



**mind matters**

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An independent audit of the Royal  
College of Veterinary Surgeons'  
Professional Conduct investigation  
process and recommendations  
to reduce its impact on mental  
health and wellbeing, together  
with RCVS responses

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# INTRODUCTION

**Back in 2016, the Royal College of Veterinary Surgeons (RCVS) Mind Matters Initiative (MMI) commissioned a report from Open Minds Consulting into the impact of the RCVS Professional Conduct system on the mental health of those veterinary surgeons who had gone through it, together with a review of best practice in other regulatory environments.**

A quantitative survey took place in March 2017, which was part of a larger RCVS survey that also considered blame/learning culture (feeding into the RCVS Strategic Plan objective at the time), and qualitative research in the form of desk-based research and interviews also took place. The full survey can be found in appendix three to the Open Minds report.

## Action

The report included various recommendations and these have been worked on during the intervening years. The action plan to be found in the next section summarises the initial response from the RCVS, together with a more recent update outlining actions that have taken place in the meantime.

The audit was catalysed by and is being published by the Mind Matters Initiative, and although the improvement work in response to the audit's recommendations has been carried out by the College, the activities reflect the tried and tested three workstreams of Mind Matters, ie Prevent, Protect and Support, for example:

**Prevent** – by continuing to communicate to students, recent graduates and members of the professions, we hope to dispel myths surrounding the investigation process and prevent anticipatory stress around complaints being raised.

**Protect** – by improving and clarifying the communications available throughout, speeding up processes where possible, and explaining delays when they occur, we aim to protect those going through the investigation process from being subject to increased levels of stress.

**Support** – by offering, via ProfCon Investigation Support, a confidential and non-judgemental emotional support service, we hope, at arm's length, to support those who may be experiencing negative impacts on their mental health and wellbeing.

## Reflection and improvement

Being regulated means being open to challenge about your professional conduct – it's part of the social contract of being in a protected profession, and we recognise that this is not easy for those involved.

While there will inevitably be some stress attached to the process of having a concern raised about you to the College – it would be unrealistic to think there would not be – we hope that through commissioning an independent audit of this nature, and the RCVS responding actively to its recommendations and continuing to fund sources of help and support, we are making real strides in mitigation of this negative impact.

The College also recognises the constraints of its current processes and RCVS Council has recently consulted on recommendations from its Legislation Working Party on more structural changes, many of which could further reduce the negative impact of the complaints investigation and disciplinary process on those going through it.

There is no doubt that this is an ongoing process. Although we are pleased with progress made so far, we need to continue to reflect and develop, ensure we talk to other regulators, at home and overseas, and follow – and forge – best practice.

“Being regulated means being open to challenge about your professional conduct – it's part of the social contract of being in a protected profession, and we recognise that this is not easy for those involved.”

Open Minds recommendation	RCVS response (2018)	RCVS update (2021)
1. RCVS should consider the merits and practicalities of introducing an initial stage of screening complaints or concerns to filter out any that are manifestly unfounded or unreasonable, and can be dismissed without needing to contact the professional concerned.	<p>The current process, which has been in place for two and a half years, has an initial triage process for that very purpose. However, it may be that many of those who completed the questionnaire experienced the previous system.</p> <p>Under the triage process, following a telephone or written enquiry from a complainant, a Case Manager will ascertain whether the concern could arguably amount to serious professional misconduct. This is called the Enquiries stage and allows service-type disputes and other matters that will clearly never reach the threshold of misconduct to be signposted to the Veterinary Client Mediation Service (VCMS) or referred back to the practice.</p> <p>At the Enquiries stage the RCVS is receiving only the complainant's view of events and inevitably there will be instances where an evaluation and assessment is impossible without information. In these circumstances it is necessary to take matters forward to ensure that the RCVS fulfils its statutory duty and protects the public interest.</p>	<p>There was no action required, the triage process continues in its current form.</p>
2. RCVS should continue to send relevant concerns to the mediation service already established through the Veterinary Client Mediation Service (VCMS), when the initial assessment is that there is a case to answer, but it falls short of the threshold for serious misconduct.	<p>The Enquiries stage described above enables an assessment to be made as to when the VCMS would be the more appropriate organisation to deal with a concern.</p> <p>During the course of 2018, the RCVS Professional Conduct (ProfCon) Department handled approximately 4,500 enquiries from members of the public, and there were approximately 500 that went on to become registered concerns (that is, the complainant submitted a complaint form) in the same period.</p> <p>During the same period, the VCMS received approximately 2,000 initial contacts. These are cases that would not have met the threshold for serious professional conduct and would therefore, prior to the VCMS being put in place by the RCVS, not have had any real recourse.</p> <p>Reviews of matters being dealt with by the VCMS and Enquiries are carried out to ensure that cases are being signposted and dealt with appropriately.</p>	<p>The VCMS continues to be a very useful service and is well used. The VCMS reporting year runs from 1 November to 31 October. As can be seen from its annual reports (<a href="http://www.vetmediation.co.uk/resources/downloads">www.vetmediation.co.uk/resources/downloads</a>), in the year 2019-20, the VCMS received 3,151 complaints, a significant increase on the number raised during 2018. Meanwhile, during the same period, there were 2,990 enquiries handled by the ProfCon Department, and 482 formal concerns raised.</p> <p>The changing balance between the two routes should have had a positive impact on the mental health of veterinary surgeons and veterinary nurses. An increasing number of cases that would not reach the RCVS threshold for serious professional misconduct, but would nonetheless have needed to be looked into by us, are now instead being dealt with by VCMS, often handled by the practice rather than individual vets or nurses. This is also more beneficial for those raising the concerns.</p>

Open Minds recommendation	RCVS response (2018)	RCVS update (2021)
3. RCVS should review Stage 1 of the process to improve the speed with which it is concluded, the signposting of support available to veterinary professionals, and the communication with the individuals concerned.	<p>There has been a substantial improvement in the percentage of cases being decided at Stage 1 (whether by closure or referral to the RCVS Preliminary Investigation Committee) within four months, the target time. For example, in the period October to December 2016, the median percentage of cases decided within four months was 49%, while for 2018 as a whole, the median percentage of cases decided within four months was 88%.</p> <p>Being very mindful of the impact of this process on both the veterinary professional and the person who raised the concern, we continue to try to improve efficiencies so that matters can be concluded as speedily as possible without compromising the robustness of any investigations that may be necessary.</p> <p>Regarding communication, the first contact with the veterinary professional (most commonly in writing) introduces the RCVS Case Manager by name, and acknowledges that responding to a concern can be stressful and time consuming.</p> <p>The letter encourages individuals to discuss the matter with their employer and/or professional indemnity insurer, and signposts the support available from Vetlife by including a leaflet, which Vetlife developed and supplied to us specifically for this purpose. A leaflet outlining the process and what it means to be at Stage 1 is also supplied at this time and information is also available on the RCVS website.</p> <p>In relation to communications, overall these are regularly reviewed to ensure that appropriate information is given, at the right stage, and in the right tone. However, it is clear from this report that more could be done in this area and we will continue to keep this under review, carrying out a review in 2019 and providing additional training to staff members.</p>	<p>While there have been fluctuations in compliance, the median percentage of cases that were decided within the four-month target at Stage 1 in 2020 was 83%. Various factors affect the speed with which cases can be decided, including the pandemic, which had a bearing on the speed with which parties were able to respond.</p> <p>Correspondence was reviewed by external vets in 2019 to assess its tone, and feedback was given to the Case Managers and adjustments made to standard correspondence.</p> <p>Vetlife reviewed and updated its leaflet, which is provided to all respondents when they are first contacted.</p> <p>Communications remain under review at all times (internally, and by way of audit) and we respond to feedback and suggestions from stakeholders. As part of work towards meeting the aims of the 2020-2024 Strategic Plan, there is also a College-wide review of insight and engagement being undertaken, which will include improving feedback mechanisms.</p>

Open Minds recommendation	RCVS response (2018)	RCVS update (2021)
4. Performance indicators relating to timescales should be introduced and communicated, to encourage adherence to expected deadlines.	<p>Key performance indicators (KPIs) as published on the RCVS website are to:</p> <ul style="list-style-type: none"> <li>• Consider concerns at Stage 1 (Assessment and Investigation) within four months;</li> <li>• Consider cases at Stage 2 (Preliminary Investigation Committee) within seven months (simple cases) or 12 months (complex cases);</li> <li>• Consider cases at Stage 3 (Disciplinary Committee) within 10 months (simple cases) or 15 months (complex cases).</li> </ul> <p>See: <a href="https://www.rcvs.org.uk/how-we-work/our-service-promise/service-standards/#concern">https://www.rcvs.org.uk/how-we-work/our-service-promise/service-standards/#concern</a></p> <p>Staff within the Professional Conduct Department are fully aware of the KPIs, and performance is monitored on an ongoing basis by the RCVS Preliminary Investigation Committee (PIC) / Disciplinary Committee (DC) Liaison Committee.</p>	<p>The KPIs remain in place and are reported in detail to the PIC/DC Liaison Committee, and are reported to Council via the PIC Report to Council. The information is also published on the RCVS website.</p> <p>Meeting the KPIs continues to be a challenge and this is largely due to two main factors:</p> <ul style="list-style-type: none"> <li>• Maintaining consistency of the Case Manager team, in what is a very challenging job. We have given additional support and training and have a commitment to continue to do this as part of our current Strategic Plan. We are also recruiting more Case Managers to support the team.</li> <li>• There are often factors beyond our control that slow down the process, for example, delays in receiving information; witnesses or respondents being away; multiple witnesses etc.</li> </ul> <p>The issue of meeting KPIs is kept under constant review as the impact of delay on all involved is well recognised.</p>
5. Case managers should provide individuals who are subject to a complaints process with a full breakdown of the process they have planned and report back to the individual before deadlines, at all stages of progression of the process. Case officers should also inform the individual if any unforeseen delays occur, and the reasons for them.	<p>As indicated above, named individuals deal with cases and encourage respondents to contact them if they would like to do so. The initial letter provides a brief overview of the process that will be followed, provides a link to the relevant page on the website that describes how we investigate concerns (<a href="http://www.rcvs.org.uk/concerns/a-concern-has-been-raised-about-me/information-for-veterinary-surgeons/">http://www.rcvs.org.uk/concerns/a-concern-has-been-raised-about-me/information-for-veterinary-surgeons/</a>), and encloses a leaflet which provides similar information.</p> <p>Case Managers do inform the parties in the event of particular delays, but as the great majority of cases at Stage 1 are decided within four months, that eventuality does not often arise. Where cases progress to Stage 2 (i.e. consideration by the Preliminary Investigation Committee) an additional leaflet is supplied outlining what it means and explaining the process.</p>	<p>No action was required; process remains the same.</p>

Open Minds recommendation	RCVS response (2018)	RCVS update (2021)
6. The individual only should first be notified about the concern and informed that their employer will be formally notified within seven days, giving them the opportunity to inform their employer themselves.	<p>Employers have indicated that they would like to know as early as possible where staff members are the subject of a complaint so that they are in a better position to offer support and guidance. However, the General Data Protection Regulation (GDPR) prevents us from sharing information about a complaint with any third party, including the employer, unless we have been given express consent to do so.</p> <p>We do encourage anyone involved in the process to let their employers know if a concern has been raised about them (and indeed many employment contracts provide for this) but it is ultimately a matter for the individual.</p>	<p>We urge respondents to discuss matters with their employers, and it is often clear from the information provided that they have done so. We do not receive many requests to forward information, as respondents tend to share it themselves. While it appears that the overwhelming majority of respondents do so (on the basis of the information they supply), we are unable to supply a precise figure.</p>
7. To support ongoing improvements, completed investigations should be followed up with the individuals concerned, including by asking them about the degree to which they felt treated with respect.	<p>Feedback is currently sought from both parties after a case is closed, via an online survey, but not enough feedback is actually provided for it to give us meaningful information.</p> <p>We are therefore currently looking at ways to capture views on all aspects of the process from both the complainant and the veterinary professional and anticipate that this will form part of a wider review in 2019 of the outcomes and actions arising out of the First Rate Regulator Review that took place in 2013 – this is a commitment within our 2017-19 Strategic Plan.</p>	<p>Questions about how veterinary professionals felt about College communications were included within the 2019 Survey of the Professions in order to see what might have changed since the 2013 First Rate Regulator Review. A set of questions focused on the extent to which the RCVS lived up to its values and while respondents felt that the RCVS displayed good judgement, was forward-looking and straight-talking, they were neutral about its compassion. They were positive around staff members' professionalism and tone when addressing them. This, in part, led to a greater focus on compassion with the 2020-2024 Strategic Plan. Further research will be carried out to review the direction of change.</p>
8. Increase the profile and improve the information available about the wellbeing support available from Vetlife.	<p>As indicated above, Vetlife provides a leaflet about its services, which is enclosed with the initial letter to the veterinary professional.</p> <p>A link to the Vetlife website is also available on this page on the RCVS website:  <a href="https://www.rcvs.org.uk/concerns/a-concern-has-been-raised-about-me/information-for-veterinary-surgeons/">https://www.rcvs.org.uk/concerns/a-concern-has-been-raised-about-me/information-for-veterinary-surgeons/</a></p> <p>Sensitivity is required as feedback has indicated that some individuals find overt pointers to such services to be inappropriate, and see it as a suggestion that they have mental health issues.</p> <p>Under its Mind Matters Initiative, the RCVS has and continues to raise awareness of Vetlife, along with other sources of support, such as Samaritans and Vet Support NI.</p>	<p>We continue to be substantial financial supporters of Vetlife and, through our Mind Matters Initiative, continue to promote the charity's services – for example, at talks, events and through collateral. We have recently increased our funding to support the additional demands on Vetlife's services during the pandemic.</p> <p>Over recent years, calls to the Vetlife Helpline have increased several fold (over 400% during the five years to January 2020, and a further 25% during the pandemic), which may in part be due to greater awareness, plus the fact that more people feel able to seek help, which is positive.</p> <p>Meanwhile, our support of Vet Support NI – in terms of funding training and supervision of the volunteers – continues, and we were delighted that Vet Support now offers its non-judgemental listening services in Scotland and Ireland, too.</p>



Open Minds recommendation	RCVS response (2018)	RCVS update (2021)
<p>9. Consider developing a whole system of support that could be referenced on the RCVS website and / or included from the outset in correspondence with individuals about complaints and investigations. This should make clear that the support and information available is independent of RCVS. It might also be helpful for RCVS to acknowledge that anyone who finds themselves the subject of a complaint or investigation is likely to experience a certain amount of stress, that every effort will be made to minimise unnecessary stress and worry and to make recommendations about how individuals can seek support and stay well.</p>	<p>We acknowledge the benefits of support for a veterinary professional involved in the complaints process and also the potential stress caused by the process (see above), and will look at more ways to signpost individuals to areas of support, including Vetlife / indemnity insurers / employers and colleagues - all areas where we already encourage engagement.</p> <p>We will also consider the setting up of a 'buddying' system to support individuals who may need it by pairing them with someone who fully understands the complaints process. Such a service would need to be run independently of the RCVS, but by people who fully understand the RCVS process.</p> <p>We are open to providing information on additional sources of support and indeed would encourage veterinary organisations to consider ways in which they may be able to assist.</p>	<p>We are delighted to launch, in June 2021, ProfCon Investigation Support, a confidential listening and support service provided by Vet Support, a group of volunteers who have been trained to give emotional support to any veterinary surgeon or veterinary nurse going through the RCVS Professional Conduct investigation process.</p> <p>Although the RCVS Mind Matters Initiative funds training and supervision for the volunteers who run ProfCon Investigation Support, the service is entirely confidential and run independently from the College.</p> <p>The support service is also open to those veterinary professionals who have had cause to raise a complaint against a fellow professional, or who have been asked to act as a witness in a case.</p> <p>Supporters are not able to provide legal advice or clinical mental health services but can provide valuable help by supporting individuals to maintain good mental wellbeing as they go through the complaints process, which may avoid more serious mental health issues arising.</p> <p><b><a href="http://www.vetsupport.me">www.vetsupport.me</a></b></p> <p>Meanwhile, we continue to provide talks at the veterinary schools and to recent graduates about the ProfCon process to help bust any myths and to reduce worry about the process. There will also be learning modules provided as part of the online CPD hub, RCVS Academy, which is included as an action in the RCVS 2020-2024 Strategic Plan, under the 'compassion' theme.</p>



Open Minds recommendation	RCVS response (2018)	RCVS update (2021)
10. The Health Protocol should be reviewed to place a greater emphasis on an in-work risk management approach for veterinary professionals with mental health conditions, where appropriate. This would enable individuals to continue to work with reasonable adjustments, and could also help to reduce the time that an individual was absent from work by implementing a phased return to work.	<p>The Health Protocol fulfils a very specific purpose: it provides an alternative to disciplinary proceedings in appropriate cases for individuals with health-related issues that impair their fitness to practise.</p> <p>As such, it provides a route for individuals to address health-related matters at the same time as continuing to work, while protecting the public interest and the welfare of animals. It is not designed as a general support mechanism for individuals who may be struggling – that is where the support and interventions from Mind Matters, Vetlife and others come in.</p> <p>The Health Protocol was introduced in 2013 and it will be reviewed during 2019/2020 to ensure that the language and framing used makes clear its purpose and to review the way in which the health support it provides is recommended and implemented.</p> <p>Feedback from the majority of those who have been through the Health Protocol is very positive and it is recognised as a way of treating a medical issue with medical treatment rather than as a disciplinary matter.</p>	<p>The information on our website regarding the Health Protocol was reviewed in 2020, when we expanded and amended the information provided to ensure that its purpose and function were clear.</p> <p>This included providing greater detail about the circumstances in which it should be used, and giving worked scenarios to assist members of the profession in knowing how and when veterinary surgeons or veterinary nurses should be reported or should refer themselves. The draft documentation was sent to the Veterinary Defence Society (VDS) and Vetlife for their comments in advance of publication.</p>
11. There should be contracting out of the fitness to practise assessment on grounds of ill-health, particularly mental ill-health to a professional Occupational Health team in order to ensure a wider range of specialisms is available to provide advice on what is required to return to work and the support required.	Medical assessments and ongoing supervision are always contracted out to those with the expertise to provide them. This may include Occupational Health professionals, psychiatrists and other medical professionals, as required on a case-by-case basis.	No changes have been made.
12. Arrangements should be put in place to ensure that peer support or advocacy is always available for individuals during a concerns investigation process, especially those experiencing mental health problems. Contact with acutely mentally-ill individuals should only take place with peer support or an advocate present.	<p>As indicated above (9) additional support such as this would require to be 'at arm's length' from the RCVS, and it may be that this could be considered by a mental health support charity as part of the overall range of services it offers.</p> <p>In the past Vetlife Health Support would provide an advocacy service but that is no longer the case.</p> <p>Currently it is open to individuals at any time to authorise the RCVS to contact / liaise with an individual on their behalf, and we can clarify this in our correspondence.</p> <p>The RCVS has an obligation to progress complaints and to notify individuals of concerns raised about them and our team take great care to minimise the impact on individuals taking into account the requirements of a process that is fair to all.</p>	<p>This will now be provided via the ProfCon Investigation Support service as outlined a section 9.</p> <p>In addition, we continue to advise professionals that they can authorise the RCVS to contact a third party on their behalf if this is preferable to them. (NB this would not be the ProfCon Investigation Supporter, as that is a confidential service.)</p>

Open Minds recommendation	RCVS response (2018)	RCVS update (2021)
13. Continue to provide awareness and education programmes through the Mind Matters Initiative, to break the stigma associated with mental health conditions and promote a proactive approach to managing physical and mental wellbeing amongst individuals, practices and veterinary organisations.	<p>The RCVS Mind Matters Initiative was set up in 2014 to help support the mental health and wellbeing of members of the veterinary team. It offers training courses and resources, such as online mindfulness courses, mental health awareness courses, stress reduction guides, an award scheme and destigmatisation programmes. Such interventions aim to help support the mental health of members of the veterinary team throughout their professional lives. It was the Mind Matters Initiative that catalysed the production of this report. At its September 2018 meeting, RCVS Council agreed to continue to support MMI beyond its initial five-year period, and to increase its funding.</p>	<p>The Mind Matters Initiative continues to work under three streams of activity: prevent, protect and support. It has been funded beyond its initial five-year period and RCVS Council continues to be committed to it, including the programme in the 2020-2024 Strategic Plan.</p> <p>Activities include training courses, destigmatisation campaigns, research grants, research symposia and funding for direct support (carried out at arm's length).</p> <p>We have recently developed Mind Matters International via which we can share best practice and learning with other regulators and associations, to ensure we continue to develop the ways in which we support those going through our concerns process.</p> <p><b><a href="http://www.vetmindmatters.org">www.vetmindmatters.org</a></b></p>
14. The RCVS should provide guidance to members about implementing the requirements of the Equality Act 2010, and use case studies with veterinary-specific scenarios to help members to understand how to apply the legislation in the context of mental wellbeing.	<p>Implementation of the Equality Act 2010 by veterinary professionals within the veterinary workplace would be beyond the scope of the concerns process. It may, however, be an area for consideration for development as part of the MMI training for managers and practice owners, which is currently under review, for relaunch in 2019.</p> <p>We would also urge the veterinary associations to support their members in this area as part of their general provision of legal support.</p>	<p>Mind Matters offers training for managers on supporting team members with their mental health, including sections on the Equality Act 2010.</p> <p>We have also recently added standards around this to the voluntary RCVS Practice Standards Scheme, to which nearly 70% of practices are now signed up.</p> <p>In 2019 we set up the RCVS Diversity and Inclusion Group, which includes membership of organisations from across the professions, and looks more broadly at implementation of the Equality Act. The Group published its first strategy in February 2020: <b><a href="http://www.rcvs.org.uk/diversity">www.rcvs.org.uk/diversity</a></b></p>



**Audit of RCVS professional concerns investigations  
process to identify ways to mitigate the potential  
negative impact on an individual's wellbeing**

**Prepared for the Royal College of Veterinary Surgeons'  
Mind Matters Initiative**

**March 2018**

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## 1. Introduction

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The purpose of this project is to provide an audit of the Royal College of Veterinary Surgeons (RCVS) concerns investigation process specifically from the perspective of the wellbeing of veterinary professionals (veterinary surgeons and veterinary nurses) who are the subject of concerns raised by clients, members of the public or colleagues.

This report was commissioned by the RCVS and carried out independently by Open Minds Health Ltd (details of the organisation and the authors of this report are in Appendix 1).

The objectives of the project are:

- to identify which particular aspects of the RCVS concerns investigations process cause or exacerbate stress for the individuals subject to investigation;
- to consider in particular the impact of the investigation process on veterinary professionals with a pre-existing mental health condition;
- to identify how causes of stress and adverse impact on mental health and wellbeing could be mitigated through targeted changes to the investigation process.

The concerns investigation process that is the subject of this report is as set out on the RCVS website <http://www.rcvs.org.uk/concerns>. The investigation processes relating both to veterinary surgeons and veterinary nurses are addressed.

The RCVS has a responsibility to investigate all concerns raised about veterinary surgeons and registered veterinary nurses. There can be a tension between the responsibilities of the RCVS as a regulator of the veterinary profession and as a membership organisation. It is recognised that any investigation process can cause stress, even at the first stage, and the RCVS recognises that more can be done to reduce the stress for veterinary surgeons and registered veterinary nurses, which is the reason for asking for this report.

This information gathering stages of this project were carried out in parallel with a separate but closely related project to undertake a baseline review of the extent to which there is a 'blame culture' within the veterinary profession, and to develop proposals for moving towards a more 'just culture'. The results of that work will be reported separately.

For the sake of brevity, the term 'individual' is used throughout this report to refer to the veterinary surgeon or veterinary nurse who is the subject of a concerns investigation.

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## **2. Methodology and sources**

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### **2.1 Inception meeting**

The purpose and scope of the project, key elements of the methodology and the relationship between this project and the related 'Just Culture' review, were developed at an inception meeting on 25 July 2016 between the report authors and Nick Stace, Lizzie Lockett and Eleanor Ferguson of RCVS. The inception meeting was also used to identify a list of key interviewees.

The methodology was developed to allow the project team to obtain sufficient quantitative and qualitative data to meet the objectives. The sources of information were: a desk-based review, online questionnaire and semi-structured in depth interviews to allow a 'deep dive' exploration of the participants qualitative experience and professional expertise. The objectives were to establish a baseline measure in performance and to get a better understanding of any issues within existing process and make recommendations about these.

### **2.2 Questionnaire design**

It was agreed that there was no scope within the project to develop and validate new measures (questions) for the questionnaire. A literature review was conducted to source validated measures for the survey questionnaire.<sup>1</sup> This involved reviewing peer-reviewed journals, first related to veterinary science and then widening out to related professions such as medicine. These were identified through academic search engines and then specialist library sources were used to access the original documents. Only measures available in the public domain could be used given the timetable for completing the questionnaire design.

The project team extracted a set of validated measures and developed the questionnaire around these. The client was closely involved in commenting on and signing off the questionnaire before it was distributed. There was some discussion at this stage about the integrity of the validated measures and suitability of wording of some of the questions. Some variables were withdrawn or amended at the request of the client. Variables such as gender, job role, type of practice and length of experience were included in order to enable investigation of any variance in findings. Ethnicity was not included at the request of the client. A copy of the questionnaire is given in Appendix 3.

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<sup>1</sup> A bibliography is given in Appendix 1.

The questionnaire asked respondents to use a five-point scale<sup>2</sup> to indicate their level of agreement or disagreement with a series of statements grouped under the following broad themes:

- Overall fairness of the process for reporting and handling mistakes;
- Trust between colleagues when discussing and handling mistakes;
- Communication culture around reporting mistakes and discussing improvements;
- Use of the incident reporting procedure;
- Learning from mistakes;
- Personal experiences of the concerns investigation process (for those that had undergone the process), and factors that would lessen or exacerbate the impact on their wellbeing.

The survey cohort was divisible according to those who had experience of the concerns process and those who had not. All survey respondents were asked the series of questions about professional standards and reporting mistakes. Those who had experience of the concerns process were asked to self-identify [although remaining anonymous] and then asked a series of further detailed questions about their personal experience of this process. These respondents were also asked about aspects relating to mental wellbeing. These questions were based on the professional experience of the project team in the field of mental health and wellbeing at work.

To add depth to the statistics, qualitative data gathering tools were incorporated in the survey questionnaire. According to Kendall (2008):

*“While questionnaires can provide evidence of patterns amongst large populations, qualitative interview data often gather more in-depth insights on participant attitudes, thoughts, and actions.”*

There were several opportunities in the questionnaire for respondents to provide free-form comments about their views and experiences and to explain their responses. This type of data is useful in understanding more about individual circumstances and experience (Coffey and Atkinson, 1996). The qualitative data were analysed using a grounded theory method after Glaser and Strauss (1967). In this approach, themes are not predetermined but identified through a process of triangulation. That is, where a theme emerges from several independent sources it is assumed significant.

The data gathered can create a benchmark that can be used through longitudinal study to establish change over time. The anonymised data can be made available to the client for this purpose. It would also be possible to extrapolate comparisons

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<sup>2</sup> Strongly agree • Agree • Neutral • Disagree • Strongly disagree. Where applicable respondents were also allowed to record ‘Don’t know’.



across professions (medicine and veterinary medicine) given the inclusion of validated measures.

## **2.3 Conduct of the online survey**

It was agreed with the client to use the online application SurveyMonkey to distribute, collect and analyse the survey data. The survey was carried out in March 2017. It was initiated on 1<sup>st</sup> March, a reminder was sent out on 17<sup>th</sup> March and the closing date was 26<sup>th</sup> March.

The respondents were contacted by the RCVS via email, which was sent to 28,564 veterinary surgeons and 14,180 registered veterinary nurses. Social media was used to promote the survey through this period, including via Twitter, Facebook and LinkedIn.

The survey was conducted by Open Minds Health Ltd, and hosted entirely on the SurveyMonkey website. Respondents were informed clearly at the outset that all analysis of responses would be handled by an organisation independent of RCVS who would not have access to individuals' names or contact information (unless they specifically indicated a willingness to be interviewed). It was made clear that although the survey was being conducted on behalf of RCVS, no information about individual respondents would be seen by RCVS and no individual's details would be identifiable in the report.

## **2.4 Semi-structured interviews**

A number of semi-structured interviews were conducted with people inside and outside of the veterinary profession with experience of the professional standards process. The client suggested a number of organisations to be contacted. Interviewees were identified on the basis of having particular knowledge and expertise of professional standards and complaints procedures, either within RCVS itself or in comparator professional bodies or relevant veterinary organisations.

Those who had supported people through the process of disciplinary investigations at RCVS were able to share that experience of supporting hundreds of people and share the effect of the process on their members. For several of those interviewed this was their full time job. Where themes emerged, cited by more than one source, these are presented and commented upon in this final report.

We also undertook a review of a number of other professions' procedures. These were made available to the research team although much is available online and in the public domain. Interviewees from other organisations shared information about the processes in their own professions and were able to provide

supplementary information, usually in the form of website links. Interviewees also offered their own insights as people experienced in reviewing cases, supporting individuals and using their own systems.

The project team also reviewed reported RCVS cases, as published on the website, going back two years, looking at actual complaints, outcomes and attempted to identify where mental health may have been a significant factor.

The team reviewed the mediation process, actual and proposed. At that time, the older scheme had very little use. The reporting mistakes/complaints procedure was changed significantly while this research was taking place.

The interviews were carried out in late 2016 with senior representatives of the following organisations:

- Architects Registration Board
- Bar Standards Board
- General Medical Council
- General Pharmaceutical Council
- RCVS Preliminary Investigation Committee
- RCVS Professional Conduct Department
- Solicitors Regulation Authority
- Veterinary Defence Society (VDS) (x 2)
- Vetlife (x 3)

Interviewees were offered a choice of face-to-face or telephone and most chose telephone interviews.

The list of questions used for the semi-structured interviews is in Appendix 4.

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### **3. Response to the online questionnaire**

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There were 7,349 responses to the online questionnaire. Some of the questions related specifically to experience of the RCVS concerns investigations process. The questionnaire only prompted individuals who had been the subject of a concern raised with the RCVS to answer those questions and therefore they had a much smaller number of responses.

Section 3.1 summarises the factual information the respondents provided about themselves

Section 3.2 summarises the responses to the questions addressed to all respondents about their perception of the culture (within their workplace and in RCVS) around the handling of mistakes and complaints, and related questions about trust and communication. The responses to these questions have been summarised in this report.

Section 3.3. summarises the responses to questions addressed specifically to individuals who have been the subject of the formal RCVS concerns process.

#### **3.1 General information about survey respondents**

##### ***Profession of respondents:***

(n = 7,096)

- Veterinary surgeons – 5,557 (76%)
- Veterinary nurses – 1,483 (20%)
- Practice managers – 56 (1%)

The number of veterinary surgeons responding represents 27% of the profession registered with RCVS in the UK, while the number of veterinary nurses who responded represents 12% of the number registered with the RCVS. This is considered to be a very good response rate providing high levels of confidence that the data are representative.

##### ***Gender of respondents:***

(n = 5,925)

- Female – 3,998 (67%)
- Male – 1,841 (31%)
- Prefer not to say – 86 (2%)

#### *Respondents' length of service:*

(n = 5,913)

- Less than 5 years – 21%
- 5 to 9 years – 18%
- 10 to 20 years – 29%
- More than 20 years – 32%

#### *Area of practice of respondents:*

(respondents could select more than one option)

(n = 5,919)

- Small animal – 85%
- Large animal – 11%
- Equine – 13%
- Exotic/avian – 9%
- Other – 8%

#### *Respondents' organisation size/type:*

(n = 5,927)

- Large practice (20+ full-time equivalent (FTE) veterinary surgeons) – 13%
- Medium practice (11-20 FTE veterinary surgeons) – 14%
- Small/medium practice (6-10 FTE veterinary surgeons) – 22%
- Small practice (1-5 FTE veterinary surgeons) – 36%
- I work on my own – 2%
- Public health – 2%
- Industry – 2%
- Other – 9%

#### *Managerial or supervisory responsibilities?*

(n = 6,983)

- Yes, Manager or Senior Veterinary Surgeon – 34%
- Yes, Practice Manager – 2%
- Yes, Head Nurse – 5%
- No – 59%

### **3.2 Responses to survey questions about the culture within the profession concerning mistakes and complaints**

- The clear majority (90%) of veterinary surgeons indicated that they were usually held to account when something went wrong, and a similarly high percentage said they feared disciplinary action (generally, not just from RCVS) for incidents that may have involved a mistake.

- Veterinary nurses had a similar response when asked about disciplinary action, with 83% agreeing or strongly agreeing that they feared disciplinary action for mistakes (again not specifically from the RCVS), but the response was somewhat more equivocal on their accountability, with only two-thirds (69%) agreeing that veterinary nurses were accountable when things go wrong.
- Just over half of all respondents (54%) agreed or strongly agreed that there is a fair and balanced system at the level of their workplace for conducting investigations, with roughly a fifth (21%) neutral on this point and a fifth disagreeing (18%). On the same question in relation to the RCVS investigations process, the response was slightly different, with 40% agreeing or strongly agreeing that it was fair and balanced, a quarter (25%) neutral, a fifth (19%) believing it was not fair and balanced and remainder being 'don't knows'. Not counting the 'don't knows' in relation to the RCVS process, the overall perception of the fairness of the RCVS and workplace investigations processes is broadly similar.
- When asked to indicate whether they felt comfortable with reporting possible mistakes, responses were roughly equally divided between those who said they were comfortable (40%) and those who said they were not (36%), the remainder being neutral.

### **3.3 Responses to questions specifically concerning experiences of the RCVS complaints process**

#### *Have you been the subject of a workplace complaint?*

(n = 6,014)

- Yes, but to workplace not to RCVS – 41%
- Yes, to RCVS – 24%
- No – 31%
- Don't know – 4%

#### *Complaints to RCVS – what stage did they get to?*

(n = 1,606)

- Stage 1 Case Examination Group – 54%
- Stage 2 Preliminary Investigation Committee – 23%
- Stage 3 Disciplinary Committee – 1%
- Don't know – 15%
- Other – 7%

***Personal experience of the RCVS concerns investigation process:***

(n = 1,630)

- Almost half (47%) felt they were kept **informed about the progress** of the investigation, while almost a third (29%) felt they were not kept informed.
- The majority of respondents (81%) said the **process was stressful**.
- Just over half (54%) said they felt **supported by their employer**, while a fifth of respondents (20%) said this issue was not applicable to them.
- Over half (53%) said they were **not signposted to other organisations** who could help them, while only 17% said they were.
- On the question of whether they were **treated with respect**, 45% of respondents felt they were, almost a quarter (23%) were neutral on this question, and almost a fifth (19%) felt they were not treated with respect.
- Half (50%) of respondents felt they **understood the investigation process**, a fifth (20%) said they did not understand the investigation process. The remainder were neutral or said the issue was not applicable.
- About a third of respondents (32%) felt the process was **completed within a reasonable time**, but a larger proportion (42%) felt the process was not completed in a reasonable time.

***Do you feel that the RCVS concerns investigation process had a detrimental effect on your mental wellbeing?***

(n = 1,588)

- Yes – 65%
- No – 23%
- Don't know – 13%

***What were the main influencing factors that caused the RCVS investigation to have a detrimental impact on your mental wellbeing?***

(respondents could select more than one option)

(n = 987)

- Time taken to reach a conclusion – 70%
- Impact on reputation – 64%
- Fear of losing licence to practise – 63%
- Lack of information on the process – 35%
- Lack of knowledge of organisations able to give support – 26%
- Fear of losing job – 24%

- Not understanding the process – 21%
- Lack of support from employers – 13%
- Negative views of me by colleagues – 13%
- Negative views of me by employers – 12 %
- Lack of support from colleagues – 8%
- Other – 16%

***In what way could the RCVS concerns (complaints) process be improved to protect the wellbeing of those being investigated?***

This was an open question inviting ‘free-form’ text responses. Table 1 shows the main themes identified in the responses.

**Table 1: Survey responses to the question “In what way could the RCVS concerns (complaints) process be improved to protect the wellbeing of those being investigated?”**

<b>Response themes</b>	<b>% of responses (n = 1,079)</b>
Quicker resolution of the investigation process	29
Better communication with the individual, keep them informed with progress of the investigation	14
Improve the ‘tone’ of communication with the individual, have a less adversarial approach	14
RCVS and/or employer to provide practical personal support for individuals	12
‘Triage’ complaints to filter out trivial or vexatious ones / avoid unwarranted investigations taking place	11
RCVS process should emphasise supporting the individual rather than the complainant, assume ‘innocent until proven guilty’ rather than ‘guilty until proven innocent’ as now	7
Stop encouraging the public to complain, public need to better understand the impact of complaints on the professionals concerned	5
Provide more time / better opportunities within the investigation process for individual to provide their side of the story	5
Improve confidence of individuals in the quality of the investigation process – eg ensure that those investigating complaints have sufficient knowledge/expertise	3



*When going through the RCVS concerns (complaints) process would you have used a peer support service, had that been available?*

(n = 1,516)

- Yes – 47%
- No – 17%
- Don't know – 36%

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## **4. Key issues**

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This section uses information gathered from both the interviews and the online survey, to identify the main issues surrounding the potential impact of the concerns investigation process on the mental wellbeing of the individuals being investigated. Recommendations are offered to mitigate some of the adverse effects of the investigation process on individuals concerned.

The survey confirmed that the process of being under investigation is stressful. Of those that had been the subject of investigation, 81% (1,312 individuals) agreed or strongly agreed that the process was stressful. Those who had been through the process were also asked if it had had a detrimental impact on their mental wellbeing: 65% (1,028 individuals) indicated yes, with 46% (736 individuals) providing additional information on the way in which the investigation process had affected their mental wellbeing. 23% (359 individuals) said the investigation process had not had a detrimental effect on their mental wellbeing and 13% (201 individuals) said they did not know whether it had or had not affected their wellbeing.

In order to reduce the overall impact on wellbeing there would need to be either a reduction in the number of investigations, or adjustments made to the investigation process to reduce its adverse impact on those being investigated. The time taken to conclude the investigation process, concern about impact on reputation and fear of losing their licence to practise were key factors that caused stress.

The key issues that have emerged from this review in relation to wellbeing are:

- Deciding whether an investigation is required at an early stage
- Clarity and timeliness
- Professional respect
- Support services
- Appropriate use of information
- Supporting those with mental health problems
- Compliance with equalities and disability legislation

Each of these is addressed in turn below.

## 4.1 Deciding at an early stage whether an investigation is required

It may be the case that complaints to the RCVS are increasingly reflecting what is widely believed to be a general societal trend towards more complaints and litigation. A number of interviewees suggested that many complaints received by RCVS and comparable bodies were unjustified and did not warrant investigation, a view which was supported by some of the responses to the survey questionnaire, which included comments such as:

*“The process is too easily used for vexatious complaints.”*

*“Use common sense to filter out nonsense complaints at first base.”*

*“Apply common sense to some of the trivial and silly complaints that we have experienced within our practice.”*

There is clearly a difficult balance to be struck between operating a transparent and rigorous process which on the one hand properly protects the public, animals, colleagues and professional standards and meets all statutory requirements, and which on the other weeds out complaints or concerns that may be trivial, frivolous, malicious or otherwise unwarranted. The first critical question that should be addressed on receipt of a complaint is whether the complaint is worthy of investigation. In interview, the representative of the Architects Registration Board (ARB) referred to “a rigorous process of in-house assessment”. Similarly, the Bar Council indicated that they have a very structured checklist for initial screening of complaints. Approaches in other organisations also include detailed screening systems.

Likewise in the RCVS, initial screening of complaints is the first stage of the concerns investigation process. As an RCVS representative has summarised it:

*“Once a complaint has been received by the RCVS, a Case Manager, who may be legally qualified, assesses the complaint and decides whether there is an issue of conduct with the potential to amount to serious professional misconduct. Complaints are assessed in accordance with our Protocol for the Assessment of Complaints. The veterinary surgeon complained about and his/her employer may be contacted to assist in the process. If an issue of conduct is identified, we investigate further. If we do not identify an issue of conduct, we close the complaint.”*

According to RCVS, at the time of this research, 80% of concerns do not progress beyond stage 1 of the RCVS concerns investigation process. Whilst a proportion of the cases that are closed at Stage 1 could still be considered valid concerns or complaints (e.g. resulting in an advisory outcome, or referral to mediation), the high proportion of cases that do not progress beyond stage 1 lends some support to the

anecdotal evidence, and many questionnaire responses, that a significant proportion of concerns and complaints have little solid justification.

A number of interviewees indicated that the complaint process was stressful even in the initial stages, and this was backed up by the questionnaire responses. Of the 1,441 individuals who said they had been the subject of a complaint to RCVS, 61% (875 individuals) said that the complaint did not progress beyond Stage 1 (Case Examination Group). However, the proportion of those respondents who said they found this initial stage of investigation stressful was 90%. Meanwhile, of those who had been the subject of a complaint which progressed either to Stage 2 (Preliminary Investigation Committee) or Stage 3 (Disciplinary Committee), 96% (384 individuals) said they found the process stressful. Thus the questionnaire results indicate that prevalence of stress associated with even the initial stage of investigations is not significantly less than with complaints which progress to subsequent stages.

As with several of the other professions we spoke to, an architect will not be aware that a complaint has been made to the Architects Registration Board (ARB) unless and until ARB has established, simply on the basis of the complaint as it stands, that there is a case to answer. Thus any complaints that are manifestly unfounded (for example, because they are patently trivial or vexatious) are dismissed without reference to the individual who is the subject of the complaint. There was some uncertainty in the interviews about whether this was the case at RCVS, although at time of drafting this report the process as described on the RCVS website<sup>3</sup> indicates that the individual is routinely informed that a concern has been raised about them before there has been *any* consideration by the Case Manager about whether there could be a case to answer. Meanwhile, comments from many respondents to the questionnaire survey (including the examples quoted below) indicate a widespread view that better arrangements are needed to filter out complaints that do not warrant any investigation.

*“Far too much time given to ridiculous complaints.”*

*“I feel the issue could easily have been resolved without me being notified.”*

*“RCVS should dismiss more claims.”*

We understand that while this research has been in progress, the system of receiving complaints at RCVS has changed and there is now a requirement for all concerns to be filtered or screened for possible routing to mediation services rather than automatically being handled through the concerns investigation process. Referral to a mediation process, in which the issue or problem giving rise to the complaint is treated as a disagreement or dispute between two parties, rather than as a complaint by one party against another, could have the potential to address

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<sup>3</sup> <http://www.rcvs.org.uk/concerns/a-concern-has-been-raised-about-me/information-for-veterinary-surgeons/how-we-assess-and-investigate-concerns-about-veterinary/>

many of the issues raised about the proportionality of RCVS' response, the handling of so-called vexatious complaints and the apparent impact on many individuals' wellbeing of even the first stage of the formal complaint handling process.

For the purposes of improving the wellbeing of veterinary professionals and mitigating the adverse impacts of being investigated, we suggest that in some cases it may be possible to make an initial assessment of whether a concern has any real grounds, without contacting the professional concerned. It would be beneficial if individuals who are the subject of complaints to be involved in the process only if that initial assessment is that there is a case to answer.

In addition, referral of more cases to the mediation process (where appropriate) rather than progressing them under the complaints procedure is also likely to reduce the impact of complaints on the wellbeing of veterinary professionals.

The timescales and clarity of communication associated with the handling of complaints, and the availability and types of support available, were significant themes in the responses to the questionnaire, and these issues are considered in more detail in later sections below. However, these aspects of the complaints process specifically in relation to Stage 1 were a particular focus of concern in the interviews and questionnaire responses, and see as key areas for improvement.

## ***Recommendations***

1. RCVS should consider the merits and practicalities of introducing an initial stage of screening complaints or concerns to filter out any that are manifestly unfounded or unreasonable, and can be dismissed without needing to contact the professional concerned.
2. RCVS should continue to send relevant concerns to the mediation service already established through the Veterinary Client Mediation Service (VCMS), when the initial assessment is that there is a case to answer, but it falls short of the threshold for serious misconduct.
3. RCVS should review Stage 1 of the process to improve the speed with which it is concluded, the signposting of support available to veterinary professionals, and the communication with the individuals concerned.

## **4.2 Clarity and timeliness**

An issue that interviewees felt had a particular impact on individual wellbeing was the stress of not knowing what is happening during the concerns investigation process, and several anecdotal examples were cited. The questionnaire survey

found that 47% of respondents felt that they were kept informed at all stages in the process, while a lack of knowledge of what was happening was something that concerned a significant minority of respondents (29%). We suggest that there is an opportunity to improve the communication process and the survey data can provide a useful benchmark.

The professional organisations we spoke to in the interviews, including RCVS itself, all emphasized the importance of providing clear timescales and timely updates. Some organisations had more detailed breakdown of stages and timescales than RCVS, which helped to illustrate to the individual the process and timeline that their case would follow. Case manager/case worker assignment was felt to be very important, and it was felt that the case manager should keep parties informed in a proactive and timely way, whether or not there was news or progression. The tone of the letters and correspondence was mentioned by both online survey respondents and interviewees as source of stress, for example:

*“Have someone who actually talks to you in person to explain things rather than just hanging on waiting for a letter to arrive.”*

We understand that improvements have been made to the tone and language of correspondence used in investigations.

For those questionnaire respondents who had been subject to a complaint and felt that the complaint had had a detrimental effect on their wellbeing, “time taken to reach a conclusion” was the most commonly cited factor, with 70% of respondents (694 individuals) saying that this had detrimentally affected their wellbeing. Meanwhile 42% of those who had been subject to an RCVS investigation disagreed or strongly disagreed that the process had been completed within a reasonable time, with only 32% saying that the timescale had been reasonable.

Evidence from the interviews we conducted with those involved in the RCVS process shows that while broad timings are published they are often not adhered to and there have been significant problems with backlogs. There is evidence that this is not just an historical issue. Case officers at VDS said (when interviewed in late 2016) that cases had recently emerged where complaints had been made over nine months previously.<sup>4</sup> When asked about what could be done to improve wellbeing, by far the commonest answer was quicker resolution of the process, cited by almost 30% of questionnaire respondents to that question. We understand that additional RCVS staff have been taken on to work on investigations, to address this situation and this is expected to reduce average timescales for resolving complaints.

Meanwhile the other regulatory organisations we interviewed stated that rigidly adhering to timetables is critically important for the wellbeing of those subject to investigations.

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<sup>4</sup> We understand from RCVS that the significant backlog of cases has since been cleared.

## **Recommendations**

4. Performance indicators relating to timescales should be introduced and communicated, to encourage adherence to expected deadlines.
5. Case managers should provide individuals who are subject to a complaints process with a full breakdown of the process they have planned and report back to the individual before deadlines, at all stages of progression of the process. Case officers should also inform the individual if any unforeseen delays occur, and the reasons for them.

### **4.3 Professional respect**

There has been a considerable amount of feedback about the way RCVS ‘treats’ veterinary professionals during the complaints process. A couple of illustrative comments from the online questionnaire are:

*“Treat people under investigation with respect and as a human. Be prepared to support and protect the vet whilst thoroughly investigating the complainant’s concern.”*

*“The RCVS was very unsupportive and treated me as if I was about to be struck off the Register from the off.”*

In the online survey we asked those who had been the subject of RCVS investigation what factors had the most detrimental impact on their wellbeing. After “time taken to reach a conclusion” (see section 4.2 above), the next most frequently selected options were impact on reputation (64%) and fear of losing licence to practise (63%). There was also a strong concern that the RCVS should treat veterinary professionals under investigation as “innocent until proven guilty”. In response to the question asking how the RCVS investigation process could be improved to better protect individuals’ wellbeing, there were 43 separate free-form responses that used those specific words, and many others that made a similar point. A characteristic response was:

*“be treated as innocent until proven guilty, be treated with respect and empathy for the stress the situation brings, handle complaints quicker and keep people informed of process.”*

When a concern is raised, the employer is routinely notified on the same day as the individual. It was suggested that a professional, such as a vet, may prefer to inform their employer themselves that a concern has been raised and to discuss the implications. Individuals may also like to be given the opportunity to prepare

themselves and their family prior to having such conversations with their employers, and think about what support they may like to request from VDS, their employer, Vetlife or other sources of support. Most individuals will continue to work throughout a complaint process. Therefore on-the-job support would be most appropriate and employers will need to focus on how they can support someone who has had a complaint raised against them.

## **Recommendations**

6. The individual only should first be notified about the concern and informed that their employer will be formally notified within seven days, giving them the opportunity to inform their employer themselves.
7. To support ongoing improvements, completed investigations should be followed up with the individuals concerned, including by asking them about the degree to which they felt treated with respect.

## **4.4 Support services**

There is great variety across the profession in terms of employment arrangements, which include single-person practices, small partnerships and large corporate employers.

RCVS could potentially play an important role in proactively supporting peer support arrangements in smaller practices and ensuring standards of support in larger organisations. Evidence suggests that work is an important factor in maintaining wellbeing. Therefore the availability of on-the-job support for people who are the subject of a complaint process should be the norm. Support for people who are undergoing an investigation would ideally come from an employer through normal employment processes.

When asked if they would have used a peer support service, 47% said yes they would, 16% said they would not and the remainder said they didn't know. Respondents were also invited to add free-form comments to this question, initial analysis of which indicates that VDS was mentioned in around 40% of the comments, virtually all positively, for example:

*"My first action after receiving a letter from the PIC was always to phone the VDS."*

*"VDS were helpful with advice etc but no other obvious help available."*

*"As a professional person - it feels like a weakness to look for such support and to be honest - in most instances - you don't want to share what is often a sensitive issue to you whether fair or not (they are not*



*usually pleasantly written). I do have close and trusted people around me whom I would rather look to for support. VDS is the only group that I have always felt hugely supported by - the nature of the people they have working for them as well as their professional approach during private none recorded phone calls have been invaluable to me in the face of a complaint."*

*"I had a very helpful VDS advisor who guided me through the process and made me worry less."*

Many of the positive comments about the support provided by VDS were accompanied by more negative comparisons with RCVS. This is likely to be a reflection of the different roles of the two organisations in the context of the handling of complaints against veterinary professionals.

## **Recommendations**

8. Increase the profile and improve the information available about the wellbeing support available from Vetlife.
9. Consider developing a whole system of support that could be referenced on the RCVS website and/or included from the outset in correspondence with individuals about complaints and investigations. This should make clear that the support and information available is independent of RCVS. It might also be helpful for RCVS to acknowledge that anyone who finds themselves the subject of a complaint or investigation is likely to experience a certain amount of stress, that every effort will be made to minimise unnecessary stress and worry and to make recommendations about how individuals can seek support and stay well.

## **4.5 Supporting those with mental health problems**

It was felt that it would be inappropriate for the online questionnaire to ask respondents to provide specific information relating to the mental health of themselves or of colleagues. Therefore this section of the report is based on evidence gathered through the interviews with the representatives of VDS, who had extensive experience of supporting veterinary professionals with mental health issues.

The first problem highlighted to us through the interviews was the perceived limited knowledge of RCVS in-house advisors to deal with complex mental health problems, and perceived lack of sufficient access to external specialist services. It will be important for RCVS to be able to demonstrate that there is in fact access – in house or otherwise – to a full range of professionals with specialist occupational health experience and qualifications and those with specialist knowledge of

managing the full range of mental illnesses and their relationship to wellbeing at work.

A person with a chronic mental health condition will usually have a long-standing relationship with a psychiatric consultant, who should be able to offer professional advice on the extent to which an individual is able to manage their condition at work (subject to confidentiality requirements and obtaining the necessary consent of the individual) in addition to an independent assessment.

We would suggest that a general duty to protect animals and the public suggests that individuals must be able to show how they manage their own risk, if necessary with the support of their employers and their normal psychiatric and medical care teams. If risk assessments are up to date then mental health conditions would not normally be a matter for RCVS, unless and until specific concerns were raised triggering an RCVS investigation. At that point, the priority from a wellbeing point of view should be for the RCVS' own occupational health specialists to work with the individual's own psychiatric care team, and the individual concerned, jointly to manage the situation. This is the approach taken by the General Pharmaceutical Council. Reasonable adjustments may be able to be put in place to enable someone to engage with work in a safe and manageable way. This may help someone to manage a period of mental ill-health without requiring time off work, or as part of a phased return to work following a period of absence due to mental ill-health.

Several of those we have spoken to have been critical of the use of the RCVS Health Protocol<sup>5</sup> as an alternative to a Disciplinary Hearing. It is understood that the protocol was designed originally to deal with people with addictions. It forms part of the concerns investigation process and is applied only as an alternative and more supportive pathway than a Disciplinary Hearing for dealing with concerns/complaints.

We suggest that a review of the Health Protocol would be beneficial, from the point of view of context of supporting individuals in work. Where an individual agrees, advice from an individual's own healthcare team could be taken, in addition to independent healthcare advice and, equally importantly, acknowledging the role of the individual themselves in managing their own health. People with mental health issues, particularly long-term conditions, often have good insight into their illness, its symptoms and how it impacts on their ability to work. However, this varies from individual to individual and a person's insight may of course be impaired during a period of illness. Therefore the advice of the individual's own healthcare team is important, especially as they are likely to have a long term relationship with the individual and insight into the specific impact of the condition on an individual's

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<sup>5</sup> The RCVS Health Protocol has recently been updated: <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/health-protocol/>

capacity to work. With the support and advice of healthcare professionals, individuals with mental health conditions may be able to plan for periods when they may have limited capacity.

Whilst the welfare benefits of work are well documented, it should also be noted that if an individual felt humiliated or undermined by being unable to carry out certain tasks, this may have a negative impact on their wellbeing.

The grounds for this type of approach, where onus on risk management is with the veterinary professional not RCVS, is that while periods of mental ill-health are common, RCVS will not be involved unless an issue has been raised. In addition, in many cases there is potential for recovery and/or ongoing management. A requirement for undertakings that have an impact on the future career of the individual could be considered to be discriminatory. Every effort to work with recommendations of the specialist team supporting that person and at the level of the employer should be sought.

Where someone is experiencing a period of acute mental ill-health during a concerns investigation process, it would be good practice to ensure that they have access to a suitable peer to act as an advocate, to support them during the process. We also suggest that home visits to individuals suffering acute mental illness without an advocate present are inappropriate. We understand that Vetlife used to provide this service.

The societal stigma associated with mental ill-health can prevent people from seeking support when they are unwell. The RCVS has led an initiative called the Mind Matters Initiative, to raise awareness of mental wellbeing issues and provide support and education to tackle the stigma and help people in the profession understand more about mental wellbeing issues and how to seek support.

## ***Recommendations***

10. The health protocol should be reviewed to place a greater emphasis on an in-work risk management approach for veterinary professionals with mental health conditions, where appropriate. This would enable individuals to continue to work with reasonable adjustments, and could also help to reduce the time that an individual was absent from work by implementing a phased return to work.
11. There should be contracting out of the fitness to practise assessment on grounds of ill-health, particularly mental ill-health to a professional Occupational Health team in order to ensure a wider range of specialisms was available to provide advice on what is required to return to work and the support required.
12. Arrangements should be put in place to ensure that peer support or

advocacy is always available for individuals during a concerns investigation process, especially those experiencing mental health problems. Contact with acutely mentally ill individuals should only take place with peer support or advocate present.

13. Continue to provide awareness and education programmes through the Mind Matters Initiative, to break the stigma associated with mental health conditions and promote a proactive approach to managing physical and mental wellbeing amongst individuals, practices and veterinary organisations.

## **4.6 Compliance with the Equality Act 2010**

In relation to its members, RCVS is a regulatory body in the context of the Equality Act rather than an employer, so this legislation is not directly relevant. However, like other regulatory bodies RCVS has taken Equality Act provisions on board as if they were employers and ensured that their processes are fully compliant.

In the interviews we conducted, the Bar Standards Council representative pointed to recent case law<sup>6</sup> which established that the General Medical Council (GMC), although also a regulatory body rather than employer, nevertheless has the ability to take away someone's career and ruled that a regulated professional, in this case a doctor, should be able to take the GMC to an Employment Tribunal.

The RCVS could use its position to provide guidance to members on compliance with the legislation and use case studies of veterinary-specific scenarios to help members understand how to apply the legislation in the context of mental wellbeing.

The Health Protocol is a good example of applying the legislation to the complaint investigation process, as an alternative and supportive pathway to a full disciplinary hearing.

### ***Recommendation***

14. The RCVS should provide guidance to members about implementing the requirements of the Equality Act 2010, and use case studies with veterinary-specific scenarios to help members to understand how to apply the legislation in the context of mental wellbeing.

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<sup>6</sup> Michelak v GMC Michalak v The General Medical Council & Ors [2016] EWCA Civ 172  
<http://www.employmentcasesupdate.co.uk/site.aspx?i=ed30927>

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## **5. List of recommendations**

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1. RCVS should consider the merits and practicalities of introducing an initial stage of screening complaints or concerns to filter out any that are manifestly unfounded or unreasonable, and can be dismissed without needing to contact the professional concerned.
2. RCVS should continue to send relevant concerns to the mediation service already established through the Veterinary Client Mediation Service (VCMS), when the initial assessment is that there is a case to answer, but it falls short of the threshold for serious misconduct.
3. RCVS should review Stage 1 of the process to improve the speed with which it is concluded, the signposting of support available to veterinary professionals, and the communication with the individuals concerned.
4. Performance indicators relating to timescales should be introduced and communicated, to encourage adherence to expected deadlines.
5. Case managers should provide individuals who are subject to a complaints process with a full breakdown of the process they have planned and report back to the individual before deadlines, at all stages of progression of the process. Case officers should also inform the individual if any unforeseen delays occur, and the reasons for them.
6. The individual only should first be notified about the concern and informed that their employer will be formally notified within seven days, giving them the opportunity to inform their employer themselves.
7. To support ongoing improvements, completed investigations should be followed up with the individuals concerned, including by asking them about the degree to which they felt treated with respect.
8. Increase the profile and improve the information available about the wellbeing support available from Vetlife.
9. Consider developing a whole system of support that could be referenced on the RCVS website and/or included from the outset in correspondence with individuals about complaints and investigations. This should make clear that the support and information available is independent of RCVS. It might also be helpful for RCVS to acknowledge that anyone who finds themselves the subject of a complaint or investigation is likely to experience a certain amount of stress, that every effort will be made to minimise unnecessary stress and worry and to make recommendations about how individuals can seek support and stay well.

10. The Health Protocol should be reviewed to place a greater emphasis on an in-work risk management approach for veterinary professionals with mental health conditions, where appropriate. This would enable individuals to continue to work with reasonable adjustments, and could also help to reduce the time that an individual was absent from work by implementing a phased return to work.
11. There should be contracting out of the fitness to practise assessment on grounds of ill-health, particularly mental ill-health to a professional Occupational Health team in order to ensure a wider range of specialisms was available to provide advice on what is required to return to work and the support required.
12. Arrangements should be put in place to ensure that peer support or advocacy is always available for individuals during a concerns investigation process, especially those experiencing mental health problems. Contact with acutely mentally-ill individuals should only take place with peer support or an advocate present.
13. Continue to provide awareness and education programmes through the Mind Matters Initiative, to break the stigma associated with mental health conditions and promote a proactive approach to managing physical and mental wellbeing amongst individuals, practices and veterinary organisations.
14. The RCVS should provide guidance to members about implementing the requirements of the Equality Act 2010, and use case studies with veterinary-specific scenarios to help members to understand how to apply the legislation in the context of mental wellbeing.

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## **Appendix 1    Details of report authors**

### **Open Minds Health**

Open Minds Health Ltd is an established organisation providing large-scale health and wellbeing programmes. We're a passionate team of professionals united by the view that emotional and physical wellbeing are on an equal footing, with employers and board directors having a legal, moral and financial responsibility to improve their staff's wellbeing.

All of our team have significant working experience of managing teams in commercial environments, reinforcing personal credibility with attendees and bringing essential insight and understanding to our programmes. Furthermore, many of our team are leaders in corporate mental health and actively involved with initiatives and movements determined to improve working environments for all.

### **Gavin Peake-Jones, Chief Executive at Open Minds Health**

Gavin has worked at a senior level in large multi-national organisations for the past 18 years, gaining particular expertise in developing and implementing strategy, facilitating organisational change and providing 1 to 1 coaching to senior leaders. His previous clients include: BT, M&S, NHS, HSBC, RBS, Centrica, BAE Systems and QinetiQ.

In 2007, he was awarded a Fellowship by the trustees of the Royal Society of Art Manufactures and Commerce (RSA) following a pioneering collaboration involving Marks and Spencer, Ford, Business in the Community, The Environment Agency and [lastminute.com](http://lastminute.com). Gavin spent 5 years working in Operations Management, gaining hands on management and commercial business experience, before moving into organisational development. Prior to his role within Open Minds, Gavin was Operations Director with global management consultants Time Management International (TMI) and has founded two successful businesses and one social enterprise, which provided strategic advice to Government, NHS, Philanthropists and Non-Governmental Organisations to improve access to critical services and increase the impact of philanthropic giving.

Gavin also has extensive experience of designing and delivering international programmes that are delivered by in-house teams in both the Public and Private Sector, working closely with occupational health professionals and clinicians to raise awareness of mental health issues, increase resilience and provide support to people experiencing emotional distress. Gavin has been involved in implementing new healthcare services, integrating statutory and third sector healthcare provision and developed an international framework of healthcare training programmes, with the aim of improving the quality and consistency of clinician education.



## **Sian Peake-Jones, Executive Director at Open Minds Health**

Sian has 18 years' experience in the fields of economic, community and organisational development. She started her career in local government working on a range of development, research and internal consultancy projects eventually moving into mainstream consultancy. Prior to establishing Open Minds, Sian was Director at the Centre for Local Economic Strategies (CLES), an independent think tank and consultancy. Sian has extensive experience of policy and strategic projects as well as an authentic understanding of what is happening with real people in communities

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## Appendix 3 Copy of the online questionnaire

### RCVS : Towards a Learning Culture

The RCVS is conducting research to establish the extent to which a 'blame' culture exists in the veterinary professions, the role that the RCVS may play in it, the impact it may have on the welfare of veterinary surgeons, veterinary nurses, owners and their animals, and how the College can move towards a culture that has a greater focus on learning and personal development. The following survey is the first evidence gathering exercise in this regard and we would encourage all those responding to answer openly and honestly.

The purpose of this survey is to understand current practices and the RCVS will not have direct access to any of your answers to this survey.

All data will be handled and analysed by a third party organisation, Open Minds, who do not have access to your email addresses or any personal information. All the data submitted will be handled in accordance to Data Protection legislation. Anonymised analysis of the data will be passed back to RCVS.

1. What is your role?

- ☐ Veterinary Surgeon
- ☐ Veterinary Nurse
- ☐ Practice Manager

Other (please specify)

2. Do you have managerial or supervisory responsibilities?

- ☐ Yes, Manager or Senior Veterinary Surgeon
- ☐ Yes, Practice Manager
- ☐ Yes, Head Nurse
- ☐ No

Other (please specify)

## 3. Reporting Possible Mistakes

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
Veterinary Surgeons are usually held to account when something goes wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinary Surgeons fear disciplinary action when involved in any event that may involve a mistake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinary nurses are usually held to account when something goes wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinary nurses fear disciplinary action when involved in any event that may involve a mistake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a fair and balanced system for undertaking investigations at the level of my workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a fair and balanced system for undertaking investigations at the level of RCVS should a complaint be made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable reporting possible mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 4. Trust

	Strongly agree	Agree	Nether agree of disagree	Disagree	Strongly disagree	Don't know
I trust those in my workplace to do the right thing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust that I would be treated fairly by my workplace if there was a complaint about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust that RCVS would handle any complaints fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RCVS adheres to its own rules and policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am uncomfortable with others entering reports about possible mistakes in which I was involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable entering a report where others were involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 5. Communication

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
The practice manager or senior colleagues in my workplace would respect suggestions from other team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team members can easily approach the practice manager or senior colleagues with ideas and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team members would feel uncomfortable discussing a mistake with the practice manager or senior colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a good idea for making an improvement, I believe my suggestion would be carefully evaluated and taken seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 6. Incident reporting process

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
There is a clear system for reporting possible mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The reporting system is easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace encourages me to report anything that others could learn from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reports are evaluated and reviewed after they're entered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-workers discourage each other from reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## 7. Communication About Mistake Reporting and Complaints

	Strongly agree	Agree	Neither agree not disagree	Disagree	Strongly disagree	Don't know
Learning from complaints and mistake reporting is used to inform training in my workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RCVS has a role in sharing learning from complaints and mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often hear about complaint conclusions and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to access information and learning from mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know about mistakes and complaints that happen in our workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 8. Have you ever been the subject of a complaint?

- ☐ Yes, but to workplace not RCVS
- ☐ Yes to RCVS
- ☐ No
- ☐ Don't know

9. What stage did the complaint to the RCVS get to?

- ☐ Stage 1 - assessment and investigation ( case examination group )
- ☐ Stage 2 - Preliminary Investigation Committee
- ☐ Stage 3 - Disciplinary Committee ( i.e. public hearing )
- ☐ Don't know
- ☐ Other (please specify)

10. What was your personal experience of the RCVS concerns (complaints) process?

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
I was kept informed at all stages of the process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The process was stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt supported by my employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was signposted to organisations who could help support me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood the process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The process was completed in a reasonable amount of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you feel that the the RCVS concerns (complaints) process had a detrimental impact on your mental wellbeing?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ If you answered yes, what impact did it have on your mental wellbeing?

12. What were the main influencing factors that caused the RCVS concerns (complaints) process to have a detrimental impact on your mental wellbeing?

- ☐ Lack of information on the process
- ☐ Time taken to reach a conclusion
- ☐ Not understanding the process
- ☐ Negative views of me by employers
- ☐ Negative views of me by colleagues
- ☐ Fear of losing job
- ☐ Fear of losing licence to practice
- ☐ Lack of support from employers
- ☐ Lack of support from colleagues
- ☐ Impact on reputation
- ☐ Lack of knowledge of organisations available to give support
- ☐ Other

Other (please specify)

13. Would you be prepared to be interviewed, in confidence, about your experience of the RCVS concerns (complaints) process?

- ☐ No, I would rather not.
- ☐ Yes - my contact details are below

contact details:

14. In what way could the RCVS concerns (complaints) process be improved to protect the wellbeing of those being investigated?

15. When going through the RCVS concerns (complaints) process would you have used a peer support service, had that been available?

- ☐ Yes
- ☐ No
- ☐ Don't know

Comment:

16. What sort of practice or organisation do you work in? (check any that apply)

- ☐ A large sized practice (e.g 20+ Full Time Equivalent Veterinary Surgeons)
- ☐ A medium sized practice (e.g 11-20 Full Time Equivalent Veterinary Surgeons)
- ☐ A small/medium practice (e.g 6-10 Full Time Equivalent Veterinary Surgeons)
- ☐ A small practice (e.g 1-5 Full Time Equivalent Veterinary Surgeons)
- ☐ I work on my own
- ☐ Public Health
- ☐ Industry
- ☐ Other (please specify)

17. What is the scope of your work?

- ☐ Small animal
- ☐ Large animal
- ☐ Equine
- ☐ Exotic or Avian
- ☐ Other (please specify)

18. How long have you been qualified and practising?

- ☐ Under 5 years
- ☐ 5 - 9 years
- ☐ 10 - 20 years
- ☐ over 20 years

19. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

20. In your professional life, who has influenced your attitude and approach? (This is intended to help inform any future culture change)

- ☐ Senior staff in practice
- ☐ Peers and work friends
- ☐ Other team members
- ☐ Professional organisation contacts
- ☐ Tutor / Educator
- ☐ Family
- ☐ Well known or stand out role models

Please specify any role

21. Please name any single person or job role that has particularly high influence over the profession or those in it?

**Thank you.**



## **Appendix 4: List of questions used for the semi-structured interviews**

### **Investigation process for concerns or complaints**

Organisation that you work for...

Your position, role and experience...

1. How do you think the investigation process typically works?
  - Planned process?
  - Actual process if different?
  - Blockages concerns / issues?
  - Anything that may affect the individual's wellbeing?
2. What are the roles of the different stakeholders?
  - Are these appropriate?
  - Clarity and demarcation of roles?
4. What sort of wellbeing support is incorporated or offered for those being investigated?
  - Consistent?
  - Structured?
  - What are the restricting factors?
5. Special arrangements for those with mental health problems
  - What are these, if any?
  - Why is this approach chosen?
  - Any concerns?
6. What are the benchmarks that measure the quality of the process?
7. What works well and why?



**JUNE 2021**

The Mind Matters Initiative is run by the Royal College of Veterinary Surgeons  
[www.vetmindmatters.org](http://www.vetmindmatters.org)  
[@vetmindmatters](https://twitter.com/vetmindmatters)  
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