

Coronavirus: economic impact on veterinary practice

Results from RCVS survey #6
25 February – 4 March 2021



COVID-19



Sixth survey on the impact of Covid-19 on veterinary clinical practices

Background

1. The RCVS is running a series of surveys to assess the immediate impact of Covid-19 on veterinary clinical practices. These surveys have been developed to gather key information about how the Covid-19 pandemic has affected veterinary practices in the UK, specifically from a business and economic perspective, with a view to informing further policy decisions and, where appropriate, communications with government. The first such survey was held on 3-7 April 2020, the second on 1-5 May 2020, the third on 12-16 June 2020, the fourth on 1-7 September 2020, and the fifth on 25 November to 1 December 2020. The results from those surveys can be accessed at www.rcvs.org.uk/coronavirus-surveys. This report relates to the sixth survey, which was carried out between Thursday 25 February and Wednesday 3 March 2021.
2. The following are the notable changes and key topics introduced since previous surveys:
 - a. Compared to the December survey, a lower percentage of respondents were from independent stand-alone practices (42% compared with 47%) or practices that were part of corporate group (23% compared with 31%), and more were part of a joint venture with a corporate group (18% compared with 12%) or were out-of-hours providers (5% compared with zero).
 - b. A new question on current staffing levels found that a majority of respondents (58%) had roughly the same number of full-time equivalent staff as in the first quarter of 2020, while 19% said they had fewer, and 23% reported having more.
 - c. During this period of continued lockdown restrictions, the proportion of practices providing 'business as usual' services has remained low at 16% (17% in December). Meanwhile there has been a decline in provision of a 'near pre-covid' service (34% compared with 63% in December), and an increase in practices providing a 'reduced caseload' (31% compared with 15% in December).
 - d. More encouragingly, this survey indicated an improvement in practice cash-flow, with fewer saying their cash-flow position had worsened since before the pandemic and was causing concern (13% compared with 22% in December), and slightly more saying their cash-flow had stayed the same (51% compared with 47% in December) or improved (34% compared with 30% in December).
 - e. A new question on the impact of school closures and home-schooling on practice staffing found that 51% said school closures had "some impact" on staffing for in-hours emergency and essential care, with a further 7% reporting a "severe impact". Meanwhile a lower 15% reported some impact on out-of-hours emergency care provision, with only 3% saying there was a severe impact.

- f. There was a further improvement in the percentage reporting staff having to work reduced hours (15% compared with 21% in December, and 24% in September), and the percentage reporting staff pay cuts remained low at 3%.
- g. There was a continued increase in the use of remote consulting among practices (64% compared with 58% in December, and 50% in September). The type of clients remote consulting was used for remained similar to the last survey, with 47% saying they used it for existing clients only, 52% for both existing and new clients, and only 1% for new clients only.
- h. Some types of equipment and supplies were proving more difficult to acquire compared with the previous survey, with an increase in practices reporting issues with obtaining certain medicines (54% compared with 41% in December) and with obtaining pet food (15% compared with 5% in December).
- i. There was also an increase in respondents experiencing difficulty getting a witness to attest to controlled drugs destruction (34% compared with 20% in December). Of these, more than half (52%) had controlled drugs overdue for destruction for eight months or more.
- j. Attitudes towards the guidance and support provided by the government and the RCVS have shifted slightly since the previous survey. While still low, there was an increase in positive attitudes towards government guidance and support compared with the previous survey (29% agreed government guidance is 'clear, timely and appropriate', compared with 19% in December). Meanwhile attitudes towards the RCVS guidance and support have become less positive (34% agreed RCVS guidance is 'clear, timely and appropriate' compared with 44% in December).

Sample and response rate

- 3. The survey called for the experience of individual practices and was designed to be completed by one person in each practice who was best placed to provide the necessary information. Consequently, the survey was sent to those practices where the RCVS held a unique email address, totalling 3,243. The survey was also publicised on social media and through veterinary associations and media.
- 4. The survey gathered 201 responses (a 6% response rate), with a 79% completion rate and an average completion time of 10 minutes. Table 1 indicates that response numbers dropped notably after the first survey and that the completion rate fell after the third survey, although the response rate and average completion time have remained reasonably steady from survey 2 onwards.

Survey number	Number of responses	Response rate %	Average completion time (minutes)	Completion rate %
1	532	17	8	90
2	251	8	9	93
3	196	6	10	93
4	241	8	8	85
5	184	6	10	82
6	201	6	10	79

Demographics and practice information

- This survey, like its predecessors, was anonymous in that no data was gathered about the individuals completing the survey and no identifying data was gathered about practices. A number of questions was asked about the type, size and ownership structure of practices, to provide the potential for additional analysis and to demonstrate the sample composition was similar to the previous five surveys. As in previous survey reports, percentages have been rounded to the nearest whole number in this report.
- A comparison with the fifth survey indicates practices were largely comparable in terms of the type of service the practice provided (Table 2), and staff profile (Table 3). There were however some differences in ownership structure compared with the previous survey, with fewer part of a corporate group (23% compared with 31% in December), more part of a joint venture with a corporate group (18% compared with 12% in December), and more out-of-hours-only providers (5% compared with zero in December) (Table 4).

Small-animal-only practice (including practices that treat exotics)	80%
Mixed practice	8%
Equine-only practice	4%
Referral practice	3%
Farm-animal-only practice	2%
Other	4%
	N=198

	Veterinary surgeons %	Veterinary nurses %
3 or fewer	45	39
4-10	43	43
11-25	9	10
26-50	2	2
More than 50	1	1
N/A	N/A	5
	N=187	N=186

Table 4: Which of the following best describes your practice?	
An independent, stand-alone practice (e.g. a partnership)	42%
Part of a corporate group	23%
Part of a joint venture with a corporate group	18%
An independent, stand-alone practice that is part of a larger group (with some shared centralised support functions)	8%
An out-of-hours-only provider	5%
A charity	2%
Part of a veterinary school	1%
Other	2%
	N=187

7. The type of area served by the practice was urban for 36% of respondents, a mixture of urban and rural for 47% and rural for 17%.
8. The UK country in which the primary practice was based was England for 87% of respondents, Scotland for 7%, Wales for 4% and Northern Ireland for 2%.
9. As in previous surveys, respondents also provided the first part of their postcode (e.g. LE12), to enable future analysis to identify areas where Covid-19 might have had the greatest economic impact.

24/7 emergency cover

10. Veterinary surgeons are required by the RCVS to take steps to deliver 24/7 emergency care, creating issues for veterinary practices that most other professions do not share. Respondents were therefore asked how their practices provided out-of-hours emergency care. Table 5 shows that respondents were approximately divided between those using a dedicated out-of-hours provider, and those covering their own out-of-hours work, either on their own, with locum help, or by co-operating with other practices locally. This pattern was similar to the previous surveys.

Table 5: Which of the following best describes your practice's approach to providing 24/7 emergency cover, pre-Covid-19?	
Practice uses a dedicated out-of-hours service provider	56%
Practice covered its own out-of-hours work, using its own veterinary surgeons	30%
Practice was primarily or wholly an out-of-hours provider	7%
Practice covered its own out-of-hours work, with locum help	2%
Practice co-operated with other local practices to share out-of-hours work	2%
We handle 24/7 emergency cover another way*	4%
	N=187

*The most frequently described 'other' way of handling emergency cover described by respondents was that the practice covered its own out-of-hours until a certain point in the evening during weekdays, with a dedicated provider covering the rest of the 24-hour period during the week and most or all of the weekend.

11. The last survey included no dedicated out-of-hours providers therefore there was an increase in the percentage saying the practice was primarily or wholly an out-of-hours provider (from zero to 7%).
12. Respondents were also asked whether their approach to providing 24/7 emergency cover had now changed. Six per cent said their approach had changed, the most commonly-reported change was moving away from providing their own out-of-hours work to another option, such as a dedicated out-of-hours provider or co-operating with other local practices.

Staffing levels and self-isolating staff

13. A majority of practices (58%) said they had roughly the same number of full-time equivalent staff as in the first quarter of 2020, while 19% said they had fewer and 23% had more (Table 6).

Table 6: What are your staffing levels like, compared to the first quarter of 2020?	
We have fewer full-time equivalent staff than Q1 2020	19%
We have roughly the same number of full-time equivalent staff as Q1 2020	58%
We have more full-time equivalent staff than Q1 2020	23%
	N=187

14. The number of practices with staff who were self-isolating was low overall (see Table 7) and at a similar level to the previous survey. For the large majority of practices, there were no veterinary surgeons (92%) and no veterinary nurses (91%) currently self-isolating.

Table 7: What percentage of your staff are currently self-isolating?					
Item	Vets %	VNs %	Student VNs %	Veterinary Care Assistants %	Other support staff %
None	92	91	97	97	90
Less than 10%	5	7	2	2	7
11-25%	1	2	1	1	3
26-50%	1	0	0	1	1
51-75%	1	1	0	0	0
More than 75%	1	0	1	0	0
N*	180	165	130	144	165

*Excludes N/As.

15. When asked if any of their staff had received confirmation, via a test, that they had contracted Covid-19, 21% of respondents said yes.

16. In response to a question asking whether any staff in the practice had been contacted as part of the Test and Trace service since the start of 2021, 34% said yes; this was similar to the last survey (also 34%), but notably higher than the September survey, when only 10% said yes.
- Of those who said yes (N=62), 26% said this was because of contact with a staff member at work, 2% said a client at work and 52% said it was through a contact outside of work. Twenty-one per cent did not know.
 - Fifty-seven per cent of those saying yes said only the individual staff member contacted had ended up in quarantine or self-isolation following this contact, while 24% said the individual and others who had been working with them ended up in quarantine or self-isolating; however, 19% were exempted because the correct PPE was worn.

Staff vaccinations

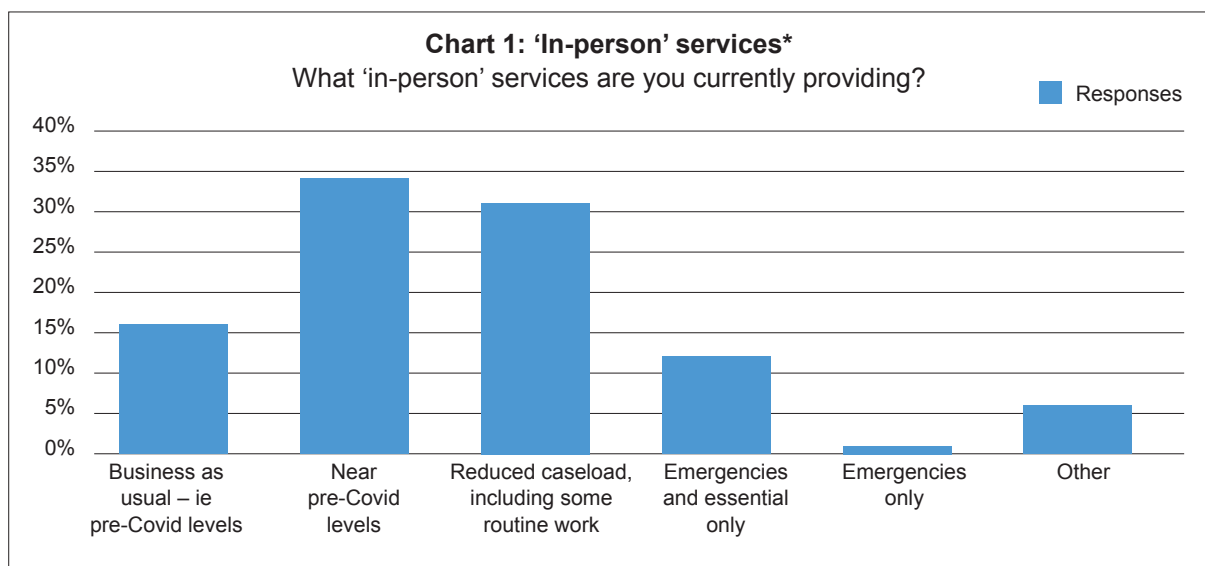
17. When asked to give the percentage of their staff that had received at least one vaccination, a majority of practices reported 'none' for each staff role, however there was considerable variation in levels of vaccination between employee groups (see Table 8). Sixty-nine per cent reported no vaccinations among their veterinary staff, and 77% among their nursing staff. While the large majority said there had been no vaccinations among student veterinary nurses (90%) and veterinary care assistants (84%), vaccinations were notably more common among other support staff, with just 55% reporting no vaccinations among this group. This pattern may reflect the differing age profiles of these roles.

Table 8: What percentage of your staff have received at least one vaccination?					
Item	Vets %	VNs %	Student VNs %	Veterinary Care Assistants %	Other support staff %
None	69	77	90	84	55
Less than 10%	11	14	2	7	24
11-25%	10	3	0	1	10
26-50%	4	2	0	0	4
51-75%	0	0	0	1	0
More than 75%	4	0	1	0	2
Not sure	2	3	7	7	4
N*	155	148	130	141	146

*Excludes N/As.

Impact on services provided and turnover

18. For 'in-person' services, 16% said they were providing a 'business as usual' service, a similar level to the last survey (Chart 1). However there has been a decrease, since the previous survey, in practices saying they were providing a 'near normal' caseload (34% compared with 63% in December), and an increase in practices reporting a 'reduced caseload' (31% compared with 15%). A further 12% provided emergencies and essential only, and 1% emergencies only. Seven per cent gave 'other' responses, the most common response was that their workload had increased rather than reduced.



*N=180

19. When respondents were asked to compare their practice's turnover with the pre-Covid-19 situation, a similar proportion to the previous survey reported an increase in turnover (38% compared to 37% in December, see Table 9). However slightly more said their turnover had stayed the same (23% compared with 18% in December), and fewer said it had reduced to some degree (39% compared with 45% in December). The figures remain favourable compared to the June survey, when the large majority of respondents said their practice's turnover had reduced.

Item	June survey %	Sept survey %	Dec survey %	This survey %
Increased	5	30	37	38
Stayed the same	7	26	18	23
Reduced by less than 25%	34	31	35	29
Reduced by 25-50%	45	9	8	7
Reduced by 51-75%	7	2	2	2
Reduced by more than 75%	4	2	0	1
N	193	226	165	167

20. Slightly more respondents said their cash-flow position had improved (34%) or remained the same (51%) as pre-Covid-19 levels compared with the previous survey. Meanwhile there was a decrease in respondents saying their cash-flow position had worsened to some degree (15% compared with 23% in December) (see Table 10).

Table 10: How has your practice cash-flow position changed compared to how it was pre-Covid-19?

Item	June survey %	Sept survey %	Dec survey %
Improved	27	30	34
Stayed the same	53	47	51
Has worsened and is causing concern	19	22	13
Has worsened and is critical	1	1	2
N	226	165	166

21. Almost all respondents (97%) said their practices had not had to close either main or branch premises, and/or did not have immediate plans to do so; also encouraging was that no respondents said their practice had closed, or planned to close, its main premises. However, 3% had closed, or planned to close, branch premises.
- a. The small number of respondents (5) who had said that premises were closed were asked if there were plans to re-open these in the next three months. Three respondents said that all branch premises would re-open, one that some would, and one that they did not know.
22. All respondents were also asked if they rented premises, and 66% said yes. When asked if they were in a position to pay their full rent on time during the pandemic, an encouraging 91% said yes; 4% have been able to pay the full amount with some delays and 4% a reduced amount, on time; however, 2% selected 'neither full amount nor on time'.

Government support

23. As in previous surveys, several questions were asked about the use of government and local authority support. Sixteen per cent had accessed, or had immediate plans to access, Business Interruption Loans; this was similar to the previous survey (15%), although a decrease compared to the September (21%) and June surveys (28%). Those who said they had not accessed the loans, and were not planning to, were asked why. Free-text responses showed that the most common reason was that the practice had no need of a loan (70%). Other reasons were not wanting to take on debt (10%), not being eligible (7%), being part of a corporate group (6%), and having taken other steps, such as loans or grants from elsewhere (6%).
24. Only 11% had accessed, or had immediate plans to access, the Self-employment Income Support Scheme. The two main reasons for not accessing the scheme were not being eligible (51%) and the loan not being needed (39%), while 7% said they were not aware of it.
25. A larger number (28%) had accessed, or had immediate plans to access, local authority support such as grants or rates relief. However, 50% said 'no' to this question, with the remaining 23% saying it was not applicable.

26. Finally, 14% of respondents said they had accessed another source of government support. The 22 respondents who provided further details mentioned using the Coronavirus Job Retention Scheme, deferring income tax and/or VAT payments, accessing bounce-back loans, or using statutory sick pay for employees who were self-isolating.

Impact on staff: furloughing and redundancy

27. Twenty-seven per cent said that they had staff currently furloughed under the Coronavirus Job Retention Scheme¹. Among those who had furloughed staff, most had only a small number of staff on furlough; 14% reported having more than ten per cent of their veterinary surgeon staff on furlough, 17% reported this for veterinary nursing staff, 7% for student nurses, 6% for veterinary care assistants, and 16% for other support staff.
28. Those who currently had staff furloughed (46 respondents) were asked to give the reason for this. Of these, 59% said this was because furloughed staff needed to care for dependents, 24% said they had insufficient work, and 24% said that a mixture of these two reasons applied to their staff.
29. Those who currently had no staff furloughed (114 respondents) were asked to say why. The most frequent response was 'staff required to cover the workload' (57%), followed by 'have used the furlough, but now brought, or about to bring, all staff back' (22%), 'single-handed practice/ small practice team' (13%) and 'furloughing is a last resort' (4%).
30. Furloughing has clearly impacted on practices and staff. Table 11 gives the issues selected by respondents (who were asked to select all that applied) and compares these to previous survey responses. The December survey found that most adverse impacts had increased among practices since the September survey, and this survey indicates that the five most common issues have remained higher than September levels: 'increased stress or impact on the mental health of teams continuing to work' was given by 67% of respondents, a slight fall since December (75%); 'difficulties in creating an acceptable rota' was given by 53% of respondents, compared to a lower 45% in December; 'concerns about sickness or absence in teams continuing to work' was mentioned by 47%, an increase since December (41%); and 'impact on mental health of those furloughed' was given by 43% of respondents, a similar level to December (44%). However, the percentage of respondents reporting no or minimal issues, at 26%, was notably higher than in December (14%), and similar to levels reported in September (26%).

¹ Please note that, due to a routing error, this question was only asked of those renting their premises rather than the whole sample.

Table 11: Issues created by furloughing (multiple response)			
Issue	Sept 2020 %	Dec 2020 %	This survey %
Increased stress or impact on the mental health of teams continuing to work	56	75	67
Difficulties in creating an acceptable rota	35	45	53
Concerns about sickness or absence in teams continuing to work	30	41	47
Impact on mental health of those furloughed	25	44	43
Loss of nurse or administrative support / other expertise	29	42	39
Divisions within teams / difficulties in applying the Scheme fairly	26	33	27
Difficulties providing Branch practice cover	17	22	14
Lack of clarity / issues with the administrative burden of the Scheme	6	11	13
Difficulties providing OOH service	8	6	9
Those on reduced hours paid less than furloughed workers	6	7	4
Other	13	5	7
No or minimal issues	26	14	26
N	186	152	135

31. Only 4% of practices had recently made, or intended to make, staff redundant since the start of 2021. Previous surveys reported higher levels of redundancies (e.g., 11% in the previous survey), however, note that past surveys did not specify that redundancies were ‘recently’ made. Those who had made recent redundancies (7 respondents) were asked a further question regarding the type and percentage of staff that had been or would soon be made redundant. The responses showed that actual and planned redundancies were spread across all types of staff, with the biggest numbers being in the ‘other support staff’ category, followed by the ‘veterinary care assistants’ category.

Impact on staff: access to in-person school places

32. Practices were asked what percentage of the veterinary surgeons in their team had been able to access in-person school places for their children, thanks to key/critical worker status. While 36% of practices reported that a proportion of their staff had accessed in-person school places, including 10% who said that more than 75% had done so, around 50% of practices said that none of their team had, and 15% were not sure.

33. When asked whether school closures, and the consequent need for home-schooling, had a negative impact on available staffing for in-hours emergency and essential care, 51% reported ‘some impact but manageable’, and a further 7% reported a ‘severe impact’ (Table 12).

34. School closures had a smaller impact on practices’ ability to meet RCVS out-of-hours emergency care provision requirements, with 15% reporting some manageable impact, and only 3% saying there was a ‘severe impact’.

Table 12: Impact of school closures and consequent need for home-schooling

	Impact on staffing for in-hours emergency and essential care %	Impact on ability to meet RCVS out-of-hours emergency care provision requirements %
No impact	42	83
Some impact but manageable	51	15
Severe impact	7	3
N	158	157

35. Those who said school closures had a negative impact on their staffing for in-hours and out-of-hours care provision were asked how they were mitigating this impact. The most common answer was increasing shift patterns of current staff (54%), while a further 10% hired additional staff. Only a small proportion cross-worked with other practices (4%) and redirected clients to other providers (2%). Other responses were given by 19%, these included making changes to shift patterns, allowing working from home or flexible working and reducing opening hours. Twelve per cent did not mention any measures to mitigate the impact.

Impact on staff: reduced pay and hours

36. Only 3% of respondents said that any of their staff had taken pay cuts for working the same hours as normal, this was similar to the previous survey (3%) and lower than the September (7%) and June (11%) surveys. Those who said their staff had taken pay cuts were asked for more detail; although the sample here was very small indeed, it appears that pay cuts had been spread more or less equally across all staff groups.

37. A larger 15% said their staff were currently experiencing a reduction in hours, although this was a lower percentage than in December (21%) and September (24%) and notably lower than in June (37%). Practices that had reduced hours had mostly applied reductions in hours to a small number of people (ten per cent or fewer).

Remote working

38. Thirty-eight per cent of practices said they had at least some staff working remotely at present. This was similar to the December survey (37%), but higher than in September (26%), and lower than in June (45%).

39. Respondents were asked why staff were working remotely, selecting all reasons that applied: 80% said it was because of current restrictions (66% said this in December, and only 7% said it was due to local lockdown in September), for 47% it was a 'business decision' (similar to December (48%) but lower than September (70%)), and for 29% it was 'employee choice' (31% in December, 57% in September).

40. Of the 59 respondents who provided more information about the staff working remotely in their practices, the majority said that only ten per cent or fewer staff in every employee group were working remotely: this was the most frequent response across almost all groups, the exception being 'other support staff', with 50% saying more than ten per cent of other support staff were working remotely.

Remote consulting

41. In this survey 64% of respondents reported that their practice was using remote consulting, a slightly higher level than in December (58%) and September (50%), but notably lower than in June (80%). This 64% of respondents were asked what they were using remote consulting for: 47% it was for existing clients/animals only, and for 52% it was for both existing and new clients/animals, with only 1% saying it was for new clients/animals only. The uses of remote consulting were broadly similar to the previous survey in December:
- a. Practices using remote consulting for existing animals/clients only were mostly using it for triage/advice (94%) and repeat prescriptions for animals under their care (88%); while only 29% were using it for prescriptions for new conditions.
 - b. Practices using remote consulting for both existing and new animals/clients were adopting somewhat different uses for these two groups:
 - i. The 49 practices using remote consulting for existing animals were using it for triage/advice (94%), repeat prescriptions for animals under their care (88%) and, to a far lesser extent, prescriptions for new conditions (29%).
 - ii. Among the 52 practices using remote consulting for new animals, it was being used for triage/advice (96%), but much less for repeat prescriptions for existing conditions (38%) and prescriptions for new conditions (38%).
42. Respondents not using remote consulting (N=58) were asked for the reasons why, selecting all that applied. The reasons selected by ten or more respondents were:
- Concerns about accuracy of diagnosis if animal not seen face-to-face (69%)
 - Concerns about ability of owners to describe animals' problem(s) (52%)
 - Continued to see clients face-to-face (47%)
 - Concerns about complaints if owner not satisfied (38%)
 - Opposed in principle to remote consulting (19%)

In addition, 29% selected 'other', and described these using free text. These were varied, with the most common response being that remote consulting had been used during the first lockdown and was considered ineffective or inefficient. Other reasons given by more than one respondent were that the practice had facilities to see animals face-to-face, for example, outside or without the owner being present, and that they were an out-of-hours provider.

Difficulty in obtaining equipment and supplies

43. Some practices were still experiencing difficulty in obtaining certain types of equipment or supplies as a result of Covid-19. Table 13 shows the percentage of respondents who selected each item from a tick-box list and compares this survey's results with the two most recent surveys. Some items have proved more likely to be difficult for practices to obtain compared with the previous survey, with 54% saying they have had difficulty obtaining certain medicines compared to 41% in December, and 15% saying they have had difficulty obtaining pet food compared with 5% in December (and just 3% in September). Other items appear to be less difficult to obtain, such as PPE (11% compared with 18% in December), or there were similar levels of practices reporting difficulty. Those reporting no issue decreased slightly since December (from 34% to 28%) but remains higher than September (13%). Similarly, there was a fall in people reporting that necessary products were available with increased prices (23% compared with 34% in December). The small number of respondents who provided details about 'other' difficulties mainly mentioned specific drugs, vaccines or treatments.

Table 13: Have you had difficulty in obtaining any of the following as a result of Covid-19?			
Item	Sept 2020 %	Dec 2020 %	This survey %
Certain medicines	68	41	54
Pet food	3	5	15
Adequate Personal Protective Equipment (PPE)	42	18	11
Hand-sanitiser or equivalent products	49	13	11
General provisions (e.g. paper towels or loo roll)	19	7	5
Oxygen	5	1	2
Other equipment/ medicines / supplies	6	6	5
Necessary products are available, but with delays, purchase limits, or substitutes	37	34	38
Necessary products are available but with increased prices	32	34	23
No issue obtaining any products	13	34	28
N	186	147	149

Controlled drugs destruction

44. Thirty-four per cent of respondents said they were experiencing difficulty in obtaining an independent witness to attest to controlled drugs destruction during the pandemic, a notable increase from the December (20%) and September surveys (18%). Of these (N=54), more than half (52%) had controlled drugs overdue for destruction for eight months or more. The full breakdown was: 6% had controlled drugs overdue for destruction for less than one month, 13% for between one and four months, 30% for over four months and less than eight months, and 52% for over eight months but less than 12 months.

Client interactions

45. This survey asked a small number of questions about practices' interactions with clients. When asked whether the respondent's practice allowed clients to come into the premises, 37% said yes, down from 44% at the last survey. Of these (N=59), 80% allowed clients into a waiting area/reception, and a lower 41% into consult rooms.
46. All respondents were also asked whether the practice was carrying out home visits, other than for an emergency, to which only 13% (11% in December) said yes.

EMS placements

47. Eighty-one per cent of respondents said that, prior to the Covid-19 pandemic, their practice had taken students on extra-mural studies placements (EMS) or intra-mural rotations (IMR). This is slightly lower than in December (86%).
48. These 127 respondents were then asked to say approximately how many EMS and IMR students they usually take each year. Table 14 gives the percentage of practices with different levels of students. Most practices took on a small number of students each year, with nearly half (48%) of those taking EMS students taking one or two, and 55% of those taking IMR students taking one or two. Notably 11% of those taking EMS students had ten or more each year, and 16% of those with IMR students took ten or more.

Number of students each year	EMS students % of practices	IMR students % of practices
1	25	41
2	23	14
3	12	9
4	13	7
5	6	2
6	6	5
7	2	5
8	2	0
9	0	2
10 or more	11	16
N	124	44

49. The 127 respondents whose practices normally take EMS and/or IMR students were then asked for how many weeks each year they took students.
- a. Table 15 gives the percentage breakdowns for the number of weeks practices took EMS and IMR students for. Practices typically offered more weeks for EMS than for IMR; 13% of those taking EMS students had them for one or two weeks, compared with 24% of those taking IMR students, while 31% of those taking on EMS students did so for 3 to 4 weeks compared to 22% of those with IMR students. A sizeable minority of practices took on students for 10 weeks or more, with 29% reporting this for EMS students and 27% for IMR students.

Table 15: Number of weeks EMS and IMR students taken each year by the practice

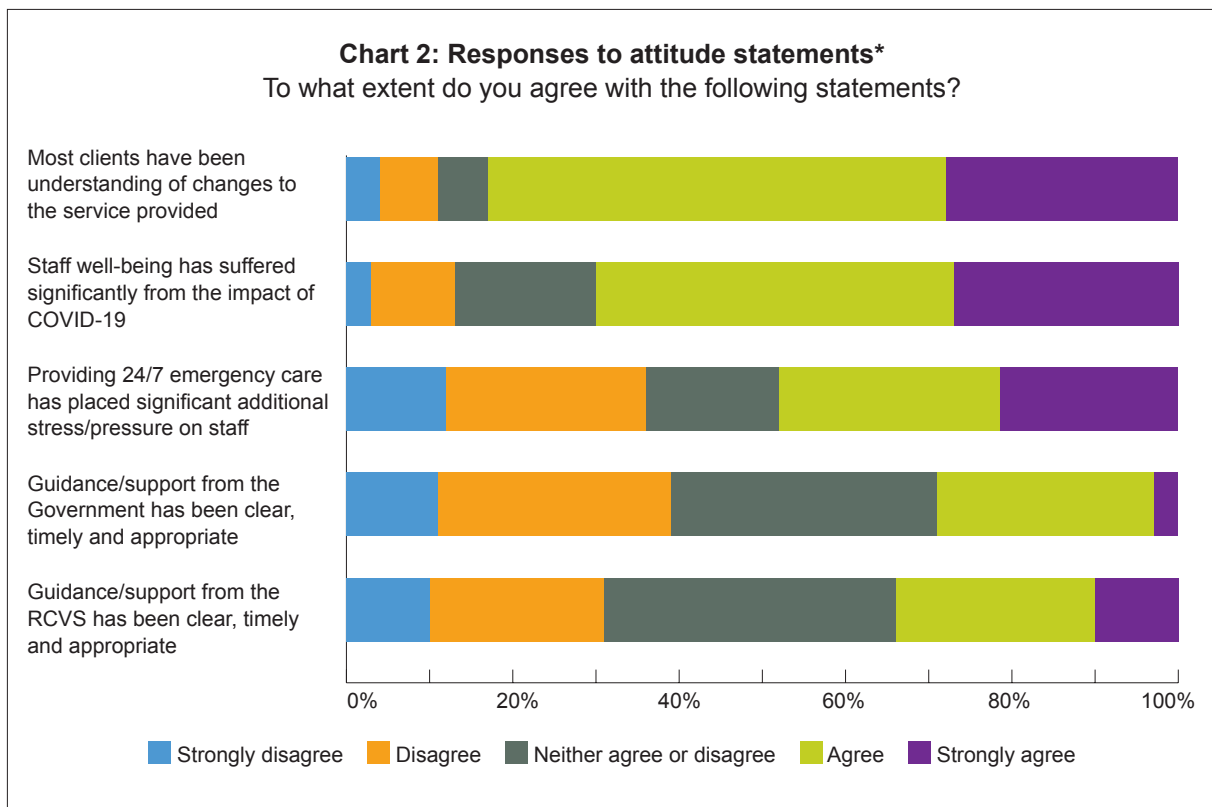
Number of weeks each year	EMS students % of practices	IMR students % of practices
1 to 2 weeks	13	24
3 to 4 weeks	31	22
5 to 6 weeks	13	12
7 to 9 weeks	14	15
10 or more	29	27
N	123	41

50. Respondents who said they took on students prior to the pandemic were asked if they were currently taking on EMS and IMR students; 33% said they were taking students at their practice at present. Of these (N=44) 55% said they were taking fewer students than they would normally expect at this time and 43% said they were taking about the same number that they would normally expect. Only 2% said they were taking more than their usual levels of students.
51. Among those who were not currently taking on students, 47% anticipated being able to accommodate student placements in the next six months, while 20% said they did not expect this and 33% said they were not sure.

Attitude statements

52. As in previous surveys, respondents were asked to give their views about five statements, ranging from 'strongly disagree' to 'strongly agree'. The statements were:
- a. Most clients have been understanding and supportive of the changes to the service we can provide.
 - b. Staff well-being has suffered significantly as a result of the impact of the Covid-19 crisis on veterinary businesses.
 - c. Given changes to our current way of working due to the outbreak, providing 24/7 emergency care has placed significant additional stress and pressure on our staff.
 - d. The guidance and support provided by the Government has been clear, timely and appropriate.
 - e. The guidance and support provided by the RCVS has been clear, timely and appropriate.
53. Chart 2 shows how respondents reacted to these statements, excluding NA responses. As in the previous survey, the strongest level of agreement was for 'Most clients have been understanding and supportive of the limitations to the service we can provide': 83% agreed or strongly agreed (also 83% in December), and only 11% disagreed or strongly disagreed (10% in December).
54. There was also general agreement to 'Staff well-being has suffered significantly as a result of the impact of the Covid-19 crisis on veterinary businesses': 70% agreed or strongly agreed (68% in December), and only 13% disagreed or strongly disagreed (18% in December).

55. As in the previous survey, the response to 'Given changes to our current way of working due to the outbreak, providing 24/7 emergency care has placed significant additional stress and pressure on our staff' was varied: when 'not applicable' responses were removed, 48% agreed or strongly agreed (45% in December), while 36% disagreed or strongly disagreed (also 36% in December).
56. Responses to 'The guidance and support provided by the Government has been clear, timely and appropriate' were more negative than positive overall, with 29% agreeing or strongly agreeing and 39% disagreeing or strongly disagreeing. However, responses were slightly more positive than in December, when only 19% agreed or strongly agreed, and 46% disagreed or strongly disagreed.
57. Responses to 'The guidance and support provided by the RCVS has been clear, timely and appropriate' have become more negative since the last survey, with 34% agreeing or strongly agreeing (44% in December), and 31% disagreeing or strongly disagreeing (25% in December).



*NA (not applicable) responses have been excluded.

N=152

Final comments

58. At the end of the survey, respondents were given the opportunity to provide comments and suggestions via a free-text box. They were invited to 'suggest how the Government or RCVS could support you better through this crisis or provide any other comments or feedback'. Fifty-two people provided responses to the question. Any comments or suggestions made by two or more respondents are reported below.
59. The most frequent comment (18 respondents in total) related to the **lack of key worker status for veterinary surgeons** during the third lockdown. Respondents mentioned the impact this has had on access to childcare (7) and the resulting additional stress and pressure on the profession (5). Some also mentioned feeling undervalued (6) as a result of not being considered critical workers.
60. Another frequent comment (16) relates to respondents wanting **clear and consistent guidance** that is delivered in a **timely** manner. Some respondents (7) made it clear that they are directing this request to the RCVS, however, for another group of comments (9) it is unclear whether the respondents were aiming the comment at the Government or the RCVS, or the respondent mentions both. Some respondents mentioned specific areas where they wanted clearer or more timely guidance, such as the RCVS providing guidance as soon as possible after Government rules have been announced, clearer advice on which tasks are classed as essential, and guidance on coming out of lockdown.
61. A smaller number of respondents (9) mentioned a general **lack of support from the Government** for the veterinary profession, and a feeling the government had 'forgotten' or 'abandoned' the profession. Some mentioned this in relation to the veterinary profession not being classed as key workers (as mentioned above), but not all mentioned this explicitly. Some respondents said they felt veterinary professionals should be prioritised for vaccinations as an essential public facing service (4).
62. Other points mentioned were feeling the RCVS had had not sufficiently supported the profession (6), increased or more consistent financial support for businesses in the form of grants or business rate relief (5), and enforcing rules more effectively (3).

Annex A: Survey questionnaire

Demographics and practice informationn

1. What type of practice do you own/manage?
 - a. Small-animal-only practice (including small animal practices that treat exotics)
 - b. Equine-only practice
 - c. Farm-animal-only practice
 - d. Mixed practice
 - e. Referral practice
 - f. Other (please specify)

 2. In which country is your main practice premises based?
 - a. England
 - b. Scotland
 - c. Wales
 - d. Northern Ireland

 3. Please give us the first part of the postcode of your main practice premises, e.g. SW1A or LA1 (this may be used to create a geographic picture of where practices are located, not to track individual responses).

 4. How many full-time equivalent (FTE) vets are there in your practice?
 - a. 3 or fewer
 - b. 4-10
 - c. 11-25
 - d. 26-50
 - e. More than 50

 5. How many full-time equivalent (FTE) veterinary nurses are there in your practice?
 - a. 3 or fewer
 - b. 4-10
 - c. 11-25
 - d. 26-50
 - e. More than 50
 - f. N/A
-

6. Which of the following best describes your practice?
- a. An independent, stand-alone practice (e.g. a partnership)
 - b. An independent, stand-alone practice that is part of a larger group (with some shared centralised support functions)
 - c. Part of a corporate group
 - d. Part of a joint venture with a corporate group
 - e. A charity
 - f. Part of a veterinary school
 - g. An out-of-hours-only provider
 - h. Other (please specify)
7. Which of the following best describes your practice's approach to providing 24/7 emergency cover, pre-Covid-19?
- a. Practice covered its own out-of-hours work, using its own veterinary surgeons
 - b. Practice covered its own out-of-hours work, with locum help
 - c. Practice used a dedicated out-of-hours service provider
 - d. Practice co-operated with other local practices to share out-of-hours work
 - e. Practice was primarily or wholly an out-of-hours provider
 - f. We handled 24/7 emergency cover another way – please specify (free text)
8. Has your practice's approach to providing 24/7 emergency cover now changed?
- a. Yes
 - b. No
9. Which of the following best describes your practice's current approach to providing 24/7 emergency cover?
- a. Practice covers its own out-of-hours work, using its own veterinary surgeons
 - b. Practice covers its own out-of-hours work, with locum help
 - c. Practice uses a dedicated out-of-hours service provider
 - d. Practice co-operates with other local practices to share out-of-hours work
 - e. Practice is primarily or wholly an out-of-hours provider
 - f. We handle 24/7 emergency cover another way – please specify (free text)

10. Please tick the description below that most closely approximates to the area your practice serves:
- a. An urban area
 - b. A rural area
 - c. A mixture of urban and rural

Current situation

11. What are your staffing levels like, compared to the first quarter of 2020:
- a. We have fewer full-time equivalent (FTE) staff than Q1 2020
 - b. We have roughly the same number of FTE staff as Q1 2020
 - c. We have more FTE staff than Q1 2020

12. What percentage of your staff are currently self-isolating?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
11-25%					
26-50%					
51-75%					
More than 75%					
N/A					

13. Have any of these had Covid-19 confirmed by a test?

- a. Yes
- b. No

14. Have any of your staff been contacted as part of the Test and Trace service since the start of 2021?

- a. Yes
- b. No

15. If yes to 13: Where was this contact from?

- a. Work – client
- b. Work – staff member
- c. Not from work
- d. Do not know

16. If yes to 13: Did any of your staff end up in quarantine or self-isolation following the contact?
- a. No, there was an exemption because correct PPE was worn (in England, prior to 5 February, when rules changed)
 - b. Yes, the individual who was contacted
 - c. Yes, the individual who was contacted and others who had been working with them
17. What 'in-person' services are you currently providing?
- a. Business as usual – ie pre-Covid levels
 - b. Near pre-Covid levels
 - c. Reduced caseload, including some routine work
 - d. Emergencies and essential only
 - e. Emergencies only
 - f. 'Other' (please specify)
 - g. None
18. How has your current practice turnover changed compared to how it was during the early months of 2020?
- a. Increased
 - b. Stayed the same
 - c. Reduced by 25% or less
 - d. Reduced by 26%-50%
 - e. Reduced by 51%-75%
 - f. Reduced by more than 75%
19. How has your practice cash flow position changed compared to how it was during the early months of 2020?
- a. Improved
 - b. Stayed the same
 - c. Has worsened and is causing concern
 - d. Has worsened and is critical
20. Are any of your premises currently closed, or do you have immediate plans to close any premises?
- a. Yes
 - b. No

21. What type of premises are currently closed, or do you have immediate plans to close? (tick all that apply)
- a. Main / sole premises
 - b. Branch premises
22. If Yes to 20: In the next three months do you anticipate re-opening:
- a. Main / sole premises
 - i. All premises (sole premises, if only one)
 - ii. Some premises
 - iii. No premises
 - iv. Don't know
 - v. N/A
 - b. Branch premises
 - i. All premises
 - ii. Some premises
 - iii. No premises
 - iv. Don't know
 - v. N/A
23. Do you rent premises?
- a. Yes
 - b. No
24. If yes to 23: Have you been in a position to pay your full rent on time during the pandemic?
- a. Yes
 - b. Full amount, with some delays
 - c. Reduction in amount, on time
 - d. Neither full amount nor on time
25. Are any of your staff currently furloughed under the Coronavirus Job Retention Scheme?
- a. Yes
 - b. No

26. [if tick yes at 25] What percentage of your staff have you currently furloughed under the Coronavirus Job Retention Scheme?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
Less than 10%					
10-25%					
26-50%					
51-75%					
More than 75%					
N/A					

27. [if tick yes at 25] If you have staff furloughed, is this because of? (Tick all that apply):

- a. Insufficient work
- b. Their need to be able to care for dependants
- c. A mixture of the above

28. [If no at 25] If you currently have not furloughed any staff, why not? (tick all that apply)

- a. Staff required to cover workload
- b. Single-handed practice/ small practice team
- c. Splitting shifts/ reducing salaries instead
- d. Still waiting to decide
- e. Furloughing is a last resort
- f. Concerned about impact of sickness/ absence
- g. Have used the furlough but now brought, or about to bring, all staff back
- h. Other (please specify)

29. If you have furloughed staff, either currently or in the past, what issues, if any, has furloughing created? (tick all that apply)

- a. No or minimal issues
- b. Increased stress or impact on the mental health of teams continuing to work
- c. Difficulties creating an acceptable rota
- d. Divisions within teams/ difficulties applying the Scheme fairly
- e. Impact on the mental health of those furloughed
- f. Loss of nurse or administrative support/ other expertise
- g. Lack of clarity about the Scheme/ issues with the administrative burden of the Scheme
- h. Those on reduced hours paid less than furloughed workers

- i. Difficulties providing OOH service
- j. Difficulties providing Branch practice cover
- k. Concerns about sickness or absence in teams continuing to work
- l. Other (please specify)

30. What percentage of your staff have been able to access in-person school places for their children, thanks to key / critical worker status?

	Vets
None	
Less than 10%	
10-25%	
26-50%	
51-75%	
More than 75%	
Not sure	

31. Has school closure and consequent need for home-schooling had any negative impact on:
Your available staffing for in-hours emergency and essential care?

- a. No impact
- b. Some impact but manageable
- c. Severe impact

32. Your practice's ability to meet RCVS out of hours emergency care provision requirements?

- a. No impact
- b. Some impact but manageable
- c. Severe impact

33. For those saying 'some impact or 'severe impact' at 31 or 32:

How are you mitigating this impact?

- a. Cross-working with other practices
- b. Redirecting clients to other providers
- c. Increasing shift pattern of current staff
- d. Hiring additional staff
- e. N/A
- f. Other [please specify]

34. What percentage of your staff have received at least one vaccination? [Please do not ask on account of this survey as it's personal information, but if you are aware for any reason please indicate]

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
10-25%					
26-50%					
51-75%					
More than 75%					
Not sure					

35. Government support: Have you accessed, or do you have immediate plans to access, any Business Interruption Loans?

- a. Yes
- b. No
- c. N/A

36. If no to 35: Why are you not accessing the Business Interruption Loans? (free text)

37. Government support: Have you accessed, or do you have immediate plans to access, the Self-employment Income Support Scheme?

- a. Yes
- b. No
- c. N/A

38. If no to 37: Why are you not accessing the Self-employment Income Support Scheme? (free text)

39. Government support: Have you accessed, or do you have immediate plans to access, any Local Authority support e.g. Grants or Rates Relief?

- a. Yes
- b. No
- c. N/A

40. Have you accessed any other sources of Government support?

- a. No
- b. Yes (please specify)

41. Have you recently made (ie since start of 2021), or do you have immediate plans to make, staff redundant?

- a. Yes
- b. No
- c. Don't know

42. If yes to 41: What percentage of your staff have you recently made, or do you have immediate plans to make, redundant?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
11-25%					
26-50%					
51-75%					
More than 75%					
N/A					

43. Are any of your staff currently taking pay cuts for working the same hours as during pre-Covid times?

- a. Yes
- b. No

44. If yes to 43: What percentage of your staff are currently taking pay cuts?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
11-25%					
26-50%					
51-75%					
More than 75%					
N/A					

45. If yes to 43: On average, what percentage pay cut have your staff taken?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
11-20%					
21-30%					
31-40%					
41-50%					
More than 50%					
N/A					

46. Have any of your staff had their hours reduced at present?

- a. Yes
- b. No

47. If yes to 46: What percentage of your staff have had their hours reduced at present?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
11-25%					
26-50%					
51-75%					
More than 75%					

48. If yes to 46: On average, what percentage reduction in hours have your staff taken?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
11-20%					
21-30%					
31-40%					
41-50%					
More than 50%					

49. Are any of your staff working remotely (e.g. at home) at present?

- a. Yes
- b. No

50. If yes to 49: what percentage of your staff are working remotely:

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
None					
Less than 10%					
11-20%					
21-30%					
31-40%					
41-50%					
More than 50%					

51. If yes to 49: Why are they working remotely? (tick all that apply)

- a. Employee's choice
- b. Business decision
- c. Due to current restrictions

52. Are you using remote consulting (by remote consulting we mean taking a history by means other than being physically present with the animal, which may or may not involve writing a prescription) as a result of social distancing measures?

- a. Yes
- b. No

53. If no to 52: why not? (tick as many as apply)
- a. Concerns about accuracy of diagnosis if animal not seen face-to-face
 - b. Continued to see clients face-to-face
 - c. Concerns about ability of owners to describe animals' problem(s)
 - d. Practice policy
 - e. Opposed in principle to remote consulting
 - f. Concerns about complaints if owners feel remote consulting/prescribing has led to an unsatisfactory outcome
 - g. Lack of IT equipment/software
 - h. Lack of confidence in IT skills
 - i. Other (please specify)
54. If yes to 52: Are you using remote consulting:
- a. For existing clients/animals only?
 - b. For new clients/animals only?
 - c. For both existing and new clients/animals?
55. If (a) to 54: For existing clients/animals only, are you using remote consulting (tick all that apply):
- a. For triage/advice?
 - b. For repeat prescriptions for animals under your care?
 - c. For prescriptions for new conditions?
56. If (c) to 54: For existing clients/animals, are you using remote consulting (tick all that apply):
- a. For triage/advice?
 - b. For repeat prescriptions for animals under your care?
 - c. For prescriptions for new conditions?
57. If (b) or (c) to 54: For new clients/animals, are you using remote consulting (tick all that apply):
- a. For triage/advice?
 - b. For repeat prescriptions for pre-existing conditions?
 - c. For prescriptions for new conditions?
58. Are you currently having difficulty obtaining any of the following as a result of Covid-19?
(tick all that apply)
- a. Adequate personal protective equipment (PPE)
 - b. Oxygen
 - c. Hand-sanitiser or equivalent products
 - d. Certain medicines

- e. General provisions (e.g. paper towels or loo roll)
 - f. Pet food
 - g. Necessary products are available, but with delays, purchase limits, or substitutes
 - h. Necessary products are available but with increased prices
 - i. No issue obtaining any products
 - j. Other equipment/ medicines/ supplies – please specify (free text)
59. Have you had any difficulty in obtaining an independent witness to attest to controlled drugs destruction during the pandemic?
- a. Yes
 - b. No
60. If yes to 59: For how many months have you had controlled drugs that have been overdue destruction? (please tick the time period that represents the longest time for which you have had drugs requiring destruction)
- a. Less than one month
 - b. Between one and four months
 - c. Over four months but less than eight months
 - d. Over eight months but less than 12 months
61. Are you allowing clients to come to your premises?
- a. Yes
 - b. No
 - c. N/A
62. If yes to 61: Where are you allowing clients? (please tick all that apply)
- a. Waiting area/reception
 - b. Consult rooms
63. Is your practice carrying out home visits, other than for an emergency?
- a. Yes
 - b. No
64. Prior to the Covid-19 pandemic, did your practice take students on extra-mural studies placements ((EMS) 'seeing practice') or Intra-mural rotations ((IMR) – students being formally taught within your practice)?
- a. Yes
 - b. No

65. If yes to 64: How many students approximately each year?
- i. EMS students - 1,2,3,4,5,6,7,8,9, Ten or more
 - ii. IMR students - 1,2,3,4,5,6,7,8,9, Ten or more
66. If yes to 64: How many weeks each year? (if you take more than one student per week, count this as one week)
- i. EMS students - 1,2,3,4,5,6,7,8,9, Ten or more
 - ii. IMR students - 1,2,3,4,5,6,7,8,9, Ten or more
67. If yes to 64, are you currently taking any students on extra-mural studies placements ((EMS) 'seeing practice') or Intra-mural rotations ((IMR) – students being formally taught within your practice)?
- a. Yes
 - b. No
68. If yes to 67: Are the number of EMS or IMR students:
- a. Fewer than we normally would expect to at this time
 - b. About the same number that we would normally expect to at this time
 - c. More than we normally would expect to at this time
69. If no to 67: Do you anticipate being able to accommodate students back on EMS or IMR placements in the next six months?
- a. Yes
 - b. No
 - c. Don't know
70. To what extent do you agree with the following statements? (Strongly disagree/ Disagree/ Neither agree nor disagree/ Agree/ Strongly agree/ N/A)
- Most clients have been understanding and supportive of the changes to the service we can provide
 - Staff well-being has suffered significantly as a result of the impact of the Covid-19 crisis on veterinary businesses
 - Given changes to our current way of working due to the outbreak, providing 24/7 emergency care has placed significant additional stress and pressure on our staff
 - The guidance and support provided by the Government has been clear, timely and appropriate
 - The guidance and support provided by the RCVS has been clear, timely and appropriate

Comments and feedback

Please use this space to suggest how the Government or RCVS could support you better through this crisis, or provide any other comments or feedback?