer term have decreased since 2014; however, they are more in line with the 2010 survey (when they were 9% and 7% respectively).

Table 5.4: ‘Do you intend to seek employment in the veterinary profession in future?’

	Number	%	Number	%
	2019	2019	2014	2014
Yes, within the next year	35	7.9	46	16.5
Yes, longer term	30	6.8	26	9.3
No	237	53.7	139	49.8
Unsure	139	31.5	68	24.4
Total	441	100	279	100

Source: VS Surveys, 2019 and 2014

6 Working within the profession

This chapter focuses on the large majority (84.7%, N = 10,649) of respondents to this 2019 survey who are currently working (rather than being retired, unemployed or on a career break), and are also working within the profession rather than outside. Working 'within the profession' includes any role requiring a veterinary qualification, in either an income-earning or voluntary position.

Chapter summary

- The majority of respondents (85%) are working within the veterinary profession (rather than being retired, unemployed, on a career break or working outside the profession).
- Of these, 83% do at least some work within clinical veterinary practice, and for 80% it is their main or only area of work.
- The majority of those working in the profession (53%) work mainly or entirely in small animal practice; this has increased from 46% in 2010. The percentage of those working mainly or entirely in mixed practice is 12%, down from 22% in 2010.
- The main areas of work outside clinical practice are veterinary schools/other educational establishments and commerce and industry.
- The average hours worked in a typical week (including overtime but excluding on call) are 37.8. For those working full time, the average hours are 42.5, lower than in 2014 (44) and 2010 (45).
- Men working full time have a typical average working week of 43.4 hours, women 41.9 hours.
- The age groups with the longest average full-time hours are those aged under 30, those in their 50s and those in their 60s; respondents in their 40s and those aged 70 and over have shorter average hours.
- The areas of work with the highest average weekly full time hours are equine practice (50.5), mixed practice (44.2) and veterinary schools (43.1).
- 80% of respondents are not required to be on call.
- 19% of those required to be on call and on the premises are awake all night rather than asleep when not working (up from 7.5% in 2014).
- Those in equine practice have the highest average hours on call off the premises (25.5) and on the premises (9.7) in a typical week.
- The most frequently-cited work-related benefits are paid time off for training/CPD, financial support for training/CPD, RCVS retention fees paid whole or in part, and professional indemnity insurance.
- 79% intend to stay in the profession for the foreseeable future, 11.5% intend to retire at some point over the next five years, and 9.5% intend to leave the profession at some point over the next five years for reasons other than retirement.

- The most frequently-cited reasons for planning to leave the profession, other than retirement, are poor work-life balance, not feeling rewarded/valued (non-financial), long/unsocial hours and chronic stress.

6.1 Area of work

The large majority of VS respondents working within the profession are undertaking clinical practice work (83.4%, compared with 84.8% in 2014).

Table 6.1 provides a breakdown of respondents' area of work: note that respondents working in more than one area were asked to select all that applied. The categories used in this 2019 survey are more detailed than in previous years, making comparisons in some areas difficult. However, some trends are apparent: the percentage of VS respondents working in small animal and referral practices/consultancies continues to rise and the percentage in mixed practices continues to fall, while the percentage of those in equine, farm and other first opinion practices is steady.

Outside clinical practice, there are many areas of work in which relatively small numbers of respondents work. As in 2014, the most common type of organisation in which respondents are working are veterinary schools, commerce and industry, and charities and trusts.

Table 6.1: Area of work (% of number of respondents), 2019, 2014 and 2010

Type of organisation	2019	2014	2010
Small animal only (including exotics)	56.4	53.6	48.9
Mixed practice	13.4	15.8	22.1
Equine practice	6.3	5.5	7.6
Farm animal practice/production animal practice	3.7	3.7	3.8
Other first opinion practice	0.9	0.9	1
Referral practice/consultancy	9.5	8.1	6.7
Zoo/wildlife/conservation	1.7	-	-
DEFRA (Department for Environment, Food and Rural Affairs)	0.4	0.5	1.6
Animal Health and Veterinary Laboratories Agency (AHVLA)	-	2.4	2.4
Animal and Plant Health Agency (APHA)	1.7	-	-
Food Standards Agency (FSA)	1.0	-	-
Food Standards Scotland (FSS)	0.2	-	-
Meat hygiene/official controls	1.5	-	-
Other UK government	-	2.5	3.6
Scottish Government	0.1	-	-
Welsh Government	0.1	-	-
Department of Agriculture, Environment & Rural Affairs (DAERA), Northern Ireland	0.7	-	-
Home Office	0.3	-	-

Ministry of Defence	0.2	-	-
Overseas government	0.8	0.1	1.6
Veterinary school	6.6	7.2	5.9
Other university/educational establishment	2.2	2.2	1.2
Commerce and industry	3.6	4	3.9
Charities and trusts	3.1	4.2	2.7
Research Council	0.1	0.2	0.2
Portal (contracted or employed)	0.2	-	-
Telemedicine vet-to-vet	0.3	-	-
Telemedicine vet-to-client	0.3	-	-
Tele-triage	0.1	-	-
Other	3.6	2.3	2.3

Note: Percentages sum to more than 100% as respondents could select more than one category

Source: VS Surveys, 2019, 2014 and 2010

A random sample of 20 per cent of those providing further details after selecting 'other' area of work shows the most frequently-specified other areas to be research (e.g. in a research institute or research charity, doing a PhD, or working with laboratory animals), working in consultancy (e.g. in animal health, disease management or evidence-based medicine), working in racing (greyhounds or horses), or working for a government department, government agency or local authority not specified in the list.

Table 6.2 shows the **main** area of work for VSs working within the profession. As in previous years, by far the most common area in which VS respondents are working is within small animal practice; however, for the first time, the majority of respondents now have small animal practice not only as one of their areas of work, but their main area.

Table 6.2: Main area of work

Type of organisation	2019 %	2014 %	2010 %
Small animal (including exotics) practice	52.6	47.9	45.8
Mixed practice	11.7	14.1	22.1
Equine practice	5.5	4.6	5.9
Farm practice/production animal practice	3.2	3.2	2.8
Other first opinion practice	0.4	0.5	0.5
Referral practice/consultancy	6.4	5.2	3.7
Zoo/wildlife/conservation	0.7	-	-
DEFRA (Department for Environment, Food and Rural Affairs)	0.2	0.4	1.2
Animal Health and Veterinary Laboratories Agency (AHVLA)	-	1.9	2.1
Animal and Plant Health Agency (APHA)	1.5	-	-
Food Standards Agency (FSA)	0.8	-	-
Food Standards Scotland (FSS)	0.1	-	-

Meat hygiene/official controls	1.2	-	-
Other UK government	-	2	3.3
Scottish Government	<0.1	-	-
Welsh Government	<0.1	-	-
Department of Agriculture, Environment & Rural Affairs (DAERA), N Ireland	0.2	-	-
Home Office	0.2	-	-
Ministry of Defence	0.2	-	-
Overseas government	0.7	1.9	1.3
Veterinary school	4.7	6.8	4.6
Other university/educational establishment	1.2	1.8	0.7
Commerce and industry	2.9	4.1	3.1
Charities and trusts	1.9	2.8	1.5
Research Council	0.1	0.1	0.1
Portal (contracted or employed)	0.1	-	-
Telemedicine vet-to-vet	0.2	-	-
Telemedicine vet-to-client	0.1	-	-
Tele-triage	<0.1	-	-
Other	2.8	2.6	1.3

Source: VS Surveys, 2019 and 2014

6.2 Hours of work

The overall average (mean) hours worked by respondents in a typical week are 37.8, including overtime but excluding on-call hours. This varies by gender, with women working an average of 36.5 hours a week compared to 40 for men; this difference is mainly due to the greater proportion of women working in part-time roles. There are also differences by area of work, as the following figures, for areas in which at least 100 respondents gave their working hours, show:

- Equine practice: 43.9
- Farm practice: 38.3
- Mixed practice: 37.6
- Small animal practice: 36.9
- Referral practice/consultancy: 35.3
- Veterinary school: 35.2
- APHA: 33.6
- Commerce and industry: 32.6
- Meat hygiene/official controls: 29.9
- Other university/educational establishment: 27.9

■ Charity or trust: 23.9.

The figures above are for all respondents working within the profession, however, regardless of whether they are full or part time. When calculated only for respondents in a full-time role, the overall average is 42.5 hours per week; this has reduced from 44 hours in 2014 and 45 hours in 2010. Those working in a part-time role work an average of 25 hours per week, slightly more than 2014's 24 hours. The fairly small number of respondents who are currently undertaking voluntary work within the profession (N = 63) have a typical average working week of 24.9 hours, an increase compared to 2104 when the average stood at 22 hours.

6.2.1 Full-time working hours

Further analysis of VS respondents working full time only shows:

- Male respondents work an average of 43.4 hours in a typical week, compared to 41.9 hours for female respondents.
- There are small differences in average hours by age, with those in the under 30, 50 to 59 and 60 to 69 categories having the longest typical working week:
 - Under 30: 43.1 hours
 - 30 to 39 and 40 to 49: 42 hours
 - 50 to 59: 43.3 hours
 - 60 to 69: 43.1 hours
 - 70 and over: 40.5 hours.
- Respondents' areas of work make a notable difference to their typical weekly hours, as Table 6.3 shows. Although all areas within clinical practice have typical hours greater than 40, those in equine-only practices work notably higher average full-time hours than those in any other area of clinical practice work and indeed in any area of veterinary work (50.5). Those working outside clinical practice have quite varied weekly hours, with those in the FSA and veterinary schools having the longest typical working weeks.

Table 6.3: Typical weekly hours of full-time respondents, by area of work

Type of organisation	2019 hours
Small animal only (including exotics)	42.5
Mixed practice	44.2
Equine-only practice	50.5
Farm animal practice/production animal practice	42.1
Other first opinion practice	40.6
Referral practice/consultancy	40.9
Zoo/wildlife/conservation	31.9
DEFRA (Department for Environment, Food and Rural Affairs)	36.8
Animal and Plant Health Agency (APHA)	38

Food Standards Agency (FSA)	44
Meat hygiene/official controls	38.7
Department of Agriculture, Environment & Rural Affairs (DAERA), Northern Ireland	41.1
Home Office	42.3
Ministry of Defence	39.5
Overseas government	39.9
Veterinary school	43.1
Other university/educational establishment	38.7
Commerce and industry	39.9
Charities and trusts	36.5
Other	41.3

Note: Areas of work for which ten or fewer full-time respondents provided typical weekly hours are not included.

Source: VS Survey, 2019

6.3 On call

The majority (80.3%) of respondents working within the profession say they are not required to be on call on the premises. Table 6.4 shows that, of those respondents who are, the majority say they are normally asleep when not working. There has, apparently, been a significant change since 2014, when a much higher proportion of respondents overall were required to be on call and present, but of these a much lower proportion were awake all night. In 2010, 94.5 per cent were normally asleep when not working and 5.5 per cent were awake all night.

Table 6.4: 'If your work requires you to be on call and on the premises are you normally...*' Percentage of those required to be on call and on the premises

	Number	%	Number	%
	2019	2019	2014	2014
Awake all night	376	19.2	169	7.5
Asleep when not working	1,580	80.8	2,099	92.5
Total	1,956	100	2,268	100

* In 2014 and 2010 the question was phrased differently: 'If you have indicated you are required to be on-call and present are you normally:' with the two options in the table above.

Source: VS Surveys, 2019 and 2014

6.3.1 On-call hours by area of work

Respondents were also asked to provide the number of hours that they are required to be on call both while they are attending and when they are away from their work premises.

Table 6.5 shows, for those respondents who have to be on call, the average (mean) on-call hours on and off the premises within different clinical practice areas. In general, on-call hours off the premises in most clinical practice areas have gone down since 2010 and are reasonably consistent with 2014, although they are still high for those in equine practice and have increased considerably in the 'other first opinion practice' area. The average hours on call on the premises has increased somewhat in most areas, but in the 'other first opinion practice' area it has decreased considerably, suggesting that the balance between on call and normal working hours has undergone a considerable shift in this area of work.

Table 6.5: Average hours on call in a typical week by different areas of clinical practice

Type of practice	On call (off premises) 2019	On call (on premises) 2019	On call (off premises) 2014	On call (on premises) 2014	On call (off premises) 2010	On call (on premises) 2010
Mixed	19.7	4.4	20.2	3.8	29.3	2.2
Small animal	6	3	6.6	3.1	12.7	2.3
Equine	25.5	9.7	23.2	9.4	36.1	3
Farm/production animal	19.4	4.2	18.7	1.3	25.4	1.7
Other first opinion	19.7	3.5	6.9	11.8	9	9.8
Referral/ consultancy	14.9	4.7	13.4	3.5	22	2.8

Source: VS Surveys, 2019, 2014 and 2010

Table 6.6 gives average on-call hours in veterinary areas of work outside clinical practice. The categories have changed since 2014, so limited comparisons only can be made; in addition, although the table does not include areas of work in which fewer than ten respondents provided information about on-call hours, the numbers in some areas are still small so need to be treated with caution. The table shows there is a lot of variation in patterns of on call; on the whole, where comparisons are possible, the 2019 results are fairly similar to those of 2014, although the on-call off-the-premises commitment for those working in 'other university/educational establishment' seems to have increased considerably. Respondents working in the Ministry of Defence – not identified as a separate category in earlier surveys – seem to have a particularly high on-call commitment overall.

Table 6.6: Average hours on call in a typical week outside clinical practice

Type of organisation	On call (off premises) 2019	On call (on premises) 2019	On call (off premises) 2014	On call (on premises) 2014
DEFRA	9.9	1.6	8.4	1.4
AHVLA	-	-	6.9	1.1
APHA	10.2	2.9	-	-
DAERA	2.5	1.7	-	-
FSA	3	2.1	-	-
Meat hygiene/official controls	4.4	3.9	-	-
Ministry of Defence	21.4	16	-	-
Other UK government	-	-	4.5	5
Overseas government	17.2	11.4	-	-
Veterinary school	9.5	2.6	7.6	2
Other university/education establishment	12.9	2.3	2.5	0.7
Commerce and industry	4.4	1.2	4.3	2.5
Charities and trusts	7.4	1.1	6.5	2.5
Research Council	8	2	-	-
Telemedicine	11.7	1.6	-	-
Tele-triage	12.8	0.5	-	-
Other	-	-	4.3	1

Note: Figures based on fewer than ten respondents have not been included.

Source: VS surveys, 2019 and 2014

6.4 Hours of work (overseas VSs)

VSs working within the profession overseas in a full-time position have an average basic working week of 42 hours (43 in 2014), while those working part time have an average working week of 25.1 hours (27 in 2014). Among those undertaking voluntary work within the profession outside the UK (N = 18) the average working week is 31.8 hours, notably lower than 2014's 43 hours but higher than the 24.9 average hours worked by VSs undertaking voluntary work within the UK.

Table 6.7 and Table 6.8 show the average amount of hours worked and spent on call by the different types of practices/organisations in which overseas-based VS respondents work. Compared to 214, this table shows a varied picture: average hours worked by those in equine and referral/consultancy practices overseas have increased (particularly for those in equine practices, where on-call hours have also increased), while for other types of practice, the 2019 results are fairly similar to those of 2014. After a rise in average hours during which VSs working overseas are required to be on call while attending their work premises between 2010 and 2104, this work requirement seems to have stabilised or gone down in all practice areas except equine, which has seen a slight rise.

Table 6.7: Average hours per week worked and on call by different areas of practice

	Hours worked 2019	On-call hours off premises 2019	On-call hours on premises 2019	Hours worked 2014	On-call hours off premises 2014	On-call hours on premises 2014
Mixed	41.2	28	5.4	46.6	27.4	12.9
Small animal	38.6	11.1	4.5	38	10.8	7.2
Equine	50.3	35.5	14.8	42.4	27.7	13.5
Farm/production animal	42.7	13.2	9.8	42.8	25	9.4
Referral/consultancy practice	34.1	15.2	4.6	30.2	7.8	6.5

Note: Outliers at or above the range of 100 hours have been excluded from this analysis, and practice categories containing fewer than ten respondents have not been included.

Source: VS Surveys, 2019 and 2014

With regard to VSs working overseas in other areas of the profession, as in 2014, respondents employed in veterinary schools work the longest hours, on average, during a typical week (43.7 hours, compared to 46.4 hours in 2014); in all other areas, VSs work, on average, less than 40 hours a week. On the whole, working hours have stabilised or decreased since 2014 in all areas except for charities and trusts, where the on-call commitment has also increased. Comparisons between areas of work and between 2014 and 2019 should, however, be treated with caution as the numbers of respondents working in each category are relatively small (between 10 and 141).

Table 6.8: Average hours per week worked and on call by different types of organisation

	Hours worked 2019	On-call hours off premises 2019	On-call hours on premises 2019	Hours worked 2014	On-call hours off premises 2014	On-call hours on premises 2014
Overseas governments	35	18.9	5.1	37.8	8.1	4.6
Veterinary school	43.7	18.8	4.8	46.4	10	10.5
Other university/ educational establishment	34.2	8.7	2.9	29.7	2.2	0
Commerce and industry	37.8	1.1	0.2	37.4	0.6	1.7
Charities and trusts	37.4	9.5	2.8	20.7	1.9	1.5
Meat hygiene/ official controls	30.5	8.8	5.4	-	-	-
Telemedicine*	20.4	2.3	0.3	-	-	-
Zoo/wildlife/ conservation	36.2	19.5	3.6	-	-	-
Other	40	13	6.7	32.6	3.6	3.8

*'Telemedicine' combines the two categories of 'vet-to-vet' and 'vet-to-client'

Note: Outliers at or above the range of 100 hours have been excluded from this analysis, and area of work categories containing fewer than ten responses are not included.

Source: VS Surveys, 2019 and 2014

6.5 Work-related benefits

Respondents were asked whether they received certain benefits at work, and were asked to select all that applied.

Table 6.9 gives the results, with comparisons wherever possible with 2014 and 2010; several benefits have been removed since the previous survey, and the CPD/training option has been split into three. Support for CPD/training is once again a very frequently-occurring benefit, with the 2019 results showing that paid time off and financial support for CPD/training is far more common than unpaid time off. The frequency of three benefits – RCVS retention fees paid in whole/part, professional indemnity insurance, and professional subscriptions – has been steadily increasing over the years.

Table 6.9: Benefits received at work (% of number of respondents)

	2019	2014	2010
Accommodation	-	11.5	14
Health insurance	-	18.1	15
Uniform/work clothing	-	52	42
Pension	-	31	-
Car	-	19.5	23
No/reduced vet fees	-	55.2	49.5
Free/reduced pet insurance	-	1.8	-
Training/CPD support (time and/or cost)	-	84.5	71
Time off (paid) for training/CPD	77.3	-	-
Time off (unpaid) for training/CPD	13.6	-	-
Financial support for training/CPD	67	-	-
RCVS retention fees paid (whole or part)	64.7	48.9	39
Professional subscriptions (eg BVA)	49.3	35.8	32
Professional indemnity insurance	63	60	54
Membership of a technical/scientific library	18.7	13.8	-
Access to scientific literature and research papers	27	27.8	-
Employee Assistance Programme	11.1	-	-
Other	6.8	2.9	-

Note: Percentages sum to more than 100% as respondents could select more than one category

Source: VS Surveys, 2019, 2014 and 2010

'Other' benefits (from a sample of 20% of those who selected 'other' and provided further details) include: insurance (health/medical, life and travel); discounts (employee discount schemes and reduced price for treatment and products for pets); pensions; additional RCVS fees paid; and a collection of other benefits such as shares in the business, cycle to work, and allowances for cars/vans/fuel and telephones. Some respondents used this opportunity to point out that they receive no workplace benefits because they are locums.

6.6 Career intentions

When asked about future career plans, the majority of VSs working within the profession who responded to the survey (79.2%) indicate that they plan to stay in the profession for more than five years, more or less comparable to (but lower than) the percentages who planned to stay in the profession 'for the foreseeable future' in 2014 and 2010. It would appear, however, that a higher percentage plan to retire than in previous surveys, in that the percentages of those who plan to retire within one to two years and within three to five years, added together, are greater than in previous years (10.2% compared to 6.8% in 2014 and 6.6% in 2010). Similarly, although the overall percentage planning to leave the profession within the next year for reasons other than retirement is close to that of 2014 and 2010, a greater percentage plan to leave the profession in the next one to five years:

added together, the percentages of those who plan to leave within the next one to two years, and within the next three to five years, is greater than in 2014 or 2010 (8.1% compared to 6.5% in 2014 and 5.6% in 2010).

Table 6.10: Career plans of VSs currently working within the profession

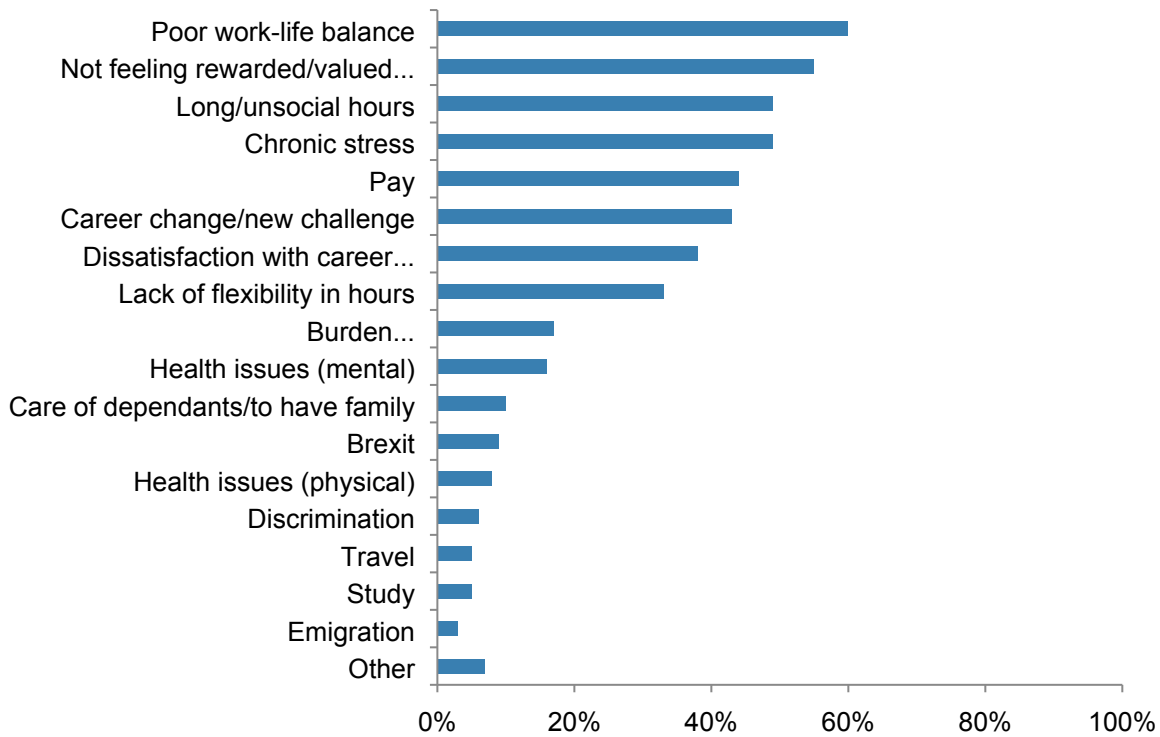
	2019 (%)	2014 (%)	2010 (%)
Stay in the profession for the foreseeable future	-	82.9	84
Stay in the profession for more than 5 years (including partial retirement)	79.2	-	-
Fully retire within the next year	1.3	1.1	1.4
Fully retire within the next five years	-	6.8	6.6
Fully retire within the next 1 to 2 years	2.9	-	-
Fully retire within the next 3 to 5 years	7.3	-	-
Leave the profession as soon as possible (non-retirement)	-	1.6	1.1
Leave the profession within the next year (non-retirement)	1.3	1.2	1.2
Leave the profession within the next five years (non-retirement)	-	6.5	5.6
Leave the profession within the next 1 to 2 years (non-retirement)	2.4	-	-
Leave the profession within the next 3 to 5 years (non-retirement)	5.7	-	-

Source: VS Surveys, 2019, 2014 and 2010

An analysis by gender shows that, in line with the older age profile of male VSs, male respondents are far more likely to say that they plan to retire at some point over the next five years: 19.3 per cent of men, compared to 6.5 per cent of women. An analysis by age confirms this, in that 68 per cent of respondents aged 60 and over have plans to retire at some point over the next five years. Although female respondents are more likely to plan to stay for more than five years (83.1%, compared to 73.5%), this finding seems to be more related to age than a commitment to stay in the profession: 10.7 per cent of women, compared to a lower 7.3 per cent of men, say they plan to leave the profession at some point over the next five years. The age analysis also shows that respondents in the three age groups of under 30, 30 to 39 and 40 to 49 are a little more likely than average to plan to leave the profession over the next one to five years (though not within the next year).

Respondents who indicated that they intend to leave the profession for non-retirement reasons were asked to specify what these were using a list of options originally derived from the 2010 survey for use in 2014, and added to for this 2019 survey; the results are presented in Figure 6.1. Note that respondents were asked to select all reasons that applied. Figure 6.2 compares the reasons for planning to leave that were also given as options in 2014 and 2010.

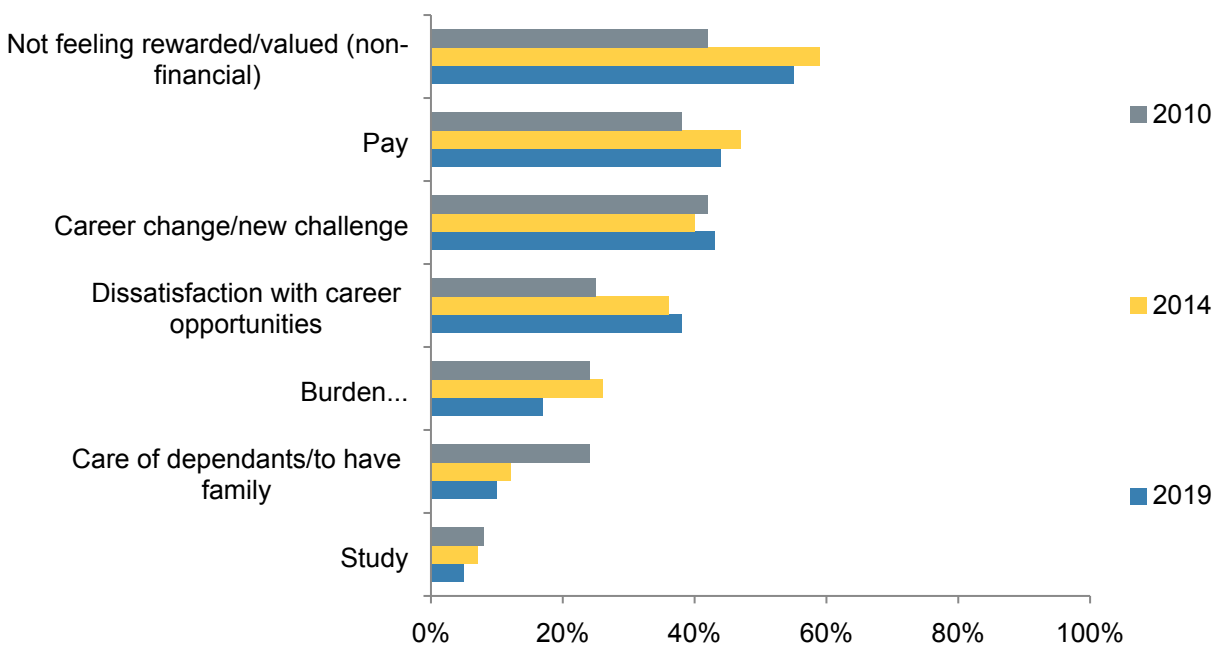
Figure 6.1: Reasons for planning to leave profession: % selecting each reason



Note: Percentages sum to more than 100% as respondents could select more than one category

Source: VS Survey, 2019

Figure 6.2: Reasons for planning to leave, 2019, 2014 and 2010: % selecting each reason



Source: VS Surveys, 2019, 2014 and 2010

The top eight reasons were all selected by at least one-third of those planning to leave for reasons other than retirement:

- Poor work-life balance (not offered as a separate option in earlier surveys, but included in the wider 'dissatisfaction with veterinary work'): 60.3%
- Not feeling rewarded/valued (in non-financial terms): 55.2% (higher than in 2014, almost back to 2010 levels)
- Chronic stress (not offered as an option in earlier surveys): 48.6%
- Long/unsocial hours (not offered in earlier surveys): 48.5%
- Pay: 44.4% (higher than in 2014, closer to 2010 levels)
- Career change/new challenge: 43.2% (very similar to 2014 and 2010)
- Dissatisfaction with career opportunities: 38.3% (similar to 2010 but higher than 2014; in both 2014 and 2010 the option was worded slightly differently, i.e. 'lack of career opportunities')
- Lack of flexibility in hours (not offered in previous surveys): 33.2%.

An analysis by gender shows that poor work-life balance is the top reason for planning to leave for both women and men, and not feeling valued is in second place for both. However, in equal second place for men is a career change/new challenge, which does not feature in the top five reasons for women (for whom it is in sixth place). In third place for women and fifth place for men is long/unsocial hours, while chronic stress is in fourth place for both women and men. For women, pay is in fifth place, whereas it does not feature in the top five for men (for whom it is in sixth place).

An analysis by working within or outside clinical practice shows that the top two reasons (poor work-life balance and not feeling valued) are the same for both groups, but the third top reason is different: for those working in clinical practice it is long/unsocial hours, which does not feature in the top five for those working outside clinical practice (for whom it is in seventh place), and for those working outside clinical practice it is a career change/new challenge, which does not feature in the top five for those working in clinical practice (for whom it is in sixth place). The fourth and fifth top reasons for both groups are the same: chronic stress is fourth, and pay is fifth.

6.6.1 'Other' reasons for leaving

Those who specified 'other' reasons for leaving (N = 65) were asked to specify these reasons. An analysis shows that the most commonly-reported reason is the corporatisation of the role and the workplace, especially dissatisfaction with focus on sales and turnover targets and the effect this has on the patient care:

'Unhappy with sales aspect of veterinary job, difficult to use skills when clients cannot afford treatment and every decision depends on cost.'

Respondents also cite the hours, pay and stress of the role as reasons for them to leave the profession. The demands and feedback from clients was commonly reported as a source of stress:

'We experience increasing complaints, vilification on social media, malicious complaints to the Royal College, increasing rudeness, threats of violence, intimidation, unrealistic expectations... I am finding it increasingly difficult to provide a service to people who are aggressive, selfish and ungrateful.'

Some responses show dissatisfaction with the support received and standards set by the RCVS in the face of the increasing demands of clients:

'Clients using complaints as form of revenge/to avoid payment with the worry of unattainable standards set by RCVS.'

Respondents also say that the hours are too long or not flexible enough to balance other commitments, and that their pay does not reflect the stressful nature of the job:

'Veterinary profession is grossly underpaid in comparison to medical, dental, legal or similar and I feel that it is soul-destroying to work the hours we do, with the stress, and get paid relatively very little...I feel totally undervalued... Money is not the driving force, but you should be rewarded fairly for the years of study, long hours, stress.'

Other reasons respondents cite for leaving the profession are because of a change in career, or concerns for their mental and physical health.

7 Working within clinical veterinary practice

This chapter of the report focuses on the 75.9 per cent of respondents (N = 8,031) who work in clinical veterinary practice; this includes those who work mainly in another veterinary area, but also do some work in clinical practice.

Chapter summary

- 80% of respondents work wholly, mainly or partly in clinical veterinary practice.
- 52% are employed assistants (compared to 57% in 2014), 26% are principals/directors/partners, 15% are independents (locums, independent veterinary service providers or independent consultants/peripatetic specialists), and 7% are in other roles.
- Veterinary services clients are more likely to engage with female VSs when they visit a clinical practice: female respondents account for 40.5 per cent of principals/directors/partners overall, 73.6 per cent of employed assistants, and 60.6 per cent of independents/locums.
- 15% of respondents work across more than one practice over the course of a typical month, with most working for two or three practices.
- Most respondents in clinical practice work in an independent, standalone practice (42%) or a practice that is part of a corporate group (36%).
- 61.5% work in a practice that is accredited by the RCVS PSS, although 11.5% do not know if the practice is accredited or not.
- Using median values, VSs work in a practice with an average of four to five other VSs, three to four VNs, and one VN student. However, the size of practices varies enormously, and around 11% appear to work on their own or with another VS or VN who is not full time.
- In terms of allocation of working time, time spent on small animals continues to increase, and takes up the largest share of VSs' working time, on average; this is due entirely to the time spent with dogs and cats (especially dogs) rather than other small animals.
- Overall, dogs and horses seem to take up the most on-call time, followed by cats and cattle.
- Among those who spend time on practice management/administration, this activity takes up 11 to 12% of working and on-call time.
- 52.5% personally carry out routine visits to clients, fewer than in 2014 (65%).
- The most common ways for practices to provide 24/7 emergency cover are for the practice to cover its own out-of-hours work (51%) or to use a dedicated out-of-hours service provider (34.5%).
- Using the median as an average measure, respondents deal with three to four emergency cases out of hours away from the practice, and one at the practice, in a typical month; however, the number varies considerably.

- 81.5% have not experienced concerns for their personal safety at work during the previous 12 months.
- Those who have had concerns have experienced very varying numbers of incidents with a modal average of one when dealing with an emergency at the practice, one when dealing with an emergency away from the practice, and one to two at any other time including daytime and out-of-hours work. It is rare for incidents to be reported to the police.
- 74% always or usually have a minimum rest period of 11 hours in each 24-hour period.
- 87% always or usually have at least two days' rest in every 14 days.
- 77% have at least 20 days' paid holiday a year.

7.1 Position in practice

As Table 7.1 shows, over half of those respondents currently working in a clinical practice (52.1%) are employed assistants, although this percentage has decreased since 2014 and 2010. The proportion of respondents working as equity partners continues to show a decreasing trend, although 1.9 per cent of respondents are JVPs, a category that was not offered in previous surveys. The biggest change since previous surveys is the percentage of respondents working as independents, either as locums (temporarily fulfilling duties of others during their absence, or covering vacancies temporarily) or as independent veterinary service providers (providing services to practices as part of the usual rota). These two categories combined account for 12.9 per cent of respondents, compared to eight per cent in 2014 and six per cent in 2010 and 2006. The lower percentage of respondents in employed assistant positions compared to the previous two surveys suggests that these independents/locums are mainly working in assistant positions.

Table 7.1: Position in practice, 2006 to 2019

Position	2019 %	2014 %	2010 %	2006 %
Employed assistant*	52.1	57	57	51
Equity Partner	2.9	6	13	-
Joint venture Partner (JVP)	1.9	-	-	-
Director (of a limited company)	11.5	13	9	10
Sole Principal	6.7	5	8	11
Independent veterinary service provider	3.3	-	-	-
Locum	9.6	8	6	6
Salaried Partner	3.1	2	2	2
Independent consultant/peripatetic specialist	2.1	3	2	1
VS working as a VN	0.3	0.2	-	-
Other	6.4	4	3	2

*In previous surveys, this position was described as 'Assistant (or employee of a limited company)'

Source: VS Surveys 2019, 2014, 2010 and 2006

'Other' categories (using a random sample of 20% of those who selected 'other' and gave further details) include: academic positions (lecturers, fellows, scholars and VSs employed by veterinary schools or universities); clinical or veterinary directors in practices belonging to companies or in companies working in commercial poultry breeding or similar; interns; and residents.

Further analysis by gender shows that a far greater proportion of men than women work in principal/director/partner roles: 44 per cent of male respondents compared to 18.1 per cent of female respondents. The reverse is true when looking at the relative proportions within employed assistant roles: 66.2 per cent of female respondents, compared to 38.8 per cent of male respondents, are employed assistants. This reflects, at least to some extent, the differing age profiles of male and female VSs. Compared to the results of the 2014 survey, the proportion of female respondents working as principals/directors/partners has increased (from 13.8% to 18.1%), while the proportion of women working in employed assistant roles has decreased (from 70.7% to 66.2%). The relative proportions of men and women working in independent roles (independent veterinary service providers, locums and independent consultants/peripatetic service providers) are more equal: 16.7 per cent of male respondents and 15.5 per cent of female respondents.

Looking at the gender breakdown another way, due to the greater numbers of women than men now working within the profession it is apparent that veterinary services clients are now much more likely to engage with female VSs in the practices they use: female respondents account for 40.5 per cent of principals/directors/partners overall, 73.6 per cent of employed assistants, and 60.6 per cent of independents/locums.

An age breakdown shows that the average (mean) age of principals/directors/partners is 47.2, while for employed assistants it is 38.6 and independents/locums it is 44.3.

7.2 Working for more than one practice

Compared to 2014, an almost identical percentage of respondents typically work for more than one practice over the course of a month (excluding branch premises): 14.6 per cent, compared to 15 per cent in 2014. The average (mean) number of practices for which these respondents work over the course of a month is 3.3, although this is somewhat influenced by a small number who work for a large number of practices; a modal average shows that three-quarters (74.4%) of those who work for more than one practice are working across two to three practices, and the median (middle value) is two practices. When analysed by role, unsurprisingly 36.8 per cent of those working for more than one practice are locums, 5.1 per cent are independent service providers, and 6.6 per cent are independent consultants/peripatetic specialists; however, 27.6 per cent are employed assistants.

7.3 Business model, accreditation and size

7.3.1 Business model

Table 7.2 shows the business model/ownership structure of the clinical practice environment in which respondents work in their only or main role. Almost half (48%) of respondents work in independent, stand-alone practices or independent practices that are part of a larger group, while two-fifths (40.1%) work in practices that are part of a corporate group or a joint venture with a corporate group.

Table 7.2: Business model of clinical practice veterinary workplaces

Business model	%
Independent, stand-alone practice (e.g. a partnership)	41.6
Independent practice that is part of a larger group (with some shared centralised function)	6.4
Part of a corporate group	35.5
Part of a joint venture with a corporate group	4.6
Veterinary school	4.6
Charity	3.4
Out-of-hours-only provider	0.9
Don't know	0.9
Other	2

Source: VS Survey 2019

'Other' types of business model (from a random sample of 20% of those who selected 'other' and gave further details) included being unable to select one type due to working for multiple practices with different business models, e.g. as a locum; working in a practice which is an in-house part of a corporate or commercial activity such as greyhound racing, pig production or pharmaceuticals; working in a veterinary services or veterinary research practice that is part of a government department or agency; and working in a practice that is part of a zoo or wildlife rehabilitation centre.

Further analysis shows that:

- Of those working for an independent, stand-alone practice, 41.4% are male and 58.6% female, while of those working for a practice that is part of a corporate group, 35.9% are male and 64.1% female.
- The average age of those working for an independent, stand-alone practice is a little older than those working for a practice that is part of a corporate group (43.8 compared to 40.4).

7.3.2 Accreditation

The majority (61.5%) of respondents work in a practice that is accredited by the RCVS Practice Standards Scheme (PSS). Around one-quarter (27.1%) do not work in an RCVS

PSS accredited practice, while a fairly large 11.4 per cent do not know whether their practice is accredited or not.

- Further analysis by business model shows that respondents working for a practice that is part of a corporate group are most likely say they work for an accredited practice (79%) and the least likely to say they do not know (8.5%). A much lower 49.7 per cent of respondents working in an independent, stand-alone practice say the practice is accredited.
- Analysis by role within practice shows that:
 - Employed assistants are most likely to say they work in an accredited practice (68.9%)
 - Principals/directors/partners are most likely to say their practice is not accredited (44%)
 - Independents/locums are most likely to say they do not know whether the practices for which they are working are accredited or not (21%), while principals/directors/partners are the least likely not to know (6.5%).
- An analysis by type of practice indicates that those working in small animal practices are most likely to say they work in an accredited practice (66.2%), while those working in equine practices (52.7%) and other first opinion practices (44.4%) are least likely.

7.3.3 Size of practice

Vs currently undertaking clinical practice work in organisations of varying sizes: some respondents were the only full-time VS in their workplace, while others worked alongside over 100 other full-time equivalent Vs, VNs and VN students. It is worthy of note that a substantial number of respondents selected the 'don't know' option for these questions: 764 for the number of Vs, 1,250 for the number of VNs, and 1,301 for the number of VN students.

The average (mean) number of Vs per practice is 8.1 (compared to 7.1 in 2014), while the average (mean) numbers of VNs is 6.7 (7.5 in 2014) and VN students 2.0 (not asked in 2014). However, the mean average is distorted by the small number of very large veterinary practices. For Vs, the median (middle value) is between four and five, while the most frequently-mentioned numbers are three, followed by two, followed by four; 11.1 per cent of respondents work in a practice with one or fewer full time equivalent Vs. For VNs, the median is between three and four, while the mode is two, followed closely by three; however, 23.3 per cent of respondents work with one or fewer full-time-equivalent VNs.

A small number of respondents (N = 243) appear to work on their own, with no other Vs and no VNs or VN students; the average (mean) age of these respondents is 52.1, with ages ranging from 25 to 84.

Table 7.3: Average number of full-time-equivalent VSs, VNs and VN students on the premises

	N	Mean	Median	N	Mean	Median
	2019	2019	2019	2014	2014	2014
VS	6,866	8.1	4	3,486	7.1	4
VN	6,351	6.7	3	3,184	7.5	5
VN student	6,230	2	1	-	-	-

Source: VS Surveys, 2019 and 2014

Table 7.4 shows the average (mean) number of full-time-equivalent VSs, qualified VNs and student VNs in respondents’ practices, by type of practice. It appears that, on average:

- Referral/consultancy practices are likely to be much larger than other types of practice.
- Small animal and referral/consultancy practices are more likely than other types of practice to employ VNs.
- In small animal and referral/consultancy practices, VNs outnumber VSs.
- Despite employing a considerable number of VNs, referral/consultancy practices have a relatively small number of student VNs.
- In small animal, equine and mixed practices, there are approximately three qualified VNs for every student VN.

Table 7.4: Average number of full-time-equivalent VSs, qualified VNs and VN students on the premises, by type of practice

Type of practice	VS	Qualified VN	Student VN
Small animal	5.4	5.6	2
Equine	9.7	2.6	0.9
Farm/production animal	10.5	1.7	0.3
Mixed	8.3	4.5	1.7
Other first opinion	4.1	2.1	0.5
Referral/consultancy	21.2	25	2.2

Source: VS Survey, 2019

7.4 Allocation of working time

Table 7.5 provides a breakdown of the average percentages of respondents’ working time that are spent on different animals and other activities. The table shows both the number of respondents who indicated that they spend time on these animals/activities, and the percentages; the latter values for each animal/activity have been calculated by totalling the percentages given by all those who entered a value, and dividing this total by the number of respondents. Unsurprisingly, given the preponderance of small animal VSs, the

greatest number of respondents spend time on dogs, cats and 'small furrries', although in terms of percentage of time spent, dogs take up more time than cats and considerably more time than 'small furrries'. Respondents in mixed and farm practices appear to spend more time on cattle (especially dairy cattle) in comparison with sheep, pigs and poultry. For those respondents involved in practice management/administration, this activity takes, on average, 11.7 per cent of their time.

A direct comparison with previous surveys is not possible due to the question having been asked differently in 2019. However, the overall trend is clear: time spent on small animals continues to increase, and takes up the largest share of VSs' working time, on average; however, this is due to the time spent with dogs and cats rather than other small animals. In comparison, the amount of time VSs spend working with various types of farm animals is quite low, and is either decreasing or has remained static over time; however, the amount of time spent by VSs on horses is consistently high.

Table 7.5: Breakdown of working time: average (mean) percentages

Species/Discipline/Activity	N	%
Dogs	6,682	48.5
Cats	6,624	32.6
'Small furrries' (e.g. rabbits, mice, gerbils, hamsters, rats, chinchillas)	5,347	6.2
Exotics (including non-production birds)	2,888	3.6
Horses (excluding OV)	2,561	26
Beef cattle (excluding OV)	2,151	8.1
Dairy cattle (excluding OV)	2,036	12.8
Sheep (excluding OV)	2,061	4.5
Pigs (excluding OV)	1,488	2.3
Poultry	1,589	2.1
Laboratory animals	1,306	0.7
Meat hygiene/official controls	1,304	1.3
Fish for food	1,263	0.6
Official Veterinarian (OV) work	2,145	6.3
Practice management/administration	2,477	11.7

Source: VS Survey, 2019

These findings are reflected in Table 7.6, which shows that for every type of animal/activity, the number of respondents who are involved in on-call work is lower than those who spend their working time on these animals/activities. Overall, it appears that dogs and horses take up the most on-call time, followed by cats and cattle; it also seems that some respondents spend on-call time on practice management/administration, which for them occupied 11 per cent of their on-call time. Although direct comparisons with previous years is again not possible due to the question being asked differently, the trend for an increasing amount of on-call time to be spent working with small animals has continued since 2010.

Table 7.6: On-call time: average (mean) mean percentages

Species/Discipline/Activity	N	%
Dogs	3,378	50.2
Cats	3,312	29.1
'Small furrries' (e.g. rabbits, mice, gerbils, hamsters, rats, chinchillas)	1,866	4.1
Exotics (including non-production birds)	1,099	4.7
Horses (excluding OV)	1,650	37.1
Beef cattle (excluding OV)	1,387	15.5
Dairy cattle (excluding OV)	1,282	17.9
Sheep (excluding OV)	1,296	7.3
Pigs (excluding OV)	760	3.6
Poultry	742	3.3
Laboratory animals	673	0.9
Meat hygiene/official controls	669	1.1
Fish for food	663	0.9
Official Veterinarian (OV) work	721	3.1
Practice management/administration	890	11

Source: VS Survey, 2019

7.5 Routine visits to clients

The majority of UK-practising VSS who responded to the survey (52.5%, much lower than 2014's 65.2%) personally carry out routine (not out-of-hours) visits to their clients.

Although a lower percentage overall carry out routine visits, among those who do, the average one-way distance (excluding extreme outliers) travelled to a routine visit is 9.4 miles, a notably longer distance than in 2014 (7.5 miles), 2010 (8.3 miles) and 2006 (8.2 miles). The mean calculation is slightly distorted by the 6.3 per cent of respondents who travel over 20 miles to an average routine visit; the median (middle value) and modal (most frequently-given) distances are both five miles, although 27 per cent of respondents travel between six and ten miles to an average routine visit.

Table 7.7 shows that the percentage carrying out routine visits in small animal practices has decreased markedly, while there have been increases for those in farm and other first opinion practices. Those in farm and equine practices are particularly likely to make routine visits.

Table 7.7: Personal involvement in routine visits by type of clinical practice

Type of clinical practice	Yes 2019 (%)	No 2019 (%)	Yes 2014 (%)	No 2014 (%)
---------------------------	--------------	-------------	--------------	-------------

Mixed	79.1	20.9	85.5	14.5
Small animal	50.6	49.4	68.7	31.3
Equine	85.1	14.7	90.1	9.9
Farm/Production animal	90.9	9.1	87.7	12.3
Other first opinion	77.1	22.9	66.7	33.3
Referral/consultancy	11.3	89.7	11.3	88.7

Source: VS Surveys, 2019 and 2014

The average maximum one-way distance travelled by respondents who personally visit clients to a routine call is 27.9 miles, higher than in 2014 (23.1 miles), 2010 (25.7 miles) or 2010 (24.2 miles). The mean calculation is slightly distorted by the 9.6 per cent of respondents whose maximum travel distance to a routine is over 50 miles; the median (middle value) distance is between 19 and 20 miles, while the modal distance (most frequently-given) is ten miles, closely followed in frequency by those who give 15 and 20 miles.

Table 7.8 provides the mean miles for typical and maximum distances travelled to a routine call by type of practice, with a 2014 comparison. It shows that typical distances have increased overall for those in all types of practice, especially referral/consultancy practices. The position with regard to maximum distance travelled to a routine call is less clear. It has increased somewhat for those working in mixed, small animal and referral/consultancy practices, but has decreased for those in equine and farm practices; however, those in equine and farm practices still travel considerably further maximum distances than those in other types of practice to routine calls.

Table 7.8: Distance in miles travelled to a routine call (one-way) by type of practice

Type of practice	Mean typical miles 2019	Mean max miles 2019	Mean typical miles 2014	Mean max miles 2014
Mixed	10.7	33.1	9.1	28.2
Small animal	5.3	15.4	4.8	14.7
Equine	16.8	50.4	15.8	108.2
Farm/Production animal practice	19.2	56.3	17.7	146.7
Referral/consultancy	28.9	83	11.6	70.9

Source: VS Surveys, 2019 and 2014

7.6 Out-of-hours work and 24/7 emergency cover

Table 7.9 shows the approaches taken by respondents' practices to the provision of 24/7 emergency cover, with comparisons for 2014 and 2010. Although just over half of respondents say their practice covers its own out-of-hours work, over one-third (34.5%)

use a dedicated provider; after a big increase between 2010 and 2014, this percentage has remained stable.

Table 7.9: Practice's approach to providing 24/7 emergency cover

Approach to providing emergency cover	2019 (%)	2014 (%)	2010 (%)
Practice covers its own out-of-hours work	51.1	56.2	60.5
Practice covers its out-of-hours work with the help of a locum	2.1	0.7	1
Practice uses a dedicated out-of-hours service provider	34.5	34.7	25.6
Practice cooperates with other local practices	4	4.2	5.8
Practice is primarily or wholly an out-of-hours provider	2.4	-	-
Don't know	1.7	-	-
Other	4.2	4.2	3.9

Note: 2010 figures do not sum to 100% as question included two additional categories

Source: VS Surveys, 2019, 2014 and 2010

'Other' approaches to providing 24/7 emergency cover (from a random sample of 20% of those who selected 'other' and provided further details) include: describing a combination of methods (e.g. the practice covering its own large animal emergency cover but using an out-of-hours provider for small animals; using a dedicated provider only every other week; or sending emergency cases to a hospital owned by the group); and not providing out-of-hours care due to the nature of the practice (e.g. consultancy, post-mortem service, or only open for a limited number of hours).

A little over half (51.9%) of respondents personally do out-of-hours work, notably higher than in 2014 (64.5%) and in 2010 (66%). Of those who do out-of-hours work, 61.5 per cent (compared to 72.1% in 2014) say that this includes visits to clients.

Respondents engaging in out-of-hours work were also asked to provide the average and the maximum one-way distances that they travel to an out-of-hours call. Respondents report travelling a mean average of 11.5 miles to a typical out-of-hours call, higher than 2014's 9.4 miles. The median (middle value) is between nine and ten miles, also higher than in 2014 when it stood at eight miles, and the modal (most frequently-given) distance is ten miles.

The average maximum distance travelled by respondents to an out-of-hours call is 28.8 miles, again higher than 2014's 25.3 miles but close to the 2010 mean value of 28.5 miles. The median value in 2019 is between 24 and 25 miles, higher than in 2014 when it stood at 20 miles, and the two most frequently-given distances are 20 miles and 30 miles.

Table 7.10 provides these figures by the type of practice in which respondents are employed; it shows that, as in 2014, respondents who work primarily in equine practices or in farm/production practices travel the furthest average and maximum distances to an out-of-hours call. These two sets of respondents also reported travelling the furthest maximum one-way distances to an out-of-hours call, on average, although those in mixed

practices also travel long maximum distances. Typical distances have increased slightly since 2014 in all types of practice except referral/consultancy, while maximum distances have stabilised or decreased in all areas except mixed.

Table 7.10: Typical and maximum distances travelled to an out-of-hours call (one-way) by type of practice

Type of practice	Mean typical miles 2019	Mean max miles 2019	Mean typical miles 2014	Mean max miles 2014
Mixed	11.7	38.9	10.3	28.8
Small animal	7.2	17.7	6.6	17.3
Equine	17	39.9	16.5	42.6
Farm/production animal	18.2	43.7	16.1	47.3
Referral/consultancy	11.3	20.5	14.6	30.3

Source: VS Surveys, 2019 and 2014

7.7 Emergency cases

Respondents to the 2019 RCVS survey were asked a series of new questions about the number of emergency cases they had dealt with out-of-hours during the past 12 months, and whether these cases have made them concerned for their personal safety; these questions were asked for the first time in 2014, although the question was phrased differently.

In a typical month, respondents report that they deal with a mean average of:

- 9.4 emergency cases out-of-hours *away from* the practice (compared to just over 30 during the course of the previous 12 months in 2014, which would equate to 2.5 per month)
- Six emergency cases out-of-hours *at* the practice (compared to an average of 73.5 over the previous 12 months in 2014, which would equate to 6.1 per month).

These mean averages are both higher than the number that many VSs will have experienced, due to very large differences in the answers provided by respondents (answers for dealing with emergency cases out of hours at the practice, for example, ranged from 0 to 225). A better indication of what VSs typically experience is provided by the median (middle) value, which is between three and four for the number of emergency cases out-of-hours away from the practice, and one for the number of emergency cases out-of-hours at the practice. Removing respondents who work for a dedicated out-of-hours provider from the mean average calculation also makes a difference, as it reduces the mean to 5.9 cases in a typical month away from the practice, and 5.5 cases in a typical month at the practice.

7.7.1 Concerns for personal safety

Respondents working in clinical veterinary practice were asked whether they had experienced, at any time in the previous 12 months, concerns for their personal safety. The large majority (81.5%) say they have not had such concerns, which is an encouraging improvement on the previous survey. In 2014, when asked to specify the number of times they had concerns for their personal safety during the past 12 months when dealing with emergency cases at the practice, away from the practice and at any other time (including daytime and out-of-hours work), in each instance between 71 and 77 per cent reported no concerns; this is notably lower than in 2019.

The 18.5 per cent (N = 1,415) who have had concerns during the past 12 months were asked about the number of times they had concerns about their personal safety in different situations. The results show:

- 913 respondents have had concerns about their personal safety dealing with an emergency case at the practice: the mean average number of times they have experienced such concerns is two, although the mode (most frequently-given response) is one.
- 865 respondents have had concerns about their personal safety dealing with an emergency case away from the practice: the mean average number of times they have experienced such concerns is 2.8, although the mode is once again one.
- 1,116 respondents have had concerns about their personal safety at any other time, including daytime and out-of-hours work: the mean average number of times they have experienced such concerns is 7.3, although the mode is one, closely followed by two.

Respondents who had experienced concerns about their personal safety were also asked how many times they had reported incidents to their practice or to the police, with the following results:

- Incidents when dealing with an emergency case at the practice:
 - reported to practice an average (mean) of 0.44 times, with a range of 0 to 20; however, 77.2 per cent say they did not report any incidents to the practice
 - reported to police an average (mean) of 0.07 times, with a range of 0 to 2.
- Incidents when dealing with an emergency case away from the practice:
 - reported to practice an average (mean) of 0.34 times, with a range of 0 to 15; 82.4 per cent say they did not report any incident to the practice
 - reported to police an average (mean) of 0 times, with a range of 0 to 1.
- Incidents occurring at any other time, including daytime and out-of-hours work:
 - reported to practice an average (mean) of 0.76 times, with a range of 0 to 20; 63.1 per cent did not report any incident to the practice
 - reported to police an average (mean) of 0.10 times, with a range of 0 to 3.

These results show that, although the majority of Vets working in clinical practice have not had concerns about their personal safety over the previous year, a significant minority

have had concerns that were serious enough to report to their practice; however, as in 2014, very few incidents overall were reported to the police.

Further analysis shows that:

- A slightly higher percentage of female than male respondents have had concerns about their personal safety (20% compared to 16%).
- Type of practice makes a considerable difference, with those in equine (34.4%), farm (40%) and mixed (27.7%) being much more likely than average to have had concerns about personal safety; by contrast, a lower-than-average 15.6% of those in small animal practices, and 6.6% of those in referral/consultancy practices, have had concerns about personal safety.
- Outside clinical practice, 35% of those working in meat hygiene/official controls and 23.6% of those working for a charity/trust have had concerns about their personal safety.

7.8 Working time arrangements

The 2019 survey results show:

- With regard to the Working Time Regulations:
 - 29.5% always have a minimum rest period of 11 hours in each 24-hour period
 - 44.2% 'usually' have this rest period
 - 6.3% 'seldom' have it
 - 6.3% 'never' have it
 - For the remaining 7.4%, the question is 'not applicable', a new option for 2019 added for those Vets who work within clinical practice but are not employed (e.g. because they are business owners).
- These results are an improvement on the 2014 and 2010 surveys, when only half of respondents always or usually managed to have a minimum rest period of 11 hours in each 24-hour period.
 - However, 37.4% of those working in equine practices, 29% of those in mixed practices, and 27.3% of those in farm/production animal practice, have this minimum rest period either 'seldom' or 'never'.
- When asked if they have signed up to a workforce agreement that provides compensatory rest, 4.8% said yes and 69.3% no, with the remaining 25.9% selecting the 'not applicable' option which was not available in earlier years; those who selected 'not applicable' are mostly business owners, or independents/locums who do not have an employer and work in several different locations. Of the respondents who seldom or never have this rest period, only 4.8 per cent have signed up to a workforce agreement that provides other compensatory rest.
- Among those respondents who seldom or never have an 11-hour rest period every day and who have not signed up to a workforce agreement with their employer, only six per

cent (compared to 7.1% in 2014 and 12.7% in 2010) have discussed this type of agreement.

- The large majority of VS respondents working in clinical practice have at least two days' rest every 14 days, either 'always' (57.3%) or 'usually' (29.6%). However, a small minority have this rest period either 'seldom' (4.6%) or 'never' (1.9%). The remaining 4.6% selected 'not applicable'. When the calculation is redone minus the 'not applicable' responses, 93% always or usually have this rest period; this is an improvement on 2014 and 2010, when 86% said they have this two days' rest period.
- Over three-quarters (77%) of respondents in clinical veterinary practice have at least 20 days' paid holiday a year (pro rata for part timers), with 7.4% saying they do not, and 14.5% – mostly business owners and independents/locums – selecting 'not applicable'. When the calculation is redone minus the 'not applicable' responses, 91% have at least 20 days' paid holiday, again an improvement on 2014 and 2010, when around 87% said they have at least this holiday period.

8 Continuing professional development

This chapter is concerned with the continuing professional development (CPD) and qualifications of VSs who work within the veterinary profession.

Chapter summary

- 43% of respondents working within the veterinary profession hold at least one relevant qualification other than their primary qualification, while 15% are studying for one or more and 21% plan to study for one or more over the next five years.
- The most common qualification to hold, be studying for, or plan to study for, is an RCVS Certificate.
- The most frequently cited CPD methods, in terms of their use by respondents, are (in order) attending courses, distance learning, conferences and reading veterinary press. In terms of the percentage of time allocated to different CPD methods, however, the most time is given to distance learning, ahead of courses.
- 51% of the cost-incurring CPD done by respondents is funded by their employer or practice, while 33% is self-funded.
- 71% are using the RCVS Professional Development Record (PDR) to record their CPD, a big increase compared to 2014 (44%).

8.1 Qualifications

Overall, 43 per cent of respondents working within the veterinary profession who responded to the questions in this section of the questionnaire hold at least one additional veterinary or business qualification that is relevant to their profession, while 15.3 per cent are studying for one or more such qualifications, and 20.8 per cent plan to study for one or more of them in the next five years. Table 8.1 shows these qualifications.

Table 8.1: Further work-related qualifications, other than primary veterinary qualification (% of number of respondents working within the profession)

Further qualification	Hold	Studying for	Plan to study for
Certificate (RCVS)	19.8	6.3	11.3
Certificate (non-RCVS)	10.9	3.8	4.5
Diploma (European or American College)	10.5	2.7	4.3
Master's degree (veterinary-related)	12.2	1.2	2.6
PhD or other professional doctorate	8.3	1.1	2.2
Business qualification (e.g. MBA) relevant to running/managing a business	2.5	0.7	2.6

Note: Overall percentages sum to more than 100% as respondents could select more than one category

Source: VS Survey, 2019

When analysed by gender, 56 per cent of those who hold more than one qualification are female and 44 per cent male; however, in line with the gender and age profile of respondents currently working in the profession, the gender difference is greater when looking at the percentage of those who are studying for one or more qualifications (69% female, 34% male), and the percentage of those planning to study for one or more qualifications over the next five years (17% female, 11% male).

There is little difference in the average ages of those with one of more qualifications: 44.5, compared to 45 for those without any of these qualifications. However, the average age of those currently studying for one or more of these qualifications (35.4) is notably lower than that of those who are not currently studying for one or more of them (45.9). The age difference is even greater when looking at those who plan to study for one of these qualifications: 33.2, compared to 46.8 for those who have no plans to study over the coming five years.

8.2 Status

Table 8.2 shows the percentages of those who hold, are working towards, or plan to work towards over the next five years, different types of professional veterinary status.

Table 8.2: Further forms of veterinary status (% of number of respondents working within the veterinary profession)

Further status	Hold	Working towards	Plan to work towards
Advanced Practitioner status	7.1	8.9	14.4
RCVS Fellowship	6.1	3.3	7.5
Specialist status (RCVS, European or American College)	2.1	0.7	2.4

Source: VS Survey, 2019

8.3 CPD methods

Respondents were asked to estimate the percentage of their CPD, during the previous 12 months, that had fallen into nine different categories (plus 'other') under the three broad headings of 'formal CPD delivered by a third party', 'CPD focusing on practice or performance of workplace' and 'CPD focusing on own practice or performance'. Table 8.3 shows the number and percentage of respondents using each method, with a third column showing the average percentage of overall CPD allocated by those who completed the question. It appears that attending courses, seminars, etc is a method used by over half of those who answered this question; distance learning, reading veterinary press, conferences, and case discussions with colleagues are also frequently-used methods.

It is worthy of note that three of the top four overall, in terms of use (attending courses, distance learning and conferences), are under the heading of 'formal CPD delivered by a third party', with the fourth (reading veterinary press) being private study relating to the respondent's own practice or performance.

The overall relative percentage of CPD allocated to the chosen categories presents a slightly different picture, as Table 8.3 shows. Although attending courses and seminars was the most popular form of CPD in terms of being chosen as a method, a slightly higher percentage of CPD time was allocated to distance learning (32.9% compared to 31.6%). Two other forms of CPD chosen as a method by over 40 per cent of respondents, case discussions with colleagues and reading veterinary press, consumed much lower percentages of CPD time: 13.1 per cent and 13.4 per cent respectively.

Table 8.3: CPD methods: percentage of overall CPD given to different CPD methods

CPD method	Number of respondents using this method	% of respondents selecting this as part of their overall CPD	Average % of CPD allocated by those choosing this method
Attending courses, seminars, etc.	7,517	54	31.6
Conferences	5,837	41.9	26.9
Distance learning	6,344	45.6	32.9
Other formal CPD delivered by a third party	1,832	13.2	10.4
Significant event analysis from within own practice	3,286	23.6	7.7
Case discussions with colleagues	5,595	40.2	13.1
Clinical audit	2,623	18.2	5.1
Other CPD related to workplace practice/performance	1,166	8.4	4.9
Reading veterinary press	6,129	44.1	13.4
Research	2,971	21.4	13
Peer discussions	3,532	25.4	9
Other CDP relating to own practice or performance	1,196	8.6	6.7

Source: VS Survey, 2019

When the allocated percentages of CPD time of male and female respondents are analysed, there is little difference apart from one category of CPD, distance learning, which uses a somewhat bigger share of CPD time for female VSs: 32.1 per cent compared to 28 per cent for male VSs.

8.4 CPD funding

In response to a question about the funding of CPD where costs were incurred, VSs indicated that most of their CPD was funded either by their employer/practice or themselves. Table 8.4 gives the percentages, with 2014 and 2010 comparisons (the question in earlier surveys included a 'free' option, so the 2014 and 2010 percentages have been recalculated to take account of this).

Although this is an imperfect comparison due to the absence of the 'free' category in this 2019 survey, it appears that the percentage of cost-incurring CPD undertaken by respondents and funded by their employer/practice has declined, from around a third to around a half, and that self-funding is now the funding source for around a third of cost-incurring CPD, compared to a quarter in previous years. This seems slightly at odds with the responses given to an earlier question about workplace benefits (see Table 6.10), to which 67 per cent of respondents working within the profession say they receive financial support for CPD.

Table 8.4: How is cost-incurring CPD funded?

Funding source	2019	2014	2010
Self-funded	32.8	25.2	25.2
Commercial sponsorship	7.9	6.6	6
Employer-funded	50.7	65.8	67.5
Grant funded	4.2	1.3	1.2
Other	4.3	1.1	1.2

Source: VS Surveys, 2019, 2014 and 2010

'Other' forms of funding (from a sample of 20% of those who selected 'other' and provided further details) included free CPD courses, webinars and events (sometimes due to being on various committees for organisations such as BVA), and attending an event free of charge due to being a speaker, organiser, demonstrator or having submitted a poster.

8.5 RCVS Professional Development Record

As Table 8.5 shows, 70.7 per cent of respondents are using the RCVS Professional Development Record (PDR) to record their CPD online, a big increase compared to 2014 (44.1%). The PDR is available to Vets at www.rcvs-pdr.org.uk

Table 8.5: 'Are you using the RCVS Professional Development Record to record your CPD online?'

	N 2019	% 2019	N 2014	% 2014
Yes	6,466	70.7	1,860	44.1
No	2,679	29.3	2,358	55.9
Total	9,145	100	4,218	100

Source: VS Surveys, 2019 and 2014

Those who are not using the PDR (N = 2,679) were presented with a list of possible reasons, and were asked to select all that applied:

- Prefer paper records: 39.7%
- Not aware of the PDR: 24.4%
- Use a different computerised/online recording system: 21%
- PDR not intuitive/too complex: 10%
- No internet access: 1%
- Other: 17.6%

'Other' reasons (from a 20% sample of the 425 respondents who selected 'other' and provided further details) include: using another country's recording system due to working

overseas or not being a UK national; using a different recording method, such as one maintained by an employer or a personally-maintained spreadsheet; and having difficulties with the technology (forgetting passwords, having access blocked, not being able to get the PDR to work, or a general dislike of computer technology).

Further analysis of those using the PDR shows:

- The average age of those using the PDR is 40.5, compared to 47.7 for those not using it.
- A gender breakdown shows that 76.4% of female respondents working within the profession use the PDR, compared to 62.2% of male respondents.
- A much higher percentage of those working within clinical practice use the PDR, compared to those working outside clinical practice: 79.7% compared to 65.6%.
- A low percentage of VS respondents working overseas use the PDR: 37%, compared to 75.8% of those working in the UK.

9 Recently qualified VSs

This chapter of the report focuses on the 1,009 respondents who have qualified as VSs within the last three years (between 2016 and 2019). Where possible, comparisons have been made with recent qualifiers from the 2014 and 2010 surveys.

Chapter summary

- 97% of recent qualifiers (2016 on) are aware of the Professional Development Phase (PDP), with only 3% being not aware.
- 71% of recent qualifiers went straight into a permanent position in clinical practice after qualifying, and a further 2% went straight into practice as a locum; this compares to a much lower 52% in 2014.
- Male and female respondents are equally as likely to have gone straight into practice.
- On average, it took recent qualifiers 1.87 months to find their first position, compared to three months in 2014.
- 75% received training during their first year in clinical practice, 64% were assigned a mentor, and 64% received appraisal/performance reviews.
- 65% felt adequately or fully supported during their first year, while 34% felt not at all or inadequately supported.
- Those in independent, standalone practice or corporate practices are most likely to say they felt fully or adequately supported: 69% and 67% respectively.
- Of those who have been working in practice for 12 months or more, 60% have completed their PDP, 35% have not, and 5% do not know whether they have completed it or not.

9.1 Awareness of Professional Development Phase (PDP)

The first question asked recent qualifiers about their awareness of the PDP, a self-assessment system that aims to instil a conscious and conscientious approach to professional learning, and to help newly-qualified veterinary graduates make the transition from life as a veterinary student to working as a professional VS.

The majority (79.4%) were fully aware of the PDP, and a further 17.3 per cent were aware of the PDP, but unfamiliar with it; only 3.3 per cent were not aware.

9.2 After graduation

Almost three-quarters of recent graduates went straight into veterinary clinical practice, either in a permanent position (71.2%) or as a locum (2.2%). This is a big increase compared to 2014, when only 52 per cent of recent qualifiers went straight into practice. Another big difference compared to 2014 and 2010 is that only 2.2 per cent took some time out as they were unable to find a veterinary job, and a further 1.7 per cent took a non-veterinary job; in earlier surveys, the percentages of those who were unable to find a job were much higher (17.8% in 2014 and 13.6% in 2010). Table 9.1 gives further details.

'Other' activities included working for the FSA or in meat hygiene/official controls, and taking veterinary training positions variously described as an 'unpaid traineeship', a 'temporary graduate position' and an 'externship'.

Table 9.1: Activities following graduation

	Post-2015 qualifiers (%)	Post-2011 qualifiers (%)	Post-2006 qualifiers (%)
Went straight into practice	-	52	63
Went straight into practice in a permanent position	71.2	-	-
Went straight into practice as a locum	2.2	-	-
Went straight into a veterinary position outside clinical practice	2.4	-	-
Began a veterinary internship	10.6	10	6
Worked abroad for a charity or other practice	2.6	7.6	3.5
Began postgraduate studies	1.1	1.4	1.1
Took some time out for travel	3.8	6.5	7.7
Took some time out as you were unable to find a job	2.2	17.8	13.6
Took a job in a non-veterinary area of work	1.7	-	-
Other	2.5	4.7	5.1

Source: VS Surveys, 2019, 2014 and 2010

Comparing respondents' answers to this question based on whether or not they qualified in the UK (see Table 9.2), there is a fairly similar pattern to the 2014 survey:

- A much higher percentage of recent UK qualifiers went straight into practice.
- Non-UK recent qualifiers are much more likely to have begun postgraduate studies, although the overall percentage doing this is small.
- Non-UK recent qualifiers are also much more likely to have gone into a veterinary internship or worked abroad.

With regard to the options not provided in 2014, non-UK qualifiers are more likely to have gone straight into a veterinary position outside clinical practice, or taken a job in a non-veterinary area of work.

A final observation is that non-UK recent qualifiers comprise almost half (48.1%) of recent qualifiers, compared to a considerably lower 26.2 per cent in 2014.

Table 9.2: Activities following graduation by country of qualification

	Recent UK qualifiers 2019 %	Recent non-UK qualifiers 2019 %	Recent UK qualifiers 2014 %	Recent non-UK qualifiers 2014 %
Went straight into practice	-	-	59	32.7
Went straight into practice in a permanent position	83	58.1	-	-
Went straight into practice as a locum	1.5	2.9	-	-
Went straight into a veterinary position outside clinical practice	0.8	4.1	-	-
Began post-graduate studies	0.2	2.1	0.2	4.8
Began a veterinary internship	6.5	15.1	5.3	23.2
Worked abroad for a charity or other practice	1.3	3.9	7	9.5
Took some time out for travel	4	3.5	7	5.4
Took some time out as you were unable to find a job	0.8	3.7	17.5	17.9
Took a job in a non- veterinary area of work	0.6	2.9	-	-
Other	1.3	3.7	4	6.5
Total (N)	524	485	473	168

Source: VS Surveys, 2014 and 2019

Table 9.3 provides a breakdown of responses by gender, with a 2014 comparison; it shows that, unlike in 2014, recent female and male graduates are more or less equally likely to have gone straight into clinical practice, or worked abroad, or gone into an internship. As in 2014, male recent qualifiers are more likely to have begun postgraduate studies and female recent qualifiers are more likely to have taken some time out for travel. A notable finding for 2019 relates to going straight into a veterinary position outside clinical practice, which was far more likely for male recent qualifiers.

Table 9.3: Activities following graduation by gender

	Male 2019 %	Female 2019 %	Male 2014 %	Female 2014 %
Went straight into practice	-	-	56.2	51.1
Went straight into practice in a permanent position	70.7	71.7	-	-
Went straight into practice as a locum	2.7	2	-	-
Went straight into a veterinary position outside clinical practice	6.3	1.1	-	-
Began postgraduate studies	2	0.8	2.3	1.2
Began a veterinary internship	9.8	10.9	17.7	8
Worked abroad for a charity or other practice	2.3	2.7	6.9	7.8
Took some time out for travel	2.3	4.3	3.8	7.2
Took some time out as you were unable to find a job	1.2	2.5	9.2	19.8
Took a job in a non-veterinary area of work	1.2	1.9	-	-
Other	1.6	2.8	3.8	4.9
Total (N)	256	751	130	511

Source: VS Surveys, 2014 and 2019

The number of BAME recent qualifiers is small compared to White respondents (N = 66, 6.6% of recent qualifiers). An analysis by ethnicity reveals no significant differences in area of work or other activity following graduation.

9.3 Time to find first position

Respondents were asked how long it had taken them to find their first position after they started to look. A small number (N = 52) had not yet found their first post; the average time taken by those who had found a post was 1.87 months, notably shorter than 2014 when recent qualifiers had taken three months on average. The range of responses was between zero and 12 months. Further analysis shows:

- Male recent qualifiers took slightly less time, on average, than their female counterparts (1.77 months compared to 1.9 months)
- BAME respondents (N = 64) took longer, on average, than White respondents to secure their first post: 2.28 months compared to 1.83 months
- Respondents with a disability or limiting medical condition (N = 25) took a little longer to find their first position: 2.04 months, on average, compared to 1.86 for those without a disability/medical condition (although these results should be interpreted with caution due to the relatively small number of respondents with a disability/medical condition)
- Those who qualified in the UK took a little less time, on average, than overseas qualifiers: 1.81 months compared to 1.92 months.

9.4 The first year of clinical practice

Among those respondents who went into clinical practice, either straight away following their graduation or after a period of time (N = 950), the majority (74.7%, considerably higher than 2014's 64.2%) received training during their first year at work. Almost two-thirds (64.1%) were assigned a mentor for their first year, and a similar percentage (64%, again higher than 2014's 54.4% and 2010's 57%) received appraisals or performance reviews during their first year. Although these results are an encouraging improvement, they still mean that one-quarter of those in their first year at work in clinical practice did not receive training, one-third did not have a mentor, and one-third did not receive appraisals or performance reviews.

Further analysis shows that 17 per cent of recent qualifiers who responded fully to this question (N = 937) received all three types of support (training, a mentor and appraisals/performance reviews) during their first year at work, while 25 per cent received two out of the three, 45 per cent one of the three, and 13 per cent none of the three.

In answer to a question about the extent to which they felt supported during their first year:

- 23.5% felt fully supported
- 41.9% felt adequately supported
- 29% felt inadequately supported
- 5.6% felt not at all supported.

Further analysis examined the relationship between feeling supported and receiving (or not) one, two or all three of the support types. This yielded some surprising results, in that:

- Those who received just one support type are the most positive about the support they received: 83% felt fully or adequately supported, leaving just 17% feeling not at all or not adequately supported.
- Of those receiving two out of three support types, 65% felt fully or adequately supported, while 35% felt not at all or not adequately supported.
- Of those receiving all three support types, 51% felt fully or adequately supported, while 49% felt not at all or not adequately supported.
- Finally, those who received none of the three support types felt the least supported: 20% felt fully or adequately supported, while 80% felt not at all or not adequately supported.

An analysis of feeling supported or unsupported compared to the business model of the practice shows:

- Those working in an independent, standalone practice are most likely to have felt supported: 69% were fully or adequately supported, compared to 31% who felt not at all or not adequately supported.

- Those working in an independent, standalone practice that is part of a larger group, however, felt less supported: 58% were fully or adequately supported, compared to 42% who felt not at all or not adequately supported.
- Those working in a corporate practice are almost as positive as those working for an independent, standalone practice: 67% were fully or adequately supported, compared to 33% who felt not at all or not adequately supported.
- However, those working for a joint venture with a corporate group are not so positive: 54% were fully or adequately supported, compared to 46% who felt not at all or not adequately supported.

Finally, an analysis by type of practice shows that there are some differences with regard to feeling supported or not:

- Respondents in mixed practice are the most positive group, in that 75% felt fully or adequately supported.
- Those in referral/consultancy practices are mostly likely to have felt unsupported: only 48% felt fully or adequately supported, although this finding should be treated with caution due to the relatively small number of respondents in this type of practice.
- Other types of practice have fairly similar results:
 - Small animal: 64% felt fully or adequately supported
 - Equine: 68% felt fully or adequately supported
 - Farm: 67% felt fully or adequately supported.

9.5 The Professional Development Phase (PDP)

Respondents who had appraisal or performance reviews within their first year (N = 600) were asked if these appraisal/reviews took account of their progress with the PDP. Exactly half (50%) said no, with 40.8 per cent saying yes and 9.2 per cent selecting 'don't know'. This is a less positive picture than in 2014, when a slightly higher 45 per cent stated that their appraisals/reviews did take account of their PDP progress.

Almost two-thirds (62.7%) of recent qualifiers have been working in clinical practice for more than 12 months. These respondents were asked if they had completed their PDP: 59.8 per cent say they have, 34.8 per cent have not, while the remaining 5.5 per cent do not know. Further analysis shows:

- Of those who felt not at all or not adequately supported, 57% have completed their PDP, while of those who felt fully or adequately supported, a higher 67% have completed their PDP.
- Receiving different types of support or not during the first year of training appears to make only small differences to PDP completion:
 - 62% of those who received all three support types have completed
 - 65% of those who received two out of three types have completed
 - 65% of those who received one out of three types have completed

- A lower 58% of those who received none of the support types have completed.

Those who have not yet completed their PDP were asked why not. The results, in Table 9.4, indicate that most are at least in the process of completing, although a significant minority have not started yet, have not received adequate support, have stopped before finishing or have been unable to gain the required experience. Note that the 2019 percentages in Table 9.4 are not strictly comparable to 2014 because respondents were asked to select all the reasons that applied in 2019, whereas in 2014 they were asked to select the main reason.

'Other' reasons included going to work in another country that had different or no PDP requirements, finding it unnecessarily time-consuming and complicated, and not having the time or energy to complete it in a busy practice and/or after working long hours.

Table 9.4: Reason for not having completed PDP

Reason	% 2019	% 2014
I have not started it yet	13.1	9.3
I don't yet have enough experience but expect to complete in due course	25.6	49.6
Did not start straight away but now in process of doing it	36.2	9.3
Have not received adequate support in practice	11.6	6.9
Have stopped the PDP before finishing it	3.5	4.5
Not been able to gain required experience and am unlikely to be able to do so	3	2.4
Other reason	23.6	18.2

Source: VS Surveys, 2014 and 2019

10 Views about the profession

This chapter focus on the attitudes and views of respondents towards the veterinary profession. In this section of the survey, respondents were also asked whether they would still opt for a career within the veterinary profession if they had the chance to start again, and to consider the best aspects of the profession, improvements that would make it a better profession in which to work, and the challenges faced by the profession. All respondents to the survey, regardless of whether or not they worked within the profession, and regardless of their employment status, were invited to give their views.

Chapter summary

- The responses to 11 statements representing general views about the veterinary profession follow a similar pattern to those of 2014 and 2010, although the average (mean) score for the two statements about clients valuing the work of VJs and VNs have decreased since 2014 and 2010, while satisfaction with remuneration/salary level has increased slightly.
- Respondents have a slightly negative view about newly-qualified VJs having the necessary skills for general practice from day one, and slightly disagree that veterinary schools are recruiting too many students for available future work.
- Respondents are confident in their familiarity with, use of, and ability to critically appraise, evidence, although they are not likely to have participated in research over the previous five years. They are also confident about understanding and using quality improvement.
- Regarding emergency first aid provision, as in 2014, there is strong agreement that respondents should continue to be obliged to take steps to provide emergency first aid and pain relief to animals, and a less strong but still clearly positive view that they are satisfied, when on call, to be obliged to attend an emergency away from the practice only if necessary on clinical or welfare grounds. However, the agreement to being obliged to take steps to provide emergency first aid and pain relief, when on call, only to animals registered with the practice is much less strong.
- Although respondents overall feel comfortable reporting and sharing mistakes, they are neutral about whether or not the profession has a culture of sharing and learning from mistakes. A similar division is apparent regarding societal recognition: there is agreement that VJs are recognised as a leading force for animal health and welfare, but disagreement that their role in public health is recognised.
- There is agreement overall that the RCVS PSS should be mandatory, with only 9% disagreeing or strongly disagreeing. However, respondents working in an RCVS PSS-accredited practice return a high average score of 3.7, compared to a negative score of 2.9 for those working in a practice without this accreditation.

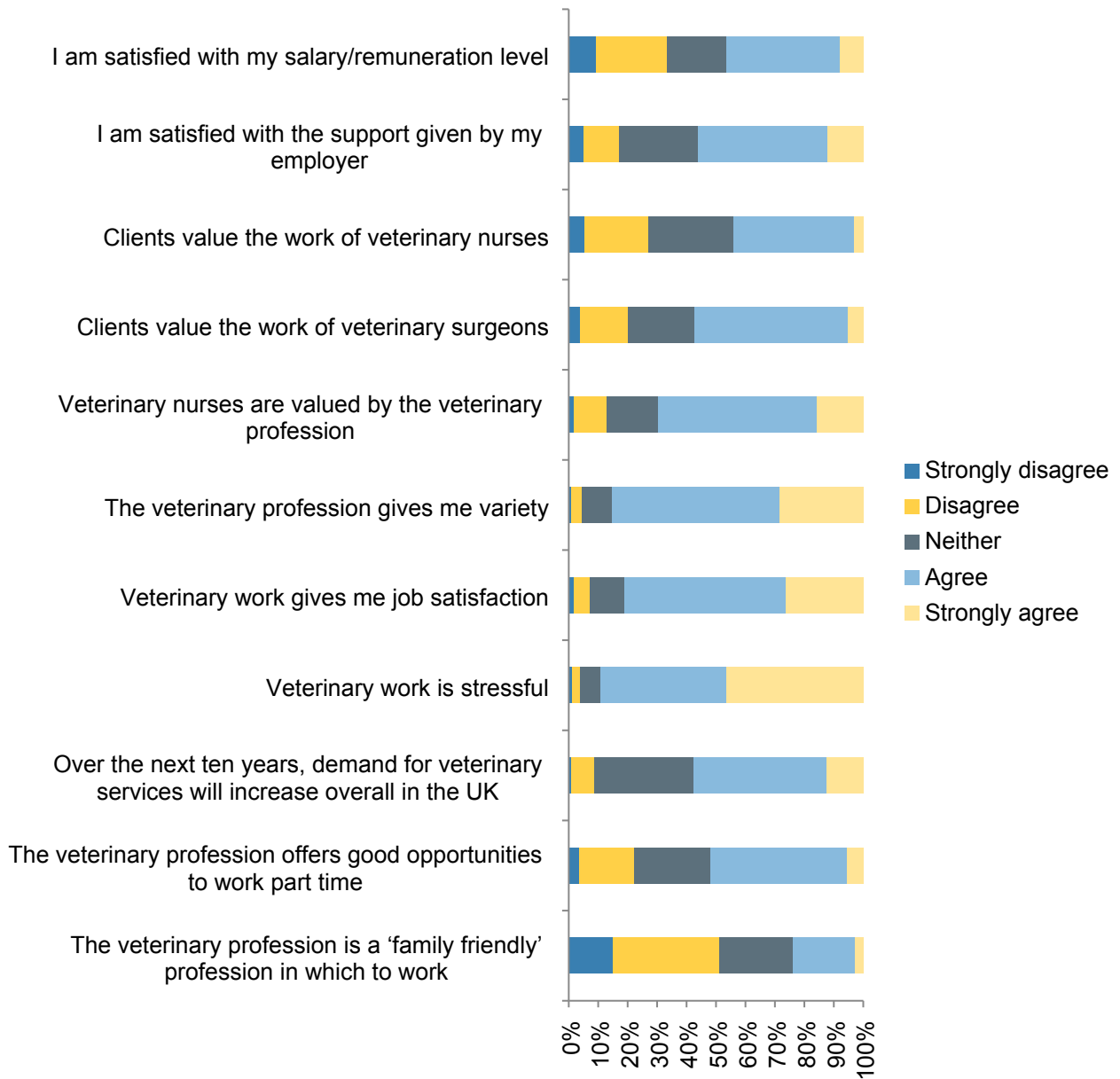
- There is only a slightly positive view overall regarding whether or not the profession nurtures innovation, and overall, respondents do not have a high opinion of the profession's development of leadership skills, with over half (52%) disagreeing or strongly disagreeing that the profession pays sufficient attention to this.
- The lowest overall average (mean) score is given to the statement that the profession pays sufficient attention to its environmental footprint; 62% of respondents disagree or strongly disagree.
- Taking all 31 statements together, overall: men are more positive than women; those in their 60s and 70s are more positive than younger age groups; those with a disability/medical condition are less positive than those without; those working within the profession are more positive than those working outside; in clinical practice, those in senior roles are more positive than employed assistants and independents/locums; when analysed by type of practice, those in farm animal practices are more positive than other types of practice; and outside clinical practice, those working in veterinary schools are more positive than those working in other non-practice areas.
- 48% would still opt for a veterinary career if they could start over again, while 23% would not and 39% are undecided.
- The best things about working in the profession are seen as working with animals, job satisfaction and challenge/stimulus.
- The things that would make the profession a better place to work are better work-life balance, better financial reward and less workload pressure.
- The biggest challenges to the profession are client expectations/demands, stress levels, changing structures in veterinary practice ownership, and affordability of veterinary services.

10.1 General views about the profession

Respondents were asked to indicate the extent to which they agree with a series of 31 attitudinal statements about the veterinary profession. Each statement used a five-item scale to capture responses ranging from 'strongly disagree' (scoring 1) to 'strongly agree' (scoring 5), with a mid-point score of 3. Seventeen of these statements were also used in the 2014 survey, and 14 are new to the 2019 survey. Within this chapter, views have been grouped, where appropriate, into themes. Appendix Table 1 gives the full results for these 31 statements (i.e. number responding, percentage spread of responses and mean score for each statement).

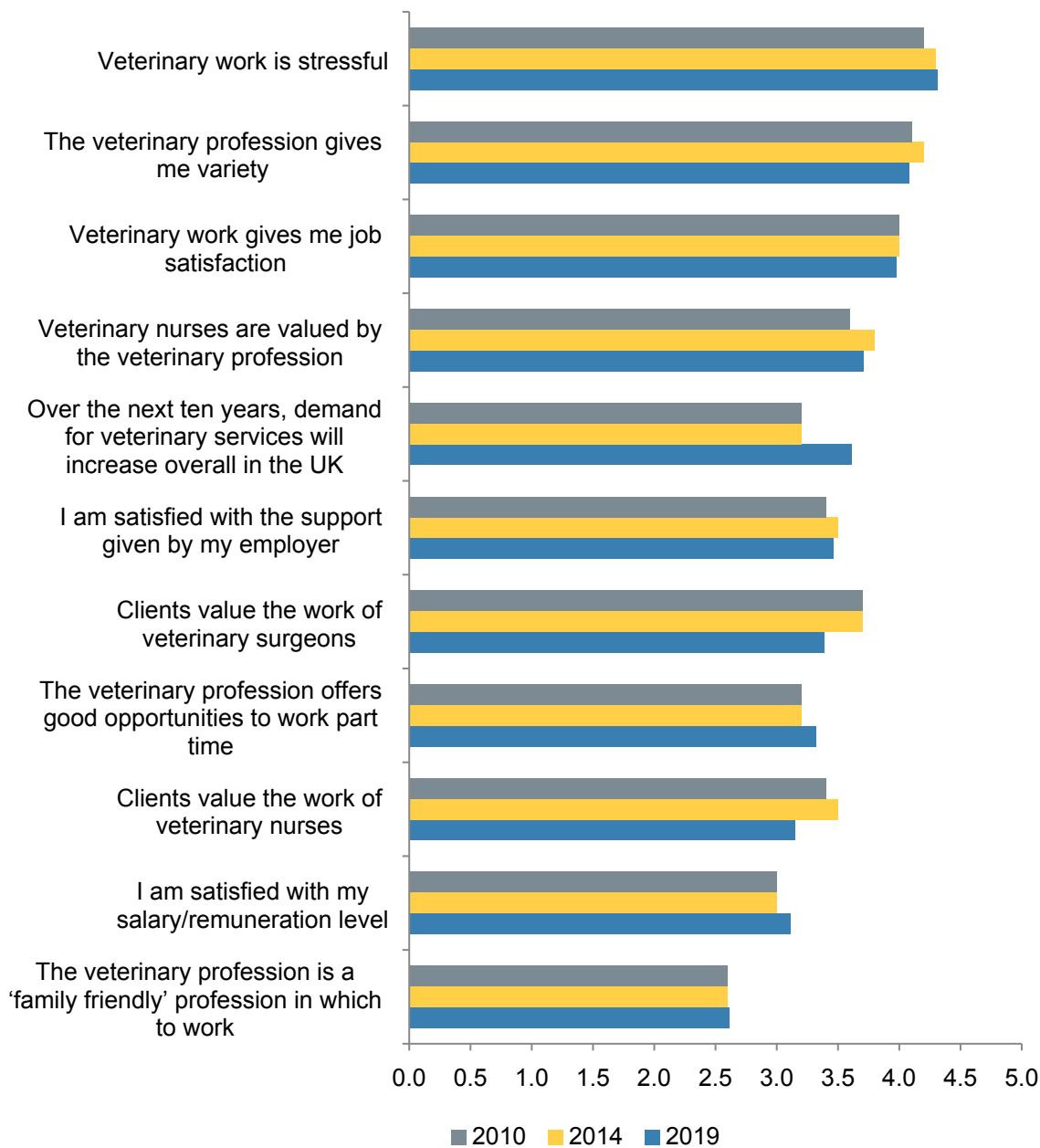
Figure 10.1 shows the overall spread of responses to a selection of eleven of these statements which were also asked in 2014 and 2010, while Figure 10.2 provides the average (mean) scores and compares the 2019 results with those for 2014 and 2010.

Figure 10.1: General views about the profession: percentage spread of responses



Source: VS Survey, 2019

Figure 10.2: General views about the profession: average (mean) scores, 2019, 2014 and 2010 compared



Source: VS Surveys, 2019, 2014 and 2010

On the whole, where comparisons with previous years are available, the findings are consistent with those from the previous two RCVS surveys. However, the average (mean) score for the two statements about clients valuing the work of Vets and VNs have decreased since 2014 and 2010, while satisfaction with remuneration/salary level has increased slightly compared to the previous two surveys.

An analysis by gender indicates that, on the whole, male respondents tend to be a little more positive than female respondents. The statements with the biggest differences are:

- The profession is family-friendly: men 2.8, women 2.46
- The profession offers part-time working opportunities: men 3.5, women 3.19
- Veterinary work is stressful: men 4.13, women 4.44
- Clients value the work of VSs: men 3.59, women 3.25
- Clients value the work of VNs: men 3.37, women 2.99
- Satisfaction with salary/remuneration: men 3.26, women 3.03.

An analysis by age indicates that at least some of the gender differences above are related to the different age profiles within the profession of men and women. Overall, the most positive age groups are the two oldest groups (those aged 70 and over and those in their 60s) and the youngest group (those aged under 30). The statements showing the biggest differences are:

- The profession is family-friendly: the least positive are those in their 30s (2.44) and 40s (2.41), while the most positive are those in their 60s (2.84) and 70s (3.32) – the last age group being the only one to return a positive average (mean) score for this statement.
- The profession offers part-time working opportunities: again, the least positive are those in their 30s (3.14) and 40s (3.23), and the most positive those in their 50s (3.48) and the two oldest groups (3.58).
- Increased demand for veterinary services over the next ten years: although there is clear agreement from all age groups, those aged under 30 are the most likely to agree (3.88) while those in their 50s are least likely (3.49).
- Veterinary work is stressful: agreement with this statement declines steadily in line with age, from a very high 4.55 for the under 30s to a lower (although still clearly positive) 3.76 for those aged 70 and over.
- The profession gives job satisfaction: the two oldest age groups are particularly in agreement, with those in their 60s scoring 4.24 overall and those aged 70 and over 4.32.
- Clients value the work of VSs: both age groups aged under 40 are only slightly in agreement with this, after which average (mean) scores increase in line with age; those in their 40s score 3.33, in their 50s 3.6, in their 60s 3.81 and in the 70 and over group 3.93.
- Clients value the work of VNs: the same age-related pattern is seen here, with the under 30s and those in their 30s returning a negative average (mean) score of 2.84, rising to a slightly positive 3.1 for those in their 40s and clearly positive scores for the older groups; 50s 3.41, 60s 3.63 and 70 and over 3.79.
- Satisfaction with salary/remuneration: the least satisfied are those in their 30s (3.01) while those in their 60s (3.38) and 70 plus (3.79) are the most satisfied.

Further analysis looking at other variables shows:

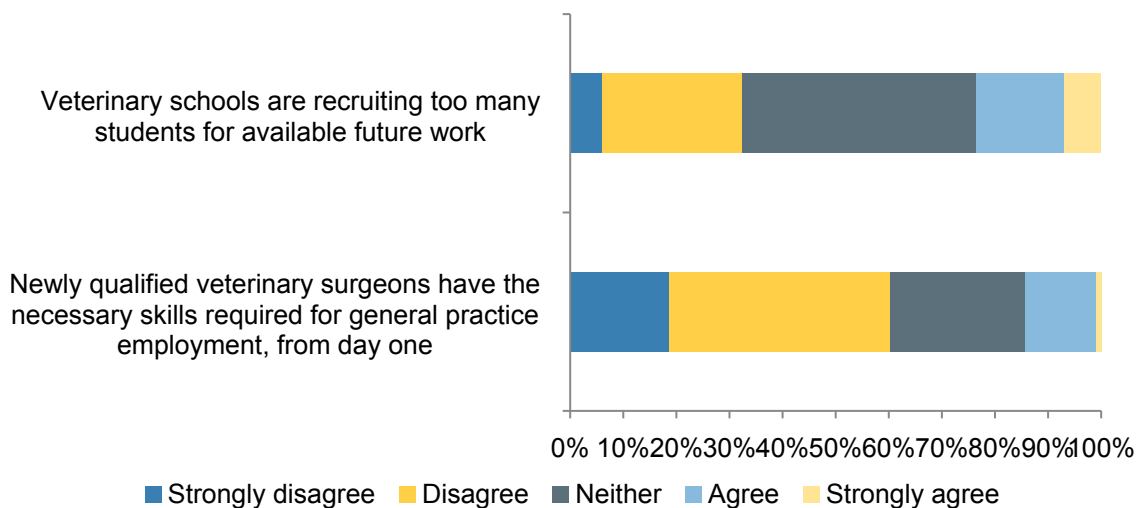
- BAME respondents are a little less positive overall than White respondents, with the following responses showing the biggest differences:
 - The veterinary profession gives me variety: White 4.09, BAME 3.96
 - Clients value the work of VSs: White 3.4, BAME 3.24
 - I am satisfied with my salary/remuneration level: White 3.13, BAME 2.96.
- Respondents with dependent children show few significant differences, with the following showing the biggest difference:
 - The veterinary profession is a 'family friendly' profession in which to work: with dependent children 2.44, without dependent children 2.7.
- There are no clear differences between the view of respondents with and without adult dependants.
- Respondents who work outside the veterinary profession are less positive, overall, than those working within the profession. The following statements show the biggest differences in average (mean) scores:
 - Veterinary work gives me job satisfaction: within the profession 3.99, outside the profession 3.54
 - The veterinary profession gives me variety: within 4.09, outside 3.79
 - VNs are valued by the veterinary profession: within 3.71, outside 3.46
 - I am satisfied with the support given by my employer: within 3.48, outside 3.1
 - I am satisfied with my salary/remuneration level: within 3.12, outside 2.89.
- There are some differences, among those who work within the veterinary profession, between those working in clinical practice and those working outside clinical practice; however, one group is not consistently more positive than the other. The two statements showing the biggest differences are:
 - The veterinary profession is a 'family friendly' profession in which to work: within clinical practice 2.52, outside clinical practice 2.71
 - VNs are valued by the veterinary profession: within 3.75, outside 3.57.
- There are clearer differences when analysed by broad area of work, with those in principal/director/partner roles on the whole being more positive than employed assistants or independents/locums:
 - The veterinary profession is a 'family friendly' profession in which to work: principal/director/partner 2.65, employed assistant 2.46, independent/locum 2.45
 - The veterinary profession offers good opportunities for those wishing to work part time: principal/director/partner 3.47, employed assistant 3.26, independent/locum 3.31
 - Clients value the work of VSs: principal/director/partner 3.51, employed assistant 3.3, independent/locum also 3.3

- Clients value the work of VNs: principal/director/partner 3.27, employed assistant 2.97, independent/locum 3.07
- I am satisfied with the support given by my employer: principal/director/partner 3.7, employed assistant 3.41, independent/locum 3.25
- I am satisfied with my salary/remuneration level: principal/director/partner 3.35, employed assistant 3.01, independent/locum 3.1.

10.2 Views about recent qualifiers and veterinary school places

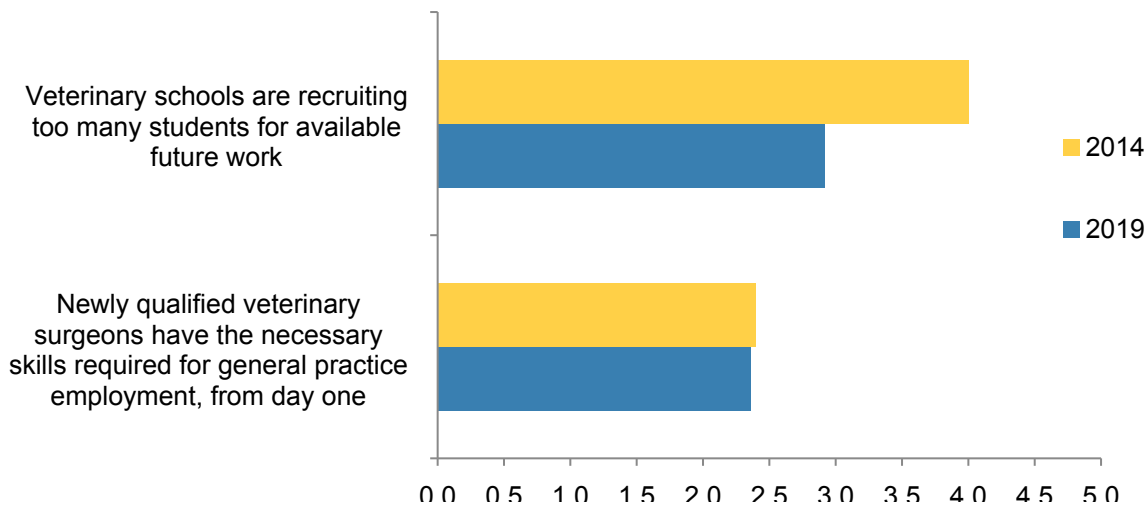
Only two statements, rather than four as in the 2014 survey, sought respondents' opinions about newly-qualified VSs and the number of students being recruited by veterinary schools. Figure 10.3 gives the spread of responses to these statements, while Figure 10.4 gives the mean scores with a 2014 comparison. It is clear that, although respondents have the same slightly negative view about newly-qualified VSs having the necessary skills for general practice from day one, there has been a big change with regard to the number of students being recruited by veterinary schools; whereas there was strong agreement to this statement in 2014, there is now slight disagreement overall.

Figure 10.3: Views about recent qualifiers and veterinary school places: percentage spread of responses



Source: VS Survey, 2019

Figure 10.4: Views about recent qualifiers and veterinary school places: average (mean) scores, 2019 and 2014



Source: VS Surveys, 2019 and 2014

Further analysis shows:

- There is no difference between the views of female and male VSs for these two statements.
- When analysed by age:
 - No age group returns a positive mean score for VSs having the necessary skills for practice from day one. However, the youngest and oldest age groups are somewhat more positive than average (those aged under 30 and 70 plus score 2.5 and 2.49 respectively, whereas those in their 40s and 50s score 2.31 and those in their 60s 2.28)
 - Those in their 50s are more likely than average to disagree that veterinary schools are recruiting too many students for the available future work (2.76 compared to an overall average of 2.92).
- BAME respondents have notably different scores regarding veterinary schools recruiting too many students, in that they agree with the statement while White respondents disagree: BAME 3.22, White 2.9.
- Respondents in principal/director/partner roles are notably more likely than average to disagree that newly-qualified VSs have the necessary skills for general practice from day one (2.23 compared to an overall average of 2.36).

10.3 Views on evidence-based medicine and quality improvement

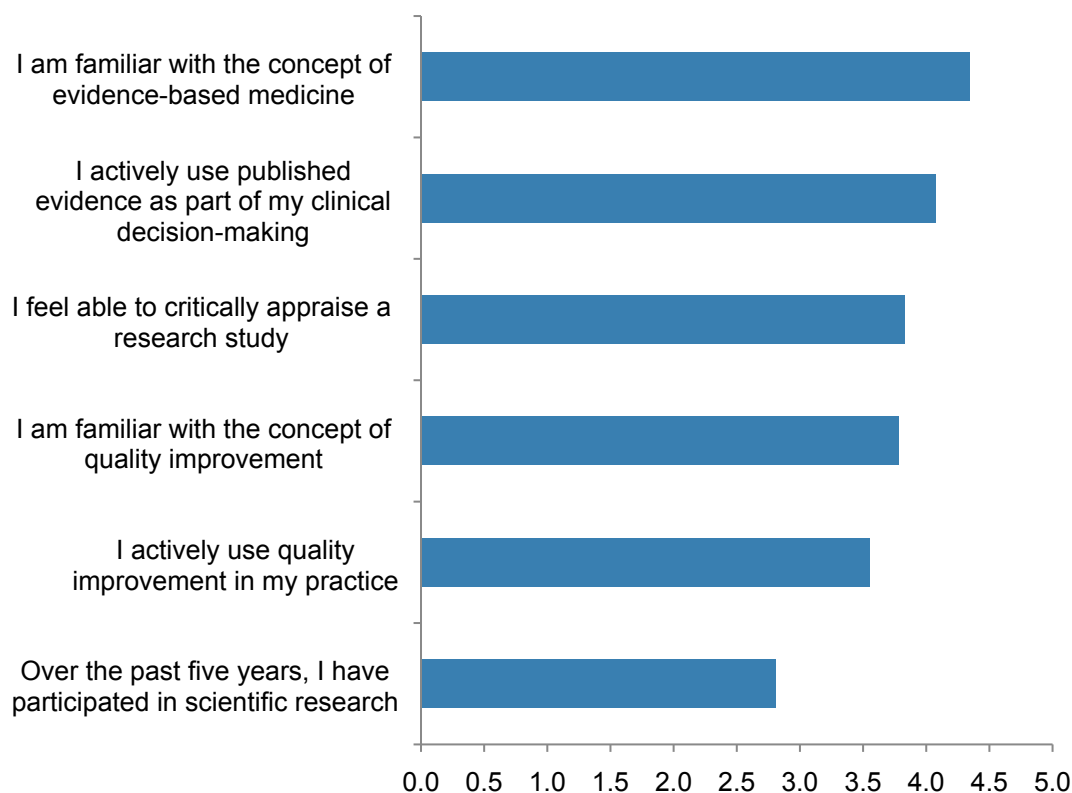
Six statements sought respondents' views about evidence-based medicine and quality improvement. Only one of these statements, 'I am familiar with the concept of evidence-based medicine', is worded the same as in the 2014 survey, while the two statements about quality improvement are completely new. Figure 10.5 shows the spread of responses, while **Error! Reference source not found.** shows the average (mean) scores overall. It is clear that respondents are confident in their familiarity with, use of, and ability to critically appraise, evidence; however, overall they are not likely to have participated in research over the previous five years. Respondents are also confident about understanding and using quality improvement, although less so than in their responses to the evidence-based medicine.

Figure 10.5: Views on evidence-based medicine and quality improvement: percentage spread of responses



Source: VS Survey, 2019

Figure 10.6: Views on evidence-based medicine and quality improvement: average (mean) scores



Source: VS Survey, 2019

Further analysis shows:

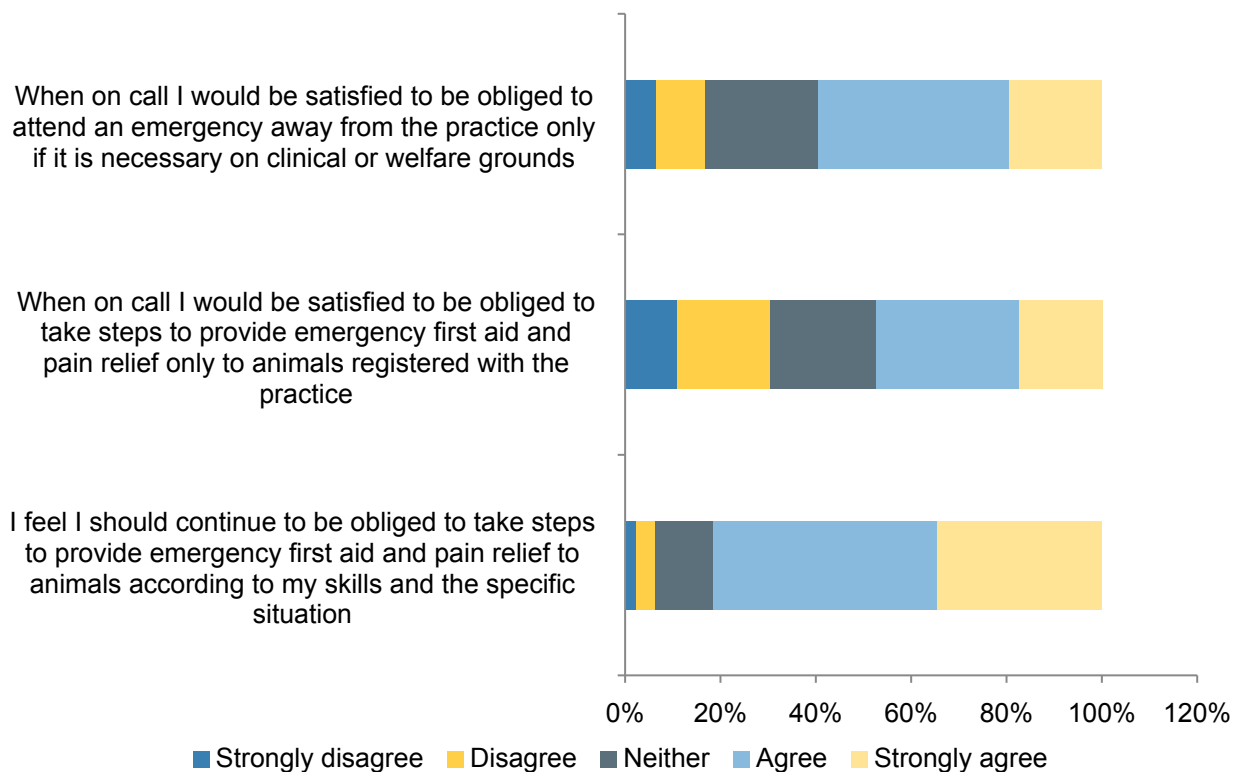
- There is little variation in responses to these statements when analysed by gender.
- An age analysis shows that younger respondents are a little more confident about evidence-based medicine than older respondents, although all age groups rate their familiarity, use and critical appraisal skills highly. However, younger respondents are somewhat less likely to be familiar with the concept of quality improvement: those aged under 30 return a score of 3.66, compared to 3.82 for those in their 40s and 50s. They are also a little less likely to use quality improvement in their practice: the under 30s score 3.44 for this statement, compared to 3.59 for those in their 40s.
- Those working outside the profession are more likely to have participated in research over the past five years (3.2 compared to 2.79 for those within the profession) and rate their critical appraisal skills more highly (4.05 compared to 3.82).
- Within the profession, those working outside clinical practice have greater familiarity with the concept of clinical improvement (3.9 compared to 3.73 for those within clinical practice) and are more likely to have participated in research (3.12 compared to 2.69).

- However, within clinical practice, those in principal/director/partner roles are more likely actively to use quality improvement in their practice than employed assistants or independents/locums (3.68, 3.42 and 3.47 respectively).

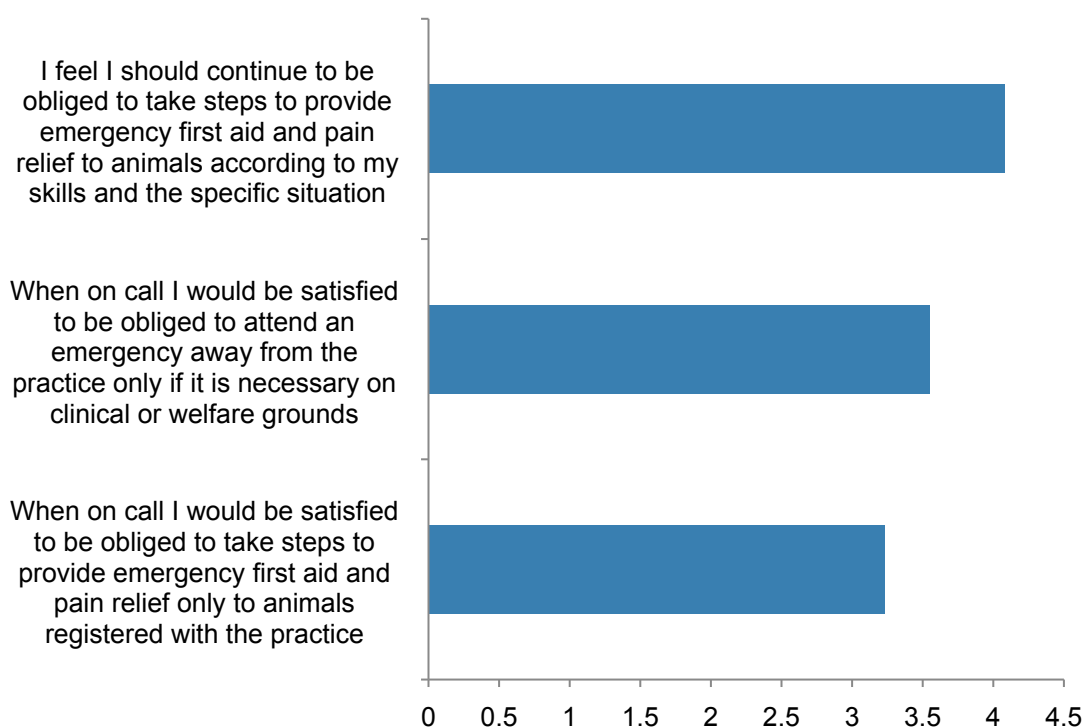
10.4 Views about emergency first aid provision

Three statements sought VSSs' views about emergency first aid provision; these statements were first used in 2014. Figure 10.7 shows the spread of scores, while Figure 10.8 shows the average (mean) scores. As in 2014, there is strong agreement that respondents should continue to be obliged to take steps to provide emergency first aid and pain relief to animals, and a less strong but still clearly positive view among respondents that they are satisfied, when on call, to be obliged to attend an emergency away from the practice only if it is necessary on clinical or welfare grounds. However, the agreement to being obliged to take steps to provide emergency first aid and pain relief, when on call, only to animals registered with the practice is notably less strong.

Figure 10.7: Views about emergency first aid provision: percentage spread of response



Source: VS Survey, 2019

Figure 10.8: Views about emergency first aid provision: average (mean) scores

Source: VS Survey, 2019

Further analysis shows:

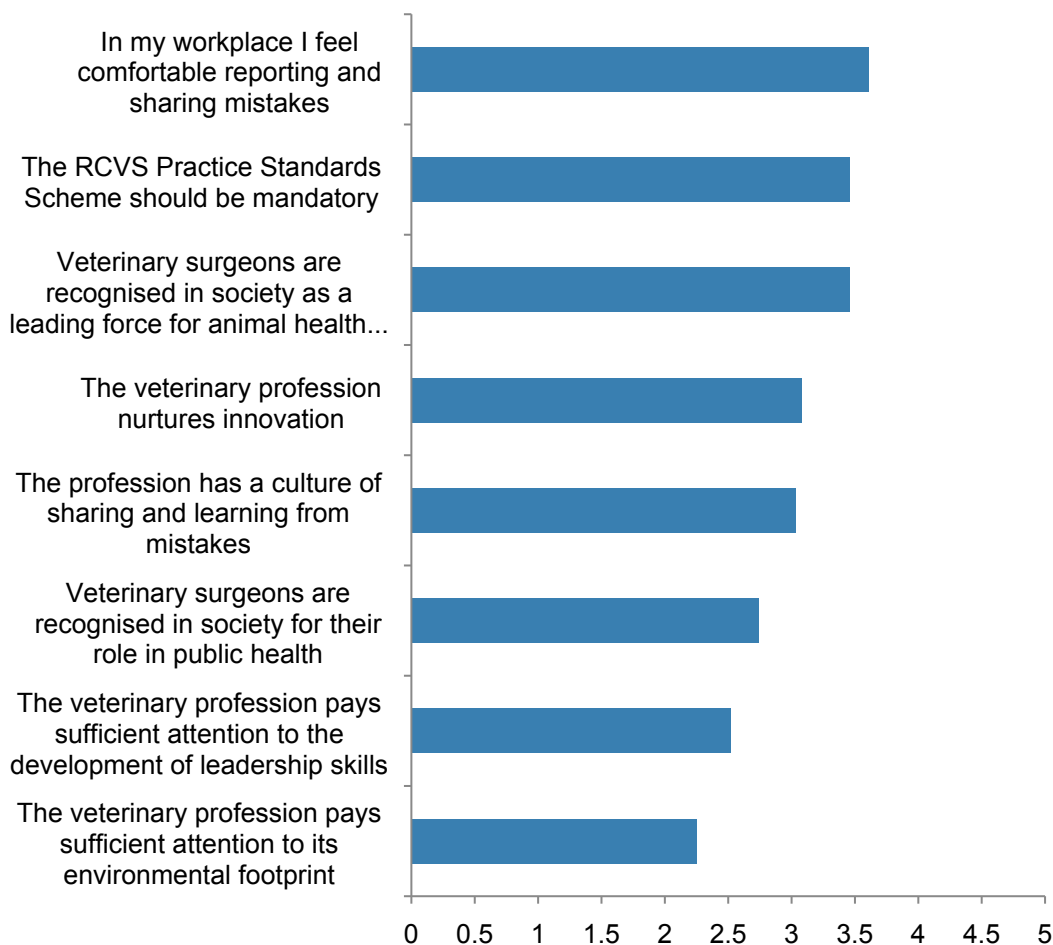
- Female respondents feel more strongly than male respondents that they should continue to be obliged to take steps to provide emergency first aid and pain relief: female 4.17, male 3.94.
- The above finding is to some extent age related, in that views about this statement become somewhat less strong in line with age increasing: the under 30s score 4.27, with the score decreasing gradually until those aged 70 and over score 3.86.
- Perhaps unsurprisingly, respondents working outside the profession feel less strongly (but still clearly positively) that they should be obliged to provide first aid and pain relief: 3.61 compared to 4.09 for those within the profession.
- Within the profession, those within clinical practice feel more strongly than those outside that they should be obliged to provide first aid and pain relief: 4.16 compared to 3.85.
 - However, the strength of this view varies somewhat related to the role of the respondent: those in principal/director/partner roles or independent/locum roles, though strongly positive about this statement, are somewhat less positive than employed assistants: 4.03, 4.07 and 4.25 respectively
 - Views also vary somewhat depending on whether or not the respondent does any out-of-hours work. Those who are required to work out of hours score 3.37 when asked if they would feel obliged to take steps to provide emergency first aid and

pain relief only to animals registered with the practice, compared to 3.18 for those who do no out-of-hours work. However, regarding being satisfied to be obliged to attend an emergency away from the practice only if necessary on clinical or welfare grounds, views are fairly similar: those who work out of hours score 3.64, compared to 3.56 for those who do not work out of hours.

10.5 Views about standards, learning and societal recognition

A collection of eight statements in the 2019 survey sought opinions on sharing and learning from mistakes, societal recognition of the VS role, the RCVS PSS, and the veterinary profession’s nurturing of innovation, attention to the development of leadership skills and environmental footprint. Figure 10.9 gives the average (mean) scores.

Figure 10.9: Views about standards, learning and societal recognition, average (mean) scores



Source: VS Survey, 2019

The results show:

- Although respondents overall feel comfortable reporting and sharing mistakes, they are neutral about whether or not the profession has a culture of sharing and learning from mistakes.
- A similar division is apparent regarding societal recognition: there is agreement that VSs are recognised as a leading force for animal health and welfare, but disagreement that their role in public health is recognised.
- There is agreement overall that the RCVS PSS should be mandatory, with only 9% disagreeing or strongly disagreeing; however, around a third (32.4%) of respondents are unsure, in that they neither agree nor disagree.
- There is only a slightly positive view overall regarding whether or not the profession nurtures innovation, and a very large minority (42.6%) feel unable to agree or disagree.
- Overall, respondents do not have a high opinion of the profession's development of leadership skills, with over half (52%) disagreeing or strongly disagreeing that the profession pays sufficient attention to this; however, around one-third (34.5%) are unable to agree or disagree.
- The lowest overall average (mean) score – and indeed the lowest mean score of all 31 attitude statements in this section of the survey questionnaire – is given to the statement that the profession pays sufficient attention to its environmental footprint; 62% of respondents disagree or strongly disagree.

Further analysis of these statements shows:

- With regard to sharing and learning from mistakes:
 - The most positive age groups regarding the profession's culture are the under 30s (3.39) and those in their 60s (3.3); the least positive are those in their 40s and 50s (2.91 and 2.9 respectively)
 - Respondents working within the profession are notably more positive than those working outside about the profession's culture (3.04 and 2.81 respectively) and about their comfort with reporting and sharing mistakes (3.62 and 3.25 respectively)
 - Finally, among those working in clinical practice, there are differences related to role with regard to feeling comfortable reporting and sharing mistakes: principal/director/partner 3.89, employed assistant 3.58 and independent/locum 3.4.
- With regard to societal recognition:
 - Men are more positive than women about VSs being recognised as a leading force for animal health and welfare (3.65 compared to 3.35) and about VSs being recognised for their role in public health (2.92 compared to 2.64)
 - With regard to societal recognition for the VS role in public health, younger respondents are notably less positive than older respondents: the under 30 and 30s age groups both score 2.62, compared to 3.0 for those in their 50s and 3.22 for those in their 60s (but a lower 2.74 for those aged 70 and over)

- BAME respondents are less positive than White respondents about recognition for the VS role in public health: 2.74 compared to 2.91.
- There are some differences of opinions about whether or not the RCVS PSS should be compulsory:
 - Women express stronger agreement than men (3.57 compared to 3.31)
 - This is to some extent age related, in that agreement is strongest among those aged under 30 (3.67) and weakest among those in their 50s and 60s (3.3 and 3.23 respectively)
 - For those working within clinical practice, there are fairly large differences of opinion depending on role: principal/director/partner 3.16, employed assistant 3.59, independent/locum 3.43
 - There is also a very big difference depending on whether or not the respondent works in an RCVS PSS-accredited practice: those who do return an average score of 3.7, compared to a negative 2.89 for those working in a practice without this accreditation, and 3.4 for those who do not know whether the practice is accredited or not.
- Finally, with regard to innovation, the development of leadership skills and the profession's attention to its environmental footprint:
 - Women are notably less in agreement than men about the profession's attention to its environmental footprint: 2.14 compared to 2.43
 - This, again, is age-related; the most positive age groups about attention to the environmental footprint (though still clearly negative) are those in their 50s and 60s (2.53 and 2.85 respectively), although interestingly those in their 70s are almost as negative as the under 40 age groups (2.25 and 2.2 respectively)
 - Those working within the profession are somewhat more likely, on average, to think the profession nurtures innovation: 3.09, compared to 2.86 for those working outside
 - For those working within clinical practice, there are differences of opinion about the profession's attention to its environmental footprint, depending on role: principal/director/partner 2.34, employed assistant 2.08, independent/locum 2.19.

10.6 Views on 'being myself at work'

Finally, one statement new for the 2019 survey tested opinions about the statement 'I am able to be myself in the workplace'. Overall, respondents expressed clear agreement, in that the average (mean) score for the statement is 3.79 and only seven per cent disagreed or strongly disagreed. Further analysis reveals relatively few differences:

- BAME respondents are somewhat less positive than White respondents, although they are still clearly positive: 3.65 compared to 3.8.
- Those working outside the veterinary profession are notably less positive than those within: 3.47 compared to 3.8.

- There are some differences, for those working within clinical practice, when this statement is analysed by role: principal/director/partner 3.98, employed assistant 3.78 and independent/locum 3.67.
- Those whose gender identity is not the same as the sex they were assigned at work are more positive about this statement than average: 3.93 compared to 3.79.
- When analysed by sexual orientation, there is a slight difference in scores, with heterosexual respondents being a little more positive: 3.8, compared to 3.76 for LGB respondents.

10.7 'Overall views score'

For the first time, an 'overall views score' has been created by taking the average of respondents' views on all 31 attitude statements. The scores for the two negatively-worded statements, 'Veterinary work is stressful' and 'Veterinary schools are recruiting too many students for the available future work' have been reversed in order to create this variable, so that a high score consistently indicates positive views. The midpoint for this overall views score, as for each individual attitude statement, is 3.

The overall views score for all respondents is 3.31. There are some differences in the overall view score when it is broken down by respondent groups:

- Demographic/personal variables:
 - Gender: female 3.26, male 3.38
 - Age: under 30 3.32, 30s 3.25, 40s 3.26, 50s 3.31, 60s 3.38, 70 and over 3.5
 - Sexual orientation: heterosexual 3.31, LGB 3.3 (i.e. very little or no difference)
 - Ethnicity: BAME 3.3, White 3.31 (i.e. very little or no difference)
 - Dependent children living with respondent: yes 3.29, no 3.32
 - Adult dependant: yes 3.3, no 3.31 (i.e. very little or no difference)
 - Disability/medical condition that limits work the respondent can do: yes 3.22, no 3.31.
- Work variables:
 - Working within veterinary profession 3.31, working outside profession 3.19
 - Recently qualified (2016 onwards) 3.35, not recently qualified 3.31
 - Working within clinical practice 3.31, outside clinical practice 3.33
 - Broad role within clinical practice: principal/director/partner 3.37, employed assistant 3.28, independent/locum 3.26
 - Type of practice for those working within clinical practice (scores higher to lower):
 - Farm/production animal 3.38
 - Mixed 3.34
 - Referral/consultancy 3.34

-
- Other first opinion 3.33
 - Equine 3.31
 - Small animal 3.27
 - Area of work for those working outside clinical practice (only for areas of work containing 50 or more respondents, scores higher to lower):
 - Veterinary school 3.45
 - Other university/educational establishment 3.36
 - Commerce and industry 3.38
 - Telemedicine 3.34
 - Zoo/wildlife/conservation 3.33
 - Overseas government 3.32
 - FSA 3.27
 - Meat hygiene/official controls 3.27
 - APHA 3.24
 - Charity/trust 3.21
 - DAERA 3.2.

10.8 Reflections on career choice

Close to half (47.8%) of respondents would still opt for a career in the veterinary profession if they could start their careers again; this is an improvement on 2014, when the percentage was 46.2 per cent, but is significantly lower than 2010, when 52.5 per cent said they would still opt for a veterinary career. Almost a quarter (23.3%) say they would not opt for the profession if they could start their careers again; this is also lower than in 2014 (25.2%) but higher than in 2010 (21.8%). Finally, 28.9 per cent are unsure what they would do if they could start their careers again; once more, lower than in 2014 (30%) but higher than in 2010 (25.6%).

When analysed by gender, a greater proportion of men say yes, they would still opt for the profession (50.6%, compared to 46.2% of women) while a higher proportion of women are unsure (30.5%, compared to 26.5% of men); in 2014, there was an even bigger gender difference of those who were unsure (32.5% of women, compared to 24.3% of men).

With regard to age, the average age of respondents who stated that they would still opt for a veterinary career, if they had the choice again, is 47.4 (47 in 2014), while the average age of those who would not opt for a veterinary career again is 44.1 (43 in 2014) and the average age of those who are unsure is 44 (43 in 2014). A further breakdown of participant responses by age is provided in Table 10.1. This table shows that:

- The least positive age groups regarding starting their career again in the profession are those in their 30s and 40s, with the two oldest groups (60s and 70 plus) being most positive.
- Those saying a definite 'no' are most likely to be in their 30s and 40s, and least likely to be in the youngest (under 30) and oldest (70 plus) groups.

- Uncertainty declines steadily with age, with the under 30 group being the most unsure and the 70 plus group the least unsure.
- The percentages follow a fairly similar pattern to those in the 2014 survey, although there is somewhat less variability in responses in the 2019 survey, possibly due to the larger sample size.

Table 10.1: Reflections on career choice by age

	<30 2019 %	30s 2019 %	40s 2019 %	50s 2019 %	60s 2019 %	70+ 2019 %	<30 2014 %	30s 2014 %	40s 2014 %	50s 2014 %	60s 2014 %	70+ 2014 %
Yes	49.5	41.1	43.3	49	57.8	64.7	45.6	37.5	42.1	48.9	58.2	66.7
No	18.3	27.3	27.5	22.7	17.2	14.2	23.2	29.4	30.4	24	17.5	14
Unsure	32.2	31.6	29.2	28.3	25	21.1	31.2	33.1	27.5	27.1	24.3	19.4

Source: VS Surveys, 2019 and 2014

Saying 'yes' or 'no' when asked about still opting for the veterinary profession if starting a career again makes a big difference to responses to all the attitude statements except those relating to emergency provision and evidence-based medicine and quality improvement. The statements showing the greatest difference in average (mean) scores – and therefore giving a clue to what might disillusion regretful VSs most about their career choice – are shown below, with the associated mean scores:

- Veterinary work gives me job satisfaction: yes 4.37, no 3.31.
- The veterinary profession is a 'family friendly' profession in which to work: yes 2.9, no 2.12.
- I am satisfied with my salary/remuneration level: yes 3.42, no 2.67.
- I am able to be myself in my workplace: yes 4.07, no 3.35.
- Clients value the work of VSs: yes 3.65, no 2.96.
- The veterinary profession gives me variety: yes 4.33, no 3.69.
- I am satisfied with the support given by my employer: yes 3.71, no 3.12.
- VSs are recognised in society as a leading force for animal health and welfare: yes 3.68, no 3.1.
- The profession has a culture of sharing and learning from mistakes: yes 3.21, no 2.69.

In addition to the marked differences above, those who say 'no' are more clearly negative than those who say 'yes' about some of the statements to which respondents overall return a score below the midpoint of 3: newly-qualified VSs having the necessary skills from day one, the development of leadership skills in the profession, and VSs being recognised for their role in public health.

10.9 Best things, suggestions for improvement and challenges

Respondents were asked to identify firstly the three best things about being in the veterinary profession, secondly the three things that would make the veterinary profession a better profession in which to work, and thirdly the three main challenges currently facing the veterinary profession. For each, they were offered a list of things from which to choose, or could select 'other' and enter some free text; the lists were compiled from responses to previous RCVS surveys.

10.9.1 Best things about working in the profession

The three top 'best things', chosen by at least 45 per cent of respondents, are:

- Working with animals (67.7%)
- Job satisfaction (51%)
- Challenge/stimulus (45.4%).

A further three 'best things', chosen by at least 20 per cent of respondents, are:

- Client relationships (31%)
- Making a difference (30.8%)
- Workplace relationships/colleagues (20.3%).

The remaining 'best things' in the list, chosen by ten per cent or fewer respondents, are:

- Ability to choose working hours (10%)
- Autonomy (9.6%)
- Financial reward (6%)
- Status (4.8%)
- Work-life balance (2.1%)
- Working hours (0.5%).

'Other' best things about working in the profession

In addition to the breakdown above, 1.7 per cent opted for 'other' as one of their choices, and most of these (N = 181) gave further details. A random sample of 50 per cent of those who provided additional details shows that respondents most commonly cited the diversity in career opportunities as the best thing about the veterinary profession, either because of the variety of areas to choose from within the profession, or applying their training in a role outside the profession:

'Grounding in biomedical sciences allows career versatility.'

'I mostly worked in human pharmaceuticals. The vet training qualifies one for so many things.'

The scientific basis of the role and the training VSs undertake was also referred to as one of the best things about the profession, as it allows individuals to develop critical thinking skills and an understanding of science to pursue an applied scientific career or move into research:

'Excellent background from which to develop a scientific career.'

Participants also reported the job satisfaction as one of the best things about the profession, as they enjoy:

'Helping to protect animal and public health'

'Doing something useful to society'

'Clinical investigation and 'making animals better' is what motivates me most'

Further analysis of 'best things'

The 2019 overall 'best things' are remarkably similar to 2014, when the top five were identical, and in the same order (see Table 10.2).

Table 10.2: 'What are the best things about being in the veterinary profession?' (select up to three)

	N	%	N	%
	2019	2019	2014	2014
Working with animals	7,394	67.7	3,932	64.4
Job satisfaction	5,573	51	3,234	52.9
Challenge/stimulus	4,952	45.4	3,255	53.3
Client relationships	3,385	31	2,229	36.5
Making a difference	3,357	30.8	1,817	29.7
Workplace relationships/colleagues	2,216	20.3	-	-
Ability to choose location	1,089	10	-	-
Autonomy	1,045	9.6	-	-
Financial reward	653	6	-	-
Status	524	4.8	-	-
Work-life balance	226	2.1	-	-
Working hours	57	0.5	-	-
Other	191	1.7	249	4.1

Source: VS Surveys, 2019 and 2014

An analysis by gender shows some differences:

- For women, 'working with animals' is a clear top 'best thing' (chosen by 73.5%), with 'challenge/stimulus' second (47%) and 'job satisfaction' third (44.7%).
- For men, the top two were selected by almost identical percentages: 'working with animals' (60.2%) and 'job satisfaction' (60%), while the third is 'challenge/stimulus' (43.3%).

To a large extent, these gender differences are related to the differing age profiles of men and women in the profession; 'job satisfaction' is the clear top 'best thing' for those aged 60 to 69 and 70 plus, while 'working with animals' is top for all other age groups (and at a particularly high 77% for those aged under 30).

'Working with animals' is the top best thing for all three broad role groupings: principal/director/partner (67%), employed assistant (71.3%) and independent/locum (71.5%). However, there are some differences related to area of work; although 'working with animals' is the top 'best thing' for those working in small animal, equine, mixed, other first opinion and referral/consultancy practices, and also for those working outside clinical practice, for respondents working in farm practices the top 'best thing' is 'client relationships'.

10.9.2 Things that would make the profession a better place to work

The two clear top desired improvements, each chosen by more than 50 per cent of respondents, are:

- Better work-life balance (57.2%)
- Better financial reward (53.9%).

A further four improvements, chosen by at least 20 per cent of respondents, are:

- Less workload pressure (30.1%)
- More respect/recognition from the public (24.6%)
- Less regulation/bureaucracy (21.3%)
- Less out of hours/on call (20.7%).

At least ten per cent chose:

- Better opportunities for career progression (19.7%)
- More flexibility of working hours (18.2%)
- Shorter hours (13.8%)
- More support staff (11.2%).

Finally, relatively small numbers opted for:

- More variety (2.2%)
- More responsibility (1.5%).

'Other' things that would make the profession better

In addition to the breakdown above, 3.2 per cent selected 'other' and 375 of these gave further details. A random sample of 50 per cent of those who provided further details indicates a variety of issues for respondents. The most common issue is the need for improved personal and professional support. Respondents also suggest improvements relating to the corporatisation of the profession, considerations of animal, human, and environmental welfare, managing client expectations, and improved CPD processes.

In relation to support, respondents express a need for better support from both peers and management to deal with the demands and complaints from clients, as well as more professional support from employers, senior colleagues and the RCVS when things go wrong and to assist with development:

'More support from members higher up in the veterinary profession when things go wrong.'

'Feeling backed up and supported by the Royal College on an individual and profession wide basis.'

As well as support, respondents also call for better management:

'Better management, particularly recognition, communication, career development.'

Some responses suggest that VSs do not feel respected by peers, senior colleagues, employers, politicians, and the public, and this is something that needs to be improved on within the profession:

'Respect from employer - to be treated as [a] professional.'

'More respect for non-clinical professionals by clinical professionals and the public.'

Responses also suggest that some VSs feel that the manner in which the RCVS deals with complaints and concerns is unfair and unsupportive, and some are fearful of making mistakes:

'RCVS support in complaint situations rather than automatically siding with the client.'

'If I wasn't so frightened of making a mistake and retribution from the RCVS.'

Respondents commonly express dislike of the involvement of corporates in clinical practice, noting an emphasis on financial targets which they believe means treatment is expensive and animal welfare is perceived as a lower priority. They would like the focus to be moved back towards patient care:

'Less priority given to profit & more to old fashioned duty & caring.'

'Less concentration on making money and more on the welfare of the patients.'

Considerations of the profession's contribution to environmental sustainability as well as concerns for animal and human welfare are also raised:

'The profession should stop perpetuating environmental & animal welfare issues.'

'More integration of environmental footprint which would make me feel better about my services.'

'National guidelines for care. There are lots of vets practising poor standards & it's disheartening.'

Responses also highlight that respondents feel there should be more support in managing client expectations and demands which is an aspect of the job that increases stress:

'If clients were more understanding that we can't fix everything. Some are very demanding.'

'Less hostility from public over pricing.'

'Less pointing fingers when you make a mistake, especially from clients. We are only humans.'

Lastly, participants expressed desire for improved CPD systems that allow them more time and opportunity for development:

'Better systems of veterinary surgeon development that could help me as a busy stressed Principal.'

'Better ways to ensure consistent and high standards of veterinary work, including more regulated QA & CPD.'

Further analysis of suggestions for improvement

The overall 2019 results are very consistent with those of 2014 (see

Table 10.3), when the top five suggestions for improvement were better work-life balance, better pay/remuneration, less out of hours/on call, less regulation/bureaucracy and more support/recognition from the public. 'Less workload pressure', in third position in 2019, was not offered in 2014; it was added in 2019 due to the number of respondents who raised it as an issue in 2014 in free text comments.

Table 10.3: 'What would, for you, make the veterinary profession a better profession in which to work?' (Select up to three)

Improvements to profession	N	%	N	%
	2019	2019	2014	2014
Better work-life balance	6,185	57.2	3,845	64.3
Better financial reward	5,825	53.9	3391	56.7
Less workload pressure	3,256	30.1	-	-
More respect/recognition from the public	2,662	24.6	1,527	25.5
Less regulation/bureaucracy	2,304	21.3	1,608	26.9
Less out-of-hours/on call	2,242	20.7	1,798	30.1
Better opportunities for career progression	2,127	19.7	1,357	22.7
More flexibility of working hours	1,966	18.2	863	14.4
Shorter hours	1,497	13.8	840	14.0
More support staff	1,212	11.2	485	8.1
More variety	241	2.2	-	-
More responsibility	166	1.5	100	1.7
Other	392	3.6	227	3.8

Source: VS Surveys, 2019 and 2014

Although the response patterns of men and women are, on the whole, very similar, there are notable differences with regard to four of the 'best things':

- 23.4% of female respondents selected 'more flexibility of working hours' compared to only 11.2% of male respondents.
- Only 13.3% of female respondents, compared to a much larger 32.1% of male respondents, selected 'less regulation/bureaucracy'.
- 28.7% of women, compared to 19% of men, chose 'more respect/recognition from the public' as one of their top three desired improvements.
- A higher percentage of women than men opted for 'less workload pressure' (34.1% compared 24.9%).

Some differences are apparent when the responses of different age groups are explored:

- 'Better financial reward' is a particular issue for the younger age groups (57.9% of under 30s and 60.1% of those in their 30s) compared to older respondents (44.9% of those in their 60s and 40.2% of those aged 70 and over).
- 'Better work-life balance', although an issue for all age groups, is more important for younger respondents (64.4% of those under 30, compared to 52.8% of those in their 50s and 52.5% of those in their 60s).
- 'More flexibility in working hours' is more of an issue for those in their 30s and 40s (22.9% and 21.6% respectively) than for older respondents (e.g. 11.9% of those in their 60s).

- 'Shorter hours' is particularly likely to have been chosen by the under 30 age group (19.6%).
- 'Less regulation/bureaucracy' increases significantly as age increases: only 7.8% of those under 30, and 9.9% of those in their 30s, selected it as one of their top three issues, compared to 41.7% of those in their 60s and 44.9% of those aged 70 and over.
- Finally, 'more respect/recognition from the public' is much more of an issue for younger respondents, and declines in importance with age: 34.6% of those under 30, and 31.2% of those in their 30s, selected this as a desired improvement, compared to 16.8% of those in their 60s and 12.3% of those aged 70 and over.

Overall, the role occupied by respondents does not make a lot of difference to their responses regarding the three desired improvements. However, the following are worthy of note:

- 'Less out-of-hours/on call' is more of an issue for those in principal/director/partner roles than for independents/locums (25% compared to 12.9%).
- 'More flexibility of working hours' is much less important to principals/directors/partners (10.5%) than to employed assistants (22.2%).
- 'Less regulation/bureaucracy' is one of the top three desired improvements for 34% of principals/directors/partners, compared to 12.8% of independents/locums.
- Finally, 20.6% of independents/locums and 19.8% of employed assistants would like to see 'better opportunities for career progression' compared to 10.9% of principals/directors/partners.

Some differences are apparent when the three desired improvements are analysed by area of veterinary work:

- 'Better financial reward' is an issue for 68.5% of respondents working in equine practice, compared to 45.5% of those in a referral or consultancy practice.
- 'Less out-of-hours/on call' is much less of an issue for those working in small animal practice (15.3%) or outside clinical practice (also 15.3%) than for those in equine practice (38.1%) or mixed practice (33.4%).
- 'Better work-life balance', although important across the board, is particularly an issue for those in referral/consultancy practices (63.5%) and equine practices (63.2%).
- 'More flexibility in working hours' is a stronger desired improvement for those working in telemedicine (29.5%) than for any other working areas.
- 'Shorter hours' is more important than average for those in small animal practice (19.1%).
- 'Less regulation/bureaucracy' is more of an issue for respondents in mixed practices (26.6%) than for any other groups.
- 'More respect/recognition from the public' is notably more important than average for respondents in telemedicine (31.8%) and small animal practice (29.4%).

- 'More opportunities for career progression' is one of the top three desired improvements for those working outside clinical practice (29.7%) and those in telemedicine (29.5%); although less important for those working in clinical practice, it is more important than average for those in farm animal practice (24%).
- Finally, 'less workload pressure' is more likely than average to have been selected as a top three desired improvement by those working outside clinical practice (32.4%) and for those in other first opinion practice (40%) and small animal practice (32.3%).

10.9.3 Challenges to the profession

The top two challenges to the profession, each selected by over 45 per cent of respondents, are:

- Client expectations/demands (54.9%)
- Stress levels (47.3%).

A further four challenges were chosen by at least 25 per cent of respondents:

- Changing structures in veterinary practice ownership (30.3%)
- Affordability of veterinary services (30%)
- Poor financial reward (25.8%)
- Difficulty in recruiting VSs (25.7%).

An additional five challenges were selected by at least ten per cent:

- Misinformation/bad PR (17.6%)
- Brexit (13.6%)
- Economic climate (12.7%)
- Decline in farming (11.8%)
- Poor support for the profession (11%).

Finally, smaller numbers opted for the remaining two challenges on the list provided:

- Gender diversity in the profession (5.3%)
- Changes in training (1.6%).

'Other' challenges to the profession

Some respondents chose an 'other' main challenge, and most (N = 309) gave further details. A random sample of 50 per cent of these was analysed for themes. Themes include work-related factors such as the introduction of technology, corporatisation, and job expectations of employees, as well as issues with the training of newly qualified VSs, diversity and discrimination problems, lack of support from the RCVS, and staff turnover.

Technology is commonly cited as one of the main challenges facing the profession either because of the rise of information available through other streams (telemedicine, social

media, internet, DIY veterinary websites), or because of developments in technology which the profession needs to adapt to and/or compete with:

'Technological advances and (lack of) flexibility of the profession to adapt.'

'Bad sources of information for clients on-line.'

Respondents also discuss the corporatisation of the profession as a key challenge to consider, as this is seen as creating competition with private/independent practices, shifting focus from patient care, increasing financial pressures to perform, and providing employees with poorer career prospects:

'Unfair competition for private practices with corporates and online.'

'Managing corporations' involvement while allowing patient care and personnel to flourish.'

'Poor career prospects for younger vets due to rampant corporate spread equals lack of partnership opportunities.'

Participants also discussed the unrealistic expectations of employees, particularly newly-qualified VSs, who (some believe) lack the resilience, willingness to learn and 'hard work' culture that is necessary to work in practice:

'A total disconnect between the expectations of young graduates with the reality of practice.'

'Poor resilience of the new graduates.'

'I think universities select new students based on the wrong criteria, these new grads are frightened of learning.'

Some respondents consider that the training that undergraduates receive is not sufficient to prepare them emotionally or technically for working in practice:

'Resilience and competence of new graduate veterinary surgeons. Wholly unprepared emotionally.'

'Vets are increasingly oversensitive, workshy, emotionally fragile and lacking client care skills.'

Respondents emphasise that drop-out and high staff turnover is also one of the main challenges facing the profession. Low staff retention is attributed by some to poor management and burnout influencing people's decision to leave:

'Poor personnel management, attrition of burnt out and disillusioned newly graduated vets.'

'Have had poor relationships with management in previous job, many employees left due to management.'

Some respondents also highlight concerns about discrimination and a lack of diversity in the profession. Some suggest there is over-representation of women within veterinary

schools and newly-qualified posts, but who do not stay within the profession long term, while others believe that men dominate senior roles possibly because of underlying sexism within the profession:

‘Privately schooled female students are vastly overrepresented, but most likely to not stay fulltime.’

‘Female dominated profession needing constant replenishment due to having a family.’

‘The misogyny and sexism exhibited by the predominantly male leaders in corporate groups and professors.’

Some responses reveal VSs’ relationship with the RCVS as one of the main challenges faced in the profession. These respondents express feeling like it is an ‘us against them’ relationship, where VSs feel unsupported:

‘Complete and utter lack of support from the RCVS. Very much an ‘us against them’ relationship.’

‘Fear of making a mistake/being blamed by the client and going through a hideous RCVS investigation.’

Further analysis of challenges to the profession

In 2014, ‘client expectations/demands’ and ‘stress levels’ were also seen as the top two challenges overall; however, the third top challenge in 2019, ‘changing structures in veterinary practice ownership’, was not offered as an option in 2014. The third, fourth and fifth challenges in 2014 were identified as ‘affordability of veterinary services’ (fourth in 2019), ‘economic climate’ (probably related to the continuing recession and austerity cuts at that time, and dropped to ninth place in 2019) and ‘poor financial reward’ (fifth in 2019). Table 10.4 gives more details.

Table 10.4: ‘In your opinion, what are the main challenges currently facing the veterinary profession?’ (Select up to three)

Main challenge(s)	N	%	N	%
	2019	2019	2014	2014
Client expectations/demands	5,971	54.9	3,275	53.8
Stress levels	5,143	47.3	3,253	53.4
Changing structures in veterinary practice ownership	3,290	30.3	-	-

Affordability of veterinary services	3,263	30	2,294	37.7
Poor financial reward	2,811	25.8	2,130	35.0
Difficulty in recruiting VSs	2,790	25.7	-	-
Misinformation/bad PR	1,911	17.6	898	14.8
Brexit	1,477	13.6	-	-
Economic climate	1,379	12.7	2,179	35.8
Decline in farming	1,278	11.8	1,025	16.8
Poor support for profession	1,201	11	859	14.1
Gender diversity in the profession	573	5.3	600	9.9
Changes in training	178	1.6	208	3.4
Other	318	2.9	274	4.5

Source: VS Surveys, 2014 and 2019

An analysis by gender of the 2019 results shows:

- Although the top two challenges for women and men are the same, they were selected by a notably higher percentage of women:
 - 62.3% of women and 45.3% of men think 'client expectations/demands' is the most important challenge
 - 'Stress levels' is the second most important challenge for 53.7% of women and 38.8% of men.
- For women, 'affordability of services' is the third most important challenge (31.2%), whereas for men it is in fourth position (29.9%).
- The relative positions of 'changing structures in veterinary practice ownership' are reversed, in that men have it in third place (34.7%) and women fourth (27%).
- A similar pattern is seen for the fifth and sixth top challenges:
 - Women have 'poor financial reward' in fifth position (25.6%) whereas for men, though actually slightly more important than for women in percentage terms (26.1%) it is in sixth place
 - Men have 'difficulty in recruiting VSs' in fifth place (27.1%) whereas for women it is sixth (24.7%).

To some extent, the gender differences above are related to age and role. When analysed by age, there are some differences in the challenges seen as particularly important:

- 'Economic climate' is seen as a bigger challenge than average by respondents in their 70s (19.8%).
- Those in their 70s see 'decline in farming' as far more of a challenge than average (43.8%), although it is noticeable that its importance increases with age from a low 5.4% among those under 30.

- Respondents aged under 30 or in their 30s are the most likely to select 'client expectations/demands' (58.9% and 61.4% respectively), although it is important for all age groups.
- 'Misinformation/bad PR' is seen as notably more important than average by the youngest age group (28.1% of under 30s).
- 'Affordability of veterinary services' is more important than average for the oldest age groups (39.2% of those in their 60s and 48.5% of those aged 70 and over).
- There is a notable association with age for the challenge of 'changing structures in veterinary practice ownership', from 17.2% of those under 30 to 43.3% of those in their 60s and 43% of those aged 70 and over.
- Although 'gender diversity in the profession' is not seen as a big challenge overall, the percentage seeing it as a challenge increases with age (from 2.3% of the under 30s to 10.8% of those aged 70 and over).
- 'Stress levels' is a perceived challenge that declines sharply with age: 63.5% of the under 30s and 58.3% of those in their 30s see it as a top-three challenge, compared to 28.1% of those in their 60s and 18.8% of those aged 70 plus.
- 'Poor financial reward' also declines with age as a challenge, from 29.8% of the under 30s to 13.3% of those aged 70 and over.
- 'Poor support for the profession', although not one of the top challenges overall, is also seen as more important to younger than older age groups: 15.8% of under 30s and 14.9% of those in their 30s see it as important, compared to 3.9% of the 70 plus age group.
- 'Brexit' is a somewhat unusual challenge, in that there is very little variation with age.
- Finally, 'difficulty in recruiting VSs' is a more important challenge for those in their 40s, 50s and 60s than for any other age group, with those in their 50s seeing it as particularly important (34.6%).

An analysis by role shows fewer differences in views than the above gender and age analyses. However, some variation in view is apparent:

- 'Economic climate' is more important for principals/directors/partners (13.2% of whom rate this as one of the top challenges) than employed assistants (9.9%).
- 'Decline in farming' is also more important than average for principals/directors/partners (9.7% compared to an overall average of 6.9%).
- 'Client expectations', very important for all groups, is particularly so for employed assistants (63.4% of whom see it as one of their top three challenges).
- 'Affordability of veterinary services' is more important for independents/locums (31.6%) and employed assistants (30.4%) than principals/directors/partners (25.6%).
- Principals/directors/partners are more concerned about 'gender diversity in the profession' (8.6%) than employed assistants (3.5%), although this is a relatively unimportant issue for them in comparison to other challenges.

- 'Stress levels', a very important issue overall, is seen as notably more of a challenge by employed assistants (52.5%) than principals/directors/partners (40%).
- 'Poor financial reward is not seen as such a challenge by principals/directors/partners (22.3%) than by employed assistants (28%) or independents/locums (28.4%).
- This analysis by role is the only breakdown that sees a significant difference in the views about Brexit as a challenge to the profession; 13.4% of independents/locums see it as a challenge, compared to 8.8% of principals/directors/partners and 9% of employed assistants.
- 'Difficulty in recruiting VSs' is perceived as a big challenge by principals/directors/partners (41.9% of whom rate it as one of their top three) whereas the other two broad groups rate it as much less serious: employed assistants (26.6%) and independents/locums (21%).

Finally, a breakdown by area of work shows some differences in view with regard to the relative importance of challenges to the profession:

- Unsurprisingly, 42.6% of respondents who work in a farm practice, and a lower but still notably above average 22.8% of mixed practice respondents, think 'decline in farming' is one of the top three challenges. This compares to 8.7% overall and just 2% among small animal practice respondents. This challenge displays more variability in response than any other of the challenges.
- 'Client expectation' is very clearly the most important issue for VSs working in small animal practice, 63% of whom rate it in their top three; over 40% in every area of work apart from those in farm animal practice (28.9%) rate this as an important challenge.
- 'Affordability of veterinary services' shows considerable variation: those in referral/consultancy practices and small animal practices see this as a more important challenge (33.6% and 31.3% respectively) than those in farm animal practice (13.7%).
- Responses to 'changing structures in veterinary practice ownership' are fairly consistent overall, but this challenge is seen as a bigger than average by those in referral/consultancy and farm animal practices (40.8% and 36.5% respectively).
- 'Stress levels' is seen as a major challenge across all areas of work, but particularly so in small animal practice (53.4%).
- 'Poor financial reward' is seen as a bigger challenge than average among respondents in equine practice (37.8%) and other first opinion practices (42.9%).
- The response to Brexit as a challenge varies depending on area of work. It is highest among respondents working in telemedicine (31.1%), other first opinion practices (25.7%) and outside clinical practice (23.7%), and lowest among equine and mixed practice VSs (7.1% and 8.4% respectively).
- Finally, 'difficulty in recruiting VSs' appears to be a bigger issue than average among respondents working in mixed practice (39.8%), other first opinion practices (37.1%) and farm animal practice (33.9%).

11 Well-being

As in the 2014 and 2010 surveys, respondents to the 2019 RCVS survey were asked to respond to a short series of questions concerning their well-being in both their professional and personal lives. To do this, a 14-item scale of mental well-being known as the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)⁴ was used. The rationale underpinning the inclusion of these questions is to track the mental well-being of the veterinary profession at a population level over time. Respondents did not have to complete this section of the survey if they preferred not to. This chapter of the report provides details of the responses to the WEMWBS, comparing the results to those found in the 2014 and 2010 surveys.

Chapter summary

- The overall WEMWBS well-being average (mean) score for respondents is 47.7, lower than in 2014 and 2010 when the score was 49.
- The latest available comparable national data relate to the 2016 Health Survey for England; this gives the WEMWBS score for men as 50.1 and for women 49.6.
- A demographic analysis shows that: respondents with a limiting disability/medical condition have a notably lower average well-being score than those who do not have such a condition, especially if the disability related to mental health; women score somewhat lower than men; those in their 60s are more positive than other age groups; respondents of all ages with dependent children living with them have higher scores than those without dependent children; those with responsibility for an adult dependant have lower scores than those without an adult dependant; BAME respondents have lower scores than White respondents; and heterosexual respondents have higher scores than LGB respondents.
- Analysed by employment status, respondents who are unemployed have the lowest average well-being scores; and retired respondents, who had the highest scores in both 2014 and 2010, now have lower scores than those in full time or part time work.
- Within clinical practice, there has been a decline in scores in every practice area except mixed practice. Those working in small animal practices have the lowest well-being scores on average, and those in referral/consultancy practices the highest.
- Respondents who have had concerns for their personal safety when dealing with an emergency during the previous 12 months have a lower average well-being score than those who reported no such concerns.
- Those who 'seldom' or 'never' have a minimum rest-period of 11 hours each day score lower, on average, than those who 'always' or 'usually' have this rest period. Similarly, those who 'seldom' or 'never' manage to have at least two rest days every 14 days score lower than

⁴ Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh 2006, all rights reserved.

those who 'always' or 'usually' have this rest period, and those who have at least 20 days' paid holiday every year have a higher score, on average, than those who do not.

- There is a clear association between respondents' attitudes towards the veterinary profession and their average well-being scores, in that the greater the level of agreement that respondents have with positively-worded statements, the higher their average well-being scores tend to be, while the greater their level of agreement with negatively-worded statements, the lower their average well-being scores tend to be.
- Those planning to leave the profession for reasons other than retirement have notably lower average well-being scores than those who plan to retire or stay within the veterinary profession.

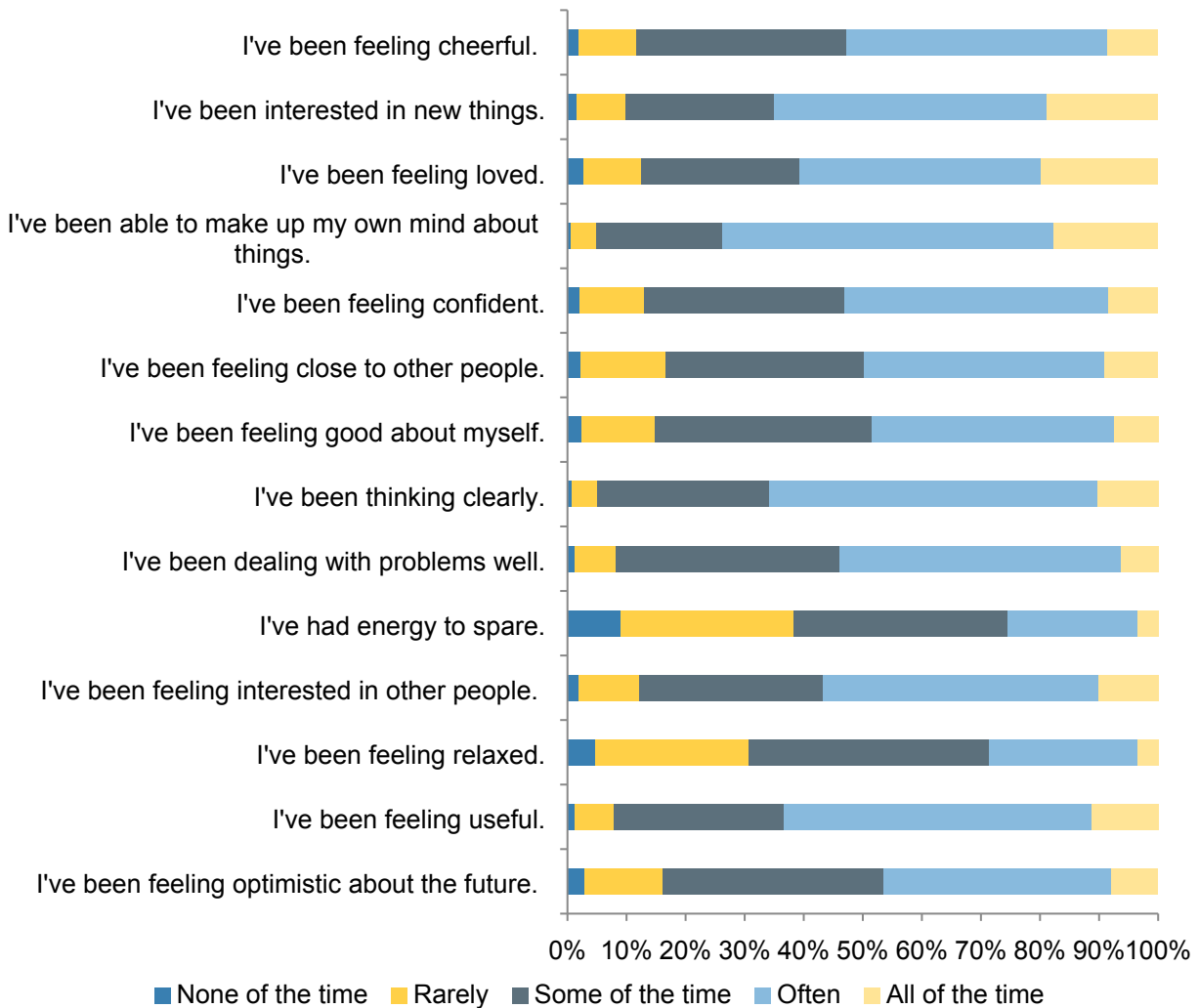
11.1 Background to the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

The WEMWBS asks respondents about their experiences over the past two weeks. They are asked to respond to fourteen attitudinal statements and describe their thoughts and feelings during this period. Individual items are scored from 1 (none of the time) to 5 (all of the time) and a total scale score is calculated by summing the 14 item scores. The minimum score is 14 and the maximum is 70.

11.2 Responses to the WEMWBS

As in 2014 and 2010, respondents were largely positive in how they rated the individual items of the WEMWBS (see Figure 11.1). During the two weeks prior to completing the survey, respondents were especially positive about how often they had been able to make up their own mind and to think clearly, had been feeling useful and loved, and had been interested in new things. Regarding aspects that respondents felt less positive about, less than 30 per cent of respondents reported that they often had energy to spare and felt relaxed. These overall results are very similar to the findings of the 2014 and 2010 survey.

Figure 11.1: Self-ratings for WEMWBS well-being statements



Source: VS Survey, 2019

The mean WEMWBS score for the entire sample is 47.7, lower than in 2014 and 2010 when the score was 49. Table 11.1 shows that, as in previous surveys, female respondents have a lower average score than male respondents (47.4 compared to 48.1), although this gender divide with regard to the well-being score continues to narrow. Over the years VSs have consistently returned WEMWBS scores below the average population mean, although exact comparisons are hard to do because published national data usually relates to surveys undertaken a year or two earlier. The latest available large-scale data collection report, published in December 2017, relates to the 2016 Health Survey for England; this gives the WEMWBS score for men as 50.1 and for women 49.6. It appears that the decline in scores being experienced by VSs may be part of a wider trend, as the WEMWBS scores for the Health Survey for England 2015 were notably higher than those for 2016: 51.7 for men and 51.5 for women.

Table 11.1: Breakdown of average WEMWBS scores

		Overall	Female	Male	Aged below 40	Aged 40 years & above
Gender	Female	47.4				
	Male	48.1				
Age bands	Under 30	47.3	47	48.8		
	30 to 39	47.3	47.2	47.5		
	40 to 49	47.4	47.3	47.7		
	50 to 59	48.1	47.5	48.8		
	60 to 69	49.9	49.9	50		
	70 and over	46.3	48.7	46.1		
Ethnicity	White	47.8	47.5	48.2	47.4	48.1
	BAME	46.4	46.1	47	46.6	46.3
Dependent children	Yes	48.3	48.2	48.6	48.2	48.4
	No	47.3	46.9	47.9	47	47.6
Dependent adult	Yes	46.5	46.9	46.4	44.4	46.8
	No	47.7	47.4	48.3	47.4	48.1
Disability/medical condition	Yes	42.9	42.4	43.6	42	43.2
	No	48	47.7	48.5	47.5	48.4
Sexual orientation	Heterosexual	47.9	47.4	48.5	47.4	48.2
	LGB	46.8	46.6	46.9	46.6	46.9

Source: VS Survey, 2019

Table 11.1 shows that:

- Respondents with a limiting disability/medical condition have a notably lower average well-being score than those who do not have such a condition (42.9 compared to 48).
 - When analysed by type of disability, further differences are apparent: those with a physical disability/membership have a WEMWBS score of 44.1, while those with mental health issues score a notably lower 39.6, and those with both types of disability score 39.9.
- Women consistently score somewhat lower than men in every category.

- The highest well-being scores are found among men and women in their 60s.
- Respondents of all ages with dependent children living with them consistently have higher scores than those without dependent children; however, those with responsibility for an adult dependant have consistently lower scores than those without an adult dependant.
- BAME respondents have consistently lower scores than White respondents.
- Heterosexual respondents have consistently higher scores than LGB respondents.

Table 11.2 compares the 2019 results with those from previous years.

Table 11.2: Breakdown of average WEMWBS scores comparing 2019 with 2014 and 2010

		Overall (2019)	Overall (2014)	Overall (2010)
Gender				
	Female	47.4	47.8	48
	Male	48.1	49.5	50
Age bands				
	Under 20	47.3	47.5	48
	30 to 39	47.3	47.9	48
	40 to 49	47.4	48.3	48
	50 to 59	48.1	48.6	49
	60 to 69	49.9	51.1	53
	70 and over	46.3	51.2	53
Ethnicity				
	White	47.8	48.5	49
	BAME	46.4	47.9	50
Dependent children				
	Yes	48.3	49.1	49
	No	47.3	48.2	49
Dependent adult				
	Yes	46.5	48.0	49
	No	47.7	48.5	49
Disability/medical condition				
	Yes	42.9	45.3	47
	No	48	48.7	49

Source: VS Surveys, 2019, 2014 and 2010

It is apparent from Table 11.2 that:

- WEMWBS scores are declining in every category.
- The gap between the overall scores for women and men continues to narrow.
- Although scores tend to increase in line with age, there is an unusually sharp drop in 2019 when the scores for those in their 60s and those aged 70 and over are compared.

- The gap in scores between White and BAME respondents has increased since 2014; BAME respondents now have notably lower scores than White respondents, a very different picture from 2010 when they scored slightly higher overall.
- The difference in scores between those with and without adult caring responsibilities had widened since 2014.
- The gap in scores between those with and without a limiting disability/medical condition continues to widen.

Further WEMWBS analysis shows:

- The average well-being score of respondents working within the profession is lower than the score for those working outside: 47.7 and 48.6 respectively. However, the gap has narrowed since 2014, when the scores were 48.2 and 50.6).
- Respondents working within the profession undertaking clinical veterinary practice work have an average well-being score of 47.7, while those within the profession but outside clinical practice have a slightly higher average score of 48; this is a narrower gap than in 2014.
- With regard to the country in which respondents work, those working within the UK have a lower average well-being score than those working in other countries (47.7 compared to 48.3), but the gap is notably smaller than in 2014, when the scores were 48.1 and 49.8.

Table 11.3 provides respondents' average well-being scores by employment status, comparing them with the 2014 and 2010 figures. It shows that respondents who are unemployed have the lowest average well-being scores, although the score has not declined since 2014 whereas those for all other employment status groups have gone down. A big change, compared to previous surveys, is that retired respondents, who had the highest scores in both 2014 and 2010, now have lower scores than those in full time or part time work. Analysing these results further by gender shows that female respondents in work or unemployed have lower average well-being scores than male respondents, but female respondents on a career break or retired score higher than male respondents in these two groups. This is the only WEMWBS analysis to result in higher scores for women than men.

Table 11.3: Average WEMWBS scores by employment status compared

Employment status	Mean (2019)	Mean (2014)	Mean (2010)
Full-time work	47.7	48.2	49
Part-time work	48	48.7	49
Voluntary work	46.7	49.0	50
Unemployed	45.5	45.5	46
Taking a career break	46.5	49.2	49
Retired	47.1	51.2	53

Source: VS Surveys, 2014 and 2010

Among those respondents working within the profession whose main area of work is in clinical practice, Table 11.4 indicates that there has been a decline in scores in every area except mixed practice, where the score is more or less the same as in 2014. As in 2014, those working in small animal practices have the lowest well-being scores on average. However, the highest score in 2019 is among those working in referral/consultancy practices, whereas in 2014 those in farm practices scored the highest; there has been a fairly big drop in the scores for the farm practice area between the two surveys.

Table 11.4: Average WEMWBS scores by type of practice, 2019 and 2014

Type of practice	Mean 2019	Mean 2014
Mixed	48	47.9
Small animal	47.3	47.6
Equine	48.2	48.7
Farm/production animal	48.4	49.6
Other first opinion	47.6	49.2
Referral/consultancy	48.8	49.3

Source: VS Surveys, 2019 and 2014

Table 11.5 provides a breakdown of the mean well-being scores of respondents working within the profession by their plans to stay in or leave the profession. It shows that, although the categories for 2019 are slightly different than those used in previous surveys, those planning to leave the profession for reasons other than retirement still have notably lower average well-being scores than respondents who plan to retire or stay within the veterinary profession.

Table 11.5: Average WEMWBS score by career plans

	Mean 2019	Mean 2014	Mean 2010
Stay in the profession for more than five years	48.2	48.7	49
Fully retire within the next year	48.6	49.5	50
Fully retire within the next one to two years	48.2	-	-
Fully retire within the next five years	48.7	49.4	49
Leave the profession as soon as possible (non-retirement)	-	39.3	42
Leave the profession within the next year (non-retirement)	42.3	44.5	46
Leave the profession within the one to two years (non-retirement)	40.6	-	-
Leave the profession within the next five years (non-retirement)	43.4	43	44

Source: VS Surveys, 2019, 2014 and 2010

Table 11.6 presents the average WEMWBS score of respondents undertaking clinical veterinary practice work, according to the position they hold in the practice. Respondents in senior roles, as in 2014, have the highest well-being, on average, apart from those in JVP roles who have the lowest scores of all roles. As in 2014, VSs working as VNs also have low scores. The score for respondents working as employed assistants, after a sharp drop between 2010 and 2014, has improved somewhat in 2019.

Table 11.6: Average WEMWBS score by position held

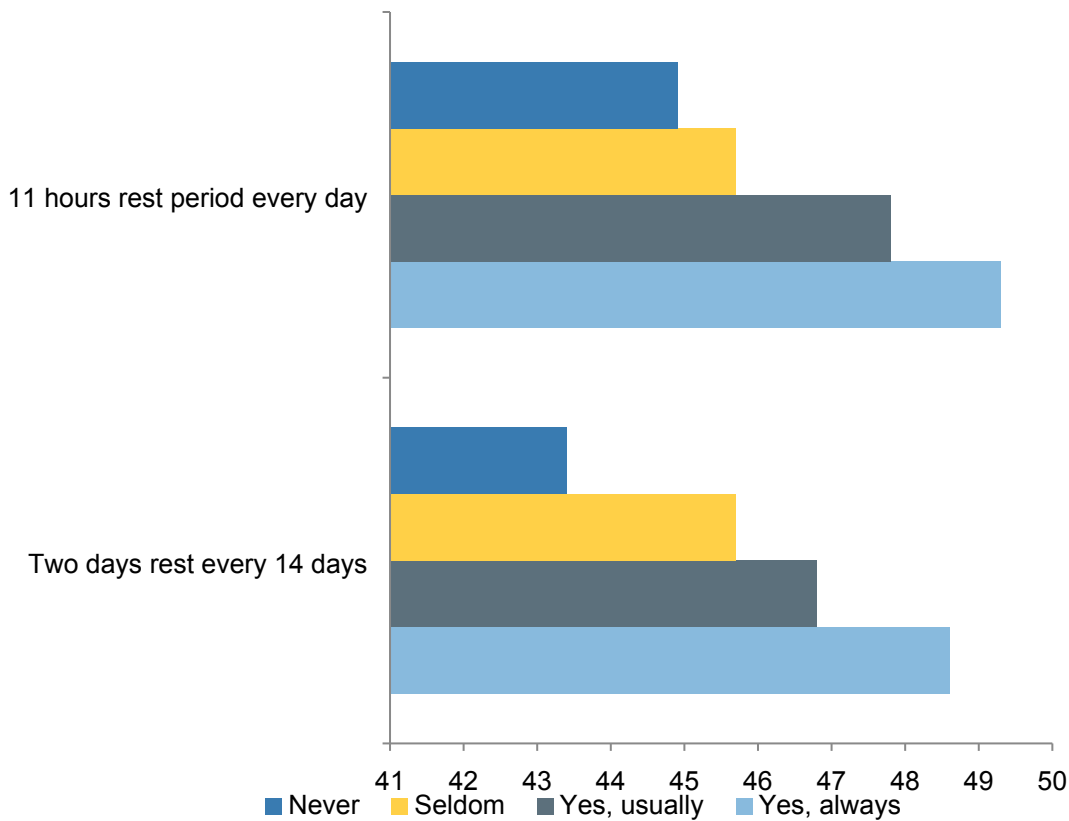
Position in the practice	Mean (2019)	Mean (2014)	Mean (2010)
Sole Principal	48.6	49.6	50
Director	49	49.1	49
Equity Partner	49.2	49.7	49
Joint Venture Partner (JVP)	46.2	-	-
Salaried Partner	48.3	48.9	48
Employed Assistant	47.5	47.1	49
Consultant	49.3	49.6	49
Locum	47.4	48.3	49
Independent veterinary service provider	49.2	-	-
VS working as a VN	46.4	46.4	-

Source: VS Surveys, 2019, 2014 and 2010

Respondents who reported that, during the past 12 months, they have had concerns for their personal safety when dealing with an emergency have a notably lower average well-being score than those who reported no such concerns (45.4 compared to 48.5); this score is even lower than that for 2014 (when it was 46.2), while the score for those not reporting concerns is the same as it was for 2014.

Figure 11.2 shows that there is an association between getting adequate rest and well-being. Respondents who ‘seldom’ or ‘never’ have a minimum rest-period of 11 hours each day score lower, on average, than those who ‘always’ or ‘usually’ have this rest period. Similarly, those who ‘seldom’ or ‘never’ manage to have at least two rest days every 14 days is lower than it is for respondents who ‘always’ or ‘usually’ have this rest period. Respondents who have at least 20 days paid holiday every year also have a higher average WEMWBS score (47.9) than those who do not have this amount of annual leave (46.1).

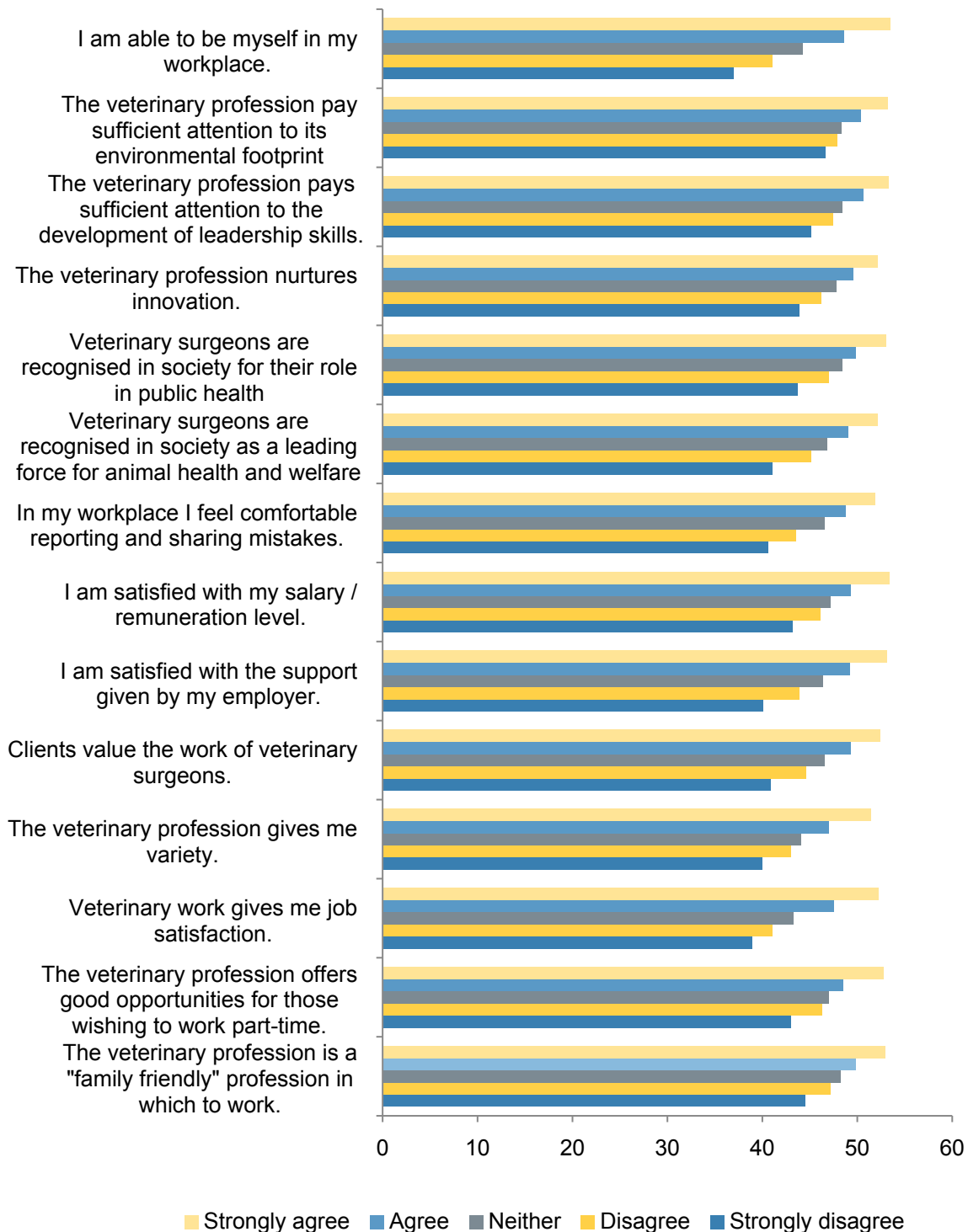
Figure 11.2: Average WEMWBS score by rest periods



Source: VS Survey, 2019

There is a clear association between respondents’ attitudes towards the veterinary profession and their average well-being scores, in that the greater the level of agreement that respondents have with positively-worded statements, the higher their average well-being scores tend to be, while the greater their level of agreement with negatively-worded statements, the lower their average well-being scores tend to be. Statistical analysis shows that there is a highly significant correlation between responses to the attitude statements and the WEMWBS score; it therefore follows that, unsurprisingly, a more positive view of the different aspects of the veterinary profession is associated with greater well-being. Figure 11.3 provides examples of the statements displaying the greatest difference in well-being responses.

Figure 11.3: WEMWBS scores according to strength of agreement or disagreement with selected attitude statements



Source: VS Survey, 2019

12 Views about the RCVS

This chapter describes responses to a set of questions relating to VSSs' perceptions of the RCVS, view about its values and its purpose, and experiences of its communications and consultations. These questions are new for the 2019 survey.

Chapter summary

- In terms of perceptions of the RCVS, the overall perceptions score is positive (i.e. above the midpoint of 3), at 3.3. Respondents are notably positive that the RCVS has a good international reputation and is highly professional.
- When asked whether the RCVS demonstrates behaviours in accordance with its values, the overall values score is positive (i.e. above the midpoint of 2.5) at 2.72. Respondents believe that the RCVS displays good judgement, is forward-looking and is straight-talking, but are neutral about its compassion.
- With regard to communications generally, on average respondents are clearly positive about different aspects of RCVS communications. The overall communication ratings score is 3.58, clearly above the midpoint of 3.
- On average, respondents who had, at the time of the survey, communicated with the RCVS in the previous year are clearly positive about every aspect of the staff they dealt with, most notably about their professionalism. The overall staff communication score for those who have contacted the RCVS in the previous year is 3.9, well above the midpoint of 3.
- Awareness of four RCVS initiatives – Mind Matters, ViVet, RCVS leadership and Vet Futures – is high, and between 10% and 14% of respondents have used them.
- 63% have not taken part in any RCVS consultations in recent years; of those who have participated, the 2015 consultation on the use of the courtesy title 'Doctor/Dr' by registered VSSs was the most frequently-selected consultation.
- On average, respondents return positive scores related to different aspects of RCVS's purpose; the most positive responses are related to the RCVS setting, upholding and advancing standards, being fit for purpose, being a positive force for animal health and welfare, and supporting the development of a learning culture within the profession. The overall RCVS's purpose score is 3.37, clearly above the midpoint of 3.
- Respondents were asked to rate the RCVS on a ten-point scale from 1 (very poor) to 10 (excellent). The average (mean) score overall is 6.58, clearly above the midpoint of 5.5, and the modal (most frequently-chosen) response is to give the RCVS 7 out of 10. One-third of respondents (34%) awarded the RCVS a clearly positive score of 8, 9 or 10 out of 10.
- A number of suggestions were made about what the RCVS should do more of. These ranged around the topics of providing more support, engaging better with VSSs, being clearer about careers support and progression, and engaging with veterinary schools around future supply; different views were expressed around standards and their enforcement.
- Regarding what the RCVS should do less of, ideas were put forward around doing less with regard to regulations, bureaucracy, and complaints and disciplinaries; views were also

expressed that the RCVS is sometimes out of touch, could manage costs and spending better, and can miss the big picture by focusing on the detail.

12.1 Perceptions

Respondents were asked for their perceptions of the RCVS, by rating their responses to 11 statements on a five-point scale from 'disagree strongly' to 'agree strongly' with a midpoint of 3. Table 12.1 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.1 presents the average scores.

Table 12.1: Perceptions of the RCVS, percentage spread and average (mean) scores

Statement	N	Mean	Disagree strongly %	Disagree %	Neither agree nor disagree %	Agree %	Agree strongly %
RCVS registration provides good value for money	10,439	2.93	6.9	20.5	48.3	21.6	2.6
It commands my respect	10,400	3.41	3.8	10.7	32.3	46.8	6.4
It is empathetic and understanding	10,344	2.92	4.4	15.2	38.4	38.6	3.4
It is good at communicating with VSS	10,388	3.21	5.6	17.5	35	37.3	4.6
I feel I can approach the organisation	10,370	3.18	5.6	17.5	35	37.3	4.6
It is highly professional	10,382	3.74	1.7	3.8	27.4	53.2	13.9
RCVS Council members understand the challenges of modern veterinary work	10,326	3.13	5.8	13.9	45.7	30.8	3.8
It has a good international reputation	10,376	3.76	1	1.8	33.8	47.6	15.9
Its processes reflect best practice	10,292	3.46	2.2	6.4	41.4	42.7	7.3
It is in touch with the issues facing VSS and VNs	10,321	3.16	6	16.2	38.2	35.3	4.3
It supports the development of the professions	10,349	3.39	4.3	9.3	35.4	44.7	6.3
Overall perceptions score		3.3					

Figure 12.1: Perceptions of the RCVS, average (mean) scores



Source: VS Survey, 2019

On average, respondents are neutral (slightly negative to slightly positive around the midpoint of 3) about half of these statements. However, they are clearly positive that the RCVS supports the development of the VS and VN professions, reflects best practice in its processes, commands the respondent’s respect, and (in particular) is highly professional and has a good international reputation.

The **overall perceptions score**, calculated as a mean average of the responses to all 11 of the perception statements, is 3.3. Further analysis of the overall perceptions score does not show significant differences for most demographic or work-related variables. However:

- The age of respondents makes a difference to their overall perceptions, with the oldest and youngest groups being most positive:
 - Under 20: 3.49
 - 30s: 3.29
 - 40s: 3.22
 - 50s: 3.2
 - 60s: 3.29

- 70 and over: 3.53.
- Respondents who are British citizens are notably less positive than those who are not (3.17 compared to 3.43).
- Those who work in the UK are also clearly less positive than those who work overseas (3.24 compared to 3.58).

12.2 Values

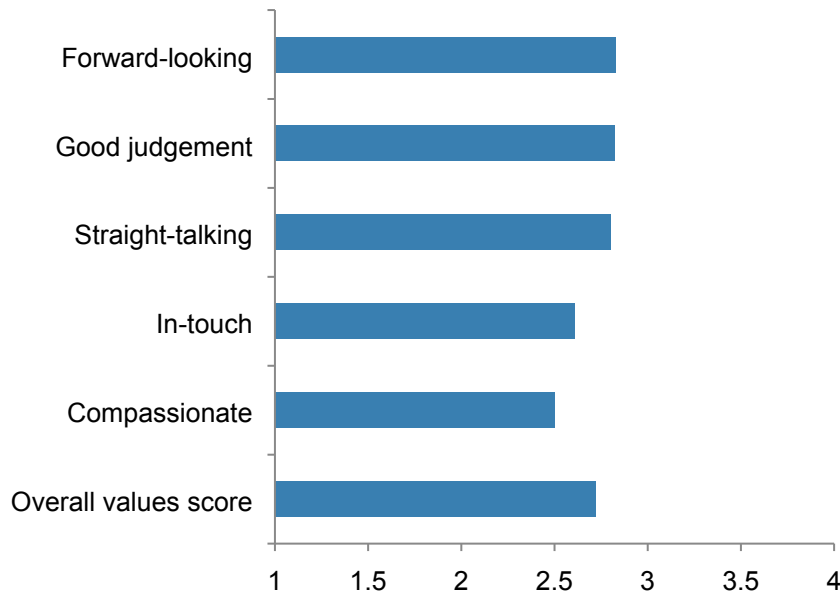
The RCVS has five stated behaviours to which it aspires, and respondents were asked how well they thought the RCVS demonstrates these behaviours. A four-point scale was used: 'not at all', 'partially', 'mostly' and 'totally'. Those who did not feel they could give a view could select 'no opinion/don't know/not relevant'. Table 12.2: RCVS values, percentage spread and average (mean) scores gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.2 presents the average scores; the statement means were calculated only for responses selecting one of the four points on the scale (i.e. omitting the 'no opinion' responses).

Table 12.2: RCVS values, percentage spread and average (mean) scores

Values behaviour	N	Mean	Not at all %	Partially %	Mostly %	Totally %	No opinion/ Don't know/ Not relevant %
Good judgement	10,338	2.82	3.3	14.8	41.8	9	31.1
Forward-looking	10,321	2.83	3.3	17.3	41.1	11.6	26.7
In-touch	10,323	2.61	6.5	24.9	34.6	9	25
Compassionate	10,306	2.5	9.2	24	28	7.7	31.1
Straight-talking	10,299	2.8	5	16.9	37	12.7	28.3
Overall values score		2.72					

Source: VS Survey, 2019

Figure 12.2: Perceptions values behaviours, average (mean) scores



Source: VS Survey, 2019

It is worth noting that between one-quarter and one-third of respondents felt unable to express an opinion about these values, notably for the good judgement and compassionate values. On average, respondents who did express a view are neutral around the midpoint of 2.5 about the RCVS demonstrating behaviours in line with the compassionate and in-touch values; however, they are positive about behaviours relating to the straight-talking, good judgement and forward-looking values.

The **overall values score**, calculated as a mean average of the responses to all five of the values behaviours, is above the midpoint of 2.5, at 2.72. Further analysis of the overall values score shows few major differences among different respondents groups, although:

- Women tend to be more positive than men about the extent to which RCVS demonstrates behaviours in line with the values: 2.77 compared to 2.67.
- Views vary in line with age, with the under 30 age group being the most positive and those in their 50s the least positive: 3.03 compared to 2.57.

12.3 Contact and communications

Those respondents who have contacted the RCVS over the previous year (26.2% of respondents, N =2,739) were asked how they rated their communication with RCVS staff on those occasions, on six aspects. A five-point scale was used: ‘very poor’, ‘poor’, ‘satisfactory’, ‘good’ and ‘excellent’. Those who did not feel they could give a view could select ‘no opinion/don’t know/not relevant’. Table 12.3 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.3 presents the average scores; the statement means were calculated only for responses selecting one of the five points on the scale (i.e. omitting the ‘no opinion’ responses).

Table 12.3: Views about aspects of communication among those who have contacted the RCVS in the last year, percentage spread and average (mean) scores

Communication aspects	N	Mean	Very poor %	Poor %	Satisfactory %	Good %	Excellent %	No opinion/ Don't know/ Not relevant %
Professionalism	2,714	4.08	1.6	3	18.8	37.5	37.4	1.6
Helpfulness	2,715	3.92	3.2	7.8	18.3	34.1	35.3	1.2
Compassion	2,674	3.63	3.4	8.2	20.5	24.6	19.2	24
Approachability	2,695	3.89	2.6	5.8	21.3	35	30.5	4.8
Tone when addressing you	2,695	3.99	2.2	4.4	19.1	36.4	33.4	4.5
Ability to solve your issue/answer your questions	2,709	3.77	6.3	9.1	18.9	29.9	33.4	2.4
Overall staff communication staff score		3.9						

Source: RCVS Survey 2019

Figure 12.3: Contact and communications, average (mean) scores

Source: VS Survey, 2019

On average, respondents who had, at the time of the survey, communicated with the RCVS in the previous year are clearly positive (i.e. scoring well above the mean of 3) about every aspect of the staff they dealt with, most notably about their professionalism. This positive view among those who have engaged with the RCVS and interacted with staff is encouraging.

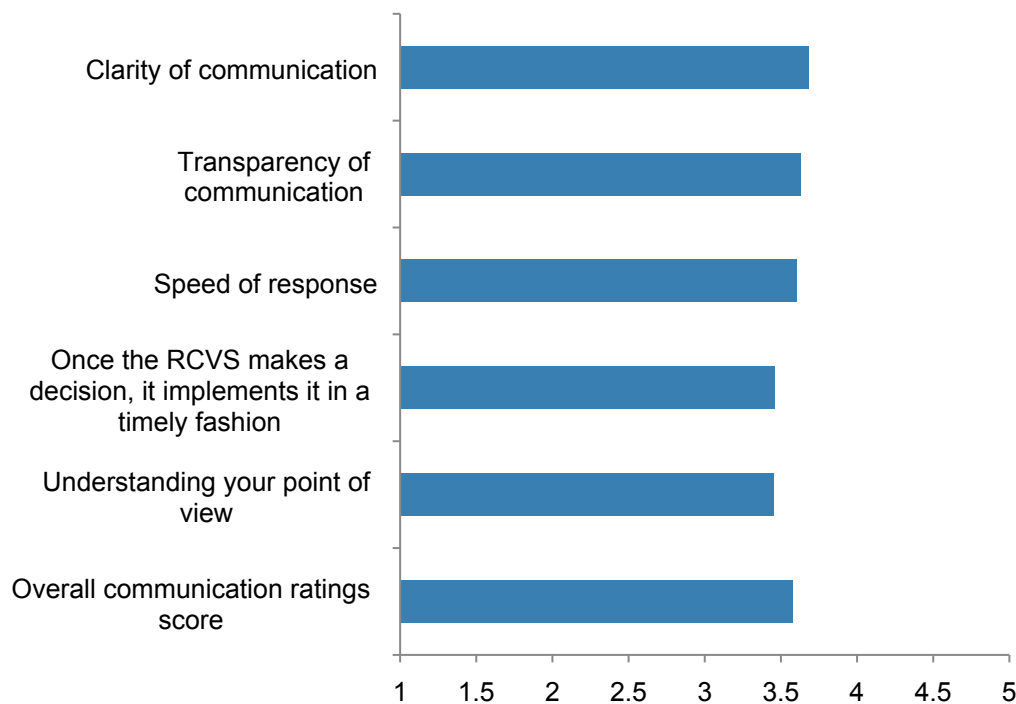
The **overall staff communication score** for those who have contacted the RCVS in the previous year, calculated as a mean average of the responses to all five of the values behaviours, is 3.9.

All respondents, regardless of whether or not they had contacted the RCVS in the previous year, were asked to rate general RCVS communications on six aspects, using the same five-point scale with a 'no opinion/don't know/not relevant' option. Table 12.1 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.4 presents the average scores; again, the statement means were calculated only for responses selecting one of the five points on the scale (i.e. omitting the 'no opinion' responses).

Table 12.4: General communication ratings, spread of responses and average (mean) scores

Communication ratings:	N	Mean	Very poor %	Poor %	Satisfactory %	Good %	Excellent %	No opinion/ Don't know/ Not relevant
Clarity of communication	9,970	3.68	1	3.6	21.9	25.4	11.4	36.7
Transparency of communication	9,942	3.63	1.2	4.1	21.1	23.7	10.7	39.2
Speed of response	9,920	3.6	2.1	5.1	17	19.4	11.4	45
Understanding your point of view	9,892	3.45	2.6	5.9	16.9	16.9	8.7	48.9
Once the RCVS makes a decision, it implements it in a timely fashion	9,866	3.46	2	4.1	16.2	14.6	7	56.1
Overall communication ratings score		3.58						

RCVS Survey 2019

Figure 12.4: General communications ratings, average (mean) scores

Source: VS Survey, 2019

It is worth noting that well over one-third of respondents felt unable to express an opinion about these aspects of communication, notably for 'understanding your point of view' and 'once the RCVS makes a decision, it implements it in a timely fashion' (48.9% and 56.1% respectively did not feel able or willing to express an opinion about these two aspects). On average, respondents who did express a view are clearly positive (i.e. well above the midpoint of 3) about their rating of RCVS communication generally.

The **overall communication ratings score**, calculated as a mean average of the responses to all five of the communication ratings, is 3.58.

12.4 Awareness of initiatives

Respondents were asked about their awareness of, and engagement with, four RCVS initiatives. Table 12.5 gives the overall response, and shows that awareness of these initiatives is reasonably high among respondents, particularly for Mind Matters, although relatively low percentages are engaging with/using them.

Table 12.5: RCVS initiatives: awareness and engagement/use

RCVS initiative	Aware N	Used N	Used (% of those aware)
Mind Matters	7,267	1,011	13.9
ViVet	2,523	307	12.2
RCVS Leadership	3,785	583	15.4
Vet Futures	5,138	557	10.8

Source: RCVS Survey 2019

12.5 Consultations

In recent years the RCVS has run a number of consultations to seek members' views on a variety of topics; respondents were asked whether they had taken part in ten of these consultations. The results show that two-thirds (62.7%) have not taken part in any of the ten consultations, and of those who have participated, the 2015 consultation on the use of the courtesy title 'Doctor/Dr' by registered VSs was the most frequently-selected consultation:

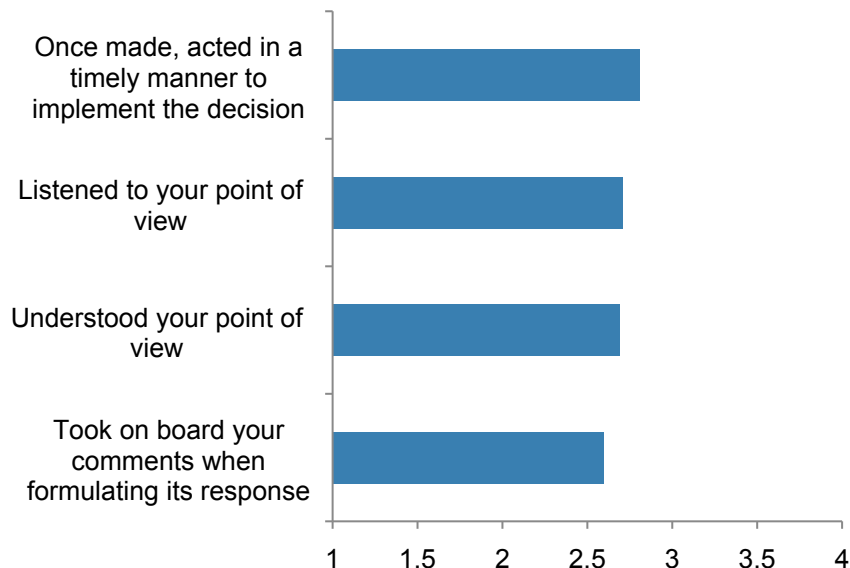
- Use of the courtesy title 'Doctor/Dr' by registered VSs (2015): 24.7% (N = 2,330)
- Graduate Outcomes (2018-9): 12.7% (N = 1,201)
- Review of CPD (2016): 12.3% (N = 1,157)
- Review of Year-One Competencies for VSs (2015): 8.7% (N = 818)
- Review of Schedule 3 (2017): 7.4% (N = 694)
- Review of the use of telemedicine within veterinary practice (2017): 6.4% (N = 605)
- Proposed new framework for post-registration qualifications for VNs (2018): 5.3% (N = 497)
- Practice Standards Scheme – final stage consultation (2015): 3.4% (N = 323)
- Proposals for the future of the RCVS Fellowship (2014): 2.8% (N = 261).

Respondents who had taken part in one or more consultations were asked about how, in general, the RCVS handles four aspects of its consultations, using a four-point scale: 'not at all', 'partially', 'mostly' and 'totally'. Those who did not feel they could give a view could select 'no opinion/don't know/not relevant'. Table 12.6 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.5 presents the average scores; the statement means were calculated only for responses selecting one of the four points on the scale (i.e. omitting the 'no opinion' responses).

Table 12.6: Views about RCVS's actions with regard to consultation responses

To what extent did the RCVS do the following?	N	Average (mean)	Not at all %	Partially %	Mostly %	Totally %	No opinion/ Don't know/ Not relevant %
Listened to your point of view	4,722	2.71	5.3	16.5	30.2	9.5	38.5
Understood your point of view	4,792	2.69	5.1	16	29.5	8	41.4
Took on board your comments when formulating its response	4,901	2.6	6.9	15.8	25.4	7.3	44.6
Once made, acted in a timely manner to implement the decision	4,869	2.81	3.7	13.2	28.6	10.2	44.2

Source: RCVS Survey 2019

Figure 12.5: Views about consultation responses, average (mean) score

Source: VS Survey, 2019

It appears that a substantial minority – well over one-third – of those who have taken part in one or more consultations do not feel they can provide a view on these points; however, those who are able to express an opinion returned, on average, positive views (i.e. above the midpoint of 2.5), notably for acting in a timely manner to implement the decision.

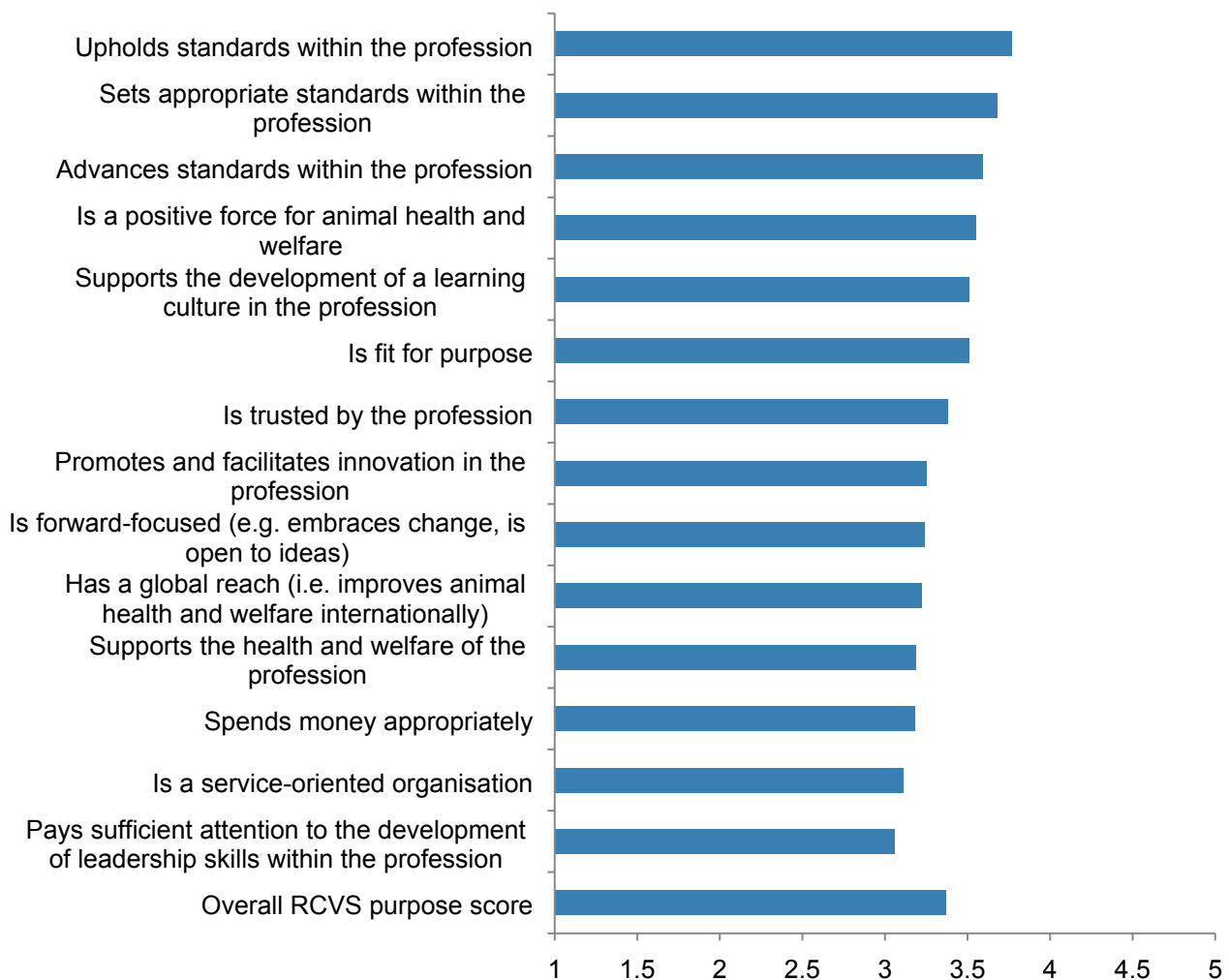
12.6 Purpose

To test views about the RCVS’s purpose, respondents were asked to rate the RCVS on 14 aspects, using a scale from 1 (not at all) to 5 (totally). Table 12.7 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.6 presents the average scores out of five.

Table 12.7: Views about the RCVS’s purpose

On a scale of 1 to 5, to what extent do you personally feel that the RCVS...	N	Mean	1 (not at all) %	2 %	3 %	4 %	5 (totally) %
Is fit for purpose	9,508	3.51	2.6	7.9	38.9	37.7	12.9
Spends money appropriately	9,165	3.18	3.3	12.1	52.5	26.9	5.2
Is trusted by the profession	9,477	3.38	4	15.3	31.9	36.8	12.1
Pays sufficient attention to the development of leadership skills within the profession	9,268	3.06	4.1	19.9	47.5	23.3	5.3
Has a global reach (i.e. improves animal health and welfare internationally)	9,283	3.22	3.9	15.7	43	29	8.4
Is a service-oriented organisation	9,199	3.11	4.5	17.2	46.9	26.1	5.4
Is forward-focused (e.g. embraces change, is open to ideas)	9,275	3.24	3.3	14.6	43	32.7	6.5
Sets appropriate standards within the profession	9,427	3.68	2.1	6.2	29.4	46.2	16
Upholds standards within the profession	9,417	3.77	1.9	5.2	26.6	46.7	19.5
Advances standards within the profession	9,366	3.59	2.2	7.5	33.8	42.3	14.2
Supports the health and welfare of the profession	9,377	3.19	6	16.5	37.9	32	7.5
Is a positive force for animal health and welfare	9,378	3.55	2.3	8	34.6	42.7	12.3
Promotes and facilitates innovation in the profession	9,254	3.25	3.3	12.6	46.4	31	6.7
Supports the development of a learning culture in the profession	9,359	3.51	2.3	8.3	36.6	41.6	11.2
Overall RCVS purpose score		3.37					

Source: RCVS Survey 2019

Figure 12.6: Perceptions of the RCVS's purpose

Source: VS Surveys, 2019

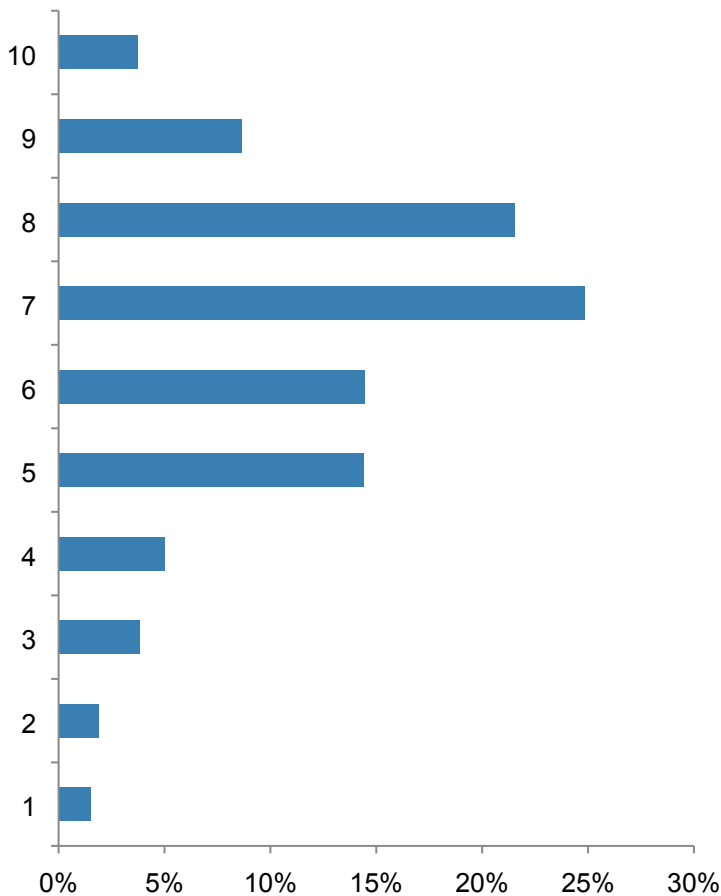
On average, respondents return positive average (mean) scores for every aspect of the RCVS's purpose, although the scores for two aspects – that the RCVS pays sufficient attention to the development of leadership skills within the profession, and that the RCVS is a service-oriented organisation – are close to the midpoint of 3. The most positive response is related to the RCVS setting, upholding and advancing standards, being fit for purpose, being a positive force for animal health and welfare, and supporting the development of a learning culture within the profession.

12.7 Overall views

In the final section, respondents were asked to rate the RCVS on a ten-point scale from 1 (very poor) to 10 (excellent). Figure 12.7 gives the percentage response for each of the scores from one to ten. The average (mean) score overall is 6.58, clearly above the midpoint of 5.5, and, as Figure 12.7 shows, the modal (most frequently-chosen) response

is to give the RCVS 7 out of 10. A relatively small percentage of respondents (7.2%) gave the RCVS a clearly negative score of 1, 2 or 3 out of 10. At the other end of the scale, however, one-third of respondents (34%) awarded the RCVS a clearly positive score of 8, 9 or 10 out of 10.

Figure 12.7: Percentage of respondents allocating overall scores for the RCVS from 1 to 10



Source: VS Survey, 2019

Further analysis of the overall average score shows:

- Women are somewhat more positive than men (6.66 compared to 6.49).
- There is quite a lot of variation by age group, with the youngest and oldest groups awarding the highest scores:
 - Under 30: 7.19
 - 30 to 39: 6.61
 - 40 to 49: 6.34
 - 50 to 59: 6.24
 - 60 to 69: 6.4

- 70 and over: 7.22.
- BAME respondents are more positive about the RCVS, overall, than White respondents (6.67 compared to 6.59).
- Heterosexual respondents are somewhat more positive than LGB respondents (6.62 compared to 6.46).
- Those who are not British citizens are notably more positive than average: 6.95.
- The year of qualification makes quite a lot of difference to the scores given to the RCVS, with those qualifying some time ago being the most positive:
 - 2010 to 2019: 7.01
 - 2000 to 2009: 6.4
 - 1990s: 6.24
 - 1980s: 6.25
 - 1970s: 6.57
 - 1960s: 7.26
 - 1950s and 1940s combined: 7.87.
- Work status makes some difference to the average score:
 - Working within clinical practice: 6.5
 - Working within the profession, outside clinical practice: 6.59
 - Working outside the profession: 6.67
 - Not working (for reasons other than retirement): 6.89
 - Retired: 6.97.
- For those in clinical practice, the type of practice seems to make relatively little difference to respondents' overall rating of the RCVS:
 - Small animal: 6.52
 - Equine: 6.59
 - Farm/production animal: 6.46
 - Mixed: 6.45
 - Referral/consultancy: 6.45.
- Position within practice, however, makes more of a difference:
 - Principal/director/partner: 6.22
 - Employed assistance: 6.55
 - Independent/locum: 6.44.

12.8 Do more, do less?

Finally, respondents were asked to nominate one thing of which they would like the RCVS to do more, and one thing of which they would like the RCVS to do less. A content and theme analysis of these free-text responses collected via the survey was carried out using an initial sample of 50 responses taken for the purpose of delivering headlines to the RCVS in the summer and a random sample of 200 taken from the overall response for the main analysis stage in the autumn.

12.8.1 The RCVS should do more of...

Free-text responses focused mainly on three broad areas: a desire for increased support and engagement with the RCVS, more career guidance and development opportunities, and ideas around policy, regulation and standards of work in the profession.

Support

Respondents would like the RCVS to do more with regard to support for mental health, work-life balance, learning from mistakes, and helping new entrants to the profession and those returning after a break.

'Pay more regard to the mental health and welfare of veterinary staff when dealing with complaints from members of the public.'

'Develop a no blame culture of development in the workplace to promote open discussion & learning from medical / surgical errors & poor case outcome.'

'Focus on mental well-being and support to specifically young, newly graduated vets.'

'Help support people returning to the profession after a career break.'

'Support vets having a better work life balance.'

'Support vets don't just been seen as the prosecuting body against vets.'

'Pay more regard to the mental health and welfare of veterinary staff when dealing with complaints from members of the public'

Engagement

Engagement with the RCVS was another common theme. Respondents say firstly that they value interaction with staff and the chance to discuss issues within the profession with them, and would like to be able to express their views more effectively to the RCVS. However, they would also like to see more relevant communications (including clearer communication about the RCVS's role) rather than an increase in communication, and different engagement mechanisms.

'Have area representatives who come and visit practices to discuss changes/surveys/standards with the workforce. Be more present.'

'Get out and visit individual practices to discuss issues arising in practice as surveys do not allow discussion.'

'Continue to update us on the issues and what you are doing about them, keep us informed of progress, say where fees are spent.'

'More relevant news. More material for personal wellness.'

'Engagement using different channels.'

'Communicate clearly about being a royal college that regulates. I don't believe that most people understand the two hats that the college is wearing. They are both equally important.'

'Regular engagement with the profession for its opinions. This could take the form of council proposals being put to the membership by email for feedback initially and then on-line voting. Perhaps a 3 monthly interval would be initially appropriate. It is likely that the profession's turn out for matters on which they have a view would be considerably higher than for RCVS Council Elections for people that they don't actually know (which often leads to members not expressing a preference by choosing not to use their vote and feeling disenfranchised). This would give true consensual authority for any proposed changes in the profession and also allow a faster rate of change where appropriate.'

Career progression, CPD and future supply

Respondents would like more certainty about the future supply of VSs, better careers guidance and clearer career progression, better availability of CPD and more guidance about postgraduate qualifications, including increasing the public's understanding.

'Encourage the UK universities to train more UK students to fill the gaps in the workforce.'

'Help with career progression. There is no structure to veterinary careers compared to human medicine.'

'More free CPD sessions, especially stress management/burnout type seminars as this is the real issue I hear from my peers. Even practical/day sessions. I tried to sign up to one recently but was booked out and no option of when the next one was.'

'Promote the opportunities for post graduate development in a less confusing way? By that I mean explain to the public more clearly the difference between advanced practitioners and specialists for example.'

'Improve learning culture within practice.'

Regulations and standards

Here, responses focus on the regulations and standards of practice set out by the RCVS, as well as calls for new policy to move towards gender equality and sustainability within the profession; some would like clearer guidance and best practice standards, while others requested more stringent application of standards. There is also a belief among some respondents that the RCVS should do more for animal welfare.

'Encouraging practices to help towards mitigating global climate change.'

'Improve gender equality within the profession.'

'Monitoring practice standards across the profession to ensure that standards are maintained so that the profession remains one that we can be proud to be a member of.'

'Give clear ideal working guidelines to the profession, length of time consulting without a break, number of days on call in a row, need a best practice guidelines, length of normal working days.'

'When I read investigations into misconduct and the associated outcomes, it concerns me the leniency that is applied. I do not feel it upholds our standards.'

'Aggressively pursue animal welfare in this country with particular emphasis on animal slaughter. I am embarrassed by the absence of the RCVS in publicly leading the debate on the considerable use of slaughter without stunning ... quite shocking.'

12.8.2 The RCVS should do less of...

Responses regarding what participants would like the RCVS to do less of highlighted their dissatisfaction with the disciplinary procedures and bureaucracy of the RCVS, engagement with members and the use of their fees, and concerns about the future of the profession.

Regulation and bureaucracy

Although some VSs would like to see clearer guidance about standards, others would like to see less regulation and less bureaucracy. Responses emphasise participants' frustration with the *'bureaucratic red tape'* and politics within the profession

'Stop over-regulating everything. Better you did nothing than the stuff you did...Stop crippling us with red-tape.'

'I find most of the stuff RCVS seems to do is, on the surface, irrelevant to general practitioners, so LESS bureaucracy and more engagement with general practice.'

'Less elections. Give the people more time to do something useful.'

'Reduce bureaucracy!!! Practice standards is a nightmare. Cpd - I do loads but I now have to spend more of my precious personal time (worklife balance???) Documenting and reflecting????!!!'

Complaints and disciplinaries

A common theme is that respondents would like less of a focus on disciplining VSs rather than supporting them, and think the complaints process makes it too easy for clients to complain unfairly.

'Making it easy for disgruntled clients to make complaints.'

'Less pursuit of disciplinary action against vets for relatively minor issues and client disagreements.'

'Investigations into client complaints when the motive of the client is clearly money orientated/personal and not about vet performance.'

'Come down hard on vets just trying to do their job in the face of unreasonable clients.'

'Focus on disciplinary procedures. I do not feel proud to be a member of the RCVS, I feel afraid of how I would be dealt with by them if there was a complaint against me. I feel ... the RCVS are there to judge me and discipline me if something goes wrong.'

Out of touch

Some respondents feel the RCVS is concentrating on the wrong issues, and not engaging effectively with the profession as a result. They would like less of a political and regulatory focus and fewer emails and newsletters – and, in some cases, fewer surveys!

'Having people ... who are out of touch with what it is like to be a vet in the front line.'

'Make decisions that are totally disconnected from the realities of working on the front line and the challenges of juggling different clinical demands.'

'Be less political and more focused on the day to day needs of ALL departments within the profession. Engage with the root and branch members and practices on a weekly basis.'

'Meaningless token initiatives that do not affect the majority and seem more geared for promoting the RCVS rather than the professionals they represent.'

'Stop paper newsletters & election forms, to go digital and paper-free/environmentally-friendly'

'To a degree surveys! I understand their need especially as we subscribe to evidence base in all parts of our decision making however some of the surveys I look at I do feel can seem irrelevant.'

Costs and spending

Responses show concerns about the cost of membership, but also about the way the RCVS is spending the money and how this impacts its members.

'Charge less money on annual fees - for those of us whose fees are only partly covered by our practices, it is a lot of money each year, of which many of us don't feel we get much in return.'

'I was confused as to the 'rebranding' of the RCVS a few years ago. It is compulsory to be a member of the RCVS so spending money on branding seemed odd.'

'Spending money on expensive offices and staffing!'

Missing the big picture

A common theme is that the RCVS should focus less on unimportant things because these miss the big picture.

'To be less focused on minute current issues and look at the big picture to safe guard the future of the profession. If we carry on as we are, eventually all the large corporates will be full of burnt out, underpaid veterinary surgeons who will leave the profession. ...With all the corporates eager for more profit vets will be forced to advise unnecessary procedures and overcharge in order to be paid effectively.'

'Stop hiding behind laws and regulations as an excuse for not helping to bring about changes needed to make vetting sustainable in the longer term.'

13 Final thoughts

The last question in the survey asked all respondents if they had anything else they would like to say about the veterinary profession, their role, the RCVS or the survey. A content and theme analysis of these free-text responses was carried out using a random sample of 200 of the 3,351 provided, and a selection of emails sent by RCVS members to the IES research team to expand on their views (this latter group having given permission for their additional views to be included in the analysis).

Chapter summary

- Workforce supply: respondents identify problems in workforce supply, particularly in terms of newly-qualified veterinary surgeons whose expectations of work are not realistic, and who require additional support from more experienced VSs. Participants also highlight the recruitment crisis within the profession, and raise the gender inequality within the profession and part-time work as one of the causes.
- Work-life balance: this is seen to be lacking within the profession; there is a need for increased considerations around flexible working, out-of-hours service, and work load, and there are concerns about the impact of veterinary work on health, especially mental health.
- Increasing costs: the increase in treatment costs is a concern: it means practice owners cannot afford to offer treatment, it prevents clients from accessing treatment, and it places too much emphasis on profits rather than care.
- The RCVS: comments about the RCVS are both positive and negative. Some find the RCVS supportive and helpful, whereas others feel it is disconnected from actual practice, and express dissatisfaction with the complaints process and how the profession is regulated, particularly with regard to the corporates. Some VSs who work within the profession, but outside clinical practice, feel ignored. There is also a view that the RCVS should do more to educate the public.
- The rise in corporate practice ownership: this is a concern for some, with concerns raised about the impact on patient care, younger VSs' development, and support for smaller businesses.
- The survey: respondents commonly report that the survey is too long or time-consuming, and contains irrelevant or repetitive questions; however, a minority view is that these surveys are useful and helpful.

13.1 Themes identified

Comments provided by participants expressed concerns about the profession in terms of workforce supply (current and future), work-life balance and mental health, the rising costs of treatment, the role of the RCVS, and the impact of the increasing presence of the corporates; they also commented about the survey.

13.1.1 Workforce supply

Respondents' most common remarks about the profession identify problems in workforce supply, particularly in terms of newly qualified veterinary surgeons whose expectations of work are not realistic, and who require additional support from more experienced Vets. Participants also highlight the recruitment crisis within the profession, and raise the gender inequality within the profession and part-time work as one of the causes.

'Unless more emphasis is placed on selecting students who are suited to the stresses and realities of general practice we will continue to suffer the loss of large numbers of young vets from the profession...start selecting practical people with the right work ethic who are prepared to work hard to safeguard the welfare of their patients...'

'New members of the profession struggle to cope and have to be coached and supported heavily which adds even more strain on the mature members of the profession.'

'New graduates need to be prepared to work out of hours and work towards a better work life balance as they progress, rather than expecting it from day one...New graduate expectations are not realistic these days.'

'My main criticism is a lack of a career structure. Also the lack of dealing with the recruitment crisis over the last 20 years is disgraceful. You have not intervened.'

'The only failure I see was the lack of foresight to predict that a shift to majority female intake at vet colleges through the '90s would lead ultimately to a more part time work force exacerbating the current severe shortage of UK vets in the market.'

13.1.2 Work-life balance

Another common theme is with work-life balance within the profession, or rather the lack of it, and a need for increased considerations around flexible working, out-of-hours service, and work load, as well as concerns about the impact of veterinary work on health, especially mental health.

'It is no longer acceptable that some vets still work the long hours they do as the pressures of the public and large volume of work during daytime hours has become such that performing on call duties on top of this is unmanageable.'

'Whilst in many ways rewarding, interesting and challenging, the level of stress, anxiety and lack of career progression, poor work life balance and poor financial reward sadly outweighs these things.'

'Stop beating it around the bush regarding mental health/well-being. It's mostly down to excessive working hours/work load and secondary burnout!'

'I felt let down by the profession when in clinical practice due to poor pay, extremely poor work-life balance and lack of flexibility from the practice to make improvements to quality of life for all staff members when sensible suggestions were made. At

times the working hours with on the on call demands were actually dangerous for driving. The client demands continued to increase year on year (financial, time of appointments etc) and this made being in clinical practice extremely stressful.'

'Work life balance and part time work can be detrimental to clients and their pets. Difficult to find balance.'

13.1.3 Rising costs

The increase in treatment costs was also raised as a concern about the profession as practice owners cannot afford to offer treatment, it prevents clients from accessing treatment, and it places too much emphasis on profits rather than care.

'As a practice owner I find it highly frustrating that I am unable to compete with online pharmacies. I cannot buy some medicines from my wholesaler as cheaply as pharmacies sell them to my clients.'

'My fears are that the practice arm of the profession is in danger of pricing themselves "out of the market" by the steep rise in veterinary fees.'

'Progress has been made in provision of excellent referral services but the fee inflation now associated with referral practice is cutting out more and more clients. Increasingly even clients who have insurance do not have enough cover for procedures at referral centres where in the past they would have been covered.'

'The profession appears to be moving away from a caring and clinically reasoned profession towards a non-caring, profit based service industry where profit and not medicine is driving treatment approach.'

13.1.4 The RCVS

In terms of comments regarding the RCVS, responses are both positive and negative. Some participants find the RCVS supportive and helpful, whereas others feel the RCVS is disconnected from actual practice, and express dissatisfaction with the complaints process and how the profession is regulated, particularly with regard to the corporates. Some Vets who work within the profession, but outside clinical practice, feel ignored. There are also concerns over the RCVS's role in educating the public.

Positive comments

'I am still a proud member of the veterinary profession, even though I no longer have a role in it. I am content with recent developments in the RCVS, which is well led.'

'I am proud to be a member of the profession and am grateful for the work that RCVS does.'

'I always find the RCVS a pleasure to deal with. They are very timely with their responses and helpful.'

'My memories of working stints in the UK are vivid and mostly very pleasant, and my interactions with RCVS were always friendly/courteous and efficiently concluded.'

Concerns and anxieties

'I think the RCVS is improving, with great council members who are more in touch with the profession as a whole, however rightly or wrongly I feel that if a complaint is made by a member of the public they could be more supportive of the vet involved.'

'I do not believe RCVS has any control over corporates and this is leaving its ability to regulate under doubt.'

'I am not alone when I say that the RCVS seems oblivious to the difficulties in independent practice today due to unnecessary over regulation and grossly unfair competition from large corporate practices.'

'There are significant numbers of vets in areas of work that involve use of their veterinary knowledge/qualification but the RCVS is mostly concerned with those in practice.'

'I feel there should be stronger influence from the RCVS to educate owners on pet care and welfare standards, breed issues and breeding of dogs and also to educate clients on the actual role of a vet practice e.g. treatments to be paid for, out of hours expectations etc. I think if the RCVS supported vet practices more strongly with these factors it would reduce client conflict within the work environment and positively impact workers job satisfaction.'

13.1.5 The onward march of the corporates

The rise in corporate practice ownership is also discussed by participants, with concerns raised about the impact on patient care, younger Vets' development, and support for smaller businesses. Some people feel the RCVS is not doing enough in this area.

'...the referral of more and more cases pushing cost of vet care out of reach of many and leaving younger vets feeling that that are not capable of anything other than the most basic treatments. The corporates encourage internal referrals at great cost and younger vets become button pushers steering clients to other senior vets ... leaving younger vets feeling that that are not capable of anything other than the most basic treatments.'

'I am glad I am out of this very commercialised 'profession' which seems to be more interested in commercial gain of large conglomerates rather than to care for our patients and clients.'

'The RCVS has no jurisdiction over corporates and limited companies and that is a huge shortcoming in the ability of the RCVS to keep the profession regulated. The ability of huge corporates to just do as they please will continue to get worse.'

'I am concerned by the rate of corporate buying of practices and the subsequent monopolising of veterinary services. The profession should be supporting smaller

businesses with access to support on running a small business to encourage more independent practices and start-ups.'

'I feel it was a great mistake allowing non vets to own practices. As soon as they take over the prices go sky high.'

'We are not operating on a level playing field hence the demise of independent practices which long term is bad news for animal welfare as the sole motivation of the corporates is profit.'

13.1.6 The survey

Respondents commonly report that the survey is too long or time-consuming, and contains irrelevant or repetitive questions; however, a minority view is that these surveys are useful and helpful.

'The survey seems very long and some questions were very similar to each other.'

'The guiding principle is whether an answer to a question will be of any practical value – rather than being just idle curiosity ... I think many [of] your questions fell into the latter category!'

'This survey really just highlights how out of touch the RCVS is, to think that working vets have the time or headspace for obtuse surveys like this. It really disappoints me that our regulator is so distanced from the real world for most practising vets.'

'The survey is well designed but some questions are irrelevant to a non-practising member.'

'Please stop chasing us to complete surveys, it cuts into our 11 hour rest period.'

'Thanks for conducting this survey -- they're always very helpful, & I'm really glad that the RCVS does them.'

14 Conclusions

This report has presented the findings from the 2019 RCVS survey of VSs, carried out on behalf of the RCVS by IES. These surveys of the profession, carried out by IES since 2002, provide the RCVS with an evidence-based view of changes within the veterinary profession and VSs' views about these, and have helped highlight a number of important trends.

14.1 Evidence of trends

It is apparent that the 'feminisation' of the VS profession is continuing, with the percentage of respondents to the survey who are female rising steadily from 34 per cent in 2002 to 58 per cent in 2019 (up from 54% in 2014). Veterinary services clients are now more likely to engage with female VSs when they visit a clinical practice: female respondents account for 40.5 per cent of principals/directors/partners overall, 73.6 per cent of employed assistants, and 60.6 per cent of independents/locums.

A small but steady rise in the representation of those with BAME backgrounds is also apparent. Although the percentage of BAME respondents is small, at 3.5, it has increased since 2010 when only two per cent of respondents were BAME. The percentage may continue to increase slowly, as 4.5 per cent of respondents who qualified between 2010 and 2019 are BAME.

A noticeable and accelerating trend in 2019 is for an increasing number of respondents to come from overseas, particularly EU countries. Around two-thirds of respondents (64%, notably lower than in 2014 when the proportion was 71%) qualified in the UK, and 23 per cent (notably higher than in 2014 when the figure stood at 15%) qualified elsewhere in Europe, mostly in an EU country.

The number of qualified VSs in part-time work continues to rise from survey to survey; in 2019 23 per cent of respondents are in part time work, compared to 19 per cent in 2014 16 per cent in 2010 and 12 per cent in 2002. This increase is partly due to the gradual increase in the proportion of male respondents in part-time employment, from five per cent in 2006 to 13.6 per cent in 2019. However, part-time working has also increased, albeit at a slower rate, for women: from 25 per cent in 2006 to 30.5 per cent in 2019. As women in the profession advance in age, it is apparent that they are becoming gradually more of a presence among retired VSs; in 2014, 86 per cent of retired VSs were male, but this has decreased to 79 per cent in 2019.

For VSs working within the profession in clinical practice, the rise in VSs working in small animal practices continues, alongside the decline in mixed practices: in 2010 45.8 per cent had small animal practice and 22.1 per cent mixed practice as their main areas of work, but these percentages now stand at 52.8 per cent and 11.7 per cent. Another

emerging trend is the increase of respondents who work in referral or consultancy practices: 3.7 per cent in 2010, rising to 5.2 per cent in 2014 and now 6.4 per cent in 2019.

The average hours worked in a typical week continues to decrease, and now stands at 37.8. This is partly but not entirely due to the increase in part time working; average full time hours are 42.5 hours, down from 44 in 2014 and 45 in 2010. The highest weekly hours are experienced by VSs working in equine practices (50.5), and equine VSs also report the highest on call hours (25.5 hours off the premises, and 9.7 hours on the premises). Outside clinical practice, those in veterinary schools have the highest weekly hours, at 43.1.

VSs in clinical practice continue to spend an increasing share of their working time on treating dogs and cats, particularly dogs; dogs and horses, followed by cats and cattle, seem to take up most on-call time. The percentage of VSs working in clinical practice who report that their practice covers its own out-of-hours work continues to decrease, from 60.5 per cent in 2010, to 56.2 per cent in 2014, and now to 51 per cent in 2019; 34.5 per cent say their practice uses a dedicated out-of-hours service provider.

With regard to recently-qualified VSs (i.e. those respondents who gained their veterinary qualification in the last three years), the 2014 findings that a smaller proportion than in 2010 went straight into practice work following graduation (52% compared to 63% in 2010) have been reversed in 2019; 71 per cent went straight into practice in a permanent position, while a further two per cent went straight into practice as a locum.

In terms of their views of the veterinary profession, consistent with previous surveys, respondents stated that the best aspects of their work were the opportunity to work with animals and the job satisfaction and the challenge and stimulus that being a VS provide them with, as well as the opportunity it afforded them to work with animals. However, respondents still believed that the profession could be improved through better work-life balance, better financial reward and less workload pressure. The biggest challenges to the profession in 2019 are considered to be client expectations/demands and stress levels, as in previous surveys; however, there are also high levels of concern about the changing structures in veterinary practice ownership. The business model of clinical practices appears to be changing quite rapidly: 48 per cent of respondents in clinical practice work for an independent, standalone practice or an independent practice that is part of a larger group, but 40 per cent now work for a practice that is part of a corporate group or a joint venture with a corporate group.

The WEMWBS average score, after remaining the same in 2014 and 2010 at 49, has gone down to 47.7, a fairly big drop; although it appears that WEMWBS scores have declined generally in the population, the score for VSs is below the population average.

14.2 Implications for the future

- The feminisation of the VS profession will continue in coming years, given that three-quarters of respondents to the 2019 survey graduated between 2010 and 2019. In addition, male respondents to the survey have a higher average age than females (51 and 40 respectively); this indicates that men will continue to retire in greater numbers than women for the foreseeable future.
- It seems likely that the proportion of BAME VSs will continue to grow, given the slow rise over the years and the fact that 4.5 per cent of recent qualifiers are BAME.
- The number of VSs working in small animal practices looks likely to continue, alongside a decline in those working for mixed practices.
- Given past trends, more clinical practices are likely to opt to use dedicated out-of-hours service providers in future, instead of covering their own out-of-hours work.
- It appears likely that that the trend for VSs overall to spend an increasing share of their working time treating small animals, especially dogs, will continue. It also seems likely that dogs and horses will continue to occupy a large share of on call time.
- Another recent trend that seems to be gaining pace rapidly is for practices to be owned, increasingly, by corporates. This seems set to continue, and is a development that is a source of serious concern for some VSs.
- Harder to predict is whether the trend for a bigger share of VSs to come from EU countries will continue, as there is still so much uncertainty around Brexit and what might happen in the years after Brexit.
- Also harder to predict is whether the overall well-being of VSs, as evidenced by the WEMWBS score, will continue to decline, and/or whether the score of VSs will go up or down in line with the population generally.

Appendix

Appendix Table 1

Statement	N	Average (mean) score	% strongly disagree	% disagree	% neither agree nor disagree	% agree	% strongly agree
The veterinary profession is a 'family friendly' profession in which to work	10,823	2.61	15.1	36.1	24.9	21.1	2.8
The veterinary profession offers good opportunities to work part time	10,772	3.32	3.6	18.6	25.8	46.6	5.5
Over the next ten years, demand for veterinary services will increase overall in the UK	10,602	3.61	0.8	7.9	33.6	45.1	12.6
Veterinary work is stressful	10,901	4.31	1	2.9	6.9	42.9	46.4
Veterinary work gives me job satisfaction	10,839	3.98	1.8	5.5	11.6	55	26.2
The veterinary profession gives me variety	10,776	4.08	0.9	3.5	10.4	56.7	28.5
Veterinary nurses are valued by the veterinary profession	10,727	3.71	1.7	11.2	17.5	53.8	15.8
Clients value the work of veterinary surgeons	10,790	3.39	3.7	16.5	22.4	52	5.4
Clients value the work of veterinary nurses	10,661	3.15	5.5	21.4	29.1	40.8	3.2
I am satisfied with the support given by my employer	8,964	3.46	4.9	12.3	26.6	44.2	12.1
I am satisfied with my salary/remuneration level	9,192	3.11	9.3	24	20.4	38.3	7.9
Newly-qualified veterinary surgeons have the necessary skills required for general practice employment, from day one	10,702	2.36	18.7	41.5	25.5	13.3	1
Veterinary schools are recruiting too many students for available future work	10,522	2.92	6	26.4	44.1	16.6	6.9
I am familiar with the concept of evidence-based medicine	9,301	4.34	0.4	1	5.5	50.1	43
I actively use published evidence as part of my clinical decision-making	9,122	4.07	0.7	3.3	15.1	49.8	31.1

I feel able to critically appraise a research study	9,168	3.83	1.4	8.3	19.6	47.1	23.6
Over the past five years, I have participated in scientific research	9,024	2.81	21.7	30.1	11.6	19	17.6
I am familiar with the concept of quality improvement	9,159	3.78	2	10.6	17.1	48.4	21.9
I actively use quality improvement in my practice	8,900	3.55	2.5	11.1	31.5	38.6	16.3
I feel I should continue to be obliged to take steps to provide emergency first aid and pain relief to animals according to my skills and the specific situation	9,113	4.08	2.3	3.9	12.3	47	34.5
When on call I would be satisfied to be obliged to take steps to provide emergency first aid and pain relief only to animals registered with the practice	8,723	3.23	11	19.4	22.4	29.8	17.5
When on call I would be satisfied to be obliged to attend an emergency away from the practice only if it is necessary on clinical or welfare grounds	8,690	3.55	6.6	10.3	23.6	40.2	19.3
The profession has a culture of sharing and learning from mistakes	9,192	3.03	7.3	26.2	27.5	33.8	5.1
In my workplace I feel comfortable reporting and sharing mistakes	9,141	3.61	3.5	11.6	18.2	53.6	13.1
Veterinary surgeons are recognised in society as a leading force for animal health and welfare	9,260	3.46	3.4	15	23.4	48.3	9.9
Veterinary surgeons are recognised in society for their role in public health	9,245	2.74	8.8	36.8	28.8	22.5	3.1
The RCVS Practice Standards Scheme should be mandatory	9,037	3.46	5.7	10.3	32.4	35.4	16.2
The veterinary profession nurtures innovation	9,081	3.08	4	20.2	42.6	29.9	3.3
The veterinary profession pays sufficient attention to the development of leadership skills	9,142	2.52	10.5	41.6	34.5	12.3	1.1
The veterinary profession pays sufficient attention to its	9,123	2.25	22.4	39.2	29.9	7.5	1

Institute for Employment Studies 195

environmental footprint

I am able to be myself in the workplace 9,252 3.79 2.8 8.9 16 51.6 30.8

Source: VS Survey, 2019

Commented [LL1]: Can we please include the questionnaire as an appendix?