

# Coronavirus: economic impact on veterinary practice

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Results from RCVS survey #3  
12-16 June 2020



# Third survey on the economic 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, and the second was held on 1-5 May 2020, and the results from those surveys can be accessed at [www.rcvs.org.uk/coronavirus-surveys](http://www.rcvs.org.uk/coronavirus-surveys). This report relates to the third survey, which was carried out between Friday 12 June and Tuesday 16 June 2020.
2. The following are notable changes since the first survey:
  - a. Generally, this survey indicates an improving picture with a marked increase in practices running a 'near normal caseload' and practice turnover data reflect a shift back towards normality.
  - b. Fewer staff are self-isolating, with around 15% of practices having veterinary surgeons and veterinary nurses self-isolating/or with Covid-19, compared with 30% in the first survey and 20% in the second survey.
  - c. As expected with the improvement in practice turnover and workload, fewer practices have staff on furlough. The modal (most frequent) response for the percentage of staff furloughed was 11-25% for both veterinary surgeons and veterinary nurses in this survey. This is in contrast to the previous two surveys where the modal response was 26-50% for veterinary surgeons and veterinary nurses.
  - d. This survey also asked a new set of questions about extra-mural studies (EMS) and VN training provision to assess the impact of Covid-19 on the availability of future placements, and these responses can be found towards the end of this report.

## 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 some 3,139. The survey was also publicised on social media and through veterinary associations and media.
4. The survey gathered 196 responses (a 6% response rate), with a 93% completion rate and an average completion time of just ten minutes. The first survey achieved a response rate of 532 responses (a 17% response rate) with a 90% completion rate and an average completion time of just eight minutes. The second survey gathered 251 responses (an 8% response rate) with an average completion time of nine minutes and a 92% completion rate.

## Demographics / practice information

- The survey was entirely anonymous: 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. This provided the potential for additional analysis and cross-tabulation of the data and demonstrated that the sample composition was similar to the first two surveys. Percentages have been rounded to the nearest whole number in this report.

Practice Type	Percentage
Small-animal-only practice (including small animal practices that treat exotics)	74%
Mixed practice	16%
Equine-only practice	5%
Referral practice	2%
Farm-animal-only practice	2%
Other (please specify)	2%
<b>n=195</b>	

Number of FTE	Veterinary surgeons	Veterinary nurses
3 or fewer	47%	40%
4-10	46%	44%
11-25	5%	10%
26-50	2%	1%
More than 50	0%	0%
N/A	N/A	5%
	<b>n=194</b>	<b>n=195</b>

Practice Description	Percentage
An independent, stand-alone practice (e.g. a partnership)	56%
Part of a corporate group	19%
Part of a joint venture with a corporate group	14%
An independent, stand-alone practice that is part of a larger group (with some shared centralised support functions)	6%
A charity / veterinary school / out-of-hours-only provider / other	5%
<b>n=195</b>	

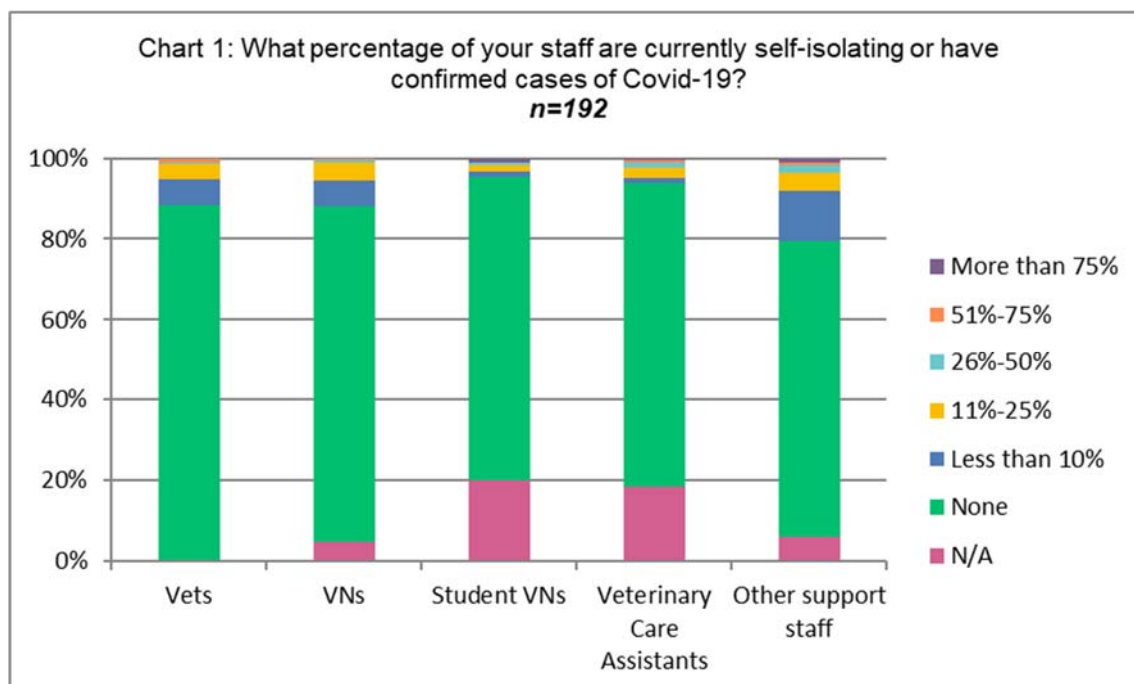
- In relation to the type of areas covered, 46% serve a mixture of urban and rural, 34% of practices serve an urban area, and 20% serve a rural area.
- Respondents were asked in which country their primary practice premises was based, 82% were based in England, 12% Scotland, 4% Wales and 2% Northern Ireland.
- Respondents were also asked to provide the first part of their practice postcode (e.g. SW1P), so that in future further analysis could be conducted to identify areas where Covid-19 may have had the most significant economic impact.

## 24/7 Emergency Cover

9. Unlike other sectors where people can mothball their businesses and furlough all their workers, the RCVS requires veterinary surgeons to continue to take steps to deliver 24/7 emergency care. This creates unique issues for the profession and we wished to understand better how practices were managing the out-of-hours (OOH) aspect of this work.
10. Similarly to the previous two surveys, half of practices (50%) used a dedicated out-of-hours service provider, with 37% of practices covering their own out-of-hours work using their own veterinary surgeons. Only 7% of practices co-operated with other local practices to share out-of-hours work, whilst a further 7% used locums or used another means, including an out-of-hours provider, for some of their caseload or species treated. Finally, of the remaining 5% who indicated they managed their OOH work another way, the responses largely indicated a mixture of managing inpatients in-house whilst emergencies were seen by another provider, and managing cases until a cut-off time in the evening after which patients would be seen by another provider.

## Self-isolating staff

11. The following chart shows the impact of self-isolation and/or Covid-19 cases on veterinary practices. The number of practices impacted by veterinary surgeons and veterinary nurses self-isolating/with confirmed cases of Covid-19 continues to decrease. Around 15% of practices have veterinary surgeons and veterinary nurses self-isolating/or with Covid-19, compared with 30% in the first survey and 20% in the second survey. Like the second survey 20% had 'other support staff' self-isolating, compared with 35% in the first survey.

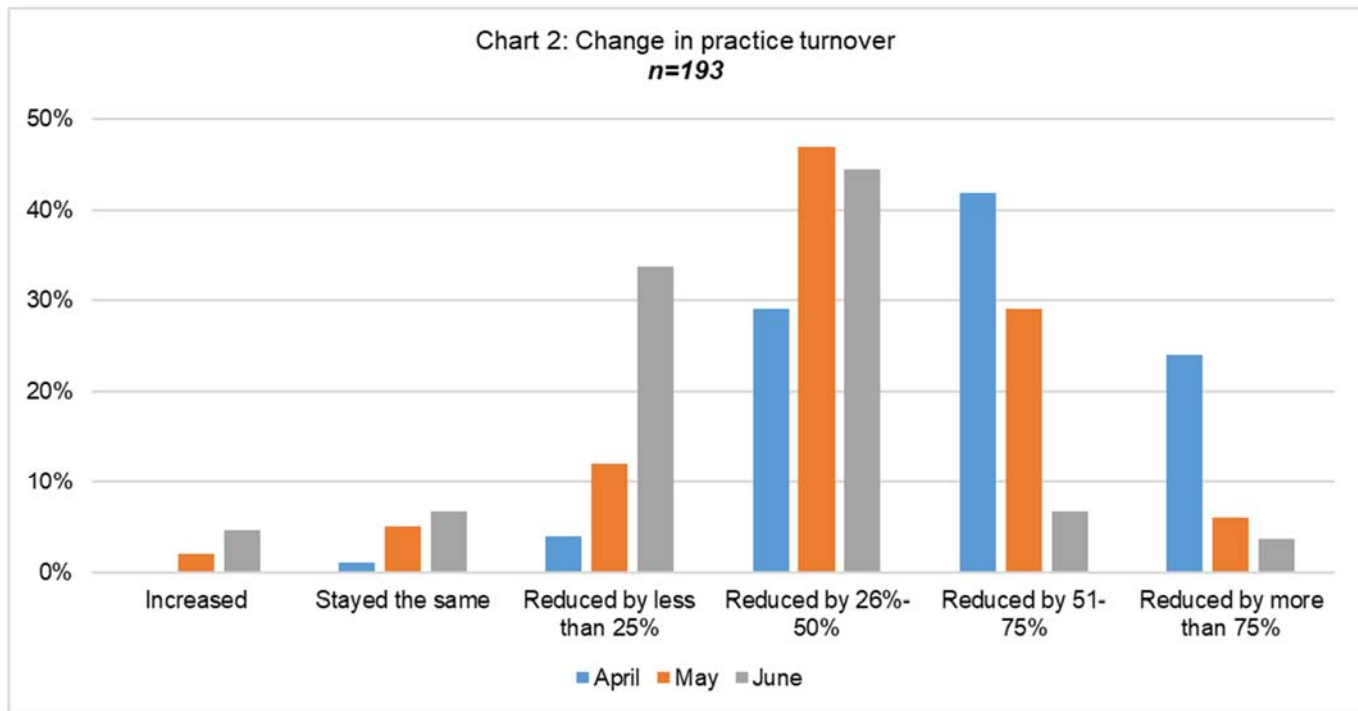


## Impact on turnover and services provided

12. Respondents were asked what 'in-person' services their practices were currently providing. Since the second survey (May 2020), there has been a marked increase in the number of practices seeing a 'near normal' case load. Whilst the majority (58%) were still seeing a 'reduced caseload, including some routine work', this compares with 69% in May, 32% of practices were seeing a 'near normal' case load, an increase of 29 percentage points since May. Furthermore, 6% of practices reported being back to 'business as usual' whilst just 4% of practices were seeing 'Emergencies only'. As in the May survey, 1% of practices continued to see no cases 'in person'. In the first survey (April 2020), 97% of practices were limiting the service they provided to emergencies or emergencies and urgent cases.
13. Practices were asked how their turnover had changed compared to how it was pre-Covid, presented in Table 4 below.

<b>Increased</b>	5%
<b>Stayed the same</b>	7%
<b>Reduced by less than 25%</b>	34%
<b>Reduced by 26%-50%</b>	45%
<b>Reduced by 51-75%</b>	7%
<b>Reduced by more than 75%</b>	4%
	<b>n=193</b>

14. Chart 2 overleaf compares the impact on practice turnover in the first survey (April) and second survey (May) with the current survey. It should be noted that in April respondents were asked 'To what extent has your weekly practice turnover reduced since social distancing (lockdown) measures were put in place (i.e. 23 March 2020)?' and in May 'Since 14 April how has your practice turnover changed compared to how it was pre-Covid-19?', whilst in June respondents were simply asked 'How has your current practice turnover changed compared to how it was pre-Covid-19?'



### Practice closures

15. As might be expected given the improvements in turnover and the increased services being provided following the change to RCVS and Government guidance, it would appear that some practices that had closed may now have reopened. In this survey 81% had not currently closed, or had no immediate plans to close, any practice premises, compared to 76% in the last survey (May).

Table 6: Are any of your premises currently closed, or do you have immediate plans to close any premises? n=35

	April	May	June
<b>Yes - Main premises</b>	5%	3%	2%
<b>Yes - Branch premises</b>	24%	21%	17%
<b>No</b>	71%	76%	81%
	<b>n=499</b>	<b>n=238</b>	<b>n=193</b>

In the April survey respondents were asked 'Have you closed, or do you have immediate plans to close, any premises?' the question was amended in subsequent surveys (as above) to capture those that may have closed, but now reopened practice premises.

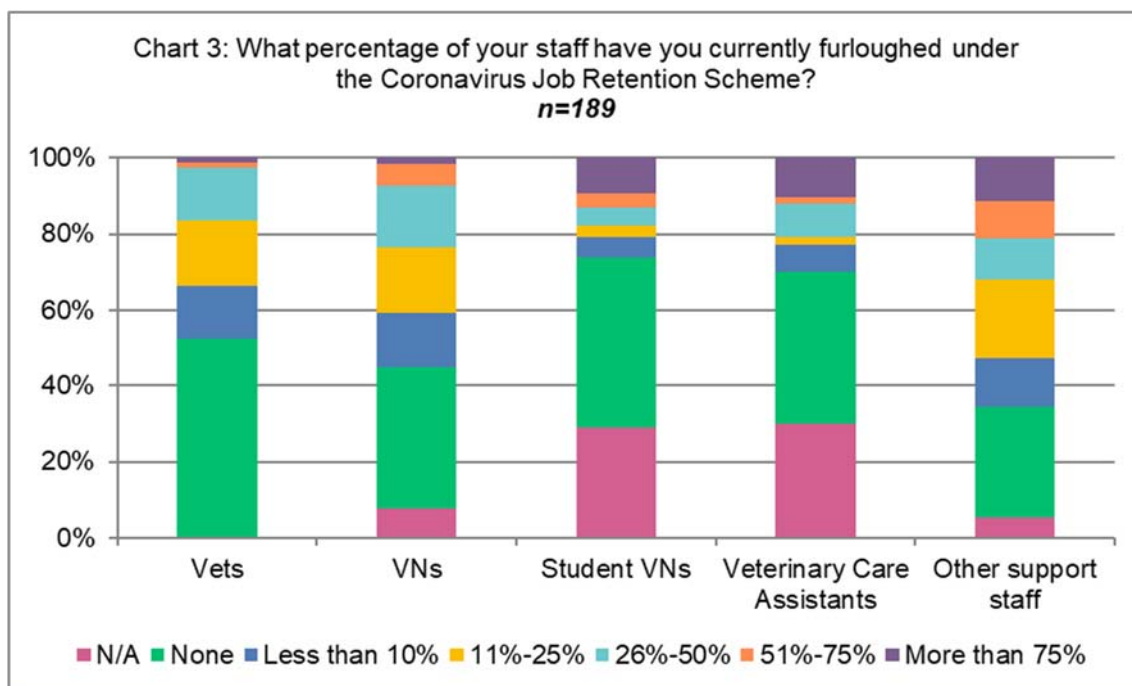
16. Furthermore, the survey asked whether practices that were currently closed anticipated reopening in the next three months (n=35). It was notable that 48% of practices planned to reopen all of their closed premises and 59% of practices planned on reopening all of their branches in the next three months, with a further 24% planning on opening at least some branches.

## Government support

17. In this survey, more questions were asked about the use or planned use of government support. Some 28% of practices had either accessed or had immediate plans to access Business Interruption Loans, compared with just 8% in the May survey. Free-text responses were coded for practices that had not accessed or were not planning to access this loan at the present time. The majority of these practices (67%) currently had no need, with a number (11%) also reporting that they were concerned about making repayments.
18. In contrast, the number of practices using the Self-Employment Income Support Scheme remained similar to the previous survey, at just 6%. From coding the free-text responses from practices who had not accessed the Scheme, the majority (70%) were not eligible for the Scheme.
19. Practices were also asked about Local Authority support including Grants and Rates Relief in this survey, and 39% of practices had accessed or had immediate plans to access this type of support. Finally, a number of practices had accessed other types of Government support. Free-text responses were coded from the 18% of practices that reported that they had accessed other Government support. A third (33%) of practices made further references to the furlough scheme here, whilst 17% of practices referenced the Government's Statutory Sick Pay rebate scheme.

## Furloughing and redundancy

20. The use of furlough had decreased in this survey compared with the previous two surveys. In June, 47% of practices had furloughed veterinary surgeons, compared with 66% in the second survey. For veterinary nurses, 55% of practices currently had veterinary nurses on furlough compared with 66% in the May survey. In this survey the modal (most frequent) response for the percentage of staff furloughed was 11-25% for both veterinary surgeons and veterinary nurses. This is in contrast to the previous two surveys where the modal response was 26-50% for veterinary surgeons and veterinary nurses. Chart 3 overleaf shows the detailed breakdown of how respondents are using the scheme.
21. It should be noted that in the April survey respondents were asked 'What percentage of your staff have you furloughed, or do you have immediate plans to furlough?' In the May survey, respondents were asked 'What percentage of your staff are currently furloughed, or do you have immediate plans to furlough?' and in the June survey respondents were simply asked 'What percentage of your staff are currently furloughed?', because the furlough scheme was by then closed to new participants.



22. Those responding that they had chosen not to furlough staff were given tick-box options as to the reasons for not furloughing (n=67). The most frequent response was 'Staff required to cover workload' (49%), followed by 'single-handed practice / small practice team' (28%). It is notable that 'staff required to cover the workload' was 31% in the previous survey, and 33% in the first survey, whilst 'single-handed practice/small team' accounted for 17% in the May survey and 26% in the April survey. Direct comparison with the first survey is not possible as in that survey respondents were given a free-text box for their answers (the pre-populated answers for the second and third surveys were derived from the most frequent answers from the first).

23. Those that had chosen to furlough staff were given tick-box options as to the issues furloughing created. Table 7 presents the responses given.

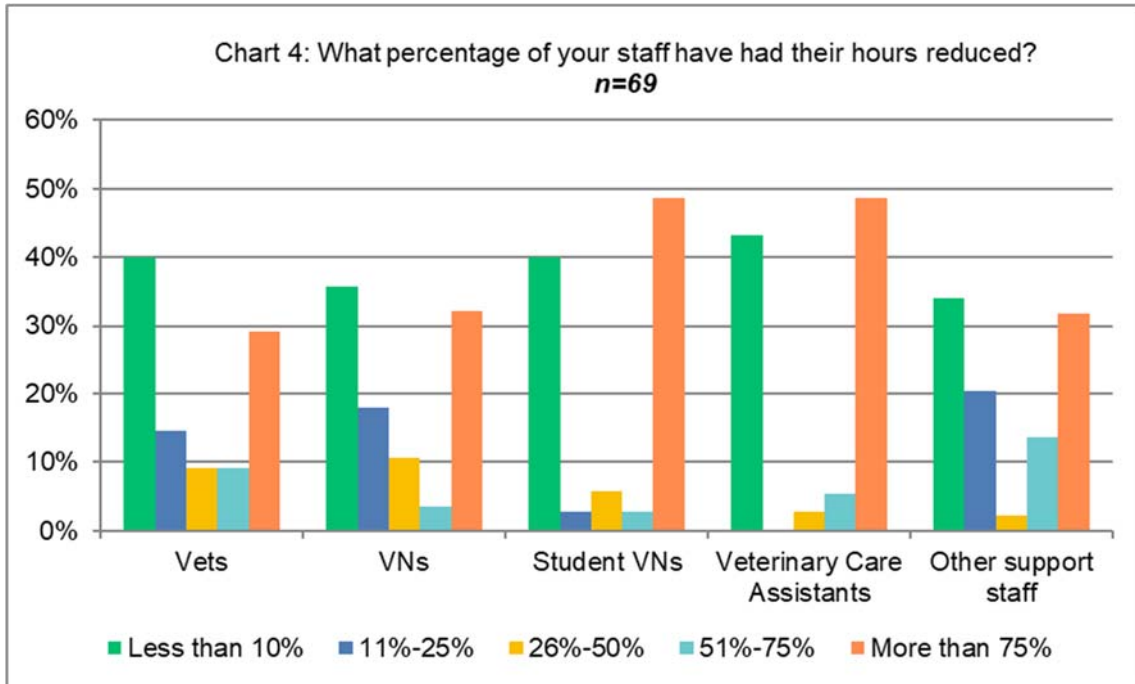
Table 7: If you have furloughed staff, what issues has furloughing created? (tick all that apply)	
Increased stress or impact on the mental health of teams continuing to work	79%
Difficulties creating an acceptable rota	55%
Loss of nurse or administrative support / other expertise	53%
Concerns about sickness or absence in teams continuing to work	43%
Impact on mental health of those furloughed	32%
Divisions within teams / difficulties applying the Scheme fairly	28%
Difficulties providing Branch practice cover	21%
Lack of clarity about the Scheme / issues with the administrative burden of the Scheme	13%
No or minimal issues	12%
Difficulties providing OOH service	12%
Those on reduced hours paid less than furloughed workers	7%
Other (please specify)	6%
<b>n=162</b>	



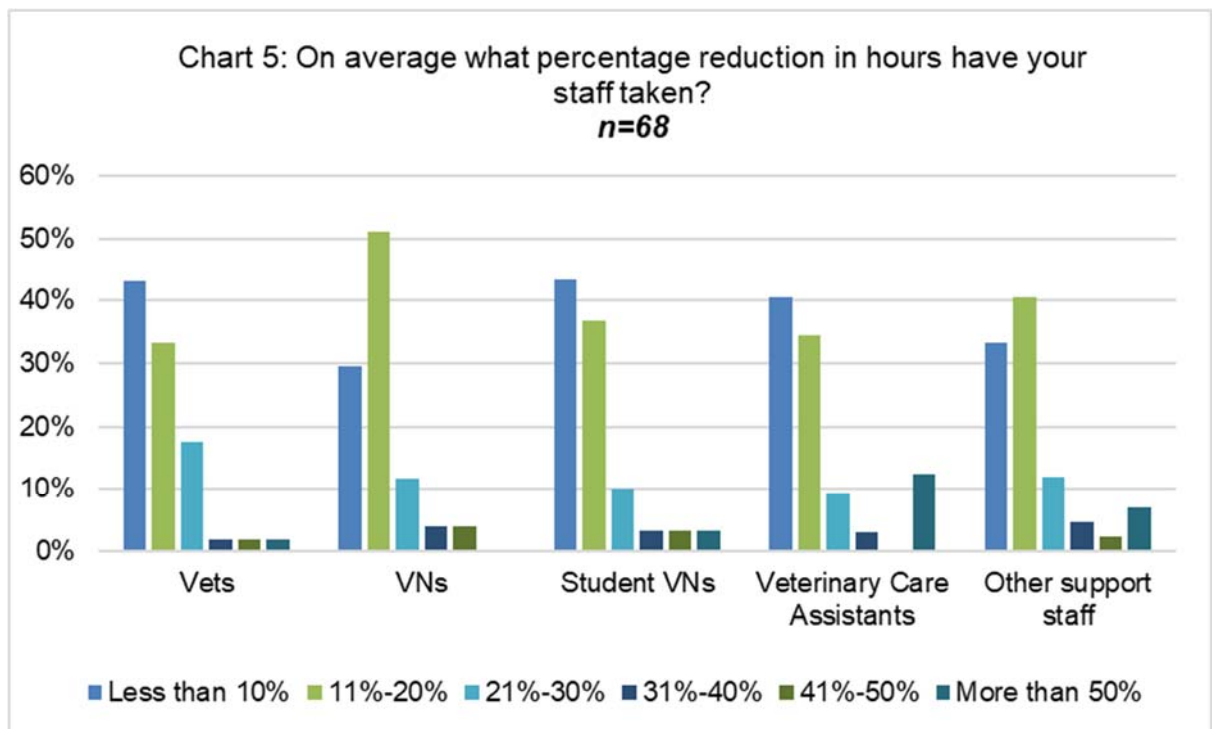
24. It is notable that there has been an increase in practices reporting 'increased stress or impact on the mental health of teams continuing to work' since the May 2020 survey, with 79% of practices reporting this compared with 64%. 'Difficulties creating an acceptable rota' and 'loss of nurse or administrative support/other expertise' were also frequently recorded in this survey, with 55% and 53% of practices reporting this respectively. Meanwhile, similarly to the May survey, 12% had experienced minimal issues with furlough, and fewer practices recorded an impact on the mental health of those furloughed (32%).
25. Around 11% of practices had made, or had immediate plans to make staff redundant, compared to 6% in the first survey and 9% in the second survey. Whilst those who 'did not know' remained similar, at 20% and 21% in the second and first surveys respectively and 22% in this survey.

### Reduced pay and hours

26. In response to increasing reports that veterinary staff were taking pay cuts or having their hours reduced, new questions were introduced in the May survey and asked again in this survey to assess the impact of such measures.
27. As in the May survey, some 11% of respondents reported that their staff had 'taken pay cuts for working the same hours as normal'. Follow up questions were asked about the percentage of staff taking such cuts and the percentage pay cuts they had taken, however, given the low response rate to the question it is not appropriate to report these results.
28. Some 37% of respondents reported that their staff had been asked to reduce their hours. Chart 4 (overleaf) shows the percentage of staff who had reduced their hours. It is notable that there is clustering at the extremes of 'Less than 10%' and 'More than 75%' across all of the practice team.

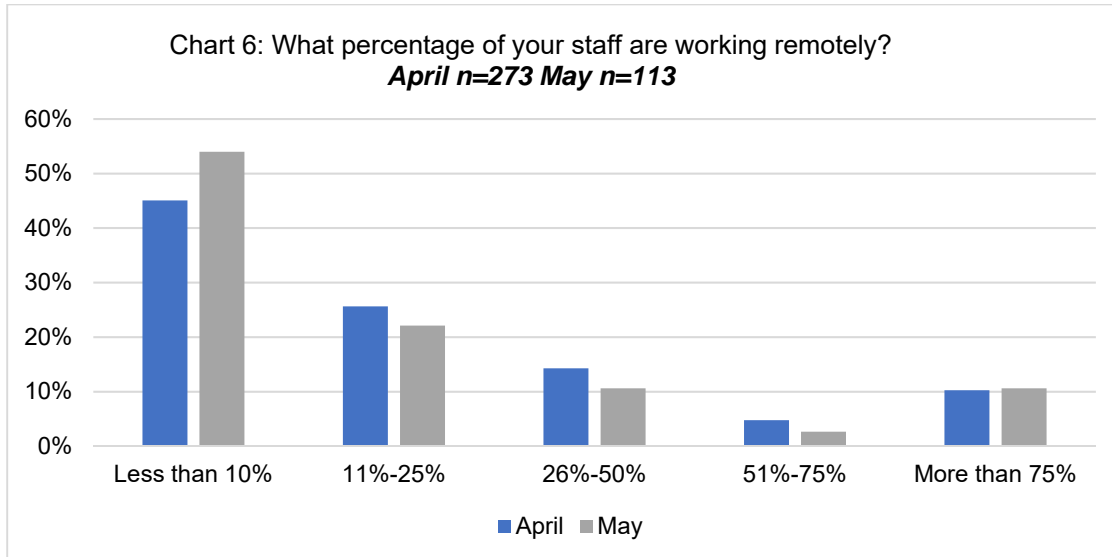


29. Chart 5, below, shows the average percentage reduction in hours taken by staff. For veterinary surgeons, student veterinary nurses and veterinary care assistants the modal (most frequent) response is a reduction of less than 10%. For veterinary nurses and other support staff this rises to a reduction of 11-20%.

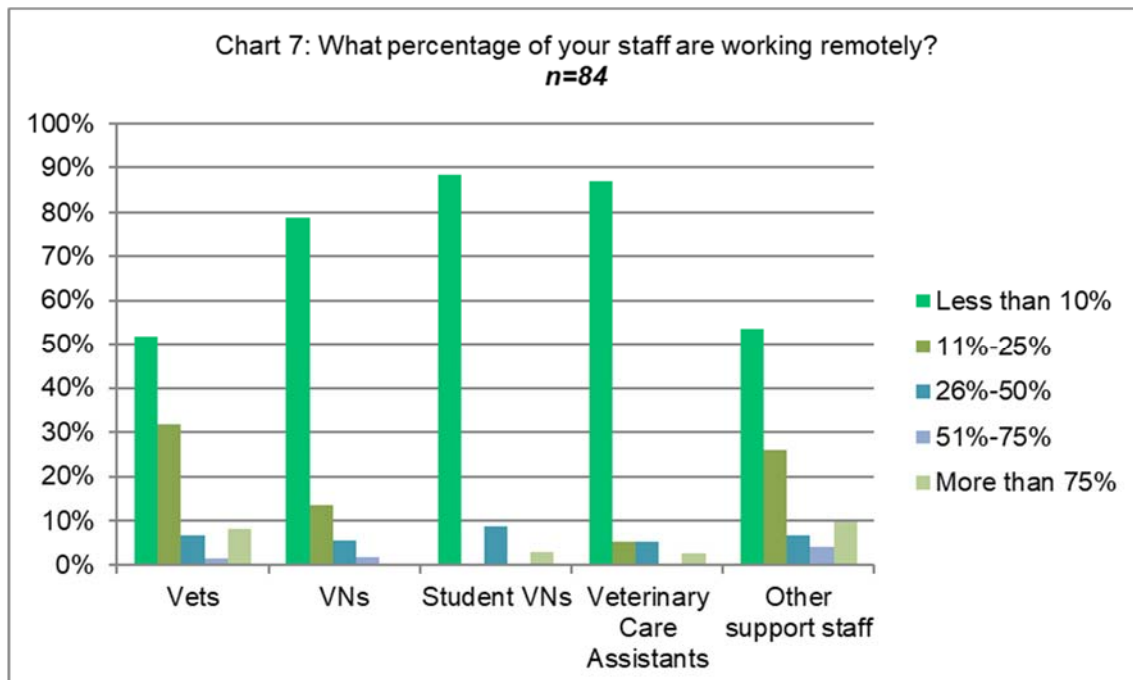


## Remote working (working from home)

30. Slightly fewer respondents again reported they had practice staff working remotely (45%) compared to over half of respondents (55%) in the first survey. Chart 6 shows the percentage of staff working remotely in those practices that reported having staff working remotely.



31. In the June survey respondents were also asked to give the breakdown of which staff groups were working remotely. These results are displayed below in Chart 7:

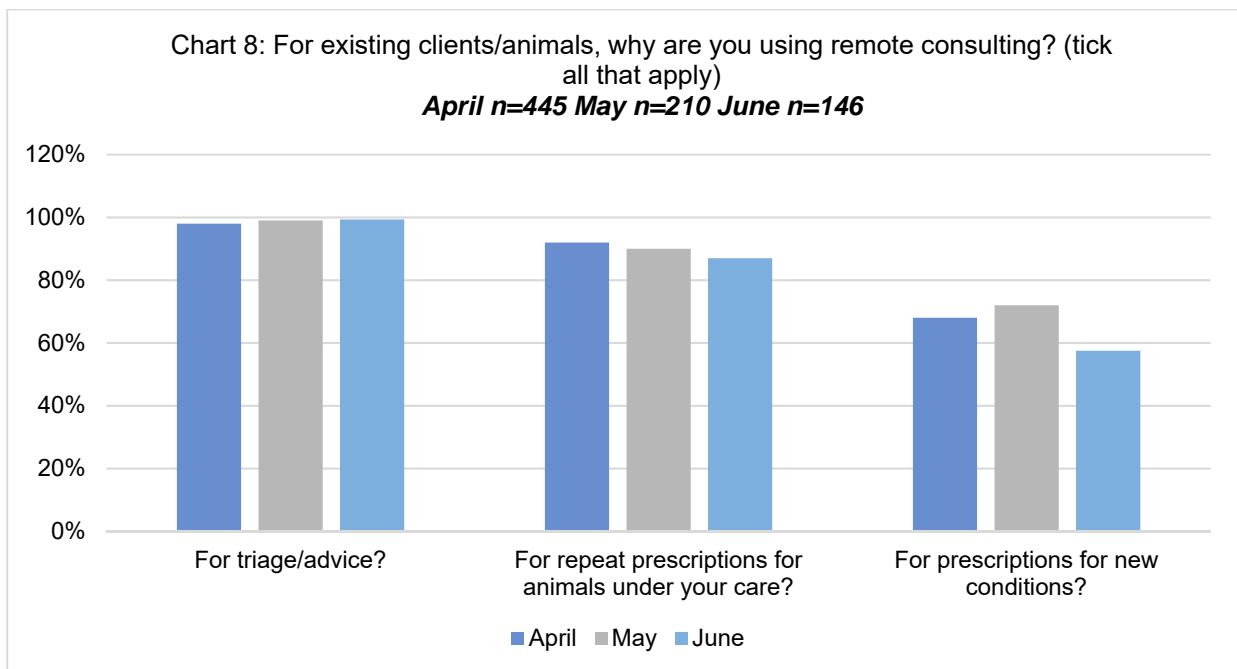


## Remote consulting

32. In this survey 80% of respondents reported using remote consulting compared with 90% in the previous two surveys. It is important to note, however, that a more specific definition of remote consulting was used in this survey ('By remote consulting we mean: taking a history

and doing a remote assessment of the patient by electronic communication; the outcome may or may not involve a diagnosis, care and/or treatment plan and/or a prescription') to ensure respondents were not referring to consulting where the client, but not the animal, is remote.

33. Of those using remote consulting, 40% were using it for existing clients and animals only (30% in May), whilst 58% were using it for both existing and new clients/animals (70% in May). Some 2% of respondents indicated they were only using remote consulting for new clients/animals.



34. From those that indicated they were using remote consulting for 'new clients/animals', similarly to the May survey 100% were using it for triage/advice, whilst 41% (51% in May) were also using it for prescriptions for new conditions and 40% were using it for repeat prescriptions for pre-existing conditions (a new category in the June survey)

### Difficulty obtaining equipment and supplies

35. Difficulties in obtaining equipment appear to have largely remained the same since the May 2020 survey. Only 18% of respondents had reported no issue obtaining equipment or supplies, compared with 56% in the first survey and 15% in May 2020. Meanwhile, 46% had difficulty obtaining Personal Protective Equipment (PPE) compared with 43% in April and 50% in May.

<b>Table 8: Have you had difficulty obtaining any of the following as a result of Covid-19? (tick all that apply)</b>	
<b>Hand-sanitiser or equivalent products</b>	61%
<b>Personal Protective Equipment (PPE)</b>	46%
<b>Necessary products are available, but with delays, purchase limits, or substitutes</b>	35%
<b>Certain medicines</b>	34%
<b>General provisions (e.g. paper towels or loo roll)</b>	18%
<b>Necessary products are available but with increased prices</b>	25%
<b>No issue obtaining</b>	18%
<b>Pet food</b>	8%
<b>Oxygen</b>	6%
<b>n=180</b>	

## EMS placements

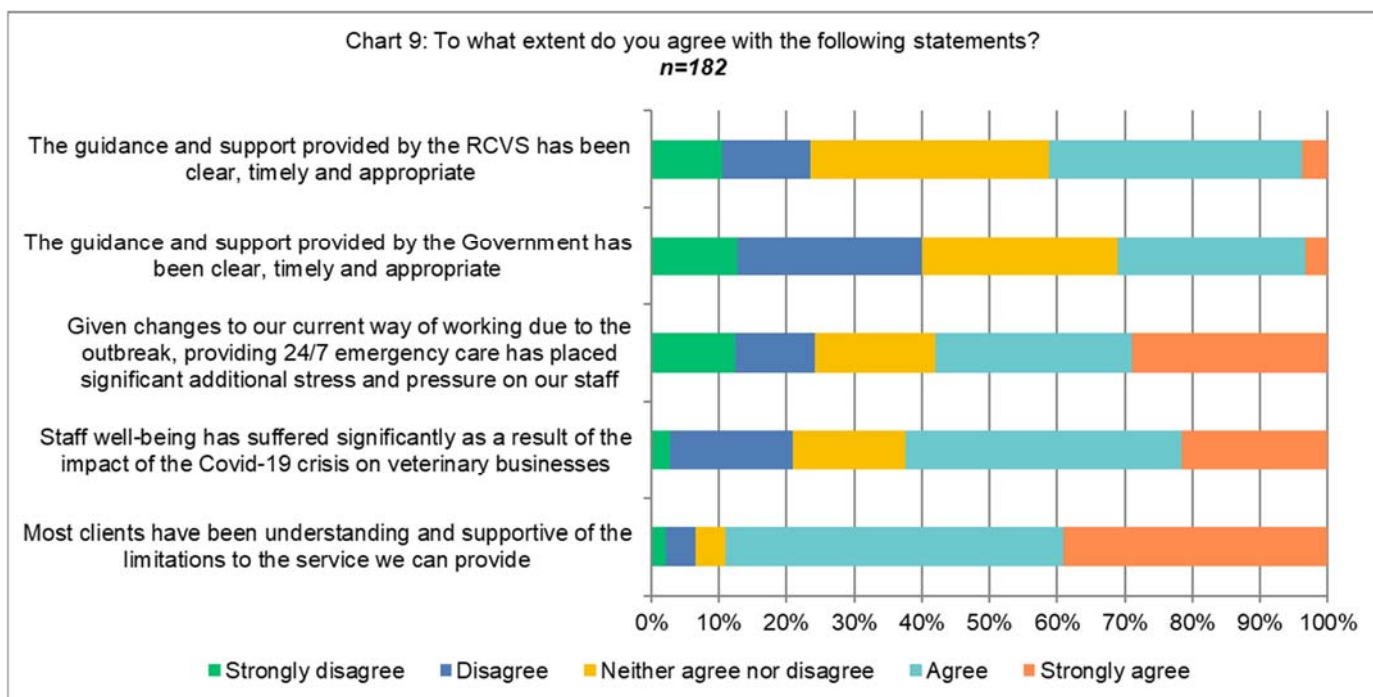
36. In this survey respondents were asked about the impact of Covid-19 on EMS placements. Practices were first asked whether they took veterinary students on EMS placements prior to the Covid-19 pandemic, and 79% of practices did so. Of the 21% of practices who reported not taking EMS students the majority (61%) reported that this was because 'the practice was not set up to take students', whilst 'insufficient staff resource' (39%) was also reported
37. The 79% of practices that reported taking EMS students were asked to comment on how many students they approximately took each year. Whilst most practices indicated an exact figure, these were free-text responses so where some practices indicated (for example) that they took "3-4" students each year the larger of the two figures was selected. This indicated that 143 practices who answered the question represent a total placement pool of 1,008 placements, for an average of seven students per practice annually.
38. When asked whether practices anticipated being able to accommodate students on EMS placements in the next six months, 34% said yes. However, 28% of practices said they would not be able to accommodate students in the next six months, and a further 38% were unsure.
39. Practices were asked about what barriers were preventing them being able to take students on EMS at present, and the most commonly reported response (59%) was that practices were 'unable to work with social distancing measures in place'. Some 31% of practices also reported that 'business and caseload would need to return to normal levels before they take EMS students back'. Finally, 30% of practices noted that they 'no longer have the adequate staff resources' and 20% 'no longer have sufficient PPE' to be able to support EMS students. The free-text responses to this question were also coded, and 32% of practices provided additional detail about specific issues to do with social distancing which would make having a student risky and/or impractical, for example, difficulties with providing usual student accommodation and practices operating on a closed rota or bubble system.

## Veterinary Nurse Training Practices

40. In this survey practices were also asked whether or not they were a VN Training Practice (TP), with 70% of practices responding that they were. When asked whether they employ a student VN, the majority (51%) responded that they employed at least one further education student, with 13% employing a higher education student and 23% employing both a further and a higher education student.
41. Practices were asked to indicate whether they intended to 'employ a student VN who would start training this September'. The majority (53%) indicated that they did not, but 13% of practices responded that they would now not be but had planned to do so prior to Covid-19.
42. Almost half (46%) of practices indicated that they currently support student VN placements. However, 35% of practices have cancelled SVN placements at their practice as a result of Covid-19. Some 38% of practices reported that some or all of these placements had now been rearranged, but the majority (61%) reported that they had not been at this point.
43. In contrast to EMS placements, the majority (55%) of practices anticipated that they would be able to support an SVN placement in the next six months. Again in contrast, for the 45% of practices who felt they would not be able to do so, the most frequent barrier (65%) was that their 'skeleton staff would not meet training requirements'. The second most frequent response recorded was that practices felt they would not be able to 'implement appropriate social distancing' (53%).

## Sentiment analysis

44. In addition to the three questions used in the first survey about the impact of Covid-19 on staff wellbeing and how clients were responding, respondents were also asked for their views on the guidance and support provided by the RCVS and the government, as were respondents to the second survey. The responses are presented in Chart 8 (overleaf) with the N/A responses removed.
45. The third survey reflected the first survey in terms of the percentage of respondents agreeing or strongly agreeing with the statement, 'Staff wellbeing has suffered significantly as a result of the impact of the Covid-19 crisis on veterinary businesses' – 63% compared with 49% in the second survey, and 63% in the first survey. However, for the statement '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' a lower percentage of respondents 'agreed' or 'strongly agreed' again – 46% compared with 50% in the second survey and 58% in the first survey.



### Free-text responses

46. Respondents were given a free-text box in which to 'suggest how the government or RCVS could support you better through this crisis, or provide any other comments or feedback'. All responses (n=80) were read and coded. Due to the wide-ranging nature of the question there was a long tail of responses. The most frequent responses are presented below.
47. The most frequent response (55%) related to the guidance issued by the RCVS. 15% of practices felt that the guidance released by the RCVS had not been updated promptly enough along with the changing government guidance and that this was a source of confusion. Some 13% of practices also felt that the guidance was too strict or was misleading, with a further 11% noting, similarly to the last survey, that the guidance was too open to interpretation and allowed for practices to win business from each other by stretching the interpretation of what was permissible.

### Financial support

48. The next most frequent response related to government financial support schemes (24%). Many continued to note that veterinary practices had fallen through the cracks of available schemes and wished that more support was available to them (9%). More specifically, 13% of practices highlighted that rates relief should be available to veterinary businesses.

### Government response

49. Government communications or actions to tackle the pandemic were criticised by 20% of respondents, which is an increase of 9% from the May survey responses.

### Test and Trace

50. Finally, concerns about the government's Test and Trace scheme were raised by 11% of practices, with many feeling unsure of the impact this may have on their business moving forward.

## Annex A: Survey

### Demographics

- 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, eg 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 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)
8. 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

9. What percentage of your staff are currently self-isolating or have confirmed cases of Covid-19?

	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					

10. What 'in-person' services are you currently providing?
- Business as usual
  - Near normal
  - Reduced caseload, including some routine work
  - Emergencies only
  - None
11. How has your current practice turnover changed compared to how it was pre-Covid-19?
- Increased
  - Stayed the same
  - Reduced by less than 25%
  - Reduced by 26%-50%
  - Reduced by 51-75%
  - Reduced by more than 75%
12. Are any of your premises currently closed, or do you have immediate plans to close any premises?  
(tick all that apply)
- Yes – Main Premises
  - Yes – Branch Premises
  - No
13. In the next three months do you anticipate re-opening:
- Main premises
    - All premises
    - Some premises
    - No premises
    - Don't know
    - N/a
  - Branch premises
    - All premises
    - Some premises
    - No premises
    - Don't know
    - N/a

14. 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
None					
Less than 10%					
11-25%					
26-50%					
51%-75%					
More than 75%					
N/A					

15. 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)

16. If you have furloughed staff, what issues has furloughing created? (tick all that apply)

- a. Increased stress or impact on the mental health of teams continuing to work
- b. Difficulties creating an acceptable rota
- c. Divisions within teams / difficulties applying the Scheme fairly
- d. Impact on the mental health of those furloughed

- e. Loss of nurse or administrative support / other expertise
- f. Lack of clarity about the Scheme / issues with the administrative burden of the Scheme
- g. Those on reduced hours paid less than furloughed workers
- h. Difficulties providing OOH service
- i. Difficulties providing Branch practice cover
- j. Concerns about sickness or absence in teams continuing to work
- k. No or minimal issues
- l. Other (please specify)

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

- a. Yes
- b. No
- c. n/a
- d. No, why not? Please specify.

18. If no, why are you not accessing the Business Interruption Loans?

19. 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
- d. No, why not? Please specify

20. If no, why are you not accessing the Self-employment Income Support Scheme?

21. Government support: Have you accessed or do you have immediate plans to access any Local Authority support eg Grants or Rates Relief?

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

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

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

23. Have you made, or do you have immediate plans to make, staff redundant?

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

24. What percentage of your staff have you 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					

25. Have any of your staff taken pay cuts for working the same hours as normal?

- a. Yes
- b. No

If (a) what percentage of your staff have taken 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					

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					

26. Have any of your staff had their hours reduced?

- a. Yes
- b. No

If (a) what percentage of your staff have had their hours reduced?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
Less than 10%					
11-25%					
26-50%					
51%-75%					
More than 75%					

On average what percentage reduction in hours have your staff taken?

	Vets	VNs	Student VNs	Veterinary Care Assistants	Other support staff
Less than 10%					
11%20%					
21%-30%					
31%-40%					
41%-50%					
More than 50%					

27. Are any of your staff working remotely (e.g.

at home)?

- a. Yes
- b. No

If (a) What percentage of your staff are working remotely?

- a. Less than 10%
- b. 11%-25%
- c. 26%-50%
- d. 51%-75%
- e. More than 75%

28. 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

If (a) Are you using remote consulting:

- a. For existing clients/animals?
- b. For new clients/animals?
- c. For both existing and new clients/animals?

If (a/c) 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?

If (b/c) For new clients/animals, are you using remote consulting (tick all that apply):

- a. For triage/advice?
- b. For repeat prescriptions for a pre-existing conditions?
- c. For prescriptions for new conditions?

29. Have you had 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
- j. Other equipment / medicines / supplies (please specify – free text)

30. Prior to the Covid-19 pandemic, did your practice take students on EMS placements?

- a. Yes (skip to Q32)
- b. No



If (b) no then

Why you do not take EMS placements? (tick all that apply)

- a. Practice not set up to take students
- b. Previous poor experience taking EMS students
- c. Financial implications
- d. Practice policy
- e. Insufficient caseload
- f. Insufficient staff resource
- g. Other (please specify)

31. The pandemic has made it very challenging for students in terms of EMS availability – would you consider supporting EMS placements in future?

- a. Yes - If you would like to put your practice forward to support EMS placements please email [education@rcvs.org.uk](mailto:education@rcvs.org.uk)
- b. No

32. How many students approximately each year?

33. From which vet schools (tick all that apply)

- a. Bristol
- b. Cambridge
- c. Edinburgh
- d. Glasgow
- e. Liverpool
- f. Nottingham
- g. Surrey
- h. Royal Veterinary College
- i. Other (please specify)

34. Do you anticipate being able to accommodate students back on EMS placements in the next six months?

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

35. What are the barriers to your practice being able to take students on EMS placements?

- a. Our practice is unable to work with social distancing measures in place
- b. Business and caseload would need to return to normal levels before we take EMS students back
- c. No longer have the adequate staff resources to support EMS students

- d. No longer have sufficient PPE to be able to support EMS students
- e. Logistical difficulties such as travelling to cases in the community while maintaining social distancing
- f. Other barriers (please state)

36. Is your practice a Veterinary Nurse Training Practice (TP)?

- a. Yes
- b. No skip to 39

37. Do you employ a student?

- a. Yes – further education student
- b. Yes – higher education student
- c. Yes – both further and higher education students
- d. No – skip next three questions

38. Do you plan to employ a student veterinary nurse who would start training this September?

- a. Yes
- b. No
- c. No, but had planned to prior to Covid-19

If (c) Relating to Covid-19, what is preventing you from employing a student veterinary nurse? (tick all that apply)

- a. Do not have sufficient PPE for another member of the team
- b. Cannot implement appropriate social distancing
- c. Skeleton staff cannot support training requirements
- d. Do not feel the case load is sufficient for training requirements
- e. Other (please specify)

39. Do you currently support placement students?

- a. Yes – further education programmes only
- b. Yes – higher education programmes only
- c. Yes – further and higher education programmes
- d. No

40. Were any planned SVN placements at your practice cancelled due to COVID-19?

- a. Yes
- b. No

If (a) were they cancelled by the:

- a. Provider
- b. Practice
- c. Student
- d. A combination of the above
- e. Other (please specify)

If (40b) No – skip to 42

41. Have any of the planned placements been rearranged?

- a. Yes, all – go to next question
- b. Yes, some – go to next question
- c. No – skip next question

42. Do you anticipate being able to support a placement student within the next six months?

- a. Yes
- b. No

If (b) what is preventing you?

- a. Do not have sufficient PPE for another member of the team
- b. Cannot implement appropriate social distancing
- c. Skeleton staff cannot support training requirements
- d. Do not feel the case load will be sufficient for training requirements
- e. Other (please specify)

43. To what extent do you agree with the following statements? (Strongly disagree/ Disagree/ Neither agree nor disagree/ Agree/ Strongly agree)

- Most clients have been understanding and supportive of the limitations to the service we can provide
- Staff well-being has suffered significantly as a result of 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**

44. 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?