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The 2019 Survey of the Veterinary Nurse Profession

A report for the Royal College of Veterinary Surgeons

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

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

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

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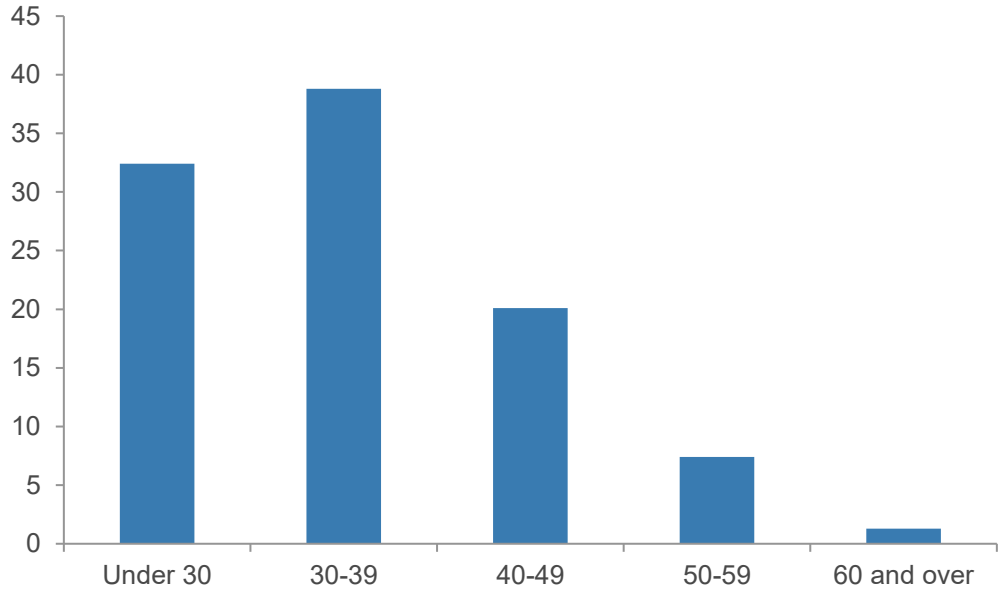
Executive Summary

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

Personal details

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

Figure 1: Age distribution of VN respondents, %



VN Survey, 2019

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

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

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

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

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

Work status

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

Table 1: Employment status

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

Source: VN Surveys, 2019, 2014 and 2010

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

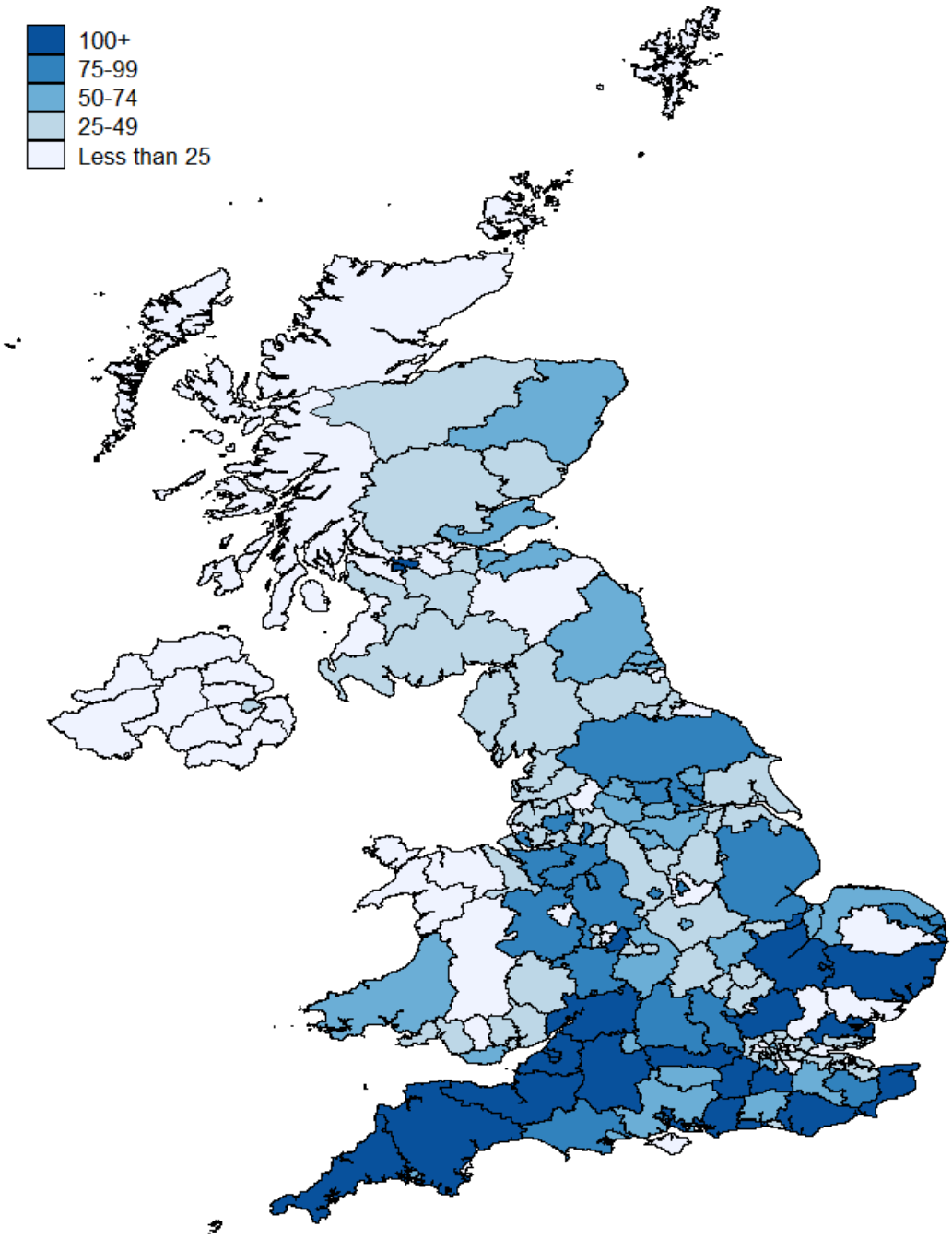
Current work (veterinary or non-veterinary)

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

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

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

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



Source: VN Survey, 2019

N = 6,089

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

Working outside the VN profession

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

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

Working within the VN profession

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

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

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

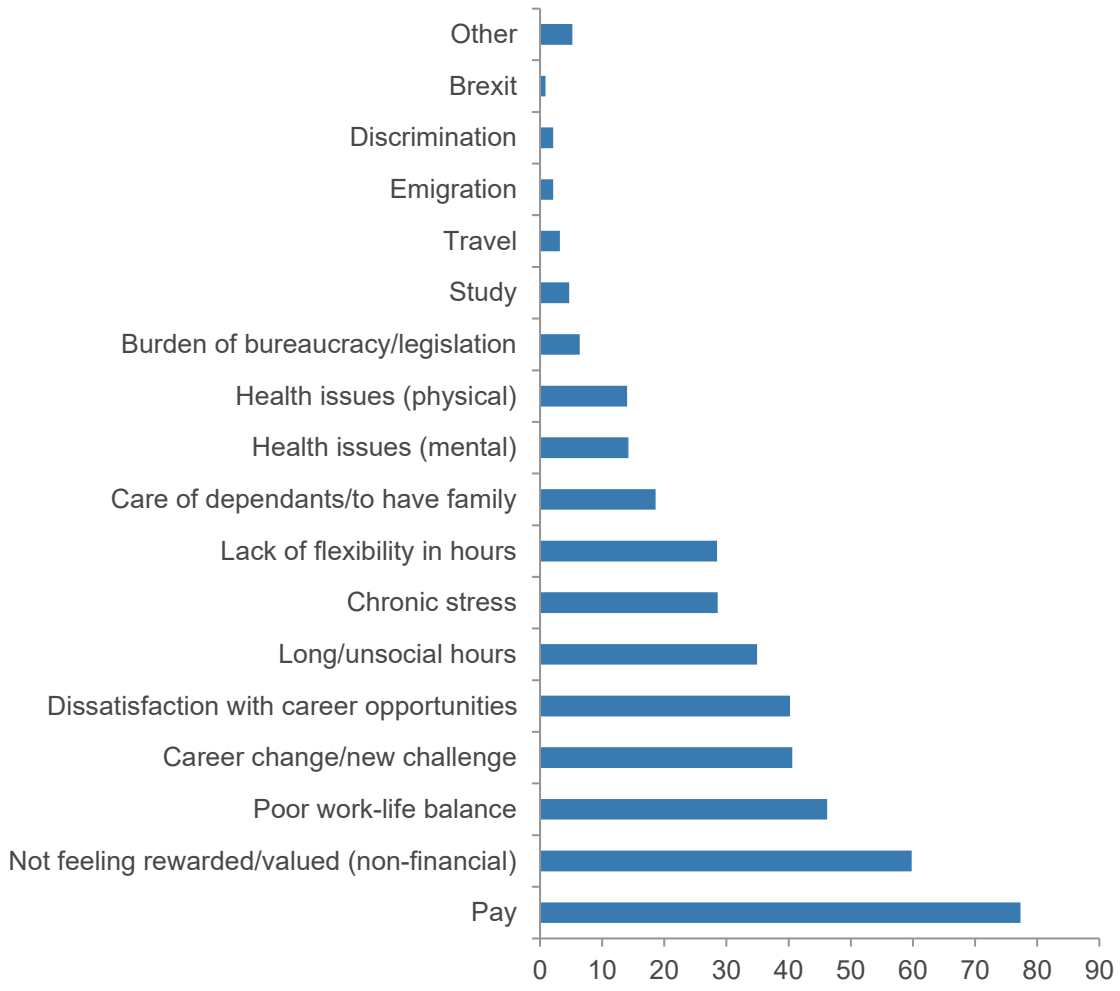
The majority of respondents are not required to be on call, either off or on the premises. For those who are required to be on call, the median for typical weekly hours on call off the premises is between 11 and 12, and the mode is 12 hours; and the median for typical weekly hours on call on the premises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

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

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

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

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



Source: VN Survey, 2019

Working within clinical veterinary practice

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

Table 2: Position within practice

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

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

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

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

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

Source: VN Survey 2019

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

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

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

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

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

In addition to day-t0-day activities, respondents are participating in more nurse-led clinics than in previous years; 80.3 per cent are involved in clinics, with nail clipping, parasite control and weight management clinics being the most common. The large majority (91.9%) consider themselves to have expertise in at least one area, with nail clipping, parasite control, weight management and anaesthesia being most frequently mentioned. Averaged across all respondents, dogs and cats take up most working time (80.2%) and on call time (81.4%) of VN respondents.

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

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

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

Continuing professional development (CPD)

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

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

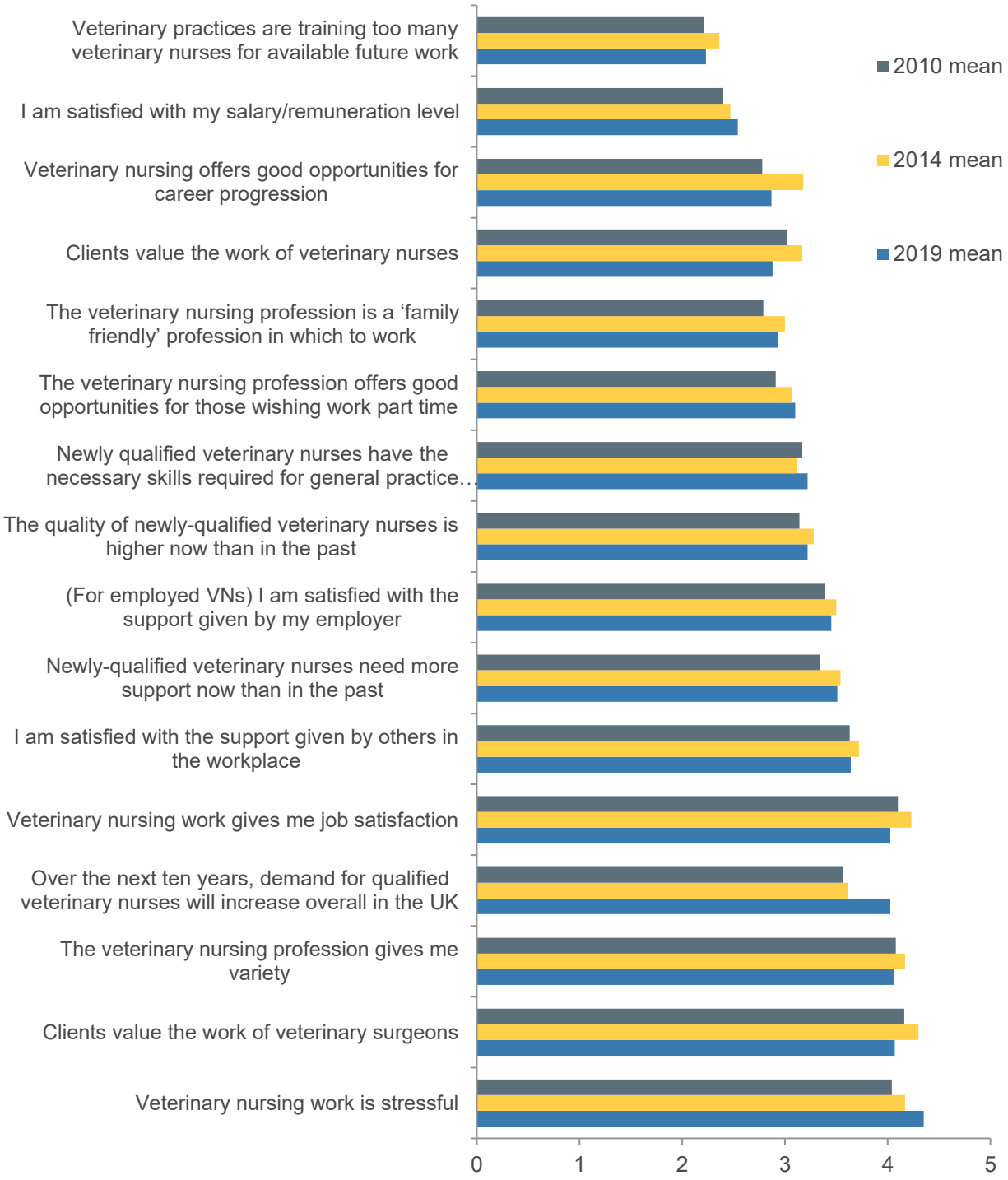
Recent qualifiers

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

Views about the VN profession

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

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



Source: VN Surveys, 2019, 2014 and 2010

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

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

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

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

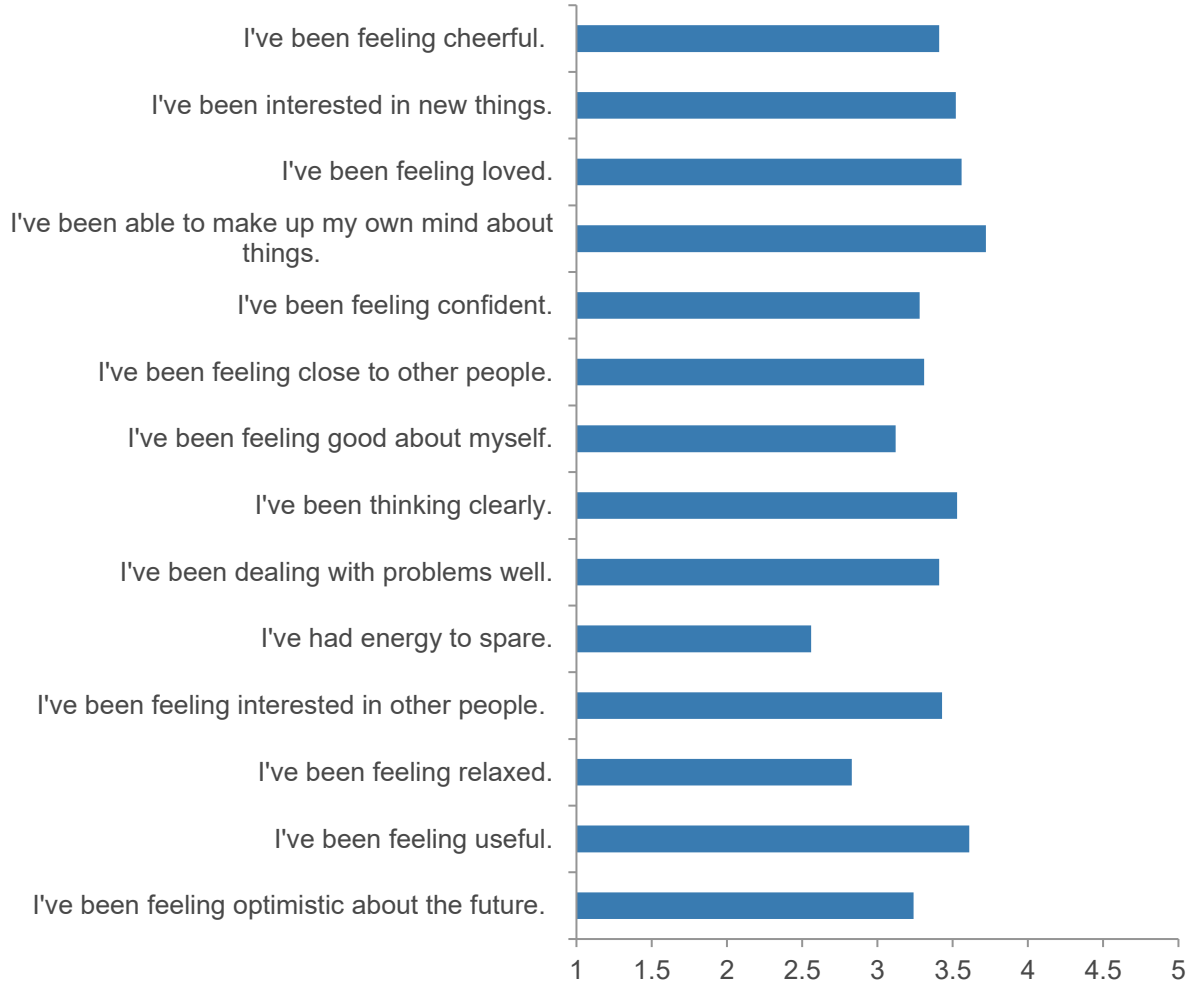
Well-being

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

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

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

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



Source: VN Survey, 2019

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

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

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

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

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

Views about the RCVS

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

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

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

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

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

Source: VN Survey, 2019

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

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

Final thoughts

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

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

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

1 Introduction

1.1 Background

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

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

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

1.2 Survey process

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

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

In previous years, the VN survey included student VNs, but this proved not to be possible for the 2019 survey due to data protection issues.

1.3 Response

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

for some questions, particularly those nearer the beginning of the questionnaire, was boosted.

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

Table 1.1: VN survey response analysis

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

VN Survey, 2019

1.4 Data input and survey analysis

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

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

1.5 Report structure

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

- Personal details
- Work status

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

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

2 Personal details

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

Chapter summary

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

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

2.1 Demographic characteristics

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

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

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

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

2.1.1 Gender

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

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

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

Further analysis shows:

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

2.1.2 Sexual orientation

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

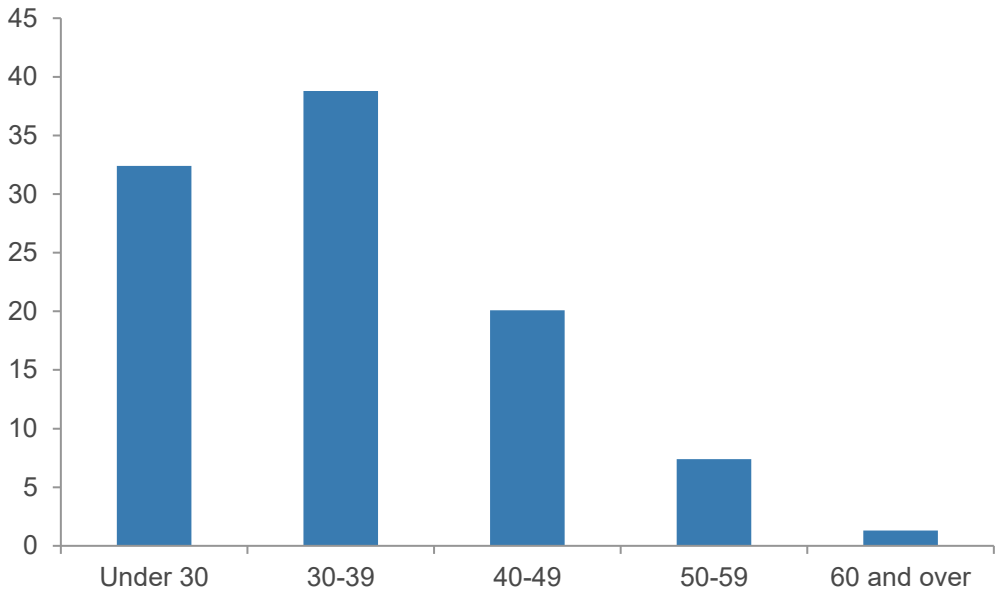
2.1.3 Age

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

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

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

Figure 2.1: Age distribution of VN respondents, %



VN Survey, 2019

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

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

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

Source: VN Surveys, 2019, 2014 and 2010

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

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

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

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

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

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

2.1.4 Ethnicity

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

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

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

2.2 Responsibility for dependants

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

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

Further analysis shows:

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

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

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

2.3 Work-limiting disability or medical condition

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

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

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

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

Further analysis shows:

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

2.4 VN status

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

2.5 VN qualification

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

Table 2.5: Primary VN qualification

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

Source: VN Survey, 2019 and 2104

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

Table 2.5: Primary VN qualification by age

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

Source: VN Survey, 2019

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

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

2.6 Year of qualification

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

Table 2.6: Year of qualification

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

Source: VN Survey, 2019

Further analysis shows:

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

2.6.1 Year of entry to the RCVS Register

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

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

2.7 Country of qualification

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

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

Further analysis shows:

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

2.8 Social mobility

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

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

published in 2017 by the Social Mobility Commission stated that entry to the nursing profession is more accessible than to many other professions; 61 per cent of nurses come from non-professional or non-managerial families[2]. The findings from the VN survey would seem to support the view that the VN profession is similarly accessible.

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

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

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

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

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

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

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

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

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

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

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

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

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

2.9 Qualifications prior to VN study

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

Although direct comparisons are not possible with the 2014 survey, the pattern of qualifications appears to be similar: in 2014, 9.6 per cent had an undergraduate degree as their highest qualification, while 25 per cent held two or more A levels or equivalent as their highest qualification, and 36 per cent held qualifications equivalent to five or more GCSEs at grades A* to C as their highest qualification.

Table 2.11: Qualifications held before embarking on the VN qualification

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

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

Source: VN Survey, 2019

3 Work status

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

Chapter summary

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

3.1 Employment status

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

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

Table 3.1: Employment status

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

Source: VN Surveys, 2019, 2014 and 2010

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

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

Table 3.2: Employment status by age

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

Source: VN Survey, 2019

Further analysis shows:

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

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

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

3.2 Unemployment

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

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

3.3 Taking a career break

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

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

Table 3.3: Reasons for career break

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

Source: VN Surveys, 2019, 2014 and 2010

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

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

3.4 Retirement

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

4 Current work

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

Chapter summary

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

4.1 Country of employment

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

outside the UK/Ireland, Australia/New Zealand is the most likely destination (N = 70), followed by another EU/EEA/EFTA country (N = 30). The 51 respondents who selected 'other' country were asked to name the country, and most did so. Responses include the Channel Islands (15 respondents), Hong Kong (9), the Isle of Man (6) and a variety of other countries named by three or fewer respondents: Bermuda, the Cayman islands, China, Kuwait, Singapore, the United Arab Emirates, Grenada, Mauritius, Singapore and Zimbabwe.

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

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

Source: VN Surveys, 2019 and 2014

4.2 Working in the UK and/or Republic of Ireland

Respondents working in the UK and/or the Republic of Ireland were asked to give more detail about the location of their workplace(s). The data were collected at a standard geographic classification used across Europe known as the Nomenclature of Territorial Units for Statistics (NUTS)[3]. Data were collected at both the NUTS1 and NUTS3 levels[4] which enables mapping of responses.

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

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

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

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

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

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

Source: VN Survey, 2019

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

Table 4.3: Region of work in England

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

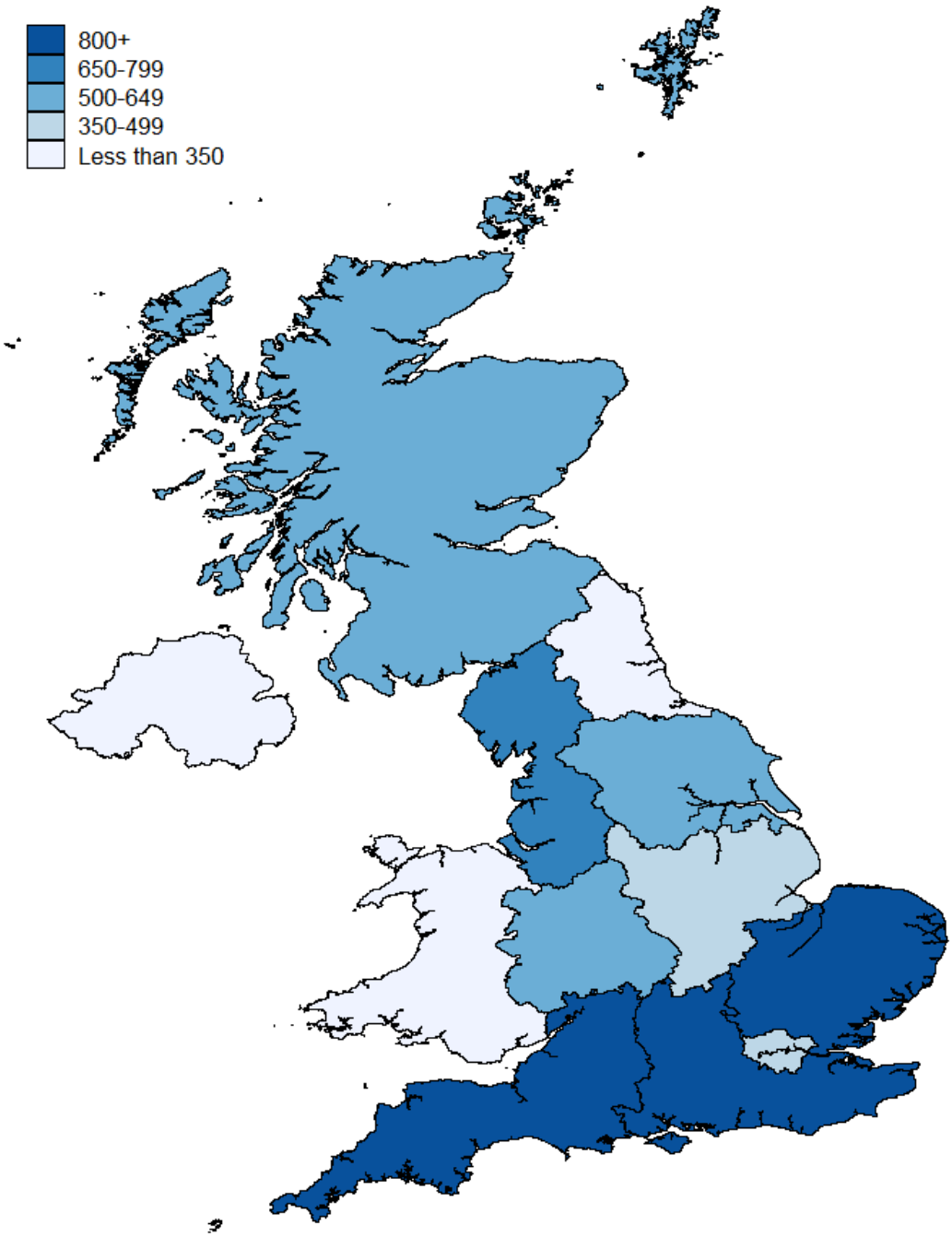
Source: VN Survey, 2019

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

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

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

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

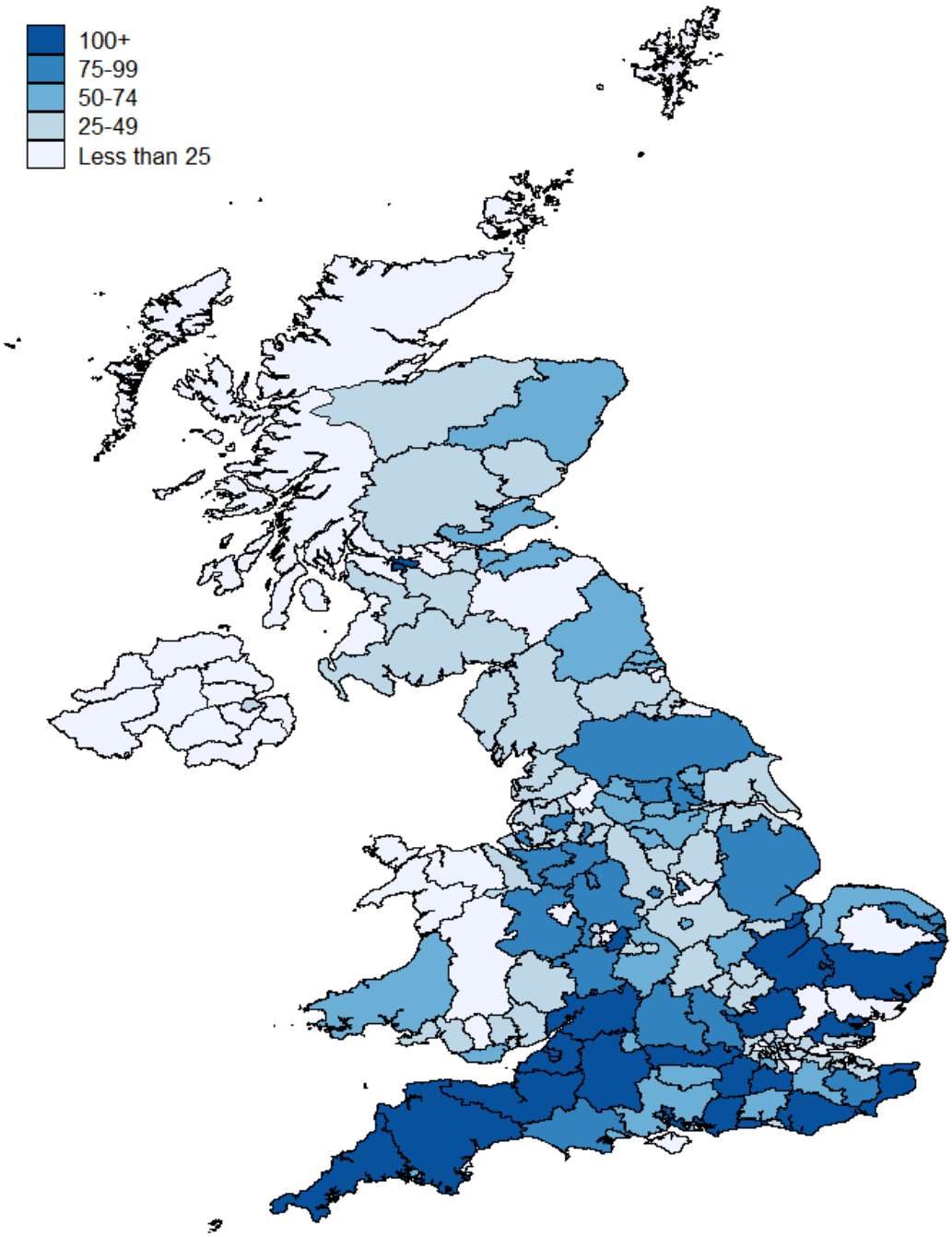


Source: VN Survey, 2019

N = 6,089

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

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



Source: VN Survey, 2019

N = 6,089

Outside England:

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

4.2.1 Rural or urban?

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

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

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

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

Source: VN Survey, 2019

4.3 Citizenship

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

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

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

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

4.4 Moving to the UK

Respondents who are not British citizens give a variety of reasons for coming to the UK, as Table 4.5 shows. The most frequently-given reason, not offered in 2014, is better career opportunities, with wanting to gain experience in second place (40.8%, compared to a notably lower 23.6% in 2914). VNs from abroad also think that veterinary work has a higher status in the UK (39.2%) and that the pay and conditions are better (36.8%). The top reason in 2014, to study or study further, seems less important in 2019.

Table 4.5: Reasons for coming to the UK

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

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

Source: VN Surveys, 2019 and 2014

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

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

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

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

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

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

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

Further analysis shows:

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

4.5 Additional jobs

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

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

Table 4.6: Nature of further work

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

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

Source: VN survey, 2019

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

non-animal-related areas also attracted a relatively high response; 11.4 per cent of those with an additional job are doing non-veterinary voluntary work, and 10.7 per cent are in a teaching role.

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

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

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

4.6 Working within or outside the VN profession

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

Further analysis shows:

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

5 Working outside the VN profession

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

Chapter summary

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

5.1 Type of organisation

5.1.1 Animal-related?

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

5.1.2 Nature of work

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

and secondly, in 2014 respondents were asked to select one category only, whereas in 2019 they were asked to select all categories that applied to their areas of outside the VN profession.

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

Table 5.1: 'What is the nature of your work?'

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

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

Source: VN Surveys, 2019 and 2010

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

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

- Professional, scientific and technical: 75%
- Other service activities: 68%
- Administrative and support services: 68%
- Education: 63%.

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

5.1.3 Sector

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

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

5.2 Ever worked in the profession?

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

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

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

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

6 Working within the VN profession

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

Chapter summary

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

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

6.1 Type of organisation

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

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

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

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

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

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

Source: VN surveys, 2019 and 2014

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

6.2 Hours of work and on call

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

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

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

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

Source: VN survey, 2019

6.2.1 Hours worked

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

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

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

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

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

6.2.2 On call

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

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

Respondents were asked whether they were required to be awake all night, or asleep when not working, if they had on-call duties on the premises. The majority (81.2%) said this does not apply to them, as they are not required to be on call on the premises. Of those who are required to be on call on the premises, 57 per cent are normally asleep when not working; this is notably lower than in 2014 (79%) and 201 (85%). The remaining 43 per cent are required to be awake all night, notably higher than in 2014 (21%) and 2010 (15%). These figures suggest that, although most respondents are not required to perform on-call duties on the premises, for the minority who are required to do so, the duties are becoming more onerous in terms of the requirement to be awake rather than asleep.

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

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

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

Source: VN Survey, 2019

6.3 Workplace benefits

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

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

Table 6.4: Workplace benefits received by respondents (%)

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

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

Source: VS Surveys, 2019, 2014 and 2010

6.4 Career plans

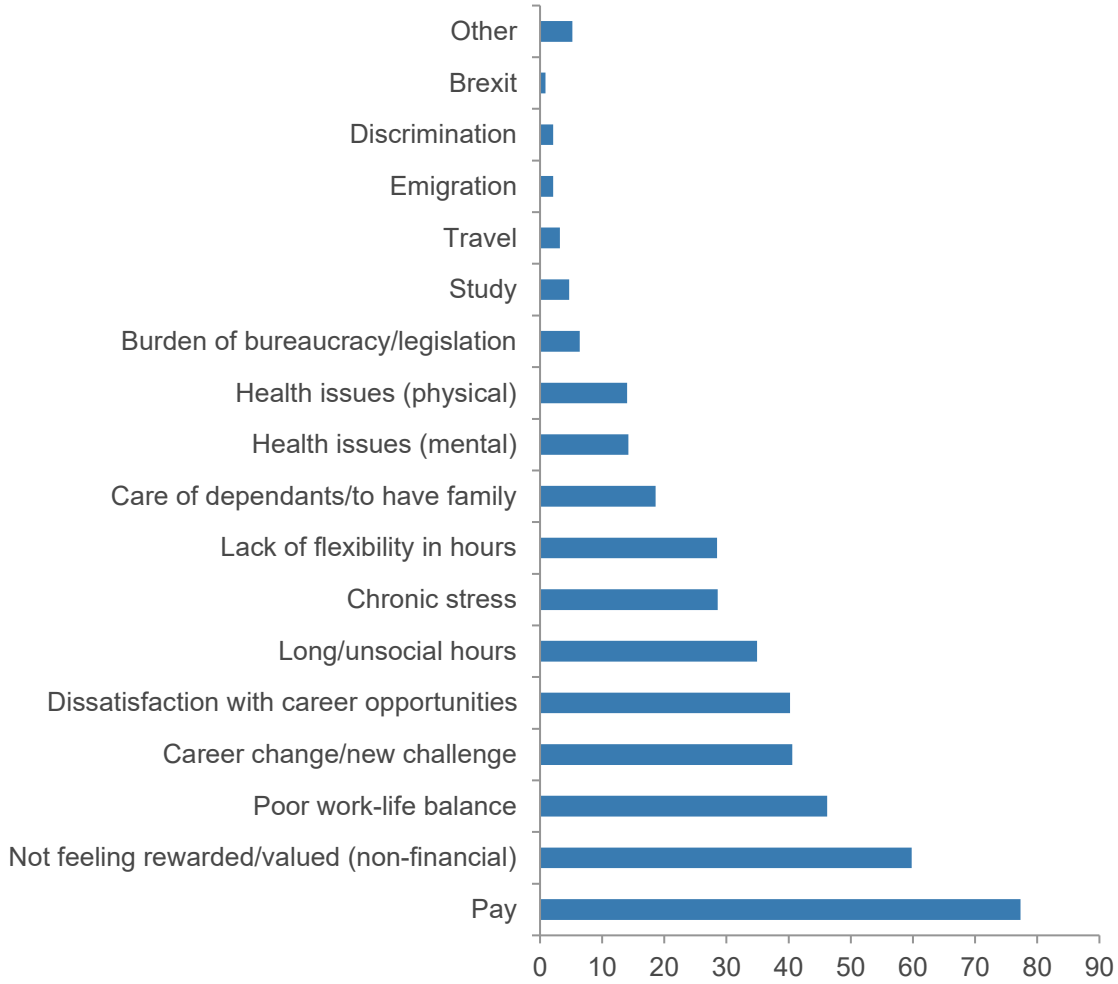
When asked about their career intentions with regard to the VN profession, the majority (72%) say they plan to stay in the VN profession for more than five years; this compares to 82.9 per cent in 2014 and 76.3 per cent in 2010 who said they planned to stay 'for the foreseeable future'. A further 3.2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

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

- A lower proportion of male respondents plan to stay than female respondents: 67.4% compared to 72.2%.
- Younger respondents are more likely to plan to leave than older respondents: 24.9% of those aged under 30, and 29.9% of those in their 30s, plan to leave.
- Unsurprisingly, older respondents are more likely to plan to retire at some point over the next five years (22.7% of those in their 50s and 66.7% of those aged 60 and over).
- Respondents with a limiting disability/medical condition are notably more likely to plan to leave than those without: 34.6% compared to 24%.
- Those with dependent children are a little more likely to plan to stay for at least five years than those without children: 74% compared to 71.1%.

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

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



Source: VN Survey, 2019

Over one-third gave the following reasons:

- Pay: 77.3%
- Not feeling rewarded/valued (non-financial): 59.8%
- Poor work-life balance: 46.2%
- Career change/new challenge: 40.6%
- Dissatisfaction with career opportunities: 40.2%
- Long/unsocial hours: 34.9%.

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

'Other' reasons for wanting to leave include:

- Physical and mental demands of the role:

  Physical demands are high … Will find it too much.

  Compassion fatigue.

- Dissatisfaction with specific aspects of the role:

  Qualified cleaner is not what I want to do.

- Discomfort about the increase in corporate ownership:

  After 25 years of service, practice sold to a giant corporate. Profession has changed a lot.

- Workplace bullying:

  Bullying/intimidation.

- Lack of respect:

  Tired of low amount of respect from many VSs.

Table 6.5: Reasons for planning to leave the VN profession

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

Source: VN Surveys, 2019, 2014 and 2010

7 Working in clinical veterinary practice

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

Chapter summary

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

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

7.1 Who works in clinical practice?

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

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

7.2 Position in practice

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

Table 7.1: Position within practice

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

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

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

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

7.3 The practice

7.3.1 Business model

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

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

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

Source: VN Survey 2019

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

Further analysis shows that:

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

7.3.2 Accreditation

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

Further analysis shows that:

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

7.3.3 Training practice?

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

Further analysis shows that:

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

7.3.4 Size of practice

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

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

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

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

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

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

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

Source: VN Survey, 2019

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

7.4 Work undertaken

7.4.1 Activities and their frequency

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

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

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

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

Source: VN survey, 2019

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

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

7.4.2 Nursing clinics

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

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

Table 7.4: Involvement in nursing clinics

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

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

Source: VN surveys, 2019, 2014 and 2010

Further analysis shows:

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

7.4.3 Expertise areas

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

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

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

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

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

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

Source: VN surveys, 2019, 2014 and 2010

Further analysis shows:

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

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

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

7.5 Breakdown of working and on-call time

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

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

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

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

Source: VN survey, 2019

Further analysis shows:

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

7.6 Visits and out-of-hours work

7.6.1 Routine visits

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

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

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

7.6.2 Out-of-hours work

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

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

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

7.7 Working time arrangements

7.7.1 Minimum rest periods

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

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

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

7.7.2 Holidays

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

8 Continuing professional development

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

Chapter summary

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

8.1 Qualifications

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

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

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

Source: VN Survey, 2019

Further analysis shows:

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

8.2 CPD methods

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

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

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

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

Source: VN Survey, 2019

8.3 CPD funding

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

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

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

Table 8.3: How is cost-incurring CPD funded?

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

Source: VN Surveys, 2019, 2014 and 2010

8.4 RCVS Professional Development Record

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

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

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

Source: VN Surveys, 2019 and 2014

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

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

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

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

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

8.5 Recently-qualified VNs

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

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

8.5.1 Student experiences

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

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

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

Source: VN surveys, 2019, 2014 and 2010

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

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

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

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

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

Source: VN surveys, 2019 and 2014

Further analysis shows:

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

9 Views about the VN Profession

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

Chapter summary

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

9.1 Views about the VN profession

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

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

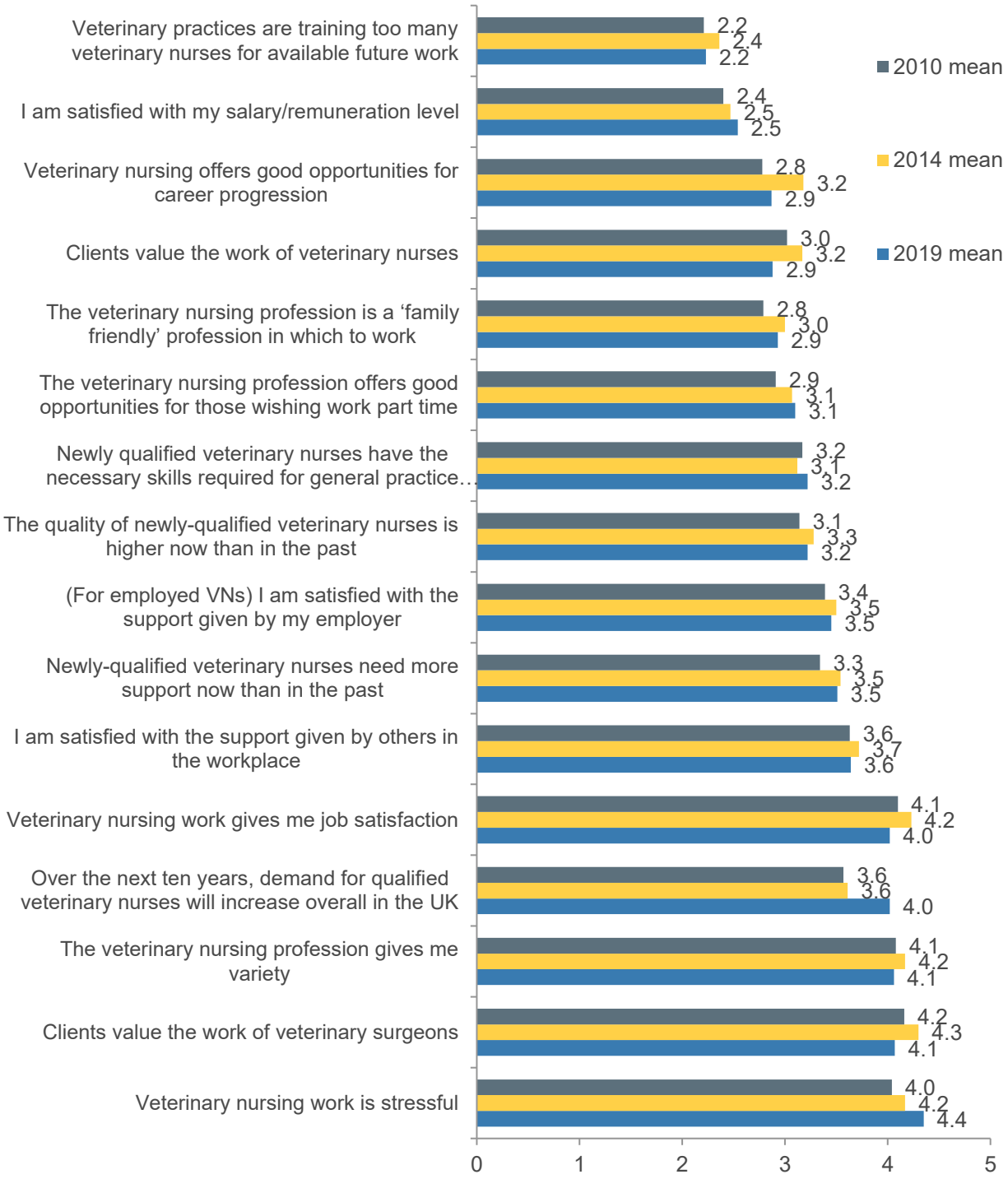
9.1.1 Views about the VN profession that are comparable to previous surveys

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

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

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

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



Source: VN Surveys, 2019, 2014 and 2010

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

- Gender differences:

- Male respondents are more likely to agree that the VN profession offers good opportunities for part time working, returning a mean score of 3.4 compared to 3.1 for female respondents.
- Men believe more strongly than women that the demand for qualified VNs will increase over the next ten years: 4.3 compared to 4.0.

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

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

- The VN profession being family friendly: practice owner 3.26, locum 2.62
- The VN profession good part-time opportunities: practice owner 3.61, locum 2.89
- The VN profession giving job satisfaction: practice owner 4.36, locum 3.74
- The VN profession offering good opportunities for career progression: practice manager/administrator 3.23, practice owner 3.62, locum 2.58.

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

9.1.2 Views about evidence-based medicine and quality improvement

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

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

Source: VN Survey, 2019

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

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

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

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

Source: VN Survey, 2019

Further analysis shows some differences among respondent groups.

- Differences by age:
  - The belief that the VN profession has a culture of sharing and learning from mistakes is strongest among the under-30 age group (3.72) and decreases steadily with age to 3.12 among those in their 60s
  - The under-30 age group is more likely to be positive about the VN profession nurturing innovation, scoring 3.33 compared to 3.02 for those in their 50s and 3.16 overall.
- There are some differences when the scores of those working within the VN profession are compared to those working outside:
  - The VN profession having a culture of sharing and learning from mistakes: within 3.48, outside 3.12
  - Feeling personally comfortable in the workplace reporting and sharing mistakes: within 3.75, outside 3.43
  - The VN profession nurturing innovation: within 3.18, outside 2.8

- The VN profession paying sufficient attention to the development of leadership skills: within 2.76, outside 2.45.

- When analysed by role within clinical practice:
  - Those in locum roles score a relatively low 3.15 relating to VNs being valued by VSs, whereas practice managers/administrators score 3.63 and practice owners 3.68
  - Those in nurse roles are most likely to agree that the VN profession has a culture of sharing and learning from mistakes (3.56), while those in practice owner (3.3) and locum (3.2) roles are least likely to agree
  - Those in practice owner roles are more comfortable reporting and sharing mistakes than those in locum roles. Although the latter are still clearly positive (4.15 compared to 3.56)
  - Practice owners constitute the only respondent group to score above the midpoint of three regarding VNs being recognised in society as a leading force for animal health and welfare, although only just, at 3.04 (compared to 2.63 overall)
  - Clinical coaches feel particularly strongly that the RCVS PSS should be mandatory, and practice owners the least strongly, while still being clearly in agreement (4.11 compared to 3.76)
  - Practice managers/administrators and locums are the most negative about the VN profession giving attention to leadership development, scoring 2.6 and 2.49 respectively, compared to an overall average of 2.74
  - Although all groups are negative about the VN profession paying attention to its environmental footprint, the least negative are practice owners (2.57) and the most negative are locums (2.19).

- There are some big differences in mean scores between those who say yes, they would definitely opt for being a VN if they could start their career again, and those who say no, they would definitely not do so. The biggest differences, which point to areas of serious disillusionment with the profession, are:
  - VN profession having a culture of sharing and learning from mistakes: yes 3.57, no 3.24
  - Feeling personally comfortable reporting and learning from mistakes: yes 3.89, no 3.46
  - VNs being a leading force for animal health and welfare: yes 2.83, no 2.26
  - VNs being recognised for their role in public health: yes 2.4, no 1.98
  - Profession nurturing innovation: yes 3.38, no 2.8
  - Profession paying sufficient attention to leadership skills: yes 2.94, no 2.36.

9.1.4 Views about 'being myself at work'

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

Further analysis shows:

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

9.2 'Overall views score'

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

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

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

- Disability/medical condition that limits work the respondent can do: yes 3.15, no 3.27.
- Whether would opt to be a VN if could start career over again: yes 3.39, no 3.03, unsure 3.19.

- Work variables:
  - Working within VN profession 3.27, working outside profession 3.12
  - Recently qualified (2016 onwards) 3.33
  - Working within clinical practice 3.27, outside clinical practice 3.24
  - Role within clinical practice: nurse 3.26, head/deputy/senior nurse 3.29, clinical coach 3.25, practice manager/administrator 3.35, practice owner 3.44, locum 3.17
  - Type of organisation:
    - Clinical practice 3.26 (with the two biggest types of practice, small animal and referral/consultancy, scoring 3.26 and 3.31 respectively)
    - Government departments/agencies 3.32
    - Veterinary school/other educational establishment 3.36.

9.3 Reflections on career choice

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

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

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

Source: VN surveys, 2019, 2014 and 2010

Further analysis indicates:

- Women are more likely to say yes, they would become a VN if starting their career again, than men (51% compared to 45.9%), and much less likely to say no, they would not (21.1% compared to 37.2%).
- However, women are less certain than men, with 27.9% being unsure, compared to 16.9% of men.
- LGB respondents are less likely to say yes than heterosexual respondents (41.8% compared to 51.4%).

- With regard to age, those in their 60s are most likely to say yes (76.3%) and those in their 30s the least likely (47.1%).
- Those with a limiting disability/medical condition are less likely to say yes (43.4%) than those without a disability/medical condition (51.5%).
- BAME respondents (45.2%) are somewhat less likely to say yes than White respondents (50.9%).
- When analysed by role within practice, those in practice owner or practice manager/administrator roles are most likely to say yes (63.8% and 62.7% respectively) while those in locum and clinical coach roles are least likely to say yes (41.3% and 48.1% respectively).
- The average (mean) age of those who say yes is 35.7, while the average ages of those saying no is a little lower, at 34.9.

9.4 Best things, suggestions for improvement and challenges

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

9.4.1 Best things about working in the VN profession

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

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

Further analysis shows:

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

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

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

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

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

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

  A protected VN title.

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

  More respect from VSs.

  Respect from the staff you work with.

  Equine nurses being more highly recognised.

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

  Mandatory leadership/people management training.

  Less bullying.

  Less management interference.

- Further/better training and development:

  More effort put into advanced qualifications.

  Better training/education.

- More VNs

  More RVNs in practice.

- Implementation/extension of Schedule 3:

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

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

- Clearer rules around corporates:

  Less corporate involvement.

  Clearer guidelines outlining the responsibilities and accountability of corporate ownership.

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

Further analysis shows:

- Although men and women both have ‘better financial reward’ at the top of their list of the things that would make veterinary nursing a better profession in which to work, a

long way ahead of anything else, they have slightly different views about the other things that are important:

- Four further things are, for men, of almost equal importance: 'more respect/recognition from the public' (37%), 'better opportunities for career progression' (37%), 'better work-life balance' (37%) and 'more responsibility' (36%).
- For women, 'better work-life balance' (41.6%) and 'more respect/recognition from the public' (41.1%) are in almost equal second place, followed by 'better opportunities for career progression' (32.2%), with 'more responsibility' coming next, but quite a long way behind (18.4%).

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

9.4.3 Challenges to the VN profession

- The top six challenges to the VN profession, listed below with the percentage of respondents choosing them, were all chosen by more than 1,000 respondents:

- Poor financial reward: 63.4%
- Stress levels: 46.6%
- Client expectations/demands: 34.8%
- Lack of respect/recognition for the profession from the public: 30.7%
- Affordability of veterinary services: 27.1%
- Lack of career progression: 20.9%.

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

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

- Shortage of VNs:

  Lack of available RVNs.

  Lack of qualified nurses … Increased use of lay staff.

- Lack of respect for VNs, from VSs, the RCVS and the public:

  Lack of respect/recognition from the RCVS – our title should be protected.

  Lack of respect from VSs and public.

- Skills of VNs not being used properly/effectively:

  Nurses wanting to do more in practice and being held back.

  Prevented from utilising professional skills.

- Concerns about recent qualifiers:

  Lack of resilience.

  The ability of new staff coming through to deal with work and life in general.

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

Further analysis shows:

- Women and men have the same two top challenges, but for men ‘lack of respect/recognition for the profession from the public’ comes third (33.1%) while for women ‘client expectations/demands’ is in third place (35%).
- All age groups have the same top two challenges, and in the same order, apart from those in their 60s for whom ‘poor financial reward’ (52.7%) is very closely followed by ‘affordability of veterinary services’ (51.4%).
  - The percentage choosing ‘poor financial reward’ declines in line with age, from 67% of those aged under 30 to 52.7% of those in their 60s
  - The percentage choosing ‘stress levels’ also declines with age, from 51.8% of those aged under 30 to 32.4% of those in their 60s
  - The average (mean) age of those opting for ‘changing structures in veterinary ownership’ is notably higher than the average age of those who do not choose this option: 40.3 compared to 34.6
  - The average (mean) age of those opting for ‘lack of respect/recognition for the profession from the public’ is notably lower than the average age of those who do not choose this option: 33.2 compared to 36.5.
- When analysed by role within practice, the same top two challenges of ‘poor financial reward’ and ‘stress levels’, in the same order, are chosen by nurses, head/deputy/senior nurses, clinical coaches and locums. However, for practice managers/administrators ‘client demands/expectations’ is in second place after ‘poor financial reward’, while for practice owners, ‘client expectations/demands’ is in first place with ‘poor financial reward’ second.
- The top two challenges of ‘poor financial reward’ and ‘stress levels’, in the same order, are chosen by those working in clinical practice, those working outside clinical practice but within the VN profession, those working outside the VN profession, and those who are not working.

10 Well-being

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

Chapter summary

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

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

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

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

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

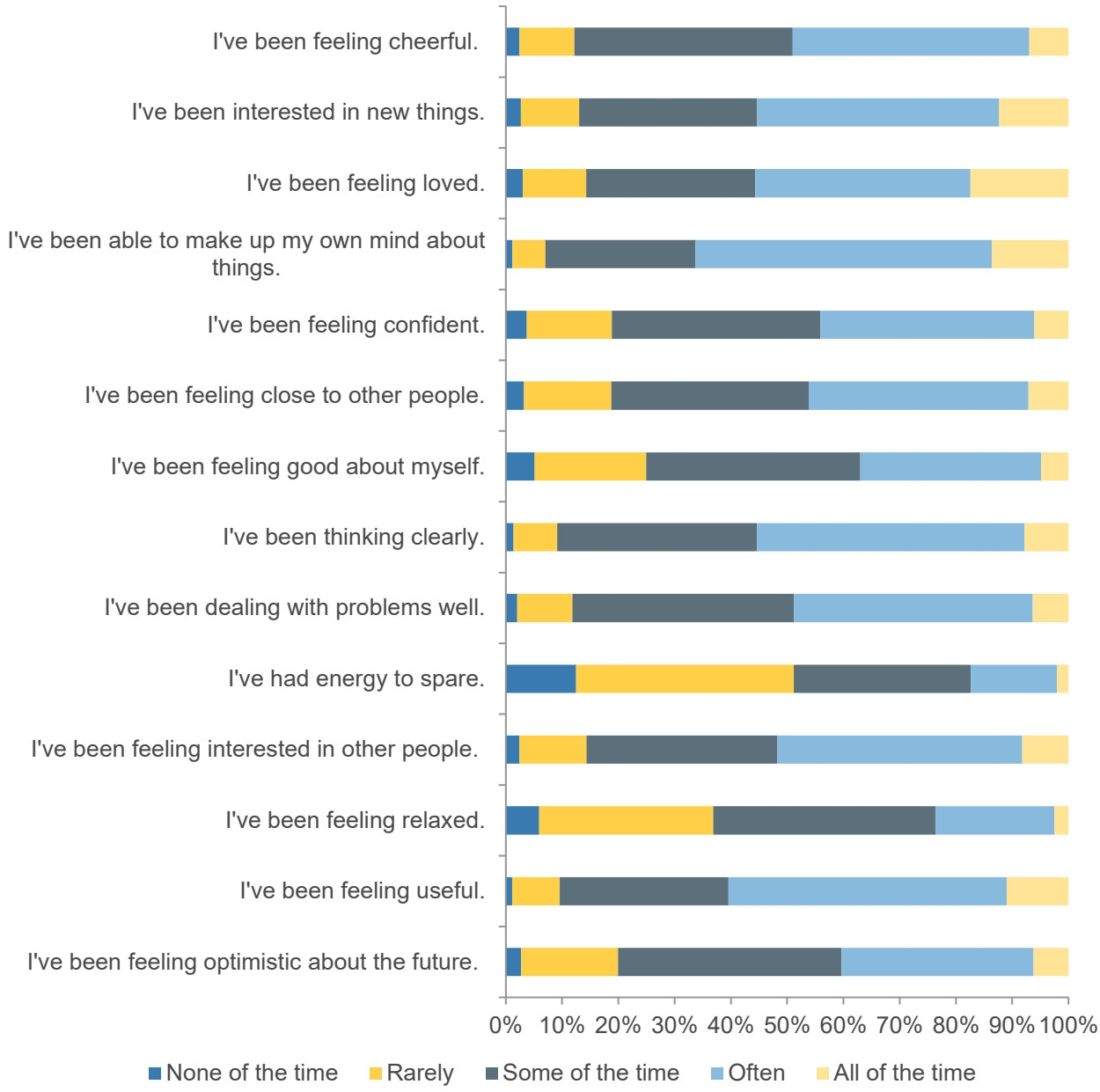
10.2 Responses to the WEMWBS

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

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

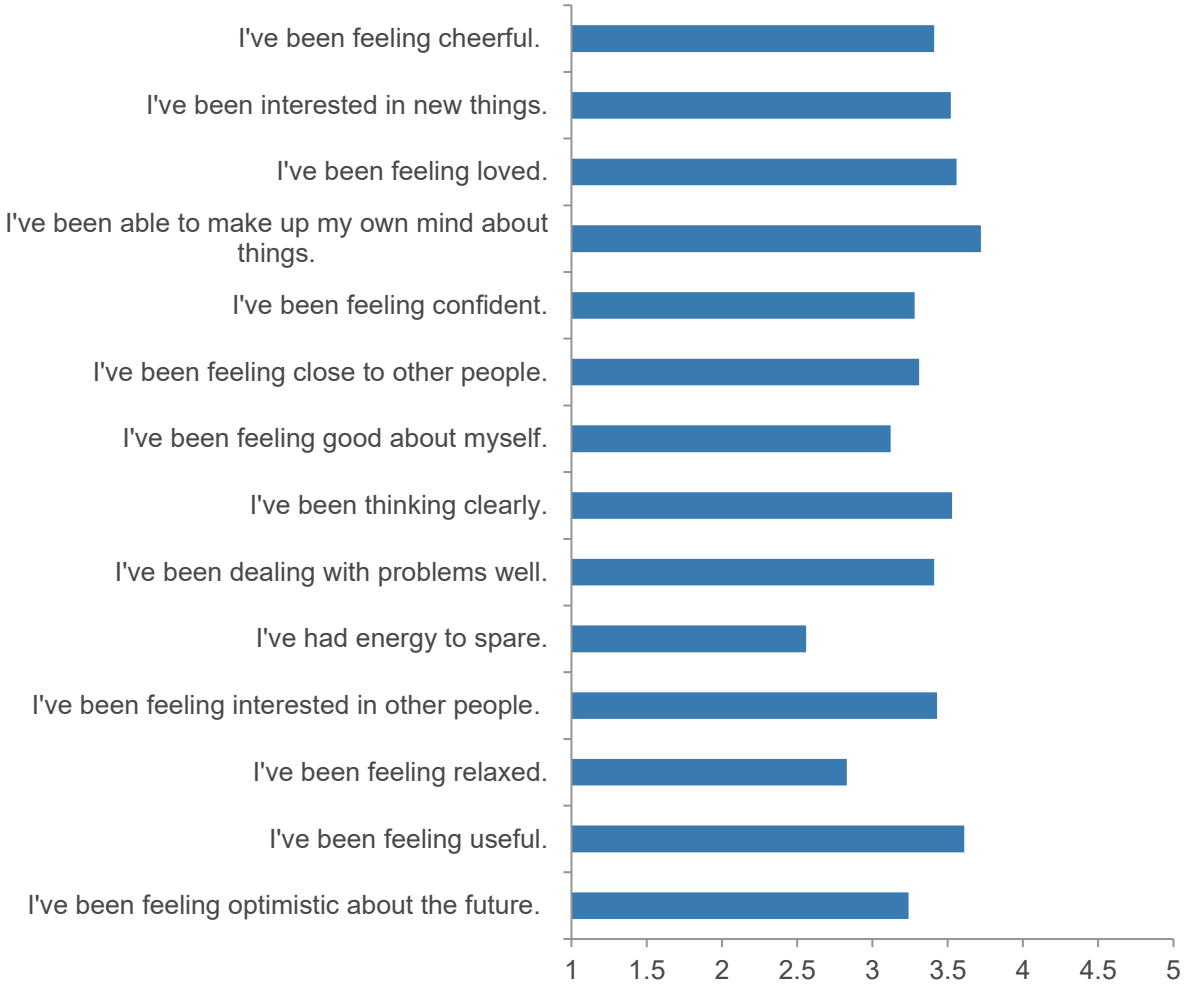
The mean WEMWBS score for the entire sample is 46.2, lower than in 2014 and 2010 when the scores were 47.5 and 47.4 respectively. Over the years VNs have consistently returned WEMWBS scores below the average population mean, although exact comparisons are hard to do because published national data usually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

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



Source: VN Survey, 2019

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



Source: VN Survey, 2019

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

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

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

Source: VN surveys, 2019, 2014 and 2010

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

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

- The biggest difference in scores is seen between those with a limiting medical condition/disability and those without, with the former scoring consistently notably lower.

Table 10.2: Breakdown of average WEMWBS scores

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

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

Source: VN Survey, 2019

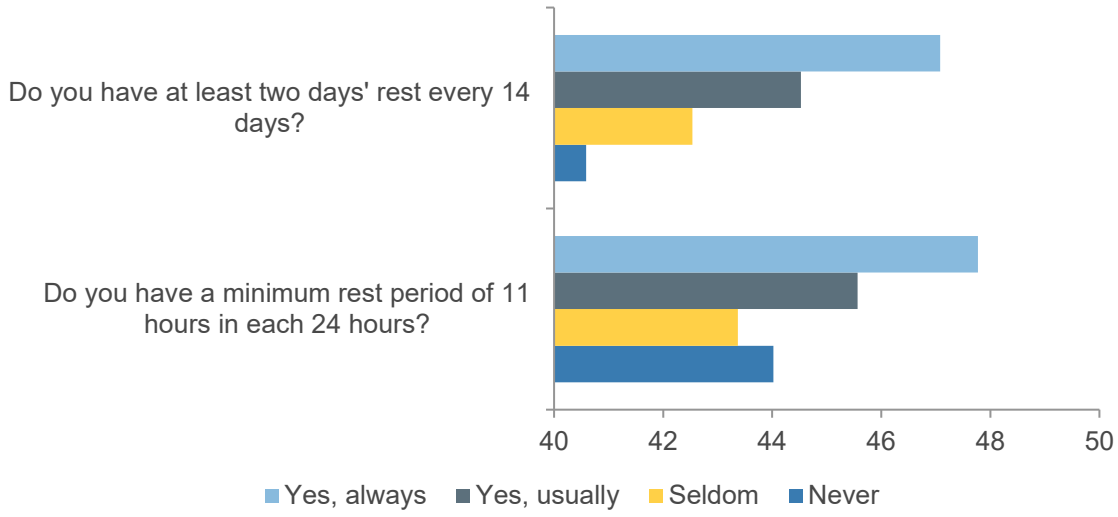
Further analysis reveals some additional differences among respondent groups:

- There is no significant difference between the scores of respondents working overseas (46.4) and in the UK (46.3).

- Employment status makes a difference, with those who are unemployed or taking a career break (42.7 and 43.2 respectively) scoring lower than those who are employed full time (46.1) or part time (46.9).
- Those working in clinical practice (i.e. the majority of respondents) have a lower score (46.1) than those working inside the VN profession but outside clinical practice (48) and those working outside the VN profession (48.1).
- Within clinical practice, there are some differences depending on role:
  - Nurse: 45.9
  - Head/deputy/senior nurse: 46.4
  - Clinical coach: 47
  - Locum: 47
  - Practice owner: 47.3
  - Practice manager/administrator: 48.7.
- Unsurprisingly, there is a relationship between the WEMWBS score and whether respondents would opt to be a VN if they could start their career again:
  - Yes: 48.5
  - No: 43
  - Unsure: 44.5.
- Those planning to leave the profession for reasons other than retirement have notably lower average well-being scores than those who plan to retire or stay within the VN profession:
  - Stay for at least five years: 47.6
  - Retire: 46
  - Leave within the next five years: 42.3.

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

Figure 10.3: Average WEMWBS scores by rest periods



Source: VN Survey, 2019

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

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

Source: VN Survey, 2019

11 Views about the RCVS

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

Chapter summary

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

practice, clinical coaches tend to be the most positive group and practice owners and locums the least positive. However, no respondent group returns a negative (below the midpoint) score about any aspect of the RCVS.

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

11.1 Perceptions

Respondents were asked for their perceptions of the RCVS, by rating their responses to 11 statements on a five-point scale from ‘disagree strongly’, scoring one, to ‘agree strongly’, scoring five, with a midpoint of three. Table 11.1 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 11.1 presents the average scores. Views are positive, particularly in relation to the RCVS being highly professional, having a good international reputation, having processes that reflect best practice, commanding the respect of respondents, and supporting the development of the professions. Respondents are less sure that the RCVS registration provides good value for money, although this statement returns a positive score overall (i.e. above the midpoint of 3). It is worth noting that for some statements – relating to registration providing good value for money, the RCVS being empathetic and understanding, and the RCVS being good at communicating with VNs – over 50 per cent of respondents opt for the ‘neither agree not disagree’ option, suggesting they may lack experience of these aspects or have no comparators.

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

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

Source: VN Survey 2019

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

Source: VN Survey, 2019

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

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

11.2 Values

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

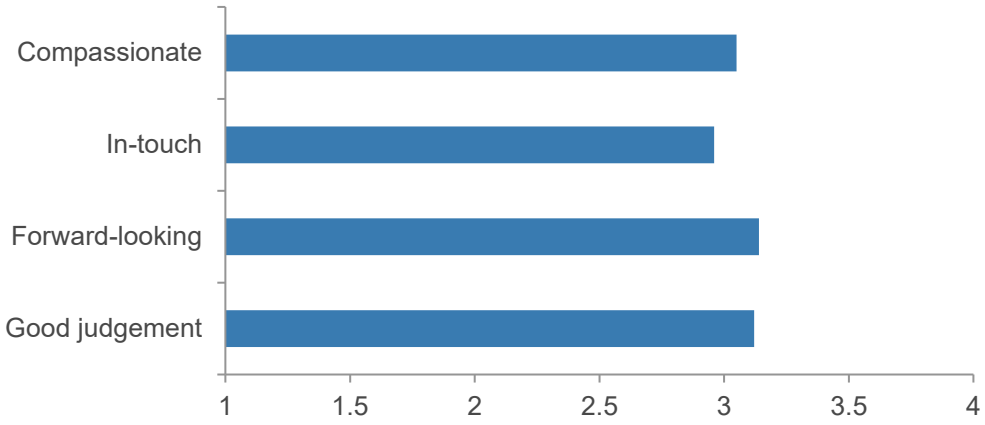
statements, together with the average (mean) score for each statement, while Figure 11.2 presents the average scores; the statement means were calculated only for responses selecting one of the four points on the scale (i.e. omitting the 'no opinion' responses).

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

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

Source: VN Survey 2019

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



Source: VN Survey 2019

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

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

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

11.3 Contact and communications

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

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

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

Source: VN Survey 2019

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

Source: VN Survey, 2019

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

Further analysis shows:

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

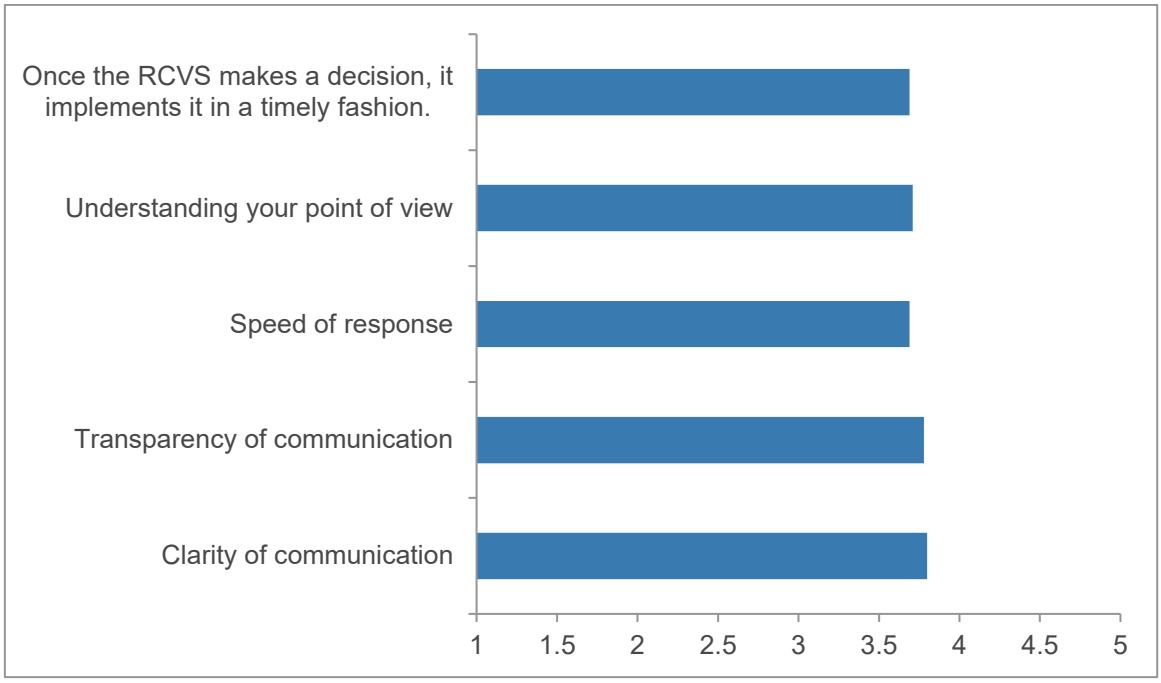
All respondents, regardless of whether or not they had contacted the RCVS in the previous year, were asked to rate general RCVS communications on six aspects, using the same five-point scale with a 'no opinion/don't know/not relevant' option. Table 11.4 gives the percentage spread of responses to these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

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

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

Source: VN Survey 2019

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



Source: VN Survey 2019

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

Further analysis of the different aspects of communications indicates:

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

11.4 Awareness of initiatives

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

Table 11.5: RCVS initiatives: awareness and engagement/use

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

Source: VN Survey 2019

11.5 Consultations

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

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

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

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

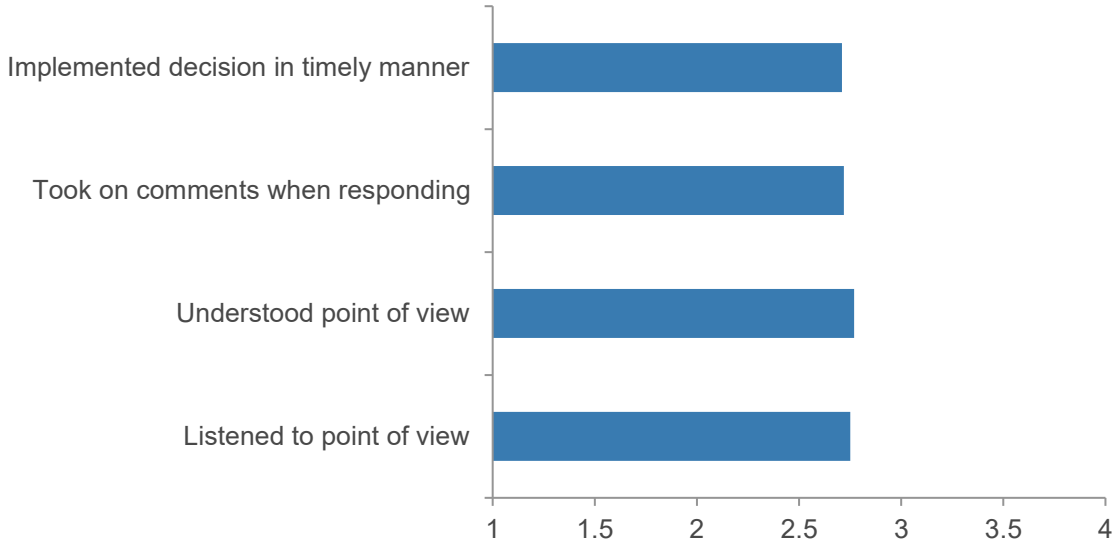
Table 11.6: Views about RCVS's actions with regard to consultation responses

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

Source: VN Survey 2019

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

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



Source: VN Survey 2019

11.6 Purpose

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

Table 11.7: Views about the RCVS's purpose

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

Source: VN Survey 2019

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

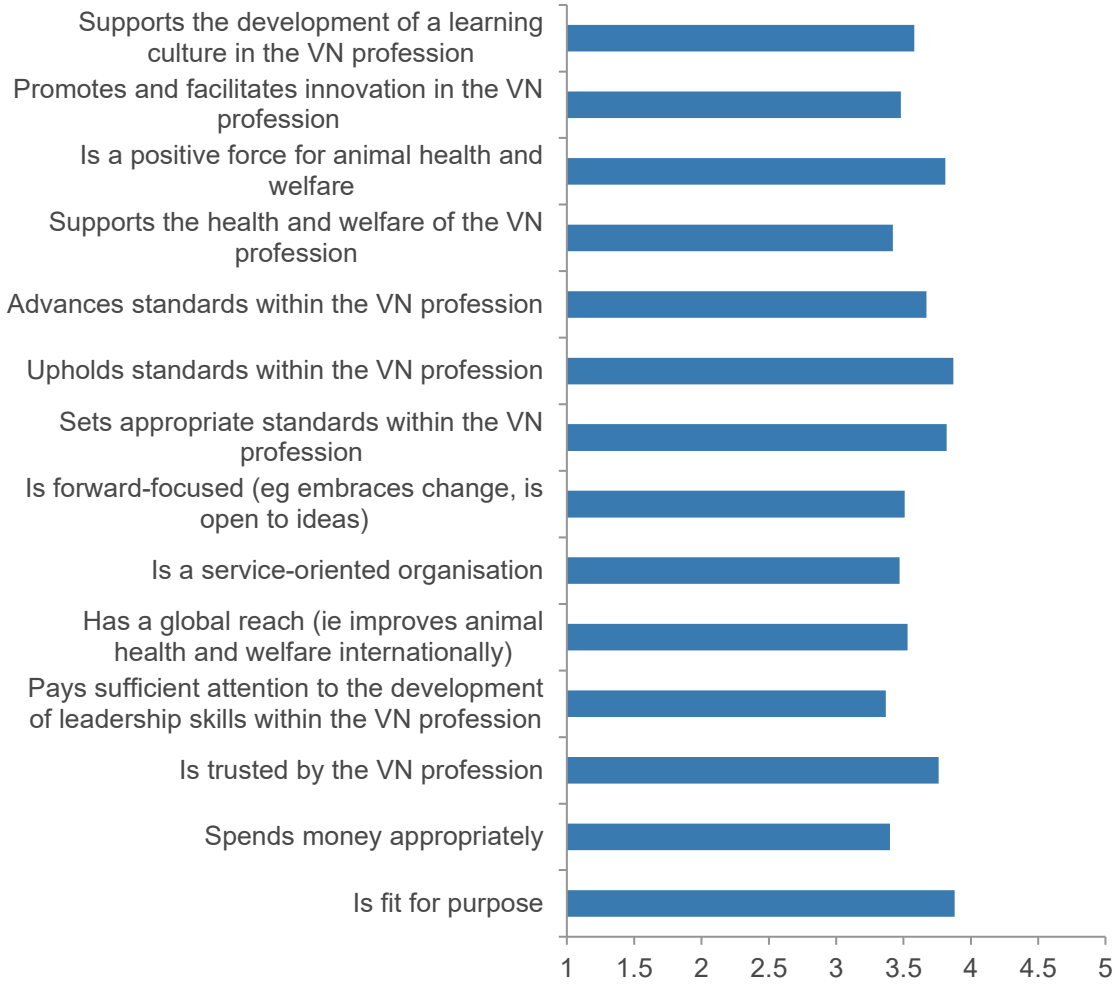
- Women are more positive than men about 13 of the 14 statements, the exception being the statement about global reach where the scores for women and men are the same.
- When analysed by age, the most respondents are those in the under-30 age group; they have the highest score for all 14 statements.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

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

- Respondents in their 40s are the least positive about the RCVS having a global reach, upholding standards within the profession, and advancing standards within the profession.
- Respondents in their 60s are the least positive about the RCVS being trusted by the VN profession and being a positive force for animal health and welfare.
- For the statement about the RCVS supporting a learning culture within the profession, those in their 50s and 60s are jointly the least positive.

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

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



Source: VN Survey, 2019

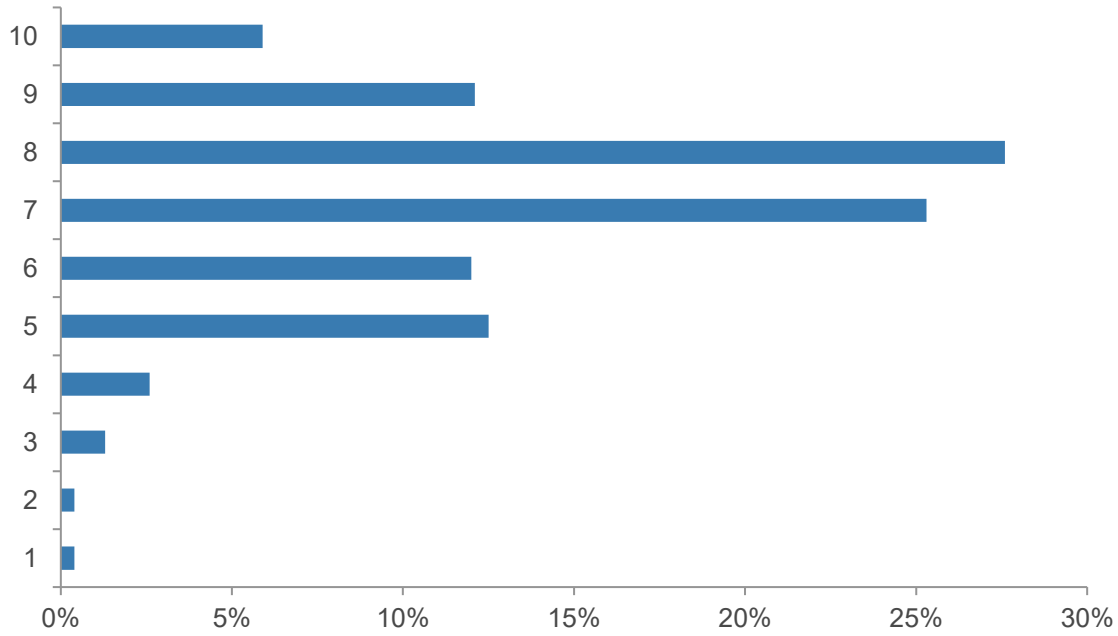
11.7 Overall views

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

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

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

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



Source: VN Survey, 2019

11.8 Do more, do less?

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

11.8.1 The RCVS should do more of…

Responses fall mainly into the following themes.

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

  Fight for professional recognition for nurses.

  Protect the title of the RVN.

  Promote VNs to the public more.

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

  Do more to get VNs the respect they deserve.

- **Call for better pay for VNs**

Push for higher wages for nurses.

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

Encourage higher wages.

Insist on a minimum wage for nurses and regulate this.

- **Push for better management and better workplaces**

Advise practices and make them implement mental health policies.

Introduce management and people skills training.

Provide support for anti-bullying in the work environment.

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

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

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

Monitor training colleges more closely.

More career progression for nurses.

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

Talk to clinical coaches.

More training places for student nurses.

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

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

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

Shake off the chains and actually bring Schedule 3 in.

Allow RVNs to have more responsibility parallel to human nursing.

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

Clinical standards in all vet practices.

Regular practice visits, unannounced.

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

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

Be more of a presence in animal welfare.

Positive things for the environment.

- **Focus more on VNs and less on VSs**

  I would like them to recognise who we are.

  Listen to nurses and understand we are an independent profession … I find the RCVS in structure and approach views veterinary nursing from the perspective of VSs and therefore has an unintentional bias towards VSs.

11.8.2 The RCVS should do less of…

To some extent, these 'less of' requests are the reverse of some of the 'more of' suggestions. Responses ranged mostly across the following themes.

- **Focus less on VSs**

  Focusing just on VSs.

  Promotion of VSs.

  Treating VNs as inferior to VSs.

  Less emphasis on vets.

- **Do less restricting of the VN role and capabilities**

  Removing Schedule 3 tasks that were allowed and taking abilities away from qualified VNs.

  Restricting nurses performing certain tasks.

  Restricting nurses' ability.

- **Email/communicate less wastefully**

  Blanket mailing.

  Sending email of no interest.

- **Less CPD pressure**

  Constantly chase for CPD.

  Imposing CPD.

  Chasing part-timers for CPD.

- **Reduce fees**

  Lower subscription.

  Not charge so much money.

It is encouraging, however, that some respondents felt unable to come up with any suggestions of what the RCVS should do less of, while others made encouraging, rather than critical, comments:

Can’t think of anything.

You’re doing great :)

12 Final Thoughts

The last question in the survey asked all respondents if they had anything else they would like to say about the VN profession, their role, the RCVS or the survey. A content and theme analysis of these free-text responses was carried out using a ten per cent random sample of the 1,477 provided.

Chapter summary

- Protect the VN title: to protect standards, increase respect for the VN profession and assist career progression.
- Extend the role and reward expertise: allow VNs to work to the full range of their capabilities and skills, acknowledge and reward them for further qualifications, and introduce new roles such as district VNs.
- Educate VSs and the public about the VN role: to promote the role, enhance understanding and increase respect.
- Better pay: to reflect the volume and nature of the work and the skills required, to reward the acquisition of experience and additional expertise, and to stop taking advantage of the vocational nature of the work.
- Improve management capabilities: to prevent poor management practices which can lead to burnout, stress, and VNs leaving the profession.
- Address the lack of funding for training and CPD, and approach CPD more flexibly: to ensure a future supply of VNs, to encourage VNs to maintain their CPD without additional outlay, and to help VNs on maternity leave and with young children.
- The survey: it is too long and more applicable to VNs working in clinical practice than others in the VN profession; however, some respondents appreciate being asked for their views.
- Positive views about being a VN: despite the downsides of low pay, hard work and feeling undervalued, some respondents took the opportunity to say how much they love their work.

12.1 Themes

Broadly, the themes emerging from the final free-text comments are similar to those arising when respondents were asked to identify the things that they would like the RCVS to do more and less of (see sections 11.8.1 and 11.8.2 in the previous chapter). These themes are described below, with illustrative quotations.

12.1.1 Protect the VN title

A recurring comment is that the RCVS should work to get legal protection for the title of VN or Registered VN (RVN), to preserve standards in the VN profession, to enable the

public to have confidence in the role, and increase the standing and authority of the VN profession. Some respondents also express concern that the lack of protection is encouraging the replacement of VNs by unqualified employees.

'Veterinary nurse' needs to be a protected title.

Anyone can still claim to be a VN and that's terrifying!

The RCVS's refusal to support the protection of the RVN title is astounding.

I feel we need to get our title protected before we are taken seriously in society. Our career progression will advance massively if this happens.

Vet nurses are vastly being replaced by lay staff in corporate practices. We are not respected enough.

12.1.2 Extend the role and reward expertise

Some respondents would like to see the VN role extended, to allow VNs to use their full range of expertise without restriction, to facilitate career development, and to encourage further qualifications and expertise to be rewarded. This includes introducing a new role of district VN, which is mentioned by several respondents.

There are many experienced, highly qualified nurses out there who do not get the credit due to them due to an out-of-date Vet Surgeons Act – it is high time there was an update – district vet nursing and physiotherapy are two such areas that need addressing in a way that reflects the knowledge and passion demonstrated by nurses – vets do not know EVERYTHING!

I have seen so many nurses fall out of love with the job because they cannot progress within the profession. I've seen so many nurses put a lot of time and effort into further nursing qualifications to gain nothing. We are all still restricted by Schedule 3.

Time to embrace the District Veterinary Nurse role.

District veterinary nursing is a role that is needed now. It is a role that has huge potential and will be beneficial to all who provide or use this specialist service. For nurses craving better career progression. For practices that are pushed for time and short staffed. To provide the gold standard of care to clients that they expect. To compassionately give nursing support to animals in their own home.

Obviously love where I work but none of my qualifications are acknowledged….. There seems no point!

12.1.3 Educate VSs and the public about the VN role

Regardless of title protection and Schedule 3, some respondents feel that the RCVS should do more to educate VSs and the public about their role, to promote greater respect for the VN profession.

We still need to be recognised as professionals!! We are taken for granted and not respected enough as people don't understand our roles.

More recognition in the public eye and respect from VSs for nurses.

The RVN role is generally misunderstood by the general public. RVNs still being used as cleaners! Vets often take credit for nurses' work. Role needs to be promoted … so attitudes change (student vets look down on student nurses) and the public better educated.

We are incredibly undervalued by the public.

A small number of respondents believe things are improving, albeit slightly and slowly:

The VN profession in general needs more awareness from the public. It's getting there but still not where it should be.

VNs are appreciated and have more of a voice now than when I started working in the industry. Knowledge and skills have increased hugely giving way to more respect from VSs.

12.1.4 Better pay is needed

Comments about poor pay occur frequently. Inadequate reward is seen as contributing to the lack of respect for the VN role and to VNs leaving the profession.

It is severely underpaid.

Salaries should increase for nurses to reflect the volume of work undertaken and the huge amount of support provided to VSs.

Undervalued, underpaid and overworked. People will leave the profession.

I think wages are a big problem for VNs as they are often low and not fair.

As a highly skilled profession we are massively underpaid. Salary hardly increases with experience or years spent working in practice.

Make the pay something people can live off.

For too long a vocation has been used as an excuse for wages that do not match the skill set or responsibilities of vet nurses.

Nurses are paid awfully and that will be the reason I leave the profession.

I love my job but will be forced to leave it within the next year as I cannot afford to stay.

12.1.5 Improve management capabilities

Some respondents believe that the poor quality of leadership in some veterinary practices is leading to VNs being badly managed and overworked, which in turn can lead to burnout and high stress levels.

The RCVS needs to stand up publicly for improvements to the way RVNs are treated by both corporate and private practices.

Those working in private practice doing weekends, nights etc, these are the people who are likely to leave the profession.

They work hard, antisocial hours for bosses who are unsophisticated and without management training or skill – stress is rife and mental health takes a battering – some employers are good … but by and large they see nothing wrong with expecting 12 hour shifts with no breaks.

Believe employers/vets should be held accountable by the professional body when they dismiss staff unfairly.

12.1.6 Training and CPD

Some respondents would like to see better funding of VN training and CPD, and more flexibility around CPD requirements. A small number also comment that not enough VNs are being trained as there are shortages.

I feel disappointed that the government no longer funds RVN training in colleges … this will decrease the amount of students able to attend college.

… better employee benefits such as compulsory paid and allocated CPD.

CPD requirements when on maternity leave should be reduced … and it is difficult to keep up with working and CPD with young children, especially when childcare is limited.

Many practices I visit are usually short staffed and constantly recruiting.

12.1.7 The survey

Comments about the survey are mixed, with some respondents finding it too long and/or aimed too much at VNs working in clinical practice rather than in other areas; there are also a small number of objections to specific questions. However, some respondents are pleased that they have been given the opportunity to provide their views.

This survey is too long.

The survey has some rather odd 'politically correct' [questions].

Difficult to fill in accurately if you are not working in practice.

I found the survey interesting and I hope it benefits the profession in some way.

Thank you for the opportunity.

12.1.8 Positive comments about being a VN

Despite the many comments around being overpaid, under-valued and over-worked, some respondents are very positive about their role and the work they do; some qualified their favourable comments with a 'but' or a 'however' and also mention the downsides of the role.

An incredible profession to be proud of!

Love my job and colleagues.

I love my job as an RVN and the job has many positives.

Veterinary nursing is all I've ever wanted to do and I'm so grateful that I am able to do so.

13 Conclusions

This report has presented the findings from the 2019 RCVS survey of VNs, carried out on behalf of the RCVS by IES. The survey of the VN profession provide a large amount of information about VNs, the work they do and their views about the profession; this survey provides additional detail about their views of the RCVS. The report provides the RCVS, and other interested parties, with an evidence-based view of the VN profession, and has helped highlight a number of important issues and trends. This final chapter highlights these, and attempts to identify their implications.

13.1 The demographic profile

The demographic profile remains essentially the same as in previous years, in that VNs tend to be young, female and White. Seventy-one per cent of respondents are aged under 40 and over one-half (55.5%) qualified from 2010 onwards; 96.8 per cent are female; and 98.1 per cent (excluding those who opted for 'prefer not to say') are White. However, there is some evidence of small shifts, in that the proportion of men and BAME respondents has risen slightly since 2014 and, given that respondents in these two groups are younger than average, this trend may continue. There is also some evidence that the profession seems to be getting more mature in terms of age, even allowing for the absence of students from the 2019 survey. Within clinical practice, where the majority of VNs work, the average (mean) ages of those in 'nurse' and 'senior nurse' roles (by far the biggest role groups) has increased to 33.3 and 36.6 respectively, compared to 31.8 and 35.2 in 2014. The overall average age of respondents is 35.2, compared to 33.9 in 2014 when student VNs are excluded from the calculation.

Related to the slow shift upwards in age profile is an increase in the proportion of respondents who have dependent children living with them. Over one-third (34.5%) have dependent children, and mostly these children are young; of those with child dependants, 48.8 per cent have pre-school children aged nought to four, and 46.7 per cent have primary school children aged five to 11. This suggests that the profession will continue to meet increased demands for part-time working and greater flexibility with regard to hours and working patterns. The proportion of respondents working part time is increasing (from 18.6% in 2010 to 27.1% in 2019) and there has been a corresponding decrease in full-time working (from 77.2% in 2010 to 70.5% in 2019). However, respondents do not currently feel that the VN profession offers good opportunities for part-time working, scoring this aspect barely above the midpoint at 3.1 out of five; although this is an improvement on 2010, when the average score was 2.91, it suggests that a substantial number of respondents would like to see faster movement. The score for the family-friendliness of the VN profession is even lower, at 2.93 out of five, although there has again been a small improvement from 2.79 in 2010.

13.2 Retention

The findings with regard to retention are a cause for concern, in that one-quarter of respondents (24.8%, much higher than in 2014) plan to leave the profession at some point over the next five years, and the proportion of those in their 30s who intend to leave is particularly high (29.9%). There is also evidence that some VNs regret their career choice, in that only half (50.8%) of respondents say they would opt for being a VN if they could start their career again; this is notably lower than in 2014, when 60.2 per cent said they would still opt to be a VN.

For those planning to leave the VN profession, the top two reasons for doing so are pay and not feeling valued/rewarded in non-financial terms. Although these findings are worrying, the majority of those planning to leave say they do not plan to leave immediately, but rather within the next three to five years; this suggests that changes within the VN profession, for example greater family-friendliness (which is likely to be particularly relevant to those in their 30s), may persuade them to stay.

Overall, the main changes that respondents would like to see are better financial reward, better work-life balance, more respect/recognition from the public, and better opportunities for career progression. Of these four, better pay is very clearly at the top of the list, and many of the free-text comments given at the end of the survey echo this; some respondents say the pay is not enough to live on, and that poor pay is driving them out of the profession. Although some respondents also say that they have to take on additional work to make ends meet, the majority (83.2%) of respondents do not have additional jobs to their main work. However, the overall score for satisfaction with pay/remuneration, despite a small improvement since 2014, is very low: 2.54 out of five, well below the midpoint of three. When asked about challenges to the VN profession, pay is seen as the top challenge. The consistency with which poor pay is seen as a cause for dissatisfaction, a challenge, and a driver for some to leave the profession, suggests that it remains a high priority for action.

13.3 Respect

Another aspect which seems to be far more important to respondents to this survey than in previous years is the call for the VN title to be protected. This appears to be seen as a way of raising the profile of the VN profession with the public and with VSs, and a facilitator of greater career progression. VNs clearly feel undervalued, and not only due to poor pay; they believe that clients value the work of VSs but not VNs, and do not think society recognises them as a force for animal health and welfare. Promoting greater awareness of the VN role and contribution – not only to the general public, but to VSs – is something that respondents would like the RCVS to do more of.

The call for greater respect for VNs appears to be linked to the wish to be managed better. Respondents have negative views about the VN profession paying sufficient attention to the development of leadership skills, scoring this well below the midpoint of

three at 2.74; free-text comments relate to poor management within some veterinary practices, with some adding that they feel they are being taken advantage of.

13.4 Well-being

The mean WEMWBS well-being score for respondents overall is 46.2, lower than in 2014 and 2010 when the scores were 47.5 and 47.4 respectively. This is a cause for concern, even though it appears that there is a trend for WEBWMS scores to decline across the population, especially as over the years VNs have consistently returned WEMWBS scores below the average population mean. Respondents feel very strongly that VN work is stressful, scoring this well above the midpoint at 4.35 out of five, notably higher than in 2014 (4.17) and 2010 (4.04). Free-text comments support this, with some respondents saying they have to work very hard and feel stressed, especially when they are not managed well. Inadequate rest seems to be contributing to lower well-being for some, in that those who get two days' rest every 14 days, 11 hours' rest every 24 hours, and 20 days paid holiday a year in addition to bank holidays have a higher WEMWBS score than those who do not. There is also a clear association between respondents' views about different aspects of the VN profession and well-being; there is a highly significant correlation between responses to attitude statements and the WEMWBS score.

13.5 Workplaces and work activities

The majority (92.2%) of respondents work in clinical practice, and of these, three-quarters (73.2%) work in first opinion small animal practices, with a further 13.9% working in referral consultancy practices. The proportion of respondents working in these two types of practice has gradually increased over the years, with a corresponding decline in the proportions working in mixed, equine and farm practices; it seems likely to continue. Outside clinical practice, the most frequently-cited employers are charities and trusts, veterinary schools, and other university/education providers.

The day-to-day activities of VNs working in clinical practice have not changed substantially since 2014 and 2010. Averaged across all respondents, dogs and cats take up most working time (80.2%) and on-call time (81.4%) of VNs. In terms of frequency of specific activities, more than two-thirds of respondents administer medicines by injection and carry out clinical cleaning every day, and more than half dispense medications, care for hospitalised animals, set up intravenous fluids or administer anaesthetic pre-medication every day. However, VNs appear to be carrying out some activities less often every day, including clinical cleaning (70.9% in 2019, 81.4% in 2014), general domestic cleaning (46.8% in 2019, 56.9% in 2014), and reception work (29.1% in 2019, 40.1% in 2014). There are also some activities that respondents carry out more often every day, including taking blood samples (49.7% in 2019, 40.6% in 2014), and teaching/supervising student VNs (37.6% in 2019, 29.5% in 2014). Judging by respondents' free-text comments, they would like to continue to do fewer activities that do not require a VN qualification (such as cleaning) and more activities that require them to use their VN skills; some would also like to be allowed to extend their role to demonstrate their full range of skills and experience.

In addition, VNs are participating in more clinics than in previous years; 80.3 per cent are involved in clinics, with nail clipping, parasite control and weight management clinics being the most common. In addition, 91.9 per cent consider themselves to have expertise in at least one area, with nail clipping, parasite control, weight management and anaesthesia being most frequently mentioned. In 2014 and 2010, a much lower percentage considered themselves to have at least one expertise area (70% and 53% respectively).

13.6 Positive trends

The survey demonstrated many positive aspects of being a VN. Respondents feel that the VN profession gives them job satisfaction and variety, and their two top best things about working as a VN are working with animals and making a difference. Some free-text comments also express this view, although some qualify their enthusiasm for their work with comments such as ‘despite being overworked, underpaid and undervalued…’. Another encouraging finding is that the majority of recent qualifiers (2016 on) seem to have had a good experience while training, in that they rate their college, placement and training experiences positively.

Respondents are also positive about the RCVS. Most (90.1%) are using the RCVS PDR to record their CPD online, a big increase compared to 2014 (52.4%), and there is a very strong belief that the RCVS PSS should be mandatory; free-text comments indicate that some respondents are keen to see standards maintained or raised within the VN profession. When asked to rate several different aspects of the RCVS, on average respondents are positive about every aspect, especially professionalism. Overall, respondents give the RCVS a score 7.15 out of ten, with 71 per cent of respondents awarding a score of seven out of ten or higher.

Appendix

Appendix Table 1: Attitude statements: number, percentage spread and mean scores, with 2014 and 2010 mean scores for comparison

Statement	N	% strongly disagree	% disagree	% neither agree nor disagree	% agree	% strongly agree	2019 mean	2014 mean	2010 mean
Veterinary nursing work is stressful	5,526	1.1	1.6	5.6	44.8	47	4.35	4.17	4.04
Clients value the work of veterinary surgeons	5,505	1	5.6	7.9	56.7	28.8	4.07	4.3	4.16
The veterinary nursing profession gives me variety	5,512	0.9	4.6	10.7	54.9	28.8	4.06	4.17	4.08
Over the next ten years, demand for qualified veterinary nurses will increase overall in the UK	5,474	0.8	3.4	17.3	50.4	28.1	4.02	3.61	3.57
Veterinary nursing work gives me job satisfaction	5,518	1.4	5.9	10.7	53	29.1	4.02	4.23	4.1
I am satisfied with the support given by others in the workplace	5,379	2.4	10.4	20.8	53.7	12.7	3.64	3.72	3.63
Newly-qualified veterinary nurses need more support now than in the past	5,464	0.9	11.5	35.4	40.4	11.8	3.51	3.54	3.34
(For employed VNs) I am satisfied with the support given by my employer	5,168	4.9	15	23.5	44	12.7	3.45	3.5	3.39
The quality of newly-qualified veterinary nurses is higher now than in the past	5,448	3.4	14.6	46.6	27.1	8.4	3.22	3.28	3.14
Newly qualified veterinary nurses have the necessary skills required for general practice employment, from day one	5,479	3	20.9	32.4	38.3	5.4	3.22	3.12	3.17

Statement	N	% strongly disagree	% disagree	% neither agree nor disagree	% agree	% strongly agree	2019 mean	2014 mean	2010 mean
The veterinary nursing profession offers good opportunities for those wishing work part time	5,484	5.8	25	26.7	38.3	4.2	3.1	3.07	2.91
The veterinary nursing profession is a 'family friendly' profession in which to work	5,496	8.9	28.7	27.8	29.6	5.1	2.93	3	2.79
Clients value the work of veterinary nurses	5,501	7.1	33.7	25	32.3	1.9	2.88	3.17	3.02
Veterinary nursing offers good opportunities for career progression	5,497	10.2	30.3	25.9	29.1	4.5	2.87	3.18	2.78
I am satisfied with my salary/remuneration level	5,395	21	35.3	16.2	23.8	3.8	2.54	2.47	2.4
Veterinary practices are training too many veterinary nurses for available future work	5,450	17.4	48.1	29.2	4.2	1	2.23	2.36	2.21
I am familiar with the concept of evidence-based medicine	5,428	0.8	3.6	11.4	58.7	25.5	4.05	3.69	-
I am familiar with the concept of quality improvement	5,342	1.2	8.7	17.7	54.8	17.5	3.79	-	-
I actively use published evidence as part of my clinical decision-making*	5,332	1.5	9.2	28.5	45.5	15.4	3.64	3.58	-
I actively use quality improvement in my practice	5,213	1.5	9.1	33	43.7	12.7	3.57	-	-
I feel able to critically appraise a research study	5,273	3	16.1	31.7	36.5	12.6	3.4	-	-
Over the past five years, I have participated in scientific research	5,228	29.7	36.6	15.1	12.9	5.6	2.28	-	-
The RCVS Practice Standards Scheme should be mandatory	5,401	1.2	3	18.5	43.5	33.7	4.05	-	-
In my workplace I feel comfortable reporting and sharing mistakes	5,392	2.9	9.7	14.2	58.3	14.8	3.72	-	-

Statement	N	% strongly disagree	% disagree	% neither agree nor disagree	% agree	% strongly agree	2019 mean	2014 mean	2010 mean
The veterinary nursing profession has a culture of sharing and learning from mistakes	5,386	2.3	13	27.5	50.9	6.3	3.46	-	-
Veterinary nurses are valued by veterinary surgeons	5,505	3.9	18.3	24	48	5.8	3.33	3.32	-
The veterinary nursing profession nurtures innovation	5,368	3.5	16.3	44.2	32.6	3.5	3.16	-	-
The veterinary nursing profession pays sufficient attention to the development of leadership skills	5,403	7.3	33.3	38.7	19.1	1.6	2.74	-	-
Veterinary nurses are recognised in society as a leading force for animal health and welfare	5,420	13.2	38.3	24.4	21	3.2	2.63	-	-
The veterinary nursing profession pays sufficient attention to its environmental footprint	5,391	16	34.5	35.2	13	1.4	2.49	-	-
Veterinary nurses are recognised in society for their role in public health	5,420	19.3	47.4	23.8	8.3	1.2	2.25	-	-
I am able to be myself in the workplace	5,419	2.4	7.5	12.9	51.7	25.4	3.9	-	-