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Institute for Employment Studies

The 2019 survey of the veterinary profession

A report for the Royal College of Veterinary Surgeons

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Institute for Employment Studies

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Executive summary

This executive summary presents an overview of the results of the 2019 Survey of the Veterinary Profession, carried out on behalf of the Royal College of Veterinary Surgeons (RCVS) by the Institute for Employment Studies (IES). The survey was in the field during June and early July 2019, and yielded a response rate of 31.8 per cent (10,279 responses) counting only completed questionnaires, and 42.6 per cent including an additional 3,485 partially-completed questionnaires. Throughout, VS is used as an abbreviation for veterinary surgeon.

Personal details

The gender breakdown of respondents – 58 per cent female, 42 per cent male – illustrates the continuing 'feminisation' of the veterinary profession. Over successive surveys, the percentage of female respondents has been steadily increasing, as Figure 1 shows. The overall average age of respondents is 44.8, with women having a much lower average age than men: 40 compared to 51.5. The average age of respondents working within the veterinary profession is 42.3, and within clinical practice 41.8.

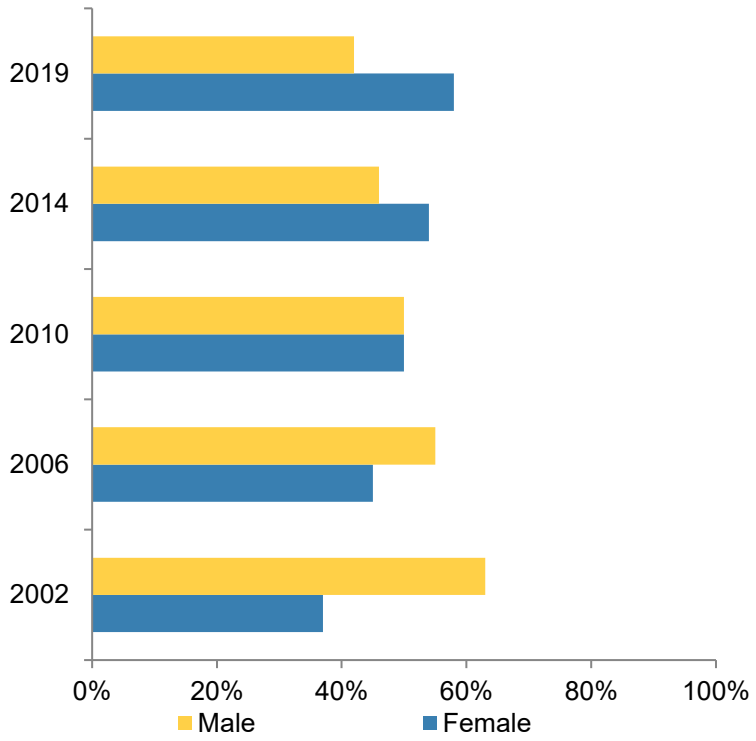
Although the percentage of Black and Minority Ethnic (BAME) respondents is small, at 3.5, it has increased since 2010 when only 2 per cent of respondents were BAME. The percentage may continue to increase slowly, as 4.5 per cent of respondents who qualified between 2010 and 2019 are BAME.

Just over one-third (36%) of respondents have one or more dependent children living with them, and 5.4 per cent have caring responsibilities for one or more adults. A little under seven per cent have a disability/medical condition that limits what they can do at work; most (74%) of these respondents classify their disability/condition as a physical rather than a mental health issue.

A breakdown of respondents by RCVS membership category shows that 76 per cent are UK-practising, ten per cent are practising outside the UK, just under two per cent are Southern Irish, and 12 per cent are non-practising.

Over half (55%) of respondents qualified from 2000 onwards. Three-quarters of those qualifying between 2010 and 2019 are female, compared to only ten per cent of those qualifying in the 1960s or earlier. The majority (73%) of respondents qualified in the UK or the Republic of Ireland, with almost one-quarter (23%) having qualified elsewhere in Europe, mostly in EU countries; 36 per cent of those who qualified in an EU/EEA/EFTA country did so from Spain or Italy.

Figure 1: Male and female respondents to RCVS Surveys of the Profession, 2002 to 2019



Source: VS Surveys, 2019, 2014, 2010, 2006, 2002

In terms of social mobility, of recent qualifiers (2016 onwards) who lived entirely or mainly in the UK while growing up, 59 per cent have a parent/guardian with a degree, 75 per cent went to state schools and 15 per cent lived in households that at some point received income support; these percentages compare favourably with broadly comparable groups of medical students and doctors in postgraduate training.

Work status

Most (87.5%) of respondents are in either full or part-time work, as Table 1 shows: 68 per cent of male respondents and 61 per cent of female respondents work full time. Full-time working is more common among respondents who work within the veterinary profession than those working outside the profession: 73 per cent compared to 60 per cent. The percentage of men who work part time (14%) has increased considerably since 2006, when it stood at five per cent; the average age of men working part time, however, is much higher than that of women working part time: 59 and 44 respectively.

Table 1 also shows that one per cent of respondents are unemployed, 2.5 per cent are taking a career break, one per cent are in voluntary work, and eight per cent are retired. Almost half of those taking a career break are on parental leave/looking after children, and this is the main reason why female respondents are on a career break; however, for men, illness is the most commonly-cited reason for a career break. The majority (79%) of retired respondents are male.

Table 1: Employment status by gender, 2006 to 2019 (per cent)

	2019		2014		2010		2006	
Employment status	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Full-time work	68.2	61.1	67.8	64.5	66.5	62	70	64
Part-time work	13.6	30.5	11.2	26	5.5	26	5	25
Voluntary work	0.8	0.8	1.2	1.2	0.5	0.3	-	-
Unemployed	0.6	1.3	1.1	1.9	1	2	0.5	1
Taking a career break	1.2	3.2	0.7	4	0.5	5	0.5	5
Retired	15.5	3.0	18	2.4	26.5	5	23	5

Source: VS Surveys, 2019, 2014, 2010 and 2006

Current work (veterinary or non-veterinary)

As Table 2 shows, 86 per cent of respondents work in the UK and/or the Republic of Ireland, with a further five per cent working in other European countries.

Table 2: 'In which country do you work?'

	Number 2019	% 2019	Number 2014	% 2014
UK and/or Republic of Ireland	9,782	86.3	5,117	88.9
Other EU/EEA/EFTA country	486	4.3*	167	2.9*
Europe, outside EU/EEA/EFTA	45	0.6*	56	1*
Australia	224	2	134	2.3
New Zealand	100	0.9	60	1
Canada	62	0.5	35	0.6
South Africa	106	0.9	57	1
USA	238	2.1	-	-
Asia	186	1.6	-	-
Africa (outside South Africa)	33	0.3	-	-
Other	78	0.7	128	2.2
Total	11,340	100	5,754	100

*These 2014 and 2019 percentages are not strictly comparable, as the options in 2014 were 'Other EU' and 'Europe, outside EU'

Source: VS Surveys, 2014 and 2019

Of those working in the UK/Republic of Ireland, 80 per cent work in England, 11 per cent in Scotland, eight per cent in Wales, four per cent in Northern Ireland and three per cent in the Republic of Ireland (with percentages adding up to more than 100 because some respondents work in more than one country). The type of area in which respondents work is urban for 39 per cent, rural for 25 per cent, and a mix of urban and rural for 36 per cent.

Three-quarters (75%) of respondents are citizens of the UK or the Republic of Ireland, while two per cent are applying for British citizenship, 15 per cent hold a form of indefinite leave to remain (ILR) or are applying for ILR; however, eight per cent do not intend to apply for British citizenship or ILR. Of those who are not British or Irish citizens, 47 per cent intend to stay in the UK for more than five years, although 31 per cent are currently unsure about their planned length of stay.

Working outside the profession

Some (4.5%) respondents to the survey work outside, or mainly outside, the veterinary profession; 'working outside the profession' is defined as the work not needing a veterinary qualification. Of these, the majority (64%) work in an organisation or area that is not animal-related. The main broad areas in which respondents work are 'professional, scientific and technical', 'agriculture, forestry and fishing', 'education' and 'human health and social work'. In terms of sector, 58 per cent work in the private sector, 29 per cent in the public sector, and 13 per cent in the third or charity sector.

Most (85%) have, at some point, worked within the profession, and of these most (87%) have worked in clinical practice. However, the majority of those who work entirely outside the veterinary profession do not intend to return to it (54%) or are unsure whether or not they will return (32%). A small number (11%) still do some work in the veterinary profession, despite their main area of work being outside.

Working within the profession

The majority of respondents (85%) fall into the two categories of working (rather than being retired, unemployed or on a career break) and working within the veterinary profession. Of these, 83 per cent do at least some work within clinical veterinary practice, and for 80 per cent clinical practice is their main or only area of work.

Table 3 shows that just over half of those working in the profession (53%) work mainly or entirely in small animal practice; this has increased from 46 per cent in 2010. The percentage of those working mainly or entirely in mixed practice is 12 per cent, down from 22 per cent in 2010. The main areas of work outside clinical practice are veterinary schools/other educational establishments and commerce and industry.

The average hours worked by respondents in a typical week (including overtime but excluding on call) are 37.8. For those working full time, the average hours are 42.3, lower than in 2014 (44) and 2010 (45). Men working full time have a typical average working week of 43.4 hours, women 41.9 hours. The age groups with the longest average full-time hours are the under 30s, 50s and 60s, while the areas of work with the highest average weekly full-time hours are equine practice (50.5), mixed practice (44.2) and veterinary

schools (43.1). The majority (80%) of respondents are not required to be on call. Nineteen per cent of those required to be on call and on the premises are awake all night (up from 7.5% in 2014).

The most frequently-cited work-related benefits are paid time off for training/continuous professional development (CPD), financial support for training/CPD, RCVS retention fees paid in whole or part, and professional indemnity insurance

Most (79%) intend to stay in the profession for the foreseeable future, 11.5 per cent intend to retire at some point over the next five years, and 9.5 per cent intend to leave the profession at some point over the next five years for reasons other than retirement. The most frequently-cited reasons for planning to leave the profession for reasons other than retirement are poor work-life balance, not feeling rewarded/valued (non-financial), long/unsocial hours and chronic stress.

Table 3: Main area of work

Type of organisation	%
Small animal (including exotics) practice	52.6
Mixed practice	11.7
Equine practice	5.5
Farm practice/production animal practice	3.2
Other first opinion practice	0.4
Referral practice/consultancy	6.4
Zoo/wildlife/conservation	0.7
DEFRA, APHA, FSA, FSS, DAERA	2.8
Meat hygiene/official controls	1.2
Other UK government	0.5
Overseas government	0.7
Veterinary school	4.7
Other university/educational establishment	1.2
Commerce and industry	2.9
Charities and trusts	1.9
Portal	0.1
Telemedicine, tele-triage	0.4
Other	2.9

Source: VS Survey, 2019

Working within clinical veterinary practice

The majority (80%) of respondents work wholly, mainly or partly in clinical veterinary practice. Of these, 52 per cent are employed assistants (compared to 57% in 2014), 26 per cent are principals/directors/partners, 15 per cent are independents (locums, independent veterinary service providers or independent consultants/peripatetic specialists, and seven per cent are in other roles (see Table 4, which contains

comparative percentages with previous surveys where possible; note that a dash in the column means that respondents were not asked about the position). Independents typically work across two or three practices over the course of a month. Veterinary services clients are now more likely to engage with female VSs when they visit a clinical practice: female respondents account for 40.5 per cent of principals/directors/partners overall, 73.6 per cent of employed assistants, and 60.6 per cent of independents/locums.

Table 4: Position in practice, 2006 to 2019

Position	2019 %	2014 %	2010 %	2006 %
Employed assistant*	52.1	57	57	51
Equity partner	2.9	6	13	-
Joint venture partner (JVP)	1.9	-	-	-
Director (of a limited company)	11.5	13	9	10
Sole principal	6.7	5	8	11
Independent veterinary service provider	3.3	-	-	-
Locum	9.6	8	6	6
Salaried partner	3.1	2	2	2
Independent consultant/peripatetic specialist	2.1	3	2	1
VS working as a VN	0.3	0.2	-	-
Other	6.4	4	3	2

*In previous surveys, this position was described as 'Assistant (or employee of a limited company)'

Source: VS Surveys, 2019, 2014, 2010 and 2006

Most respondents in clinical practice work in an independent, standalone practice (42%) or a practice that is part of a corporate group (36%); Table 5 shows the percentage breakdown of the different types of business model. The majority (61.5%) work in a practice that is accredited by the RCVS Practice Standards Scheme (PSS), although a sizeable minority (11.5%) do not know if the practice is accredited or not.

In terms of size of practice, using median values, an 'average' VS works in a practice with an average of four to five other VSs, three to four VNs, and one VN student. However, the size of practices varies enormously, and around 11 per cent of respondents appear to work on their own or with another VS or VN who is not full time.

Table 6 shows the average hours worked and on call by respondents in different types of clinical practice; those working in equine practices have the highest average hours on call off the premises and on the premises in a typical week. With regard to the allocation of working time, time spent on small animals continues to increase, and takes up the largest share of VSs' working time, on average; this is due entirely to the time spent with dogs and cats (especially dogs) rather than other small animals. Overall, dogs and horses seem to take up the most on-call time, followed by cats and cattle. Among those who spend time on practice management/administration, this activity takes 11 to 12 per cent of

both working and on-call time. Just over half (52.5%) of respondents personally carry out routine visits to clients, fewer than in 2014 (65%).

Table 5: Business model of clinical practice veterinary workplaces

Business model	%
Independent, stand-alone practice (e.g. a partnership)	41.6
Independent practice that is part of a larger group (with some shared centralised function)	6.4
Part of a corporate group	35.5
Part of a joint venture with a corporate group	4.6
Veterinary school	4.6
Charity	3.4
Out-of-hours-only provider	0.9
Don't know	0.9
Other	2

Source: VS Survey, 2019

The most common ways for practices to provide 24/7 emergency cover are for the practice to cover its own out-of-hours work (51%) or to use a dedicated out-of-hours service provider (34.5%). Using the median as an average measure, respondents typically deal with three to four emergency cases out of hours away from the practice, and one at the practice, over the course of a month; however, the number varies considerably.

Table 6: Average hours per week worked and on call by different areas of practice

	Hours worked 2019	On-call hours off premises 2019	On-call hours on premises 2019	Hours worked 2014	On-call hours off premises 2014	On-call hours on premises 2014
Mixed	41.2	28	5.4	46.6	27.4	12.9
Small animal	38.6	11.1	4.5	38	10.8	7.2
Equine	50.3	35.5	14.8	42.4	27.7	13.5
Farm/production animal	42.7	13.2	9.8	42.8	25	9.4
Referral/consultancy practice	34.1	15.2	4.6	30.2	7.8	6.5

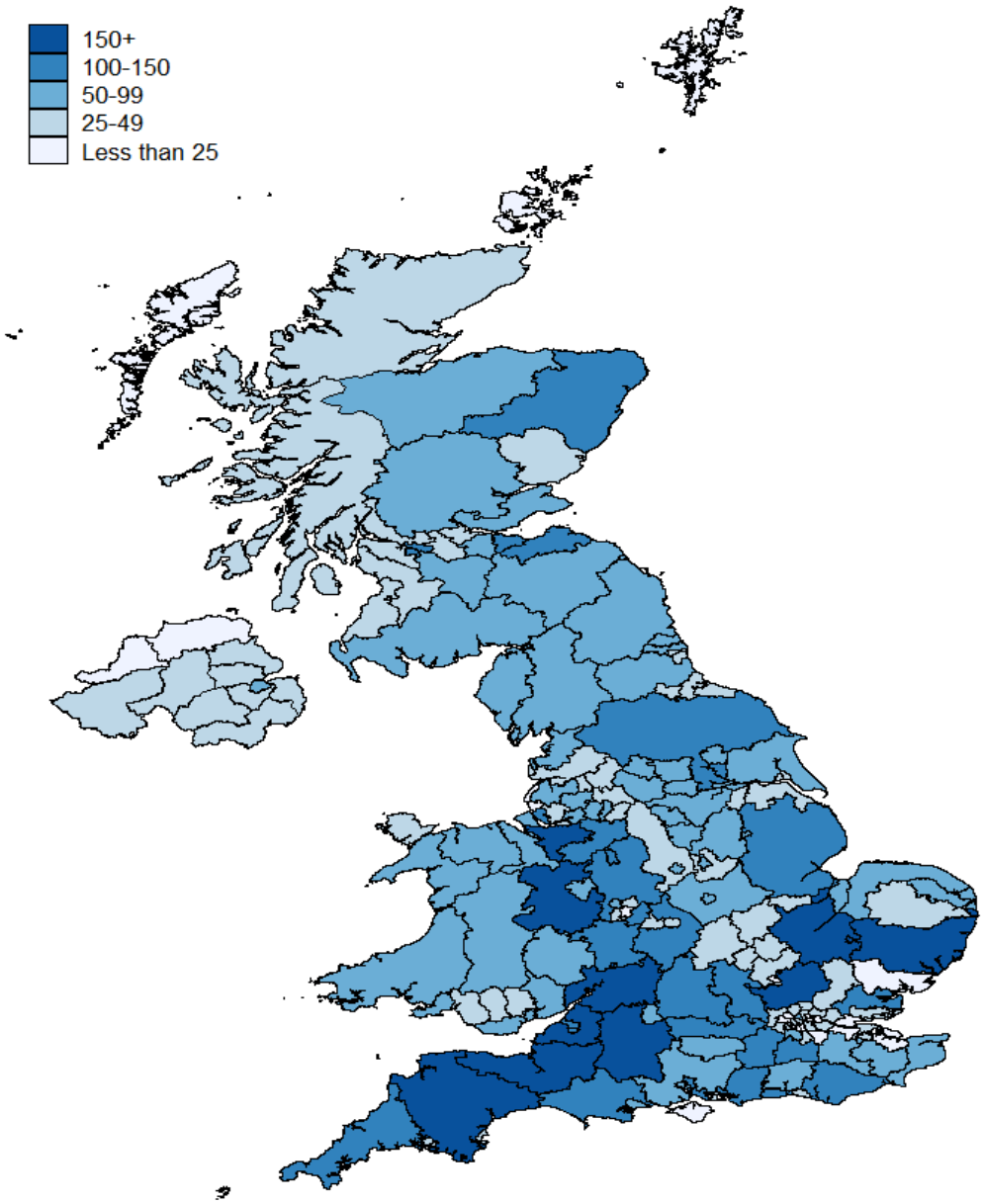
Source: VS Surveys, 2019 and 2014

It is encouraging that most (81.5%) of respondents have not experienced concerns for their personal safety at work during the previous 12 months. Those who have had concerns have experienced very varying numbers of incidents with a modal average of one when dealing with an emergency at the practice, one when dealing with an emergency away from the practice, and one to two at any other time including daytime and out-of-hours work. Very few incidents have been reported to the police.

With regard to the Working Time Regulations, three-quarters (74%) always or usually have a minimum rest period of 11 hours in each 24-hour period and most (87%) always or usually have at least two days' rest in every 14 days; in addition, three-quarters (77%) have at least 20 days' paid holiday a year.

Figure 2 shows the distribution of the workplaces of respondents who work in clinical practice in the UK.

Figure 2: VSs in clinical veterinary practice: location of work in the UK (NUTS3[1])



Source: VS survey, 2019

[1] NUTS3 stands for Nomenclature of Territorial Units for Statistics, level 3; NUTS is a method of classifying geographical areas.

Continuing professional development (CPD)

Forty-three per cent of respondents working within the veterinary profession hold at least one relevant qualification other than their primary qualification, while 15 per cent are studying for one or more and 21 per cent plan to study for one or more over the next five years. The most common qualification to hold, be studying for, or plan to study for, is an RCVS Certificate.

The most frequently cited CPD methods, in terms of their use by respondents, are (in order) attending courses, distance learning, conferences and reading veterinary press. In terms of the percentage of time allocated to different CPD methods, however, the most time is given to distance learning, ahead of courses and conferences. Half (51%) of the cost-incurring CPD done by respondents is funded by their employer or practice, while 33 per cent is self-funded. The majority (71%) are using the RCVS Professional Development Record (PDR) to record their CPD, a big increase compared to 2014 (44%).

Recently-qualified VSs

The majority of recently-qualified (2016 onwards) respondents (71%) went straight into practice after qualifying into a permanent position, and a further two per cent went straight into practice as a locum; this compares to a much lower 52 per cent going straight into practice in 2014. Male and female respondents are equally as likely to have gone straight into practice. On average, it took recent qualifiers 1.87 months to find their first position, compared to three months in 2014.

In terms of support received from their practice, 75 per cent received training during their first year in clinical practice, 64 per cent were assigned a mentor, and 64 per cent received appraisal/performance reviews. Around two-thirds (65%) felt adequately or fully supported during their first year, while 34 per cent felt not at all or inadequately supported. Those in independent, standalone practices are most likely to say they felt fully or adequately supported (69%).

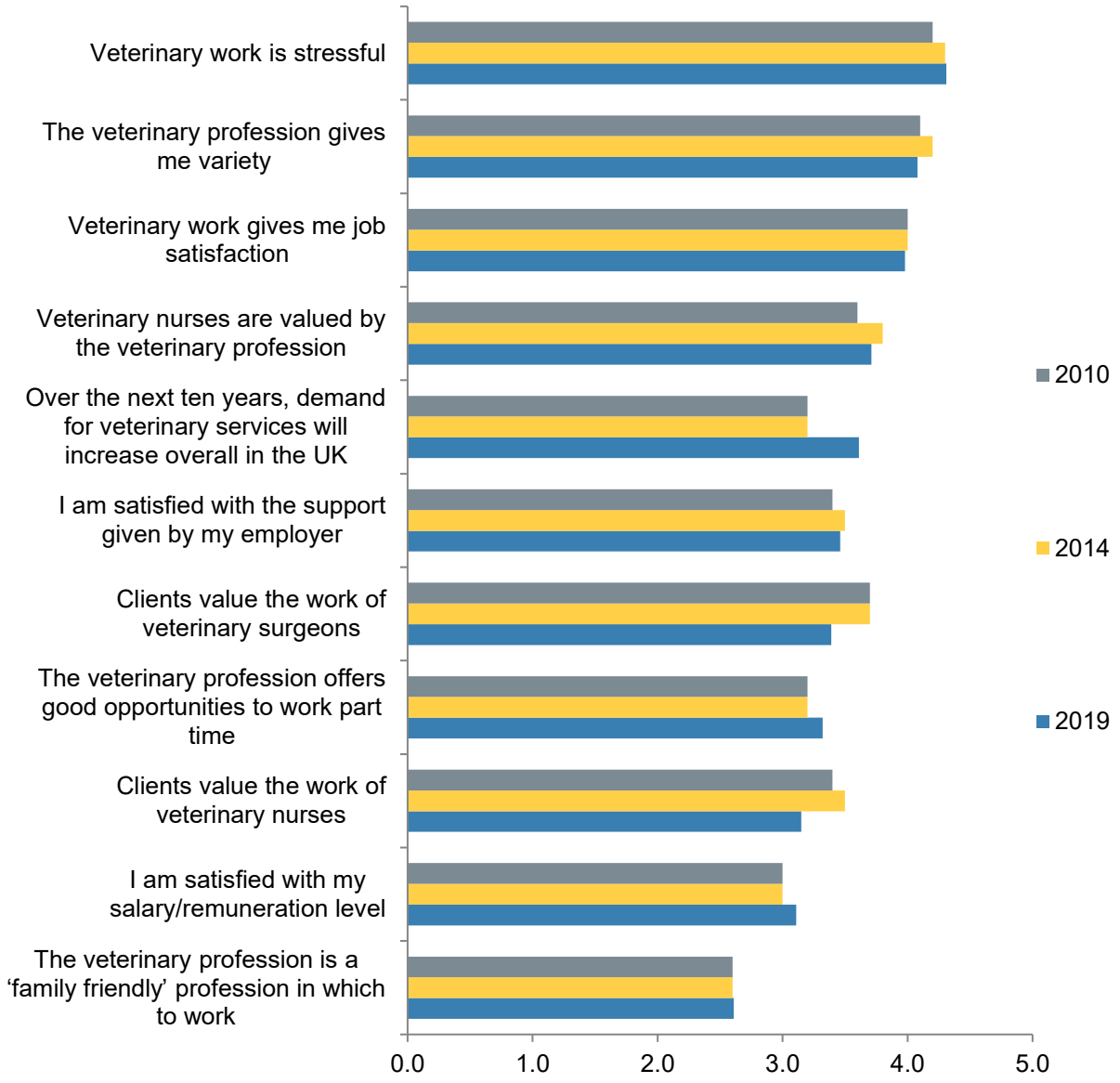
Overall, 79 per cent of respondents who qualified from 2016 onwards are aware of the Professional Development Phase (PDP). Of those who have been working in practice for 12 months or more, 60 per cent have completed their PDP, 35 per cent have not, and five per cent do not know whether they have completed it or not.

Views about the veterinary profession

Respondents were asked to give their views about 31 statements representing different aspects of working for the profession, on a five-point scale from strongly disagree to strongly agree.

The responses to 11 statements representing general views about the veterinary profession follow a similar pattern to those of 2014 and 2010, although the average (mean) scores for the two statements about clients valuing the work of VSs and VNs have decreased since 2014 and 2010, while satisfaction with remuneration/salary level has increased slightly. Figure 3 shows the average scores for these statements.

Figure 3: Average (mean) scores for 11 statements representing general views of the profession



Source: VS surveys, 2019, 2014 and 2010

Regarding the remaining 20 statements:

- Respondents have a slightly negative view about newly-qualified VSs having the necessary skills for general practice from day one, and slightly disagree that veterinary schools are recruiting too many students for available future work.
- Respondents are confident in their familiarity with, use of, and ability to critically appraise, evidence, although they are not likely to have participated in research over

the previous five years. They are also confident about understanding and using quality improvement.

- On the topic of emergency first aid provision, as in 2014, there is strong agreement that respondents should continue to be obliged to take steps to provide emergency first aid and pain relief to animals, and a less strong but still clearly positive view that they are satisfied, when on call, to be obliged to attend an emergency away from the practice only if necessary on clinical or welfare grounds. However, the agreement to being obliged to take steps to provide emergency first aid and pain relief, when on call, only to animals registered with the practice is much less strong.
- Although respondents overall feel comfortable reporting and sharing mistakes, they are neutral about whether or not the profession has a culture of sharing and learning from mistakes. A similar division is apparent regarding societal recognition: there is agreement that VSs are recognised as a leading force for animal health and welfare, but disagreement that their role in public health is recognised.
- There is agreement overall that the RCVS PSS should be mandatory, with only nine per cent disagreeing or strongly disagreeing. However, respondents who work in an RCVS PSS-accredited practice are clearly positive about this aspect, scoring a mean average of 3.7, while those who work in a practice that is not accredited by this scheme return a negative mean score of 2.9.
- There is only a slightly positive view overall regarding whether or not the profession nurtures innovation, and overall, respondents do not have a high opinion of the profession's development of leadership skills, with over half (52%) disagreeing or strongly disagreeing that the profession pays sufficient attention to this.
- The lowest overall average (mean) score is given to the statement that the profession pays sufficient attention to its environmental footprint; 62 per cent of respondents disagree or strongly disagree.

Taking an average score of all 31 attitude statements together, some overall differences of view are apparent:

- Demographic differences:
  - Men are more positive than women
  - Those in their 60s and 70s are more positive than younger age groups
  - Those with a disability/medical condition are less positive than those without such a disability/condition.
- Work-related differences:
  - Those working within the profession are more positive than those working outside
  - In clinical practice, those in senior roles are more positive than employed assistants and independents/locums
  - When analysed by type of practice, those in farm animal practices are more positive than other types of practice

- Outside clinical practice, those working in veterinary schools are more positive than those working in other non-practice areas.

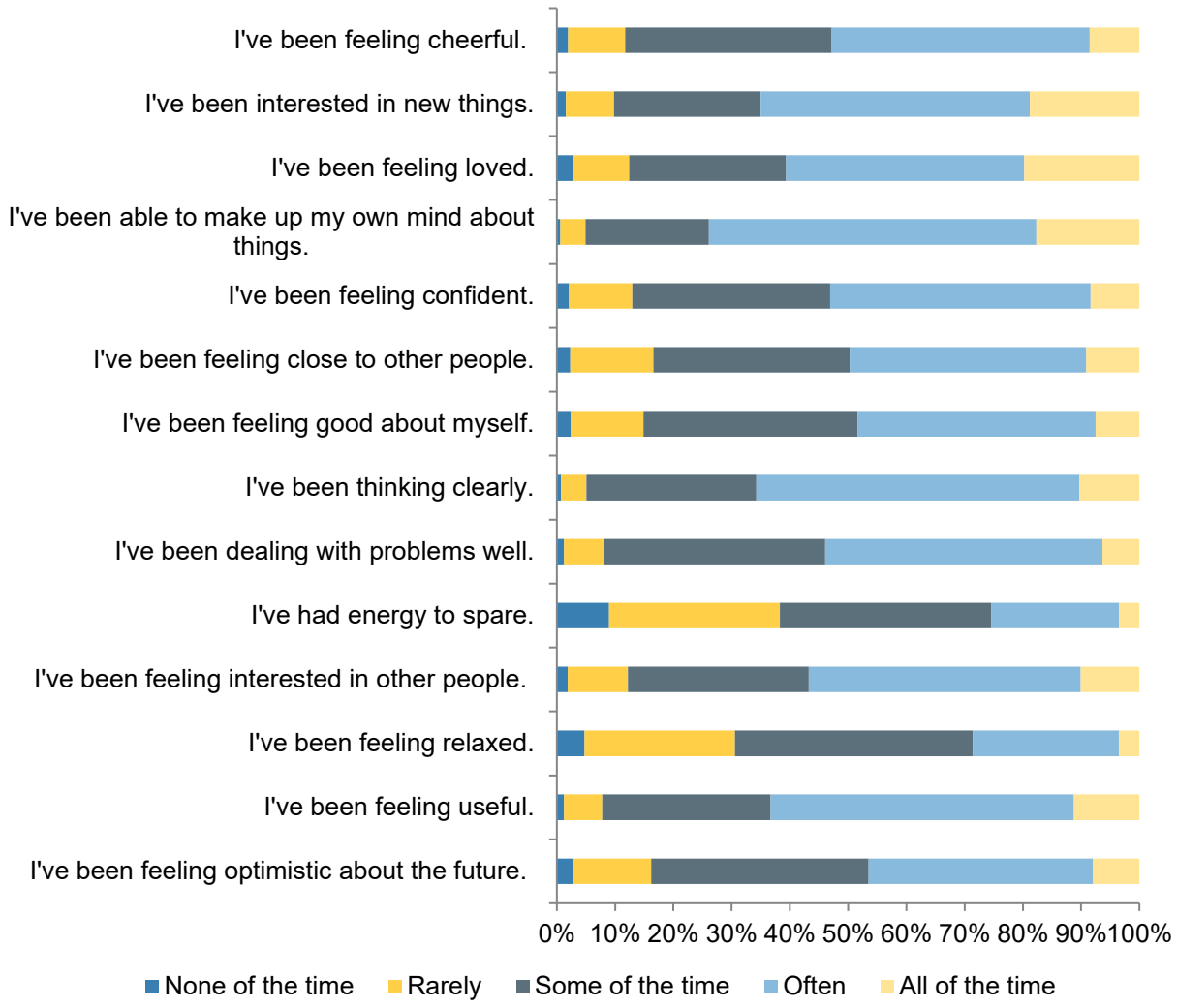
Almost half (48%) of respondents would still opt for the veterinary profession if they could start their career over again, while 23 per cent would not and 29 per cent are undecided. The top three best things about working in the profession are seen as working with animals, job satisfaction and challenge/stimulus, while the top three things that would make the profession a better place to work are better work-life balance, better financial reward and less workload pressure. The four biggest challenges to the profession are considered to be client expectations/demands, stress levels, changing structures in veterinary practice ownership, and affordability of veterinary services.

Well-being

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was used in the survey to gauge the well-being of respondents. WEMWBS asks about experiences, thoughts and feelings over the past two weeks. Individual items are scored from 1 (none of the time) to 5 (all of the time) and a total scale score is calculated by summing the 14 item scores. The minimum score is 14 and the maximum is 70.

Figure 4 shows how VSs responded to the 14 WEMWBS statements and indicates that they were largely positive in how they rated the individual items of the WEMWBS. They were especially positive about how often they had been able to make up their own mind and think clearly, had been feeling useful and loved, and had been interested in new things. However, they were less positive about having energy to spare and feeling relaxed. Although these overall results are very similar to the findings of the 2014 and 2010 survey, the overall WEMWBS well-being average (mean) score for respondents, at 47.7, is a little lower than in 2014 and 2010 when the score was 49.

Figure 4: WEMWBS responses



Source: VS Survey, 2019

An analysis of responses shows some differences in WEMWBS scores among respondents.

- A demographic analysis shows that:
  - respondents with a limiting disability/medical condition have a notably lower average well-being score than those who do not have such a condition, especially if the disability relates to mental health
  - women score somewhat lower than men
  - those in their 60s are more positive than other age groups
  - respondents of all ages with dependent children living with them have higher scores than those without dependent children
  - those with responsibility for one or more adult dependants have lower scores than those without an adult dependant

- BAME respondents have lower scores than White respondents
- heterosexual respondents have higher scores than LGB respondents.

- Analysed by employment status:
  - respondents who are unemployed have the lowest average well-being scores
  - retired respondents, who had the highest scores in both 2014 and 2010, now have lower scores than those in full time or part time work.
- With regard to working life:
  - within clinical practice, there has been a decline in scores since 2014 in every practice area except mixed practice; those working in small animal practices have the lowest well-being scores, and those in referral/consultancy practices the highest
  - respondents who have had concerns for their personal safety when dealing with an emergency during the previous 12 months have a lower average well-being score than those who reported no such concerns
  - those who 'seldom' or 'never' have a minimum rest-period of 11 hours each day score lower, on average, than those who 'always' or 'usually' have this rest period
  - those who 'seldom' or 'never' manage to have at least two rest days every 14 days score lower than those who 'always' or 'usually' have this rest period
  - those who have at least 20 days' paid holiday every year have a higher score, on average, than those who do not
  - respondents who plan to leave the profession for reasons other than retirement have notably lower average well-being scores than those who plan to retire or stay within the veterinary profession.

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

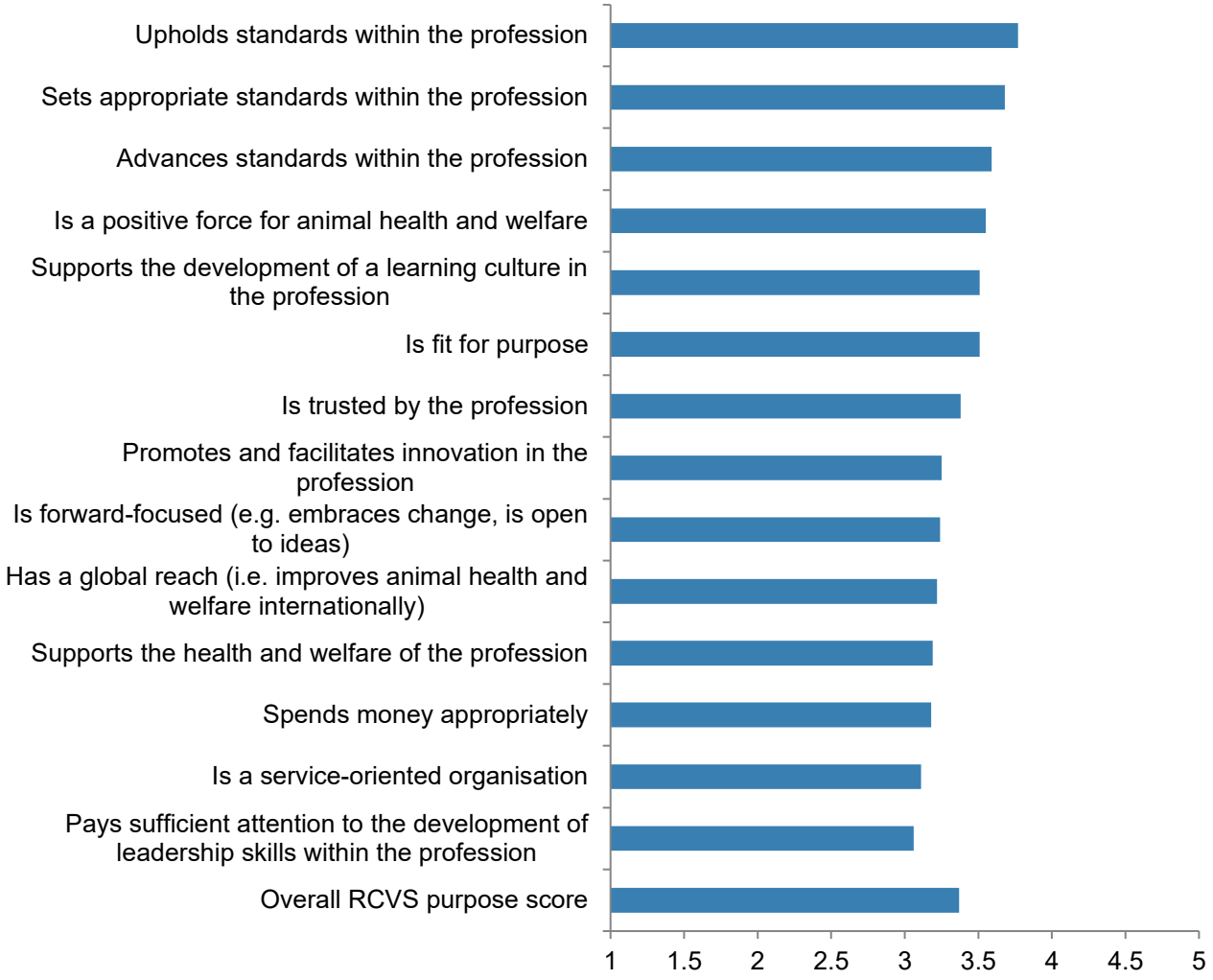
Views about the RCVS

A set of questions, new for the 2019 survey, asked for respondents' views about the RCVS, specifically about perceptions, values, communications, and engagement with initiatives, consultations, and purpose.

- In terms of perceptions of the RCVS, the overall perceptions score is positive (i.e. above the midpoint of 3), at 3.3. Respondents are notably positive that the RCVS has a good international reputation and is highly professional.
- When asked whether the RCVS demonstrates behaviours in accordance with its values, the overall values score is positive (i.e. above the midpoint of 2.5) at 2.72. Respondents believe that the RCVS displays good judgement, is forward-looking and is straight-talking, but are neutral about its compassion.

- With regard to communications generally, on average respondents are clearly positive about different aspects of RCVS communications. The overall communication ratings score is 3.58, clearly above the midpoint of 3.
- On average, respondents who had, at the time of the survey, communicated with the RCVS in the previous year are clearly positive about every aspect of the staff they dealt with, most notably about their professionalism. The overall staff communication score for those who have contacted the RCVS in the previous year is 3.9, well above the midpoint of 3. This encouraging finding suggests that those who engage with the RCVS and interact with staff tend to have a higher opinion, overall, than those who do not.
- The majority of respondents are aware of four RCVS initiatives – Mind Matters, ViVet, RCVS Leadership and Vet Futures – and between ten and 14 per cent of those who responded to this question have used them or interacted with them.
- Most (63%) have not taken part in any RCVS consultations in recent years; of those who have participated, the 2015 consultation on the use of the courtesy title ‘Doctor/’Dr’ by registered VSs was the most frequently-cited consultation.
- Relating to the RCVS’s purpose, overall respondents return positive scores (see Figure 5). The most positive responses are related to the RCVS setting, upholding and advancing standards, being fit for purpose, being a positive force for animal health and welfare, and supporting the development of a learning culture within the profession. The overall RCVS’s purpose score is 3.37, clearly above the midpoint of 3.

Figure 5: Perceptions of RCVS purpose: average (mean) scores



Source: VS Surveys, 2019

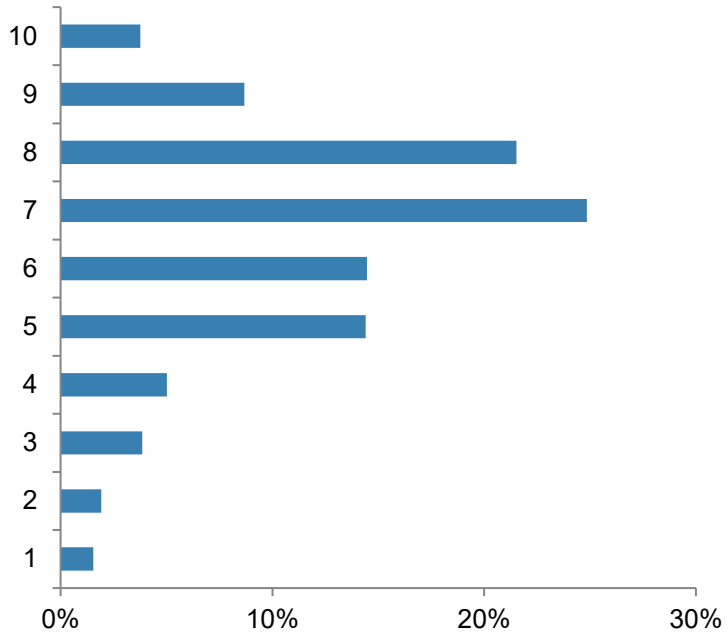
Respondents were asked to rate the RCVS on a ten-point scale from 1 (very poor) to 10 (excellent). The average (mean) score overall is 6.58, clearly above the midpoint of 5.5, and the modal (most frequently-chosen) response is to give the RCVS 7 out of 10. One-third of respondents (34%) awarded the RCVS a clearly positive score of 8, 9 or 10 out of 10. Figure 6 shows how the scores were allocated.

A number of suggestions were made when asked what the RCVS should do more of. These relate to providing more support, engaging better with VSs, being clearer about career support and progression, and engaging with veterinary schools around future supply; different views, however, were expressed around standards and their enforcement, with some believing the RCVS is too rigid and others that standards need more enforcement.

When asked what the RCVS should do less of, ideas were put forward around doing less in three areas: regulations, bureaucracy, and complaints and disciplinaries. Views were

also expressed that the RCVS is sometimes out of touch, could manage costs and spending better, and can miss the big picture by focusing too much on the detail.

Figure 6: Percentage of respondents allocating overall scores for the RCVS from 1 to 10



Source: VS Survey, 2019

Final thoughts

The last question in the survey asked all respondents if they had anything else they would like to say about the veterinary profession, their role, the RCVS or the survey.

One issue that appears to be worrying respondents is that of existing and future workforce supply, particularly in light of a perceived recruitment crisis. Some respondents comment that newly-qualified VSs can have unrealistic expectations and require additional support from more experienced VSs. There is also a belief, held by some, that the gender inequality within the profession is contributing to workforce shortages, as women are more likely to take career breaks and work part time.

Another big issue is work-life balance, or rather the lack of it, within the profession. There is seen to be a need for increased thought around flexible working, out-of-hours service, and work-load, and there are concerns about the impact of veterinary work on health, especially mental health.

Some respondents feel that increasing costs overall, and especially the rise in treatment costs, represent a big concern; some practice owners are worried that clients will be prevented from accessing expensive treatments, and may feel the profession is placing too much emphasis on profits rather than care.

Comments about the RCVS are both positive and negative. Some say that they find the RCVS supportive and helpful, whereas others feel it is disconnected from actual practice, and express dissatisfaction with the complaints process and how the profession is regulated, particularly with regard to the corporates. Some VSs who work within the profession, but outside clinical practice, feel ignored. There is also a view that the RCVS should do more to educate the public.

The rise in corporate practice ownership is causing a concern, with worries about the impact on patient care, younger VSs' development, and smaller businesses that find it hard to compete with the large corporates.

Finally, with regard to the survey itself, respondents commonly report that it is too long or time-consuming, and contains irrelevant or repetitive questions; however, a minority view is that these surveys are useful and helpful.

1 Introduction

1.1 Background

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

The 2019 survey of veterinary surgeons (VSs) is the seventh survey carried out by the RCVS; VSs were also surveyed in 1998, 2000, 2002, 2006, 2010 and 2014. Throughout this report, where possible and appropriate, results are compared with previous years. The aim of these surveys is to provide the RCVS, and other interested parties, with an evidence-based view of the veterinary profession and the changes taking place within it.

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

1.2 Survey process

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

The survey was launched on 6th June 2019, following an informal questionnaire testing exercise. As in 2014, the survey was conducted as an online survey only. Email invitations to participate in the survey were sent out to 32,427 veterinary surgeons (VSs) for whom the RCVS held email addresses. A small number (121) of these addresses proved not to be valid, meaning that the total sample receiving an invitation to participate was 32,306. Three reminders were sent at intervals to those who had not yet responded; a small number of VSs, who contacted IES to ask not to participate, were removed from the reminder list.

1.3 Response

By the time the surveys closed on 2nd July 2019, IES had received 10,279 completed questionnaires and 3,485 partial completions, giving a response rate of 31.8 per cent counting only the completed questionnaires and 42.6 per cent if partials are included. Encouragingly, this is higher than the 2014 rate of 27 per cent (when only completed responses were used in the analysis), but lower than the 2010 rate of 37 per cent and the 2006 rate of 47 per cent.

A response analysis was carried out to compare survey respondents to the RCVS database of VSs as at 24th May 2019, shortly before the survey was launched. This

shows that the overall response pattern of male and female respondents (58% female, 42% male) is close to the gender split in the RCVS database overall (59% female, 41% male). However, both women and men in the younger age groups (under 30 and 30s) under responded, although not markedly so, while the older age groups, especially those in their 40s, 50s and 60s, over responded somewhat.

Table 1.1: VS survey 2019 response analysis, percentage

		Survey respondents	RCVS membership	Over/under response
Female	**20s**	11.6	14.7	Under
	30s	20.7	23	Under
	40s	13.6	12.2	Slightly over
	50s	8.4	6.4	Over
	60s	3	2.1	Slightly over
	70+	0.8	0.6	Similar
	Total	58.1	59.1	Similar
Male	**20s**	3.7	5	Slightly under
	30s	7.7	9.3	Slightly under
	40s	8.4	8.3	Similar
	50s	8.7	7.5	Slightly over
	60s	6.9	5.7	Slightly over
	70+	6.6	5	Slightly over
	Total	42.0	40.9	Slightly over

Source: VS Survey, 2019; RCVS database

1.4 Data input and survey analysis

The survey responses were analysed using the statistical package SPSS. Open-ended, free-text questions were analysed separately and grouped into categories, using a sampling approach when the number of responses was very high (for example, a 20% or 50% sample for questions yielding several hundred, or sometimes several thousand, free-text responses).

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

1.5 Report structure

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

- Personal details

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

A separate report details the findings from the survey of veterinary nurses (VNs).

2 Personal details

This chapter describes the demographic and personal details of respondents: gender, sexual orientation, age, ethnicity, responsibility for dependants, disability, year of qualification, degree course, RCVS membership category, country of qualification, and (for those who mainly or entirely resided in the UK up to the age of 18), social mobility.

Chapter summary

- 58% of respondents are female, and the percentage of women has increased with every survey; only 34% of respondents to the 2000 survey were female.
- The overall average age of respondents is 44.8, with women having a much lower average age than men: 40 compared to 51.5. The average age of those working within the veterinary profession is 42.3, and within clinical practice 41.8.
- 3.5% of respondents are BAME, an increase since 2010 when the percentage was 2%. This percentage may continue to increase slowly, as 4.5% of respondents who qualified between 2010 and 2019 are BAME.
- 36% of respondents have one or more dependent children living with them, and 5.4% have caring responsibilities for one or more adults.
- 6.7% have a disability/medical condition that limits what they can do at work; most of these respondents classify their disability/condition as a physical rather than a mental health issue.
- In terms of RCVS membership categories, 76% of respondents are UK-practising, 10% are practising overseas, and just under 2% are Southern Irish.
- 55% of respondents qualified from 2000 onwards, 75% of those qualifying between 2010 and 2019 are female, compared to only 10% of those qualifying in the 1960s or earlier.
- 73% of respondents qualified in the UK or the Republic of Ireland, 23% qualified elsewhere in Europe, mostly in EU countries; 36% of those who qualified in an EU/EEA/EFTA country are from Spain or Italy.
- In terms of social mobility, of recent qualifiers (2016 onwards) who lived entirely or mainly in the UK while growing up, 59% have a parent/guardian with a degree, 75% went to state schools and 15% lived in household that at some point received income support; these percentages compare favourably with broadly comparable groups of medical students and doctors in postgraduate training.

2.1 Gender and sexual orientation

2.1.1 Gender

Overall, 57.4 per cent of respondents are female, 41.5 per cent male, 0.9 per cent prefer not to say, and 0.2 per cent prefer to self-describe; six of the 19 people who preferred to self-describe specified 'non-binary' as their preferred gender description. Of those who selected 'female' or male', 58 per cent are female and 42 per cent male. These percentages suggest that the 'feminisation' of the veterinary profession has continued since the last survey in 2014, when female respondents outnumbered males for the first time. Table 2.1 shows the changing percentages over time.

Table 2.1: Percentage of female and male respondents, 2000 to 2019

Gender %	2000	2002	2006	2010	2014	2019
Female	34	37	45	50	54	58
Male	66	63	55	50	46	42

Source: VS surveys, 2000 to 2019

When analysed by age group, the results show that female respondents outnumber males in every age category under 50:

- Age under 30: female 76%, male 24%
- Age 30 to 39: female 73%, male 27%
- Age 40 to 49: female 62%, male 38%
- Age 50 to 59: female 49%, male 51%
- Age 60 to 69: female 30%, male 70%
- Age 70 and over: female 11%, male 89%.

In line with the age breakdown, the average (mean) ages of female and male respondents are notably different: female respondents have an average age of 40, compared to 51.5 for their male counterparts.

The gender difference is somewhat more marked when a comparison is made between those working within and outside the veterinary profession, in that of those who work within the profession, 61 per cent are female and 39 per cent are male. This percentage share of female respondents working within the profession has increased from 57.6 per cent in 2014 and 54 per cent in 2010. To look at this another way, in overall terms 96.1 per cent of female respondents and 94.8 per cent of male respondents work within the profession.

A similar gender split is seen when analysing the percentages of men and women working within clinical practice. Of those working within the veterinary profession, 62.2 per

cent are female and 37.8 per cent are male. Overall, 77.8 per cent of female respondents, and 73.3 per cent of female respondents, work in clinical practice.

For the first time, the 2019 survey asked respondents if their gender identity was the same as the sex assigned at birth. Most respondents (98.7%) say that it is the same, with 0.2 per cent saying it is different and 1.1 per cent preferring not to say.

2.1.2 Sexual orientation

Another 'first time' question in the 2019 survey related to sexual orientation. In response, 89.4 per cent of those who answered this question are 'heterosexual/straight', 2.6 per cent 'bisexual', 2.0 per cent 'gay man', and 0.9 per cent 'gay woman'; 0.6 per cent prefer to self-describe, while 5.5 per cent prefer not to say. However, it is worth noting that a relatively high 1,261 respondents did not answer this question. The small number (N = 49) of respondents who selected 'prefer to self-describe' were asked to specify, and 23 did so: they describe themselves in various ways, including 'asexual', 'binary' and 'transgender'.

Of those who answered the question, it appears that it is slightly more common for those in the non-heterosexual (LGB) categories to work outside the profession rather than within it; 6.4 per cent of respondents working outside the profession are LGB, compared to 4.2 per cent of those working within the profession.

2.2 Age

The overall average (mean) age of respondents is 44.8, fairly similar to previous surveys; in 2014, the average age was 44.3, and in 2010 a somewhat older 45.5. The average age differs considerably between females and males, as noted in 2.1.1 above: female respondents have an average age of 40, compared to 51.5 for males. As might be expected from the overall 'feminisation' trend over the past 20 years or so, the average age of female respondents has increased somewhat over the years (37.5 in 2006 and 38 in 2014) while the average age of male respondents has remained more or less the same.

The overall age breakdown of respondents is:

- Age under 30: 15.3%
- Age 30 to 39: 28.4%
- Age 40 to 49: 22%
- Age 50 to 59: 17.1%
- Age 60 to 69: 9.9%
- Age 70 and over: 7.4%.

The female to male split by age group is given in section 2.1.1 above.

Overall, ages range from an unlikely 18 (2 respondents) to 99 (3 respondents). The modal (most common) ages are in the 25 to 42 range, in which every age has at least 300 respondents; the age with the highest number of all (434) is 30.

The average age of those working within the veterinary profession is 42.3, compared to 49.9 for those working outside the profession; this is fairly similar to 2014, when the average ages were 41 and 49 respectively. For those working within the profession, the average age of those working in clinical practice is 41.8, compared to 44.2 for those working in a different veterinary area.

As Table 2.2 shows, the average age of respondents undertaking voluntary work is considerably higher than the average age of those in full-time or part-time employment, but notably lower than in 2014; it is possible that the result in 2014 was something of a 'blip', in that the average age in 2010 was 61. The average age of respondents in work or unemployed is fairly similar to 2014, although the mean age of those taking a career break has increased somewhat.

As might be expected, overall well over half of respondents aged under 60 are in full time work, with the percentage being particularly high among those aged under 30 (88%). Part time work is most prevalent among respondents aged 40 to 49 (30%), while the under 30 age group has the highest unemployed percentage (but still low at 3%). Around three per cent of those aged 30 to 49 are on a career break.

Table 2.2: Average age by employment status, 2019 compared to 2014

Employment status	Mean 2019	Mean 2014
Full-time work	40.6	39.7
Part-time work	47.4	46.7
Voluntary work	57.4	50.6
Unemployed	35.8	37.3
Taking a career break	42.3	38.5
Retired	72.3	72.8
N =	12,609	6,806

Source: VS Surveys, 2019 and 2014

The average age of respondents currently undertaking veterinary clinical practice work varies according to their position in the practice, as Table 2.3 shows. Some of the categories are not strictly comparable to previous years, as several new categories have been added to reflect the changing nature of the profession: Joint Venture Partner, independent veterinary service provider (i.e. someone providing services as part of the normal rota, rather than a locum who covers posts temporarily due to absence or a vacancy), and VS working as a veterinary nurse. In addition, the 'assistant' category was not split between full time and part time in 2019, as it had been in previous surveys. Despite these changes, some small differences are apparent in comparison with previous years; a more marked difference is that the average ages of locums and consultants has increased considerably since 2014, although they are fairly similar to the 2010 findings.

Consultants (rather than sole principals, as in 2014 and 2010) now have the highest average age.

Table 2.3: Average age of respondents by position in practice

Position in the practice	Average age 2019	Average age 2014	Average age 2010
Sole Principal	48.7	49	52
Director	48.1	47	46
Equity Partner	49.1	48	48
Joint Venture Partner (JVP)*	42.9	-	-
Salaried Partner	41.4	39	41
Full-time Assistant	38.6**	35	32
Part-time Assistant	(see note below)**	43	41
Consultant	53.3	42	49
Independent veterinary service provider*	43.2	-	-
Locum	42.8	30	42
VS working as a veterinary nurse*	34.6	-	-
Other	41	39	39

*The categories of JVP and independent veterinary service provider were not offered as options in the 2014 survey. VS working as a VN was offered in 2014, but the number of respondents were too small to be included in this table.

**For the 2019 survey, the category of 'Employed Assistant' was not split between full time and part time as in previous surveys.

Source: VS Surveys, 2019, 2014 and 2010

2.3 Ethnicity

As in previous surveys, the large majority of respondents give their ethnicity as 'White'. The full breakdown is:

- White: 93.9%
- Asian/Asian British: 1.2%
- Mixed: 1.2%
- Chinese: 0.7%
- Black/Black British: 0.3%
- Other: 0.7%
- Prefer not to say: 2.1%.

'Other' responses were recoded into one of the main headings where possible. They included responses such as English, Caucasian, Celtic, Channel Islander, Gaelic, Irish,

Scottish, Greek, Spanish, Romanian, Arab, Iranian, Caribbean, Eskimo, Jewish, Korean, Mexican and Taiwanese.

If respondents who preferred not to give their ethnicity are removed from the calculation, the Black and Minority Ethnic (BAME) percentage is 3.5 per cent, compared to the White percentage of 96.5 per cent. The BAME percentage has been increasing slowly and slightly since 2006 and 2010, when it stood at two per cent, and 2014 when the figure was 3.1 per cent.

Further analysis indicates that there is no difference in the percentages of BAME VS respondents who are working within and outside the profession, and there is only a small difference in the percentages working within clinical practice (76.2% of White respondents and 74.4% of BAME respondents). However, there is a gender difference, in that 39.2 per cent of BAME respondents are male while a notably larger 60.8 per cent are female. An analysis by age shows that BAME respondents are somewhat younger than their White counterparts: the average (mean) ages are 40.1 (BAME) and 44.9 (White).

2.4 Responsibility for dependants

A little over one-third (36.1%, compared to 32.5% in 2014, 34% in 2010 and 35% in 2006) have dependent children living with them. For the first time in 2019, respondents with dependent children were asked about the ages of these children (by selecting all age categories that applied). The results showed:

- 39.2% have dependent children aged between 0 and 4
- 44.1% have dependent children aged between 5 and 11
- 31% have dependent children aged between 12 and 18
- 17.8% have dependent children over 18.

Unsurprisingly, when analysed by age group, it is clear that respondents between 30 and 59 are far more likely to have dependent children living with them than older or younger respondents: 29.7 per cent of those aged 30 to 39, 41.1 per cent of those aged 40 to 49, and 23.1% of those aged 50 to 59.

An analysis by gender shows that there is no difference at all between the percentage of female and male respondents who have dependent children living with them; this finding is consistent with earlier surveys. There is, however, a difference with regard to work status, as Table 2.4 shows; respondents in part-time work or on a career break are noticeably more likely to have dependent children living with them. This is consistent with 2014, although the percentage of those working full time while living with dependent children has increased somewhat since 2014, and the percentage with dependent children doing voluntary work has increased markedly.

Table 2.4: 'Do you have dependent children living with you?' by employment status

	2019 Yes (%)	2019 No (%)	2014 Yes (%)	2014 No (%)
Full-time work	32.4	67.6	29.9	70.1
Part-time work	55.8	44.2	54.2	45.8
Voluntary work	38.1	61.9	15.9	84.1
Unemployed	19.8	80.2	25.5	74.5
Taking a career break	55.9	44.1	53	47
Retired	5.5	94.5	4.9	95.1
N =	4,616	8,155	2,203	4,577

Source: VS Surveys, 2014 and 2019

A much smaller number of respondents have caring responsibilities for one or more adult dependants: 5.4 per cent (compared to 5.5% in 2014, 5% in 2010 and 5.5% in 2006). The gender spilt with regard to providing care to an adult dependant has changed somewhat since 2014 and 2010, when 63 per cent (2014) and 65 per cent (2010) of those providing adult care were male; in 2019, 54 per cent of respondents who are adult carers are male and 46 per cent female. An analysis by age group indicates that respondents in older age groups are more likely to have adult caring responsibilities: 10.6 per cent of those aged 50 to 59, 9.4 per cent of those aged 60 to 69, and 8.1 per cent of those aged 70 and over. This is consistent with the 2014 survey findings.

Table 2.5 indicates that respondents in voluntary work or who taking a career break or are retired are more likely to provide care for an adult dependant compared to those in other employment categories. Some differences between the 2019 and 2014 findings are apparent in the table, although the numbers of those providing adult care are relatively small overall, meaning that small differences can have an impact on percentages.

Table 2.5: 'Do you provide care to an adult dependant?' by employment status

	Yes 2019 (%)	No 2019 (%)	Yes 2014 (%)	No 2014 (%)
Full-time work	4.9	95.1	4.8	95.2
Part-time work	5.3	94.7	6.7	93.3
Voluntary work	13.1	86.9	8.9	91.1
Unemployed	3.8	96.2	4.7	95.3
Taking a career break	7.2	92.8	4.8	95.2
Retired	8.8	91.3	7.9	92.1
N =	694	12,060	372	6,395

Source: VS Surveys, 2019 and 2014

2.5 Disability

Overall, 6.7 per cent of respondents consider themselves to have a physical or mental disability or medical condition that limits the work they can do. This is similar to the 2014 survey (6.5%) but lower than in 2010 and 2006 (8% for both surveys).

Table 2.6 shows that the age of respondents is associated with whether or not they report having a disability or medical condition; as the age of respondents increases, so does the share who report that they have a condition that limits the work they can do. However, this relationship is less obvious than in 2014, in that somewhat higher percentages of those in age groups up to 39, and somewhat lower percentages of those aged 40 and over, report having a disability/medical condition.

Table 2.6: Disability or medical condition by age group, 2019 and 2014

	Yes 2019 (%)	No 2019 (%)	Yes 2014 (%)	No 2014 (%)
Under 30	3.1	96.9	1.5	98.5
30 to 39	4.0	96.0	2.7	97.3
40 to 49	4.8	95.2	5.5	94.5
50 to 59	8.3	91.7	8.8	91.2
60 to 69	9.6	90.4	9.7	90.3
70 and over	22.3	77.7	25.7	74.3
N =	858	12,017	442	6,372

Source: VS Surveys, 2014 and 2019

Further analysis shows that a notably higher percentage of those working outside the veterinary profession have a disability or medical condition than those working within the profession (9.9% compared to 4.7%), although this is largely due to the older age profile of those working outside the profession. There is no difference, however, between the percentages of those working in clinical practice and those working in a different veterinary area.

Table 2.7 demonstrates that, as in 2014, higher shares of respondents who are currently retired, unemployed or undertaking voluntary work report having a disability or medical condition compared to other employment categories. However, further analysis shows that almost two-thirds (64%) of respondents with a disability or medical condition are in full- or part-time paid employment; this is markedly higher than 2014's 55 per cent.

Table 2.7: Disability or medical condition by employment status, 2019 and 2014

	Yes 2019 (%)	No 2019 (%)	Yes 2014 (%)	No 2014 (%)
Full-time work	3.5	96.5	3	97
Part-time work	8.4	91.6	8.2	91.8
Voluntary work	16.8	83.2	12.2	87.8
Unemployed	13.2	86.8	15.1	84.9
Taking a career break	13.5	86.5	9.5	90.5
Retired	22.4	77.6	23.8	76.2
N =	852	11,923	439	6,365

Source: VS Surveys, 2014 and 2019

When asked for further detail about whether the nature of their disability or limiting medical condition was physical or mental, 815 people responded. These responses were coded into three categories: physical, or primary physical, disabilities/conditions; mental health, or primarily mental health, disabilities/conditions; and both types of disability/medical condition. Examples of physical conditions are neurodegenerative conditions such as: Parkinson's and dementia, cancer, joint pain such as arthritis, back problems such as a slipped disc, brain injury, diabetes, Crohn's, heart disease, ME/chronic fatigue syndrome, multiple sclerosis, endocrine disorders, and injuries such as fractures. Examples of mental health disabilities/conditions are mood disorders such as depression, anxiety and bipolar, ADHD, social phobia, and chronic stress and/or burnout.

The further analysis of disabilities/conditions shows that 74.2 per cent of the 815 respondents have a physical disability/condition, 21.3 per cent a mental disability/condition, and 4.4 per cent have both. Fifty-five per cent of respondents who provided this information are female, and 45 per cent male. It appears that female and male respondents to some extent have different types of disability/medical condition (or at least are prepared to share this information), in that 67 per cent of women with a disability/condition say this is physical compared to 83 per cent of men, 26 per cent say it is a mental health disability/condition compared to 15 per cent of men, and 6.5 per cent say they have both, compared to two per cent of men.

2.6 RCVS membership category

Table 2.8 gives the membership category of respondents, with a 2014 comparison for all categories except 'temporary registration', which was not offered as an option in the 2014 survey. The percentage breakdown for 2019 is fairly similar to that of 2014, although the percentage selecting 'UK practising' is somewhat higher, while the 'Southern Irish' percentage is lower.

Table 2.8: RCVS membership category, 2019 and 2014

	N 2019	% 2019	N 2014	% 2014
UK-practising	10,058	76.2	4,957	72.3
Practising outside the UK	1,349	10.2	721	10.5
Non-practising	929	7	539	7.9
Non-practising (70 years plus)	628	4.8	414	6
Southern Irish	214	1.6	224	3.3
Temporary registration	17	0.1	N/A	N/A
Total	13,195	100	6,855	100

Source: VS Surveys, 2019 and 2014

2.7 Year of qualification

The breakdown of year of qualification is:

- 2010 to 2019: 30.0%
- 2000 to 2009: 25.4%
- 1990 to 1999: 17.4%
- 1980 to 1989: 14.4%
- 1970 to 1979: 7.8%
- 1960 to 1969: 4.1%
- Before 1960: 0.9%.

The majority of respondents qualified in this century (55 per cent from 2000 onwards). Although almost three-quarters (73%) qualified in the past 30 years, this percentage is lower than in 2914, when almost 80 per cent had qualified in the previous 30 years.

An analysis of respondents by gender shows that female qualifiers have outnumbered males from the 1990s onwards:

- 1990 to 1999: female 56.3%, male 43.7%
- 2000 to 2009: female 68.3%, male 31.7%
- 2010 to 2019: female 74.5%, male 25.5%.

This is in stark contrast to the 1960s and earlier, when slightly under ten per cent of qualifiers were female.

An analysis by ethnicity shows that in the 1970s and 1980s, only around 1.5 per cent of qualifiers were BAME. This has increased to 3.7 per cent in the 1990s, 4.1 per cent in the 2000s, and 4.6 per cent in the 2010s.

The results of an analysis by year and country of qualification are presented in Table 2.9. This shows how the nationality of VSs practising in the UK has changed, notably from the 1990s onwards.

Table 2.9: Year and country of qualification

Year of qualification	Qualified in UK or Republic of Ireland %	Qualified elsewhere in Europe %	Qualified outside Europe %
2010 to 2019	55.9	38.8	5.3
2000 to 2009	63.8	27.9	8.3
1990 to 1999	68.5	18.3	13.2
1980 to 1989	82	6.9	11.1
1970 to 1979	91.2	1.4	7.4
Before 1970	93.8	0.1	6.1
All years	68.5	23	8.5

VS Survey, 2019

2.8 Degree course

Most respondents (84.3%) went straight into a degree course in veterinary medicine/veterinary science. However, 7.7 per cent studied another subject first, specifically as a stepping stone into veterinary medicine/veterinary science. A smaller number (4.8%) studied another subject first, not intending this to be a stepping stone into veterinary medicine/veterinary science, although it became so. The remaining 3.2 per cent initially studied for a degree in a subject unrelated to veterinary medicine/veterinary science.

The average age of those who studied another degree as a stepping stone is 42.3, and the gender breakdown is 64.5 per cent female and 35.5 per cent male. An analysis by year of qualification shows that 40.9 per cent qualified between 2010 and 2019, 27.3 per cent between 2000 and 2009, 17.8 per cent between 1990 and 1999, 9.6 per cent between 1980 and 1989, and 4.5 per cent before 1980.

2.9 Country of qualification

Over two-thirds (68.6%) of respondents qualified in the UK (63.9%) or the Republic of Ireland (4.7%). In addition, 7.5 per cent qualified in countries that are largely English speaking: South Africa (2.9%), Australia (2.8%), New Zealand (0.7%), the USA (0.8%) and Canada (0.4%). A large minority (21.6%) qualified in an EU, EEA or EFTA country, with a further 1.1 per cent having qualified in Europe but outside the EU/EEA/EFTA. Finally, 1.3 per cent qualified elsewhere, mostly in Asia, Africa (elsewhere from South Africa) and South America.

There is some difference when the country of qualification is analysed by ethnicity: 64.5 per cent of White respondents qualified in the UK, and 35.5 per cent qualified elsewhere; while a somewhat lower 54.9 per cent of BAME respondents qualified in the UK, and 45.1 per cent qualified elsewhere.

Table 2.10 indicates that the percentage of respondents who qualified in European countries outside the UK has risen considerably since 2014, while the percentage of those qualifying in the UK and Ireland has fallen. In particular, 22.7 per cent of respondents qualified in a European country outside the UK and Republic of Ireland, compared to a considerably lower 14.9 per cent in 2014. The percentages of respondents who qualified in non-European countries, by contrast, have remained stable.

Table 2.10: Country of qualification, 2019 and 2014

Country	N 2019	% 2019	N 2014	% 2014
UK	8,420	63.9	4,849	70.8
Republic of Ireland	614	4.7	427	6.2
Other EU/EEA/EFTA*	2,880	21.8	925	13.5
Europe, outside EU/EEA/EFTA*	150	1.1	93	1.4
Australia	364	2.6	179	2.6
New Zealand	93	0.7	59	0.9
Canada	54	0.4	23	0.3
USA/North America	113	0.8	51	0.7
South Africa	378	2.9	170	2.5
Africa (other than South Africa)	42	0.3	-	-
Asia	47	0.4	-	-
South America	25	0.2	-	-
Other	5	0	73	1.1
Total	13,185	100	6,849	100

*The 2014 and 2019 numbers and percentages are not strictly comparable here, as in 2014 the categories were 'Other EU' and 'Europe, outside EU'.

Source: VS Surveys, 2019 and 2014

Respondents who qualified in an EU/EEA/EFTA European country outside the UK and Republic of Ireland were asked to state their country of qualification, and the majority did so. The following countries have 50 or more respondents who qualified in them (percentage of the total EU/EEA/EFTA in brackets):

- Spain: 527 (18.6%)
- Italy: 483 (17.1%)
- Romania: 310 (10.9%)
- Poland: 285 (10.1%)
- Portugal: 225 (7.9%)

- Germany: 199 (7.0%)
- Greece: 132 (4.7%)
- Belgium: 113 (4.0%)
- Hungary: 97 (3.4%)
- Slovakia: 81 (2.9%)
- Bulgaria: 67 (2.4%)
- France: 54 (1.9%).

This question was not asked in previous surveys of the veterinary profession, so comparisons are not possible.

2.10 Social mobility

The majority of respondents (8,220 individuals, representing 62.4% of the total VS response) mainly or entirely resided in the UK up to the age of 18. These respondents were asked a series of questions which aimed to assess the social mobility of individuals. The questions are endorsed by the government and recommended for use by professional bodies, in line with their responsibility to ensure fair access to professions and the best use of talent; they were also asked in the 2014 survey.

Half (49.5%) of respondents have at least one parent or guardian who completed a university degree course or equivalent (e.g. a BA, BSc or higher). This compares to 51.2 per cent in 2014, although the figure is not strictly comparable because the 2014 question was asked of all VSs, whereas the 2019 question was asked only of those who resided in the UK while they were growing up. Interestingly the percentage of female respondents with a parent/guardian who completed a degree is notably higher than the percentage of males (55.1% compared to 41.6%), although this reflects to some extent the overall higher age of male respondents in that the percentage of respondents who have a parent/guardian with a degree increases as the age of the respondent decreases. Around 60 per cent of VSs under 40 have a parent/guardian with a degree, for example, compared to 46 per cent of those in their 50s and 35 per cent of those in their 60s. The average age of those with a parent/guardian with a degree is 43.5, compared to 50.3 of those who do not.

Although the population of BAME respondents is small overall, it is also notable that the percentage of BAME respondents with a parent/guardian who completed a degree is notably higher than the percentage of White respondents: 61 per cent compared to 49.5 per cent. Again, this probably reflects the overall higher age of White respondents.

Table 2.11 gives a limited comparison between VSs and doctors. The latest available statistics for the latter are doctors in postgraduate training in 2013 (unfortunately the General Medical Council (GMC) National Training Survey has not asked social mobility questions since then) and medical school students in 2016; the comparator VS group from the 2019 survey, chosen as the nearest to these groups of doctors, is VSs who have recently qualified (2016 onwards). The table shows that recent qualifiers are more likely to

have a parent/guardian with a degree than respondents overall (the overall figure is 49.5%, as reported above); it also suggests that VSs, or at least recently qualified VSs, are more socially mobile than doctors, in that the percentage of VS recent qualifiers who have a parent/guardian with a degree is lower than the percentages for doctors in postgraduate training or medical students.

Table 2.11: 'Did any of your parents or guardians complete a university degree course or equivalent?'

	VS recent qualifiers 2016 onwards (%)	Doctors in postgrad training 2013 (%)	Medical students 2016 (%)
Yes	58.6	65.0	67.0
No	41.2	31.4	33.0
Don't know/Prefer not to say	0.2	3.5	-

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

A question asking about the type of school attended (or mainly attended, if more than one type) yielded the following responses. Comparisons with the 2014 survey are given in brackets, and indicate that the breakdown has not changed much:

- Non-selective state-run/state-funded in UK: 37.9% (37.6%)
- Independent or fee-paying in UK: 31.4% (33.8%)
- Selective state-run/state-funded in UK: 28.5% (28.2%)
- School outside the UK/home-schooled/don't know/other: 2.3% (0.6% don't know in 2014).

Further analysis indicates that male respondents are more likely to have gone to a selective state school than their female counterparts (33.4% of males, 25.1% of females) while female respondents are notably more likely to have attended a non-selective state school (34% of females compared to 30.6% of males). However, this finding is also age-related, in that around 45 per cent of VS respondents in their 60s and 70s went to a selective state school, while well over 40 per cent in their 40, 30s and 20s attended a non-selective school.

A small difference is apparent with regard to ethnicity, in that a higher percentage of BAME respondents attended an independent/fee-paying school (37%, compared to 31.4% of White respondents) and a lower percentage attended a non-selective state school (32.2%, compared to 38% of White respondents).

Table 2.12 gives a limited comparison with doctors, using the 2013 GMC survey. The table shows that VSs who qualified from 2016 onwards are notably more likely to have attended a state school rather than an independent school when compared to doctors in postgraduate training in 2013.

Table 2.12: 'What type of school did you mainly attend between the ages of 11 and 16?'

Type of school	VS recent qualifiers 2016 onwards (%)	Doctors in postgrad training 2013 (%)
A state-run or state-funded school in the UK - selective	28.1	23.7
A state-run or state-funded school in the UK - non-selective	47.2	38.8
Independent or fee-paying school in the UK	24.4	33.7
I don't know/other	0.3	3.9

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

In response to a question about whether the household had received income support at any point during your school years, 9.7 per cent of respondents said yes and 83.7 per cent no, while 6.7 per cent did not know. In 2014 the percentage saying yes was lower, at 7.8 per cent, but the figure is not strictly comparable due to the question being asked of all VSs, regardless of where they grew up. A slightly higher percentage of women (10.6%) said yes compared to men (8.3%), although a higher percentage of women than men did not know (7.3% compared to 5.5%). This gender difference is probably explained by the relative ages of male and female respondents who grew up in households that had at some point received income support: 41.4, compared to 47.8 for those who had not. Although the number of BAME respondents is small, there are some marked differences with regard to the household being in receipt of income support: 19.3 per cent of BAME respondents said yes, compared to 9.5% of White respondents.

Table 2.13 gives a limited comparison with doctors, using the 2013 GMC survey. The table suggests a somewhat greater degree of social mobility for recently-qualified VSs compared to doctors, although caution is needed due to the different years of comparison.

Table 2.13: 'Did your household receive income support at any point during your school years?'

	VS recent qualifiers 2016 onwards (%)	Doctors in postgrad training 2013 (%)
Yes	15.4	11.5
No	77.2	78.6
Don't know	7.4	10

Source: VS Survey, 2014; GMC October 2013

Free school meals had been received by 11.9 per cent of respondents, with 83.5 per cent saying they had not received free school meals and 4.6 per cent selecting 'don't know'. The percentage receiving free school meals in 2014 was lower, at 9.6 per cent, but the figures are not comparable as the 2014 question was asked of all VSs, regardless of whether they had grown up in the UK or elsewhere. A higher percentage of men (15.3%) said they had received free school meals compared to women (9.4%), which seems somewhat at odds with the relative percentages who said their household had received income support during their school years; however, this is probably related to the higher average age of male respondents, as in the pre-Thatcher years, children from low-income families (i.e. families not necessarily receiving income support) were entitled to free school meals. The average age of those who received free school meals (50.6, compared to 46.3 for those who did not) would seem to confirm this. A more consistent finding related to ethnicity is that 17.6 per cent of BAME respondents, compared to a lower 11.7 per cent of White respondents, had received free school meals at some point during their school years.

Table 2.14 gives a limited comparison with doctors, using the 2013 GMC survey. These results are inconclusive, especially given the higher percentage of doctors in postgraduate training who do not know whether or not they ever received free school meals.

Table 2.14: 'Did you receive free school meals at any point during your school years?'

	VS recent qualifiers 2016 onwards (%)	Doctors in postgrad training 2013 (%)
Yes	10.1	8.3
No	87.1	84.9
Don't know	2.8	6.9

Source: VS Survey, 2019; GMC October 2013

A final question in the social mobility section, which was not asked in 2014, asked whether or not respondents had done a one-year Access course to enable them to access their veterinary degree. Only 1.5 per cent of respondents said yes, and all of these are currently working within the veterinary profession rather than outside. A somewhat higher percentage of women (1.7%) than men (1.1%) said yes, although this is probably related to the higher average age of men in the sample (in that this option would not have been available to older male respondents). A higher percentage of BAME respondents (4.1%) compared to White (1.4%) said yes, although this again is probably related to the higher average age of White respondents overall. Finally, respondents working within clinical practice as an employed assistant are more likely to have done an Access course (2.2%) than those working as a principal director/partner (0.6%) or independent/locum (1.2%), although this is again consistent with the average ages of these groups. The average age of those who did an Access course, at 38.3, is notably younger than those who did not (47.1).

3 Work status

This chapter presents aggregate data on the current employment status of all survey respondents, whether or not they work within the veterinary profession.

Chapter summary

- 87.5% of respondents are in either full or part time work.
- 68% of men and 61% of women work full time.
- Full-time working is more common among respondents who work within the veterinary profession than those working outside the profession: 73% compared to 60%.
- The percentage of men who work part time (14%) has increased considerably since 2006, when it stood at 5%; the average age of women working part time is 44, compared to 59 for men.
- 1% of respondents are unemployed, 2.5% are taking a career break, 1% are in voluntary work, and 8% are retired.
- Almost half of those taking a career break are on parental leave/looking after children, and this is the main reason why female respondents are on a career break; however, for men, illness is the most commonly-cited reason for a career break.
- 79% of retired respondents are male.

3.1 Employment status

Table 3.1 shows the current employment status of survey respondents, with a 2014 comparison. The proportion of respondents in full-time work (64.1%) is slightly lower than 2014's 65.4 per cent, almost identical to 2010's 64 per cent but lower than 2006's 68 per cent. The number of respondents in part-time work continues to rise: 23.4 per cent of respondents are currently working part-time compared with 19.2 per cent in 2014, 16 per cent in 2010, 14 per cent in 2006, 12 per cent in 2002 and 11 per cent in 2000. The proportion of respondents undertaking voluntary work, which increased from 0.4 per cent in 2010 to 1.2 per cent in 2914, has dropped again to 0.8 per cent in the current survey.

Table 3.1: Employment status, 2014 and 2019

	N 2019	% 2019	N 2014	% 2014
Full-time work	8,265	64.1	4,519	65.4
Part-time work	3,016	23.4	1,323	19.2
Retired	1,070	8.3	703	10.2
Taking a career break	307	2.4	170	2.5
Unemployed	131	1.0	107	1.5
Voluntary work	107	0.8	84	1.2
Total	**12,896**	**100**	**6,906**	**100**

Source: VS Surveys, 2014 and 2019

Table 3.2: Employment status by gender, 2006 to 2019 (per cent) presents employment status by gender, with 2014, 2010 and 2006 comparisons. The percentage of female and male respondents in full-time work has remained reasonably steady over the years, although the percentage of women who work full time has dropped somewhat since 2014. The percentage of women in part-time work has risen in 2019, after staying steady between 2006 and 2019; more notable is the increase in men who are working part time, from five per cent in 2006 to 13.6 per cent in 2019. It is also apparent that the percentage of men taking a career break has increased, while for women it has decreased. Unemployment seems to have decreased to levels akin to 2006, although a higher percentage of women are unemployed, in line with previous surveys. Voluntary work has declined, after rising between 2010 and 2014. In line with the older age profile of male VSs, a far higher percentage of men give ‘retired’ as their employment status, although the percentage is lower than for the past three surveys.

Table 3.2: Employment status by gender, 2006 to 2019 (per cent)

	2019		2014		2010		2006	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Full-time work	68.2	61.1	67.8	64.5	66.5	62	70	64
Part-time work	13.6	30.5	11.2	26	5.5	26	5	25
Voluntary work	0.8	0.8	1.2	1.2	0.5	0.3	-	-
Unemployed	0.6	1.3	1.1	1.9	1	2	0.5	1
Taking a career break	1.2	3.2	0.7	4	0.5	5	0.5	5
Retired	15.5	3.0	18	2.4	26.5	5	23	5

Source: VS Surveys, 2019, 2014, 2010 and 2006

With regard to age, the average age for each employment status category overall, shown in Table 2.2 in the previous chapter, is repeated here as Reason for career break: percentage breakdown of the VSs who are on a career breakfor ease of access.

Table 3.3: Average age by employment status, 2019 and 2014

Employment status	Mean 2019	Mean 2014
Full-time work	40.6	39.7
Part-time work	47.4	46.7
Voluntary work	57.4	50.6
Unemployed	35.8	37.3
Taking a career break	42.3	38.5
Retired	72.3	72.8
N =	12,609	6,806

Source: VS Surveys, 2019 and 2014

A breakdown of average age by gender shows some big differences in the average ages of men and women in each type of employment status, with women being much younger than men in every category:

- Full-time work: women 37, men 45
- Part-time work: women 43.8, men 58.6
- Voluntary work: women 50.4, men 67.1
- Unemployed: women 34.8, men 39.5
- Career break: women 39.8, men 50.7
- Retired: women 66.6, men 73.8.

Further analysis of the employment status of those working within and outside the profession shows that VSs working within the profession are notably more likely to be working full time (73.2%, compared to 59.6% of those working outside) and somewhat less likely to be working part time (26.2% compared to 32.6%).

3.2 Unemployment

Only 131 respondents (1%) are unemployed, a little lower than in 2014 when 1.5 per cent were unemployed. As mentioned in section 3.1 above, a higher percentage of female VSs are unemployed than their male counterparts, probably due to the older age profile of male VSs overall; as Table 3.2: Employment status by gender, 2006 to 2019 (per cent) shows, the percentage of retired male VSs is five times higher than that of female VSs. It is, of course, important to note that only RCVS members were invited to participate in the survey, so the number of VSs who are unemployed and have left the RCVS Register is not known.

The breakdown of unemployed respondents by age group (with the 2014 percentages in brackets) is:

- Under 30: 43.8% (36%)

- 30 to 39: 25.4% (33%)
- 40 to 49: 16.9% (12%)
- 50 to 59: 10% (13%)
- 60 and over: 3.9% (6%).

In this sample of 131 respondents, the length of unemployment ranges from zero to 250 months, with an average (mean) length of 15.5 months (lower than the 17.6 month length in 2014). This average is, however, skewed by a small number of people who have remained unemployed for a very long time. Taking only those who have been unemployed for 36 months or fewer, the average length of unemployment is 6.7 months (compared to 8.1 months in 2014), and exactly half (50%) have been unemployed for a relatively short period of up to three months.

Two-thirds (66%) of VSs who are unemployed are actively seeking work (notably lower than 2014's 77.6% and 2010's 88%). Of these, 86 per cent are seeking veterinary work and a further nine per cent are not currently seeking veterinary work but may do so in future; only five per cent (the same percentage as in 2010) are not seeking veterinary work and do not intend to do so. When asked if they were seeking non-veterinary work, 27 per cent of unemployed VSs say they are, and a further 20 per cent are not currently doing so, but may do in future; this suggests that a minority of unemployed VSs are considering any kind of suitable work, regardless of sector. Just over half (53%), however, are not seeking work outside the veterinary profession; this is higher than in 2014 (45%) and 2010 (38%).

3.3 Career breaks

Table 3.1 in section 3.1 above shows that 2.4 per cent of respondents are taking a career break, very similar to 2014 (2.5%). Table 3.2 in section 3.1 above suggests that taking a career break is becoming more common among male VSs, in that 1.2 per cent of male respondents are currently taking a career break, up from 0.7 per cent in 2014 and 0.5 per cent in previous surveys. The percentage of female VSs on a career break is higher than that of males (3.2%), but lower than in previous surveys; however, of those taking a career break, over three-quarters (78.5%) are female.

The average (mean) expected length of a career break is 82 months, but this has been distorted by extreme outliers. When career breaks over 120 months are excluded, the average length is 25.5 months. There is only a small difference between the mean expected length of career breaks (again excluding career breaks of over 120 months) of men and women, with men expecting their break to last for an average of 27.4 months compared to 25.1 months for women.

The reasons for taking a career break are presented in Table 3.4: Reason for career break: percentage breakdown of the VSs who are on a career break, with comparisons from previous years. 'Parental leave/looking after children' (which accounts for almost half of those on a career break) is at a very similar level to 2014, after decreasing from previous surveys. 'Travel' and 'sabbatical' have also increased as a reason for taking a

break. 'Looking after an adult dependant', while only accounting for 4.6 per cent of career breaks, has increased at least three-fold compared to previous surveys.

Those who selected 'other' (N = 45) were asked to specify, and most did so. Twenty-one respondents said they were leaving the profession, or deciding whether or not to leave; and 11 respondents said they were changing their work.

Further analysis by gender shows big differences. The top four reasons for taking a career break among male respondents are illness (27%), study (14%), sabbatical (13%) and travel (13%). For women, by far the most frequent response is parental leave/looking after children (59%), followed by travel (15%) and illness (12%).

Table 3.4: Reason for career break: percentage breakdown of the VSs who are on a career break

	2019	2014	2010	2006
Parental leave/looking after children	48	47.3	67	54
Study	8	8.9	9.5	12
Travel	12.7	8.9	5	11
Illness (self)	13	10.7	4	8
Sabbatical	5.3	4.1	3	3
Looking after adult dependant	4.4	0.6	1.5	1
Other	13.3	19.5	10	12

Source: VS Surveys, 2006, 2010, 2014 and 2019

3.4 Retirement

The percentage of respondents who are retired (8.3%) has decreased slightly since 2014, when ten per cent were retired. Of these, the majority of retirees are male (79%) whereas 21 per cent are female. There has been a shift in the comparative percentages of men and women since 2014 (when 86.4% were male and 13.6% female) and 2010 (when 84% were male and 16% female). Given the increasing presence of women in the veterinary workforce, the percentages of female retirees is likely to continue to increase. Currently, as mentioned in section 3.1 above, the average (mean) ages of retirees by gender are 73.8 for men and 66.6 for women.

Table 3.5 shows that around one-third of retired VSs are recent retirees, having retired between 2015 and 2019, although over one-tenth retired 20 years or more ago; it is evident, from their completion of this 2019 survey, that many retires VSs are still taking a keen interest in the RCVS and their profession.

Table 3.5: Year of retirement of retired VSs

Year of retirement	Number	%
2015 to 2019	346	34.7
2010 to 2014	239	22.8
2005 to 2009	184	17.5
2000 to 2004	141	13.4
Before 2000	122	11.6
Total	1,050	100

Source: VS Survey, 2019

4 Current work (veterinary and non-veterinary)

This chapter provides details of the location of the 88.3 per cent (N = 11,388) VSs who are currently in work (i.e. omitting those who are retired, on a career break or unemployed, but including those who are in voluntary work).

Chapter summary

- 86% respondents overall work in the UK and/or the Republic of Ireland; a further 5% work in other European countries.
- Of those working in the UK/Republic of Ireland, 80% work in England, 11% in Scotland, 8% in Wales, 4% in Northern Ireland and 3% in the Republic of Ireland (note that some work in more than one country).
- 39% work in urban areas, 25% in rural areas and 36% in areas that are a mix of urban and rural.
- 75% of respondents are citizens of the UK or the Republic of Ireland, while 2% are applying for British citizenship, 15% hold a form of indefinite leave to remain (ILR) or are applying for ILR; however, 8% do not intend to apply for British citizenship or ILR.
- Of those who are not British or Irish citizens, 47% intend to stay in the UK for more than five years, although 31% are unsure about their planned length of stay.

4.1 Country of employment

As Table 4.1 indicates, 86.3 per cent of VSs currently in employment are working in the UK or the Republic of Ireland. This percentage has declined since 2014, when 88.9 per cent of respondents worked in the UK and/or Ireland, and the 2010 survey, when 92.73 per cent of respondents worked in the UK and/or Ireland.

Table 4.1: 'In which country do you work?'

	Number 2019	% 2019	Number 2014	% 2014
UK and/or Republic of Ireland	9,782	86.3	5,117	88.9
Other EU/EEA/EFTA country	486	4.3*	167	2.9*
Europe, outside EU/EEA/EFTA	45	0.6*	56	1*
Australia	224	2	134	2.3
New Zealand	100	0.9	60	1
Canada	62	0.5	35	0.6
South Africa	106	0.9	57	1
USA	238	2.1	-	-
Asia	186	1.6	-	-
Africa (outside South Africa)	33	0.3	-	-
Other	78	0.7	128	2.2
Total	**11,340**	**100**	**5,754**	**100**

*These 2014 and 2019 percentages are not strictly comparable, as the options in 2014 were 'Other EU' and 'Europe, outside EU'

Source: VS Surveys, 2014 and 2019

Further analysis shows that female respondents are a little more likely than their male counterparts to work in the UK or Ireland, in that 88.3 per cent of women work in the UK and 11.7 per cent overseas, compared to 83.7 per cent and 16.3 per cent respectively for men. This finding may be in part due to the older profile of male respondents, in that the likelihood of working overseas increases somewhat with age:

- Under 30: 89.6% work in the UK/Ireland, 10.5% overseas
- 30 to 39: 87.1% work in the UK/Ireland, 12.9% overseas
- 40 to 69: 85.5% work in the UK/Ireland, 14.4% overseas
- 70 and over: 78.9% work in the UK/Ireland, 21.1% overseas.

Of respondents working overseas, 93.6 per cent are currently working within the veterinary profession, and of these, 91.6 per cent are working in clinical veterinary practice.

Although the number of BAME respondents is small, there is a marked difference when the country of work is analysed by ethnicity: 65.8 per cent of BAME respondents work in the UK compared to a much higher 87.3 per cent of White respondents, and 34.2 per cent of BAME respondents work overseas compared to 12.7 per cent of White respondents.

VSs who are working within the profession but outside clinical practice are more likely than those working within clinical practice to work overseas: 20.1 per cent compared to 11 per cent. There are also some differences among VSs working in clinical practice when analysed by position in practice: respondents in senior roles (principal, director and

partner) and locum/independent roles are more likely than employed assistants to work overseas: the percentages are 16.3, 15.5 and 8.7 respectively. However, this is probably explained at least in part by the younger ages overall of people in employed assistant posts.

4.2 Location of main workplace

VSs working in the UK and/or Republic of Ireland were asked for more information about their workplace (or workplaces, if more than one).

The country breakdown is:

- England: 80.4%
- Scotland: 11.2%
- Wales: 7.7%
- Northern Ireland: 3.8%
- Republic of Ireland: 3.4%.

In addition, approximately five per cent of respondents are unable to select a country, or region within a country, due presumably to working in many different places. Further analysis shows that 94 per cent of these respondents work within the veterinary profession, and of these, 50 per cent work within clinical practice. As might be expected from their inability to select a main location of work, over half (58.6%) are independent practitioners or locums, although 26 per cent are principals, directors or partners and 17 per cent are employed assistants.

Note that the percentages total more than 100, as some respondents work in more than one location across country borders.

4.2.1 Regional breakdown for England

The breakdown of the nine regions in which VSs work in England, with further information about the areas in which the biggest number of respondents work in each region, is:

- South East England: 20.4%
  - Within the South East region, three of the 21 areas have over 200 respondents: Berkshire, Oxfordshire, and West Surrey.
- South West England: 18.4%
  - Within the South West region, six of the 12 areas have over 200 respondents: Devon, Bath and NE Somerset/North Somerset/South Gloucestershire, Somerset, Gloucestershire, Wiltshire, and the City of Bristol.
- East of England: 13.9%
  - Within the East of England region, three of the 16 areas have over 200 respondents: Cambridgeshire, Suffolk and Hertfordshire.

- North West England: 12.3%
  - Within the North West region, only one of the 20 areas, Cheshire West and Chester, has over 200 respondents; the next biggest, in terms of response, is Cheshire East, with 168 respondents.
- West Midlands: 11.0%
  - Within the West Midlands region, only one of the 14 areas, Shropshire, has over 200 respondents; the next biggest, in terms of response, is Worcestershire, with 183 respondents.
- East Midlands: 8.8%
  - Within the East Midlands region, none of the 11 areas has over 200 respondents; the area with the biggest number of respondents is Lincolnshire, with 166.
- London: 8.6%
  - Within the London region, none of the 21 areas has over 200 respondents; the area with the biggest number of respondents is Camden and the City of London, with 110.
- Yorkshire and the Humber: 8.6%
  - Within the Yorkshire and the Humber region, none of the 11 areas has over 200 respondents; the area with the biggest number of respondents is North Yorkshire, with 169.
- North East England: 4.1%.
  - Within the North East region, none of the seven areas have has 200 respondents; the area with the biggest number of respondents is Northumberland, with 117.

The regional breakdown of percentages total more than 100 due to VSs having workplaces in different locations across regional boundaries.

4.2.2 Regional breakdown for Scotland

The breakdown of the 23 regions in which VSs work in Scotland is:

- Edinburgh: 18.8%
- Glasgow: 18.7%
- East Lothian and Mid Lothian: 17.8%
- Aberdeen and Aberdeenshire: 15.6%
- Perth and Kinross and Stirling: 13.4%
- Clackmannanshire and Fife: 11.3%
- Scottish Borders: 10.4%
- Dumfries and Galloway: 10%
- West Lothian: 9%

- Angus and Dundee: 8.9%
- East Ayrshire and North Ayrshire mainland: 8.9%
- South Lanarkshire: 8.7%
- Inverness and Nairn and Moray, Badenoch and Strathspey: 8.5%
- East Dunbartonshire, West Dunbartonshire and Helensburgh and Lomond: 8.3%
- Inverclyde, East Renfrewshire and Renfrewshire: 7.7%
- Falkirk: 7.1%
- North Lanarkshire: 6.9%
- Lochaber, Skye and Lochalsh, Arran and Cumbrae and Argyll and Bute: 6.4%
- South Ayrshire: 6.1%
- Caithness and Sunderland and Ross and Cromarty: 5.5%
- Orkney Islands: 4%
- Na h-Eileanan Siar: 3.6%
- Shetland Islands: 3.1%.

Of the above, there are no regions with over 200 respondents. The four regions with more than 150 respondents are Edinburgh (197), Glasgow (196), East Lothian and Midlothian (187) and Aberdeen and Aberdeenshire (164). It is very apparent that many respondents have workplaces in at least two regions, as the percentages add up to over 200.

4.2.3 Regional breakdown for Wales

The breakdown of the regions in which VSs work in Wales is:

- South West Wales: 25%
- Powys: 22.7%
- Cardiff and the Vale of Glamorgan: 21.7%
- Monmouthshire and Newport: 18.8%
- Flintshire and Wrexham: 18.1%
- Conwy and Denbighshire: 14.8%
- Swansea: 13.3%
- Gwynedd: 13%
- Bridgend and Neath Port Talbot: 12.6%
- Isle of Anglesey: 9.8%
- Gwent Valleys: 9.3%
- Central Valleys: 9%.

Of the above, there are no regions with over 200 respondents. The three regions with more than 150 respondents are South West Wales (175), Powys (159) and Cardiff and the Vale of Glamorgan (152). It is apparent that many respondents have workplaces in least two regions, as the percentages add up to well over 150.

4.2.4 Regional breakdown for Northern Ireland

The breakdown of the regions in which VSs work in Northern Ireland is:

- Belfast: 34.1%
- Antrim and Newtownabbey: 28%
- Fermanagh and Omagh: 26%
- Mid Ulster: 24.3%
- Armagh, Banbridge and Craigavon: 23.1%
- Newry, Mourne and Down: 22.5%
- Ards and North Down: 21.1%
- Derry and Strabane: 19.7%
- Lisburn and Castlereagh: 19.7%
- Mid and East Antrim: 18.5%
- Causeway Coast and Glens: 16.5%.

Of the above, Belfast is the only region with over 100 respondents. Many respondents clearly have workplaces in at least two regions, as the percentages add up to over 250.

4.2.5 Regional breakdown for the Republic of Ireland

The breakdown of the regions in which VSs work in the Republic of Ireland is:

- Dublin Region: 34.2%
- South-East Region: 23.4%
- South-West Region: 22.5%
- Border Region: 21.5%
- Mid-East Region: 19.6%
- Midlands Region: 18.4%
- West Region: 18.4%
- Mid-West Region: 15.2%.

Of the above, Dublin is the only region with over 100 respondents. It is clear that many respondents have entered at least two regions as place of work, as the percentages add up to well over 150.

4.2.6 Rural or urban?

When asked about whether their workplace (or workplaces, if more than one) was rural, urban or a mixture, 39.1 per cent selected urban, 25.8 per cent rural, and 36.6 per cent a mixture of urban and rural. These percentages add up to only a little over 100, suggesting that the workplaces of most respondents who regularly work in two or more locations are similar in nature.

Table 4.2 compares country within the UK and Ireland with type of location. It is apparent that VS respondents in the Republic of Ireland and Wales are most likely to work in rural locations, while those in Northern Ireland are most likely to work in locations that a mixture of urban and rural. In both England and Scotland, rural workplaces are less common than urban or mixed urban/rural workplaces, with this being particularly the case in England.

Table 4.2 Type of location, by country in the UK and Republic of Ireland, %

Country	Urban	Rural	Mixture of urban and rural
England	39.5	23.9	36.5
Republic of Ireland	22.5	45.8	31.7
Northern Ireland	20.3	36.1	43.6
Scotland	37.2	29.1	33.6
Wales	20.8	41.5	37.7

Source: VS Survey, 2019

Table 4.3 gives a breakdown of regions in England by type of location. Unsurprisingly, London has by far the highest percentage of VSs working in an urban location, followed by Yorkshire and the Humber and the North East. Working in a rural location is most commonly-found in the South West, while in the East Midlands, East of England and the South East, over two-fifths of VSs work in locations that are a mixture of urban and rural.

Table 4.3: Type of location, by region in England %

Region	Urban	Rural	Mixture of urban and rural
East Midlands	33.6	25.9	40.5
East of England	31.5	26.9	41.7
London	78.5	4.5	17
North East	41.3	23.7	35
North West	38.6	22.3	39.1
South East	39.9	18.2	41.9
South West	26	38.5	35.5
West Midlands	35.2	28.8	36
Yorkshire and the Humber	44.9	20.2	35.5

Source: VS Survey, 2019

4.3 Location maps

4.3.1 All VSs working in the UK and Republic of Ireland

Data for the UK and the Republic of Ireland were collected at a standard geographic classification used across Europe known as the Nomenclature of Territorial Units for Statistics (NUTS)[2]. Data were collected at both the NUTS1 and NUTS3 levels[3] which enables mapping of responses. Of those who work within the UK and/ or the Republic of Ireland, four in five (80.4%) work in England. Approximately one in ten works in Scotland, while a similar proportion of those surveyed work in either Northern or the Republic of Ireland. This is shown in Table 4.4; note that the percentages total more than 100 due to some respondents working in more than one country.

Table 4.4: Main country of work - UK and/or Republic of Ireland

Country	Frequency	Per cent of cases
England	7834	80.4
Scotland	1094	11.2
Wales	753	7.7
Northern Ireland	374	3.8
Republic of Ireland	335	3.4
N	9738	106.7

VS Survey, 2019

[2] For more detail see: https://ec.europa.eu/eurostat/web/nuts/background
[3] For more detail see: https://www.ons.gov.uk/methodology/geography/ukgeographies/eurostat

Table 4.5 shows that of those who work in England, the largest number work in the South East of England (20.4%). This is followed by South West England, East of England and the North West of England. The lowest number work in the North East of England. Around five per cent of VSs work throughout the UK (see section 4.2 above for more information about these). Percentages in Table 4.5 total more than 100 because some respondents work in more than one region.

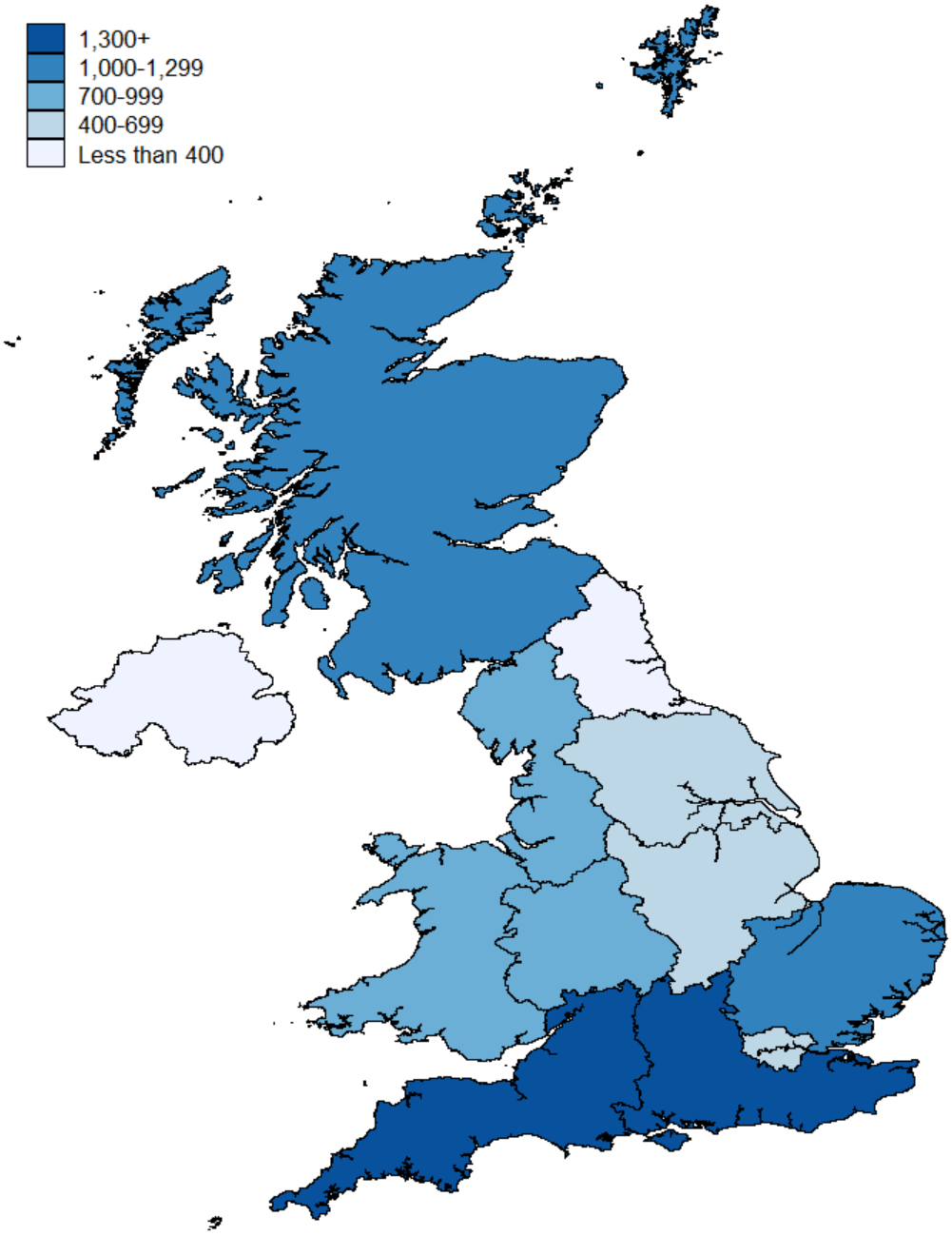
Table 4.5 Region of work in England

Region	Frequency	Per cent of cases
South East England	1591	20.4
South West England	1434	18.4
East of England	1087	13.9
North West England	957	12.3
West Midlands	859	11.0
East Midlands	688	8.8
Yorkshire and the Humber	674	8.6
London	668	8.6
North East England	321	4.1
Throughout the UK	390	5.0
N =	7807	111.0

VS Survey, 2019

Figure 4.1 shows the breakdown of those who answered the survey of location of work in the UK at the NUTS1 level (N = 9,467).

Figure 4.1 All veterinary surgeons in work in the UK (NUTS1)



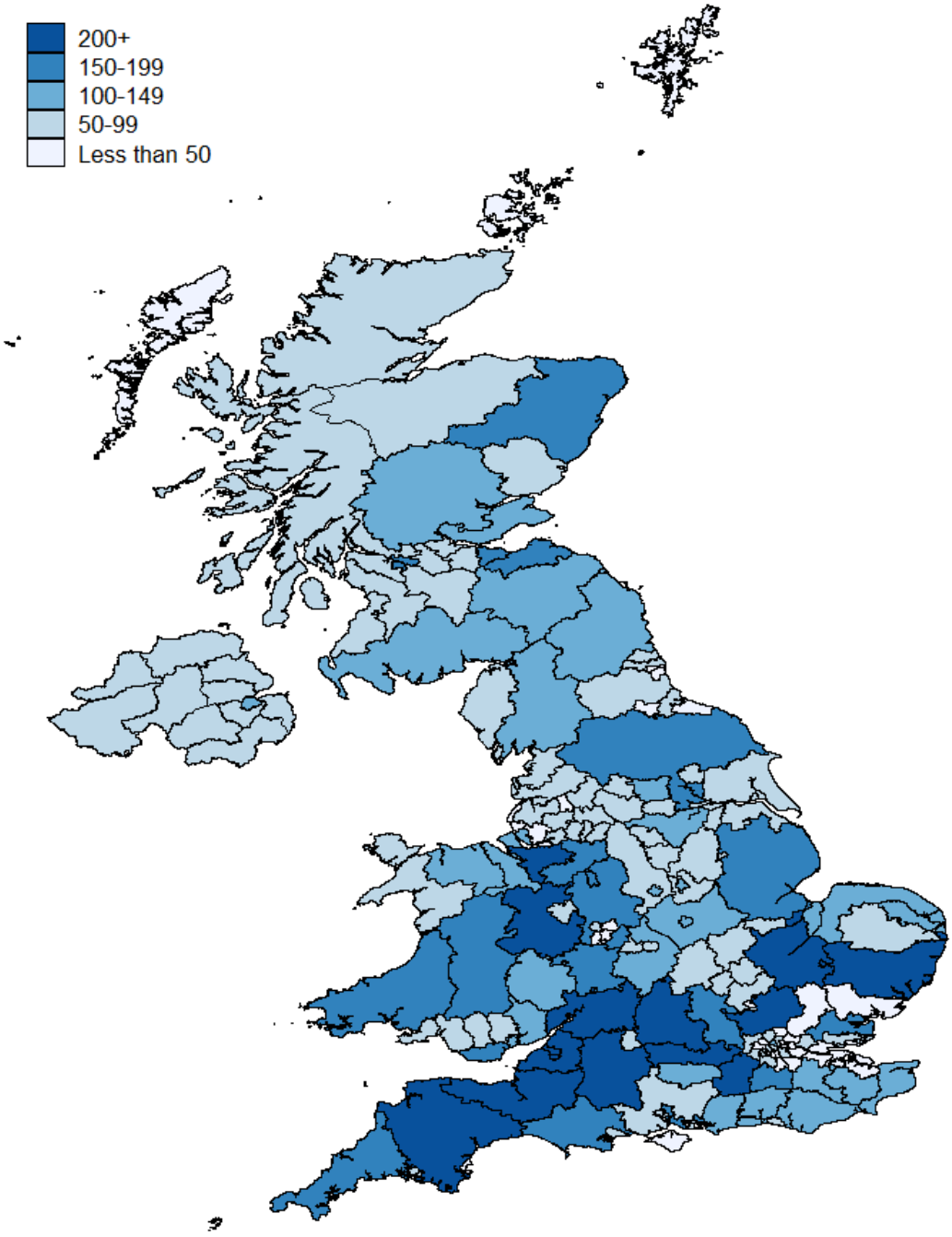
Source: VS survey, 2019

Across the UK and the Republic of Ireland, at the NUTS3 level, the area where the largest number of VS respondents work is Devon. Over 200 surgeons who responded to the survey work in following regions (at NUTS3 level):

- Devon
- Cambridgeshire
- Suffolk
- Bath and North East Somerset, North Somerset and South Gloucestershire
- Somerset
- Gloucestershire
- Wiltshire
- Hertfordshire
- Shropshire
- Cheshire West and Chester
- Berkshire
- Bristol, City of
- Oxfordshire
- West Surrey.

Figure 4.2 shows the breakdown of VSs across the UK at the NUTS3 level.

Figure 4.2 All veterinary surgeons in work in the UK (NUTS3)

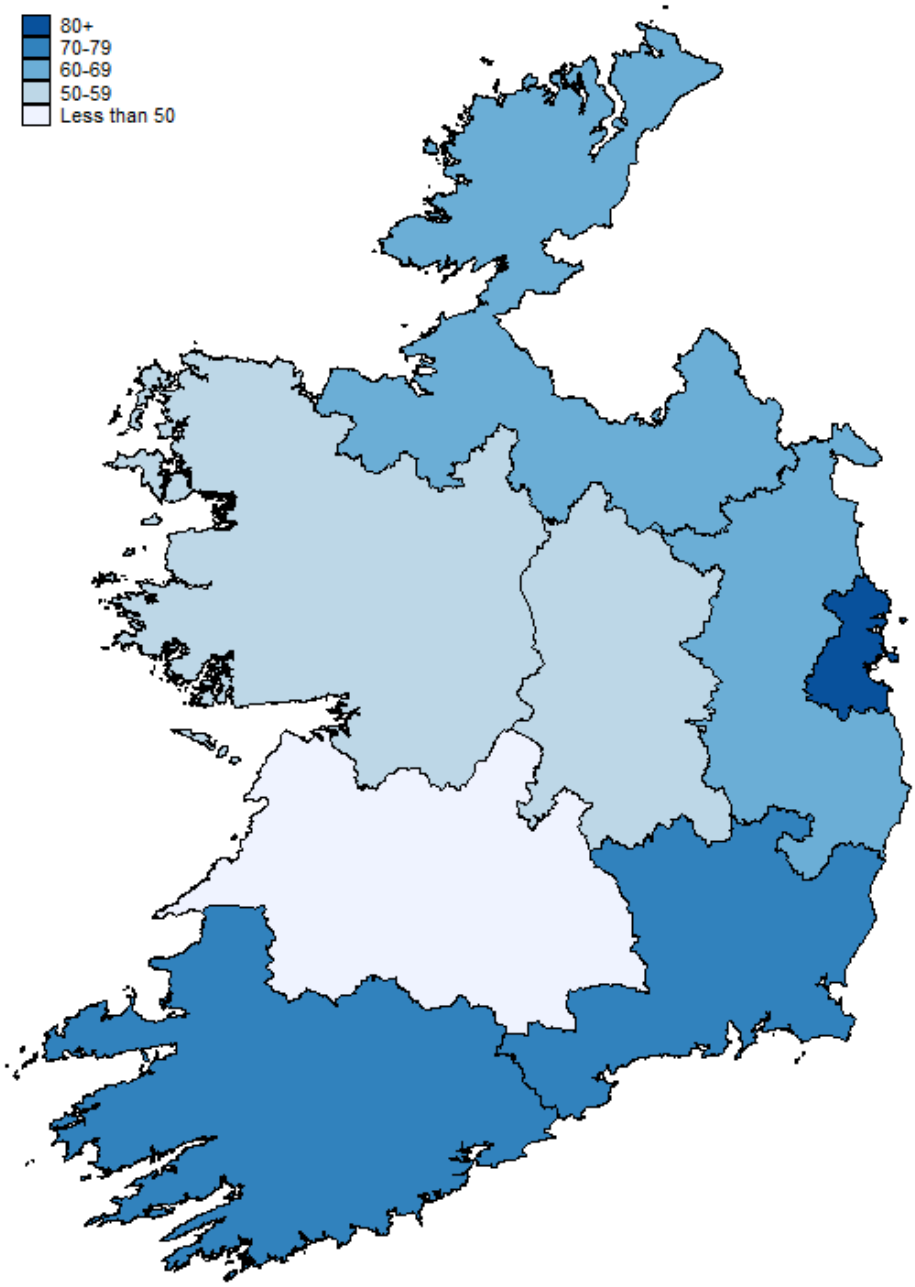


Source: VS survey, 2019

As there is a large enough sample (N = 316), it is possible to look at the geographic spread of VSs who responded to the survey across the Republic of Ireland at NUTS3 level. The region with the highest number VSs is the Dublin region, with a number of respondents from all other regions of around 50 to 70.

Figure 4.3 shows the breakdown of VSs across the Republic of Ireland at the NUTS3 level.

Figure 4.3 All veterinary surgeons in work in the Republic of Ireland (NUTS3)



Source: VS survey, 2019

4.3.2 VSs working in clinical practice

Of VSs working in clinical veterinary practice, most (87.6%) work in the UK and/or the Republic of Ireland. A further 3.3 per cent state they work in another EU/EEA/EFTA country. In total 2.6 per cent of those working in clinical practice state they worked in another country not listed in the table below. The country breakdown is shown in Table 4.6

Table 4.6: VSs working in clinical veterinary practice: Main country of work

Country	Frequency	%
UK and / or Republic of Ireland	7032	87.6
Other EU / EEA / EFTA country	267	3.3
Other	205	2.6
Australia	168	2.1
United States of America	143	1.8
New Zealand	78	1.0
South Africa	69	0.9
Canada	44	0.5
Europe outside EU / EEA / EFTA	25	0.3
N =	8031	100.0

VS Survey, 2019

Of those who work in clinical practice within the UK and/or the Republic of Ireland, around eight in ten (81.5%) work in England. Approximately ten per cent work in Scotland, with a further seven per cent working in Wales. This is shown in Table 4.7.

Table 4.7: VSs working in clinical veterinary practice: Main country of work UK or Republic of Ireland

Country	Frequency	Per cent of cases
England	5709	81.5
Scotland	734	10.5
Wales	520	7.4
Northern Ireland	212	3.0
Republic of Ireland	168	2.4
N =	7004	104.8

VS Survey, 2019

Of those who work in clinical practice in England (see Table 4.8), the South East of England (20.3%) has the greatest number. This is followed by South West England, East of England and the North West of England. The lowest number work in the North East of England.

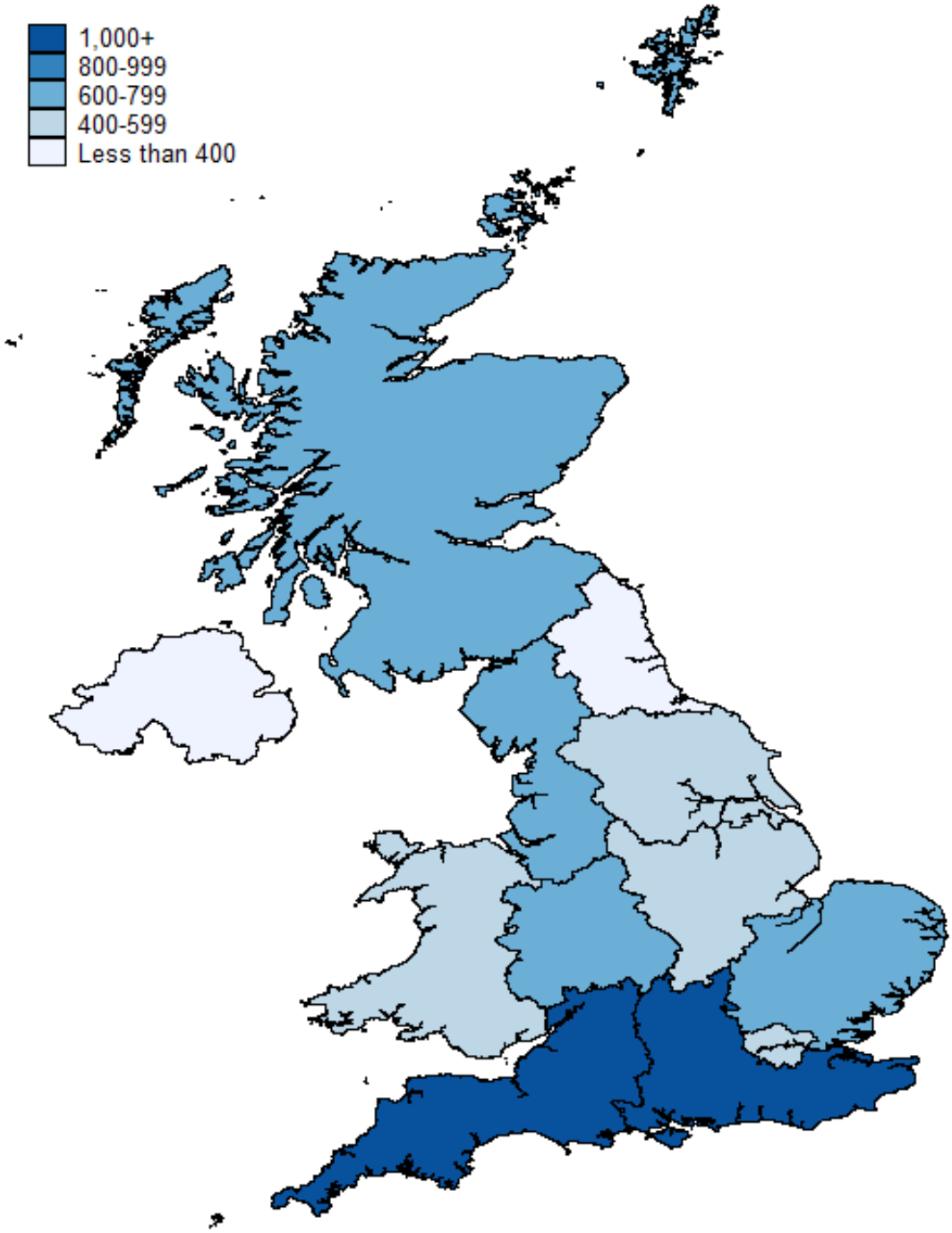
Table 4.8: VSs working in clinical veterinary practice in England: Region of work

Region	Frequency	Per cent of cases
South East England	1159	20.3
South West England	1059	18.6
East of England	774	13.6
North West England	729	12.8
West Midlands	658	11.5
East Midlands	518	9.1
Yorkshire and the Humber	514	9.0
London	429	7.5
North East England	233	4.1
Throughout the UK	177	3.1
N =	5699	109.7

VS Survey, 2019

Figure 4.4 shows the breakdown of VS respondents working in clinical practice across the UK at the NUTS1 level (N = 6,870).

Figure 4.4: VSs working in clinical veterinary practice: location of work in the UK (NUTS1)



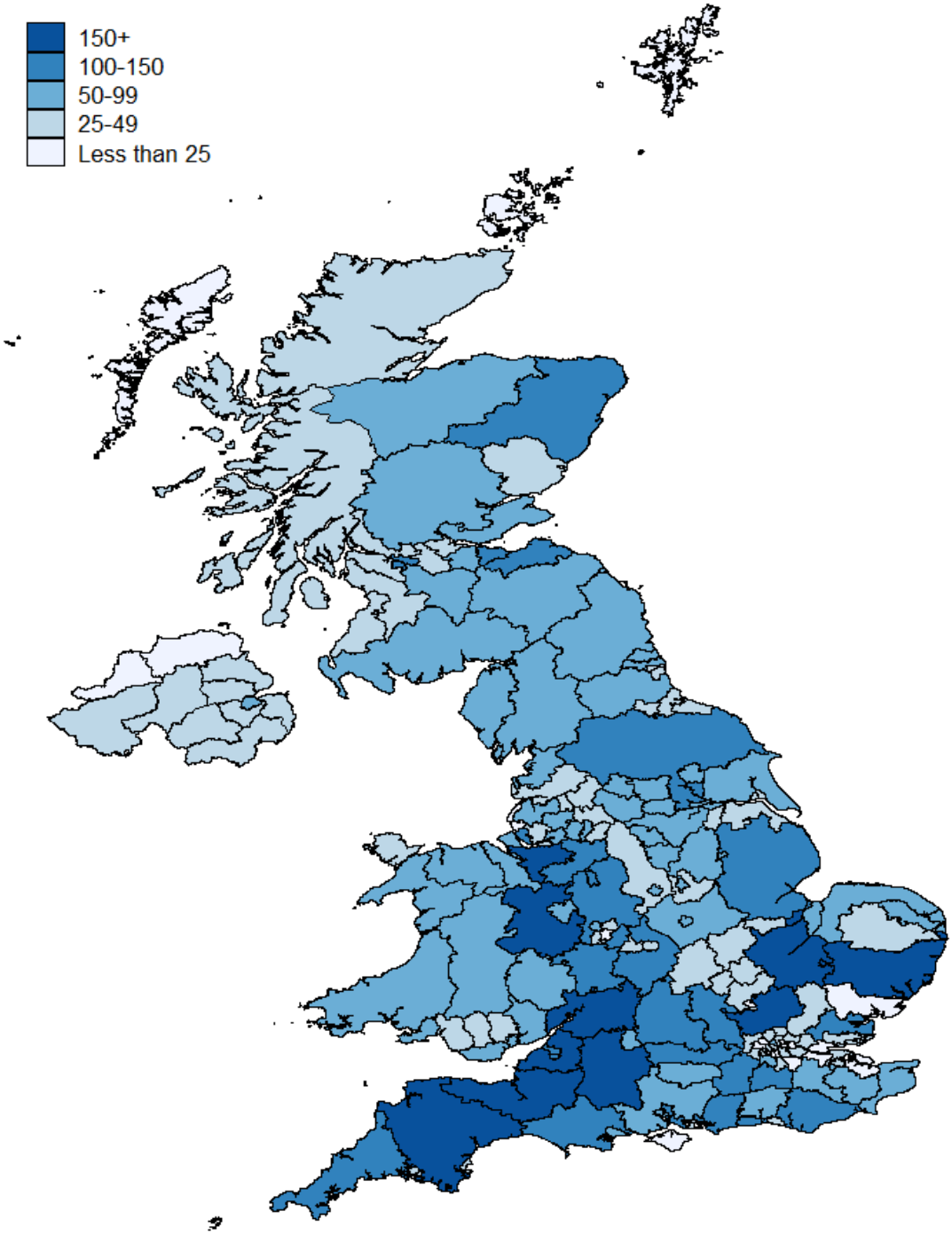
Source: VS survey, 2019

Across the UK and the Republic of Ireland, at the NUTS3 level, the Devon region has the largest number of VS respondents working in clinical practice. Over 150 VS respondents work in following regions (at NUTS3 level):

- Devon
- Suffolk
- Bath and North East Somerset, North Somerset and South Gloucestershire
- Somerset
- Cambridgeshire
- Gloucestershire
- Wiltshire
- Hertfordshire
- Cheshire West and Chester
- Shropshire.

Figure shows the breakdown of VS respondents in clinical practice across the UK at the NUTS3 level.

Figure 4.5: VSs in clinical veterinary practice: location of work in the UK (NUTS3)

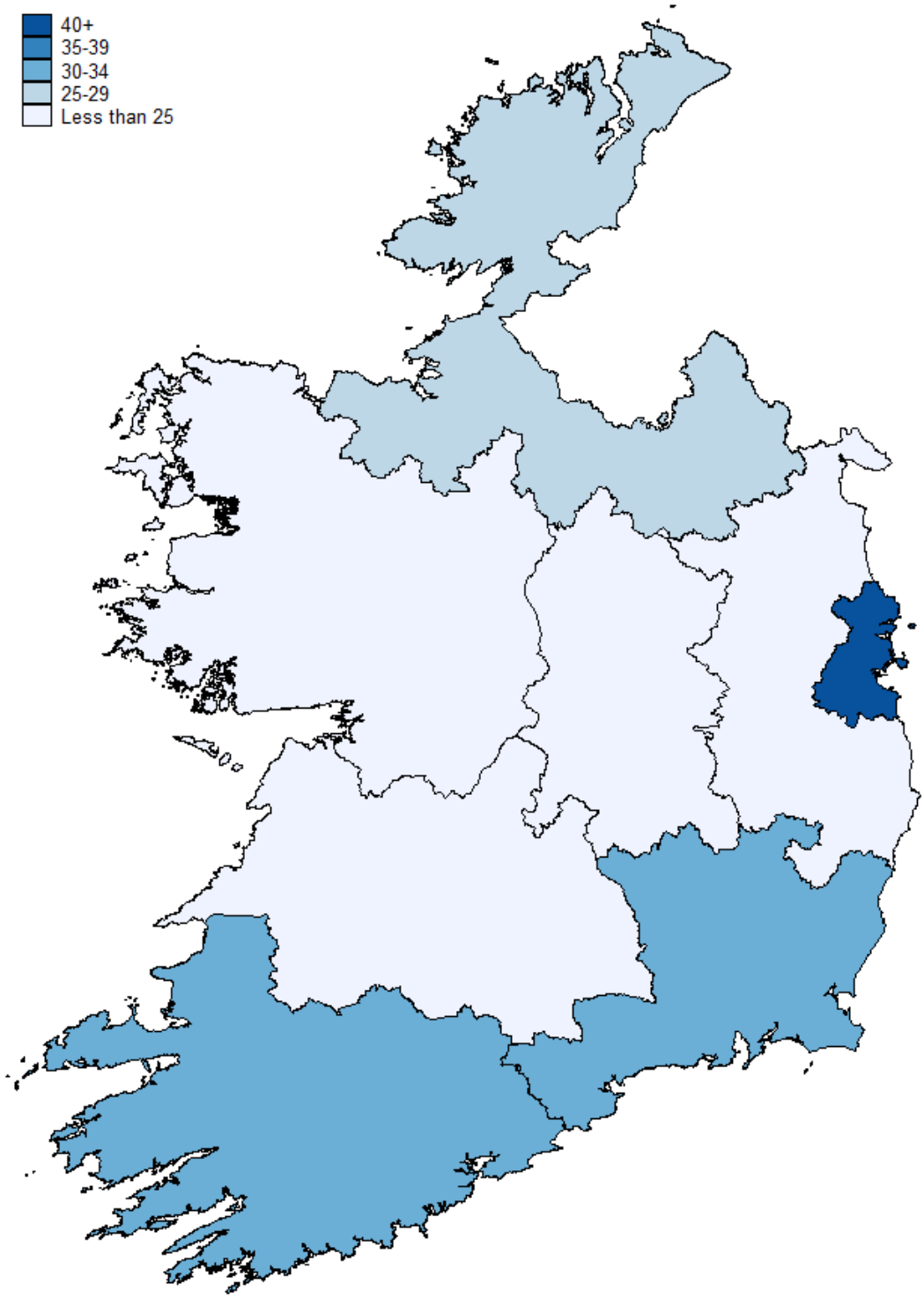


Source: VS survey, 2019

In the Republic of Ireland, the Dublin region has the largest number of VS respondents working in clinical practice. Overall, there is an interesting picture amongst those working in clinical practice across the regions of the Republic of Ireland, with slightly fewer VSs working in clinical practice in the middle of the republic compared to the south, the north, and (particularly) Dublin. This should be interpreted with caution, however, due to the

relatively small number of VS respondents working in the Republic of Ireland. Figure 4.6 shows the breakdown of VSs working in clinical practice across the Republic of Ireland at the NUTS3 level (N = 153).

Figure 4.6: VSs working in clinical veterinary practice in locations of work in the Republic of Ireland (NUTS3)



Source: RCVS survey, 2019

4.4 Citizenship

The majority of respondents are British citizens (71.4%), with another 0.4 per cent having a different type of British nationality; in addition, 3.1 per cent hold citizenship of the Republic of Ireland. A further 2.1 per cent are in the process of applying for British citizenship, while 2.2 per cent have indefinite leave to remain (ILR) and intend to apply for British citizenship; however, 2.7 per cent hold ILR but do not intend to apply for British citizenship. Around ten per cent are currently in the process of applying, or are intending to apply, for ILR; this is either under the EU settlement scheme (9.5%) or under a different settlement scheme (0.8%). The remaining 7.9 per cent, most of whom (74.2%) qualified in a European country outside the UK or Republic of Ireland, do not intend to apply for either British citizenship or ILR. Although this might suggest that they probably do not intend to stay in the UK indefinitely, an analysis of these respondents by intended length of stay shows that 27.4 per cent plan to stay for more than five years, and a further 17.3 per cent plan to stay for two to five years; only 19.7 per cent plan short lengths of stay for up to two years, although 35.5 per cent do not know or are unsure.

The percentage of respondents who are not British citizens (28.6%) is considerably higher than in 2014, when 19.4 per cent did not hold British citizenship.

Although the majority of those who are not British citizens are female (59.1%), a slightly higher percentage of male respondents overall are not British citizens: 30.6 per cent, compared to 27.2 per cent of female respondents.

Non-British citizens are slightly less likely to be working in clinical practice than British citizens (80.1% compared to 82.1%) and more likely to be working within the profession, but outside clinical practice (18.1% compared to 13.5%). They are also much less likely to be working, but outside the profession (1.8% compared to 4.4%).

4.5 Moving to the UK

Respondents who are not British citizens were asked why they came to the UK to work. Table 4.9 presents the results, with a 2014 comparison. Several reasons were added in the 2019 survey, so a comparison is possible only for around half of the options. It appears that the top three reasons in 2014 – to work abroad, to gain experience, and better pay and conditions – are still very important in 2019, perhaps even more so given the increased percentages of respondents who selected these reasons. However, several of the reasons that were not presented as options in 2014 also gained a high level of agreement: better career opportunities (the third most important reason overall), the higher status of veterinary work in the UK, and a better attitude to animals in the UK.

Table 4.9: Reasons for coming to the UK, 2019 and 2014: multiple response

	Number 2019	% 2019	Number 2014	% 2014
To work abroad	1,094	51.4	456	48.7
To gain experience	1,071	50.3	356	38
Better career opportunities	1,009	47.4	-	-
Better pay and conditions	880	41.3	299	31.9
Veterinary work has a higher status in the UK	665	31.2	-	-
Better attitude to animals in the UK	530	24.9	-	-
To study/study further	451	21.2	157	16.8
Lack of work in home country	421	19.8	214	22.8
To learn English	398	18.7	120	12.8
I like British culture	381	17.9	-	-
I like the British way of life	372	17.5	-	-
I like British people	287	13.5	-	-
Marriage/partner	216	10.1	169	18
Family/friends in the UK	208	9.8	-	-
Stayed after studying	98	4.6	43	4.6
Travel	24	1.1	-	-
Other reason	4	0.2	52	5.5

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

Source: VS Surveys, 2019 and 2014

Respondents were asked when they came to the UK. The results show that half of the 2,119 VSs who gave this information have come to the UK in the last five years (i.e. since the last survey in 2014):

- 2015 to 2019: 50.2%
- 2010 to 2014: 19.7%
- 2005 to 2009: 11.7%
- 2000 to 2004: 7.7%
- 1995 to 1999: 5.1%
- 1990 to 1994: 2.4%
- Before 1990: 3.2%.

When asked about the length of intended stay in the UK from the time of the survey onwards, around one-third currently do not know, but almost half indicate that they intend to stay for more than five years:

- More than five years: 46.6%

- Three to five years: 12.6%
- One or two years: 6.6%
- Less than a year: 3.4%
- Don't know/unsure: 30.8%.

Among VS respondents who qualified in an EU/EEA/EFTA country outside the UK and Republic of Ireland, a high percentage (45.9%) intend to stay more than five years, but a higher than average 33.3 per cent do not know or are unsure. By contrast, 51.8 per cent of respondents who qualified in Europe outside the EU/EEA/EFTA intend to stay for more than five years, with only 18 per cent being unsure.

Among those who qualified in countries outside Europe, over 50 per cent of respondents from the following countries/continents intend to stay for more than five years: the USA, South Africa, elsewhere in Africa, Asia and South America.

Looking only at VS respondents who qualified in an EU/EEA/EFTA country outside the UK and Republic of Ireland, 54.5 per cent came to the UK fairly recently, between 2015 and 2019, while 45.5 per cent came before 2015. Of those who came to the UK between 2015 and 2019, 82.3 per cent qualified in an EU/EEA/EFTA country outside the UK/Republic of Ireland; this compares to 70.2 per cent of those coming to the UK from abroad before 2015.

A further analysis focusing only on those EU/EEA/EFTA countries in which at least 50 respondents qualified shows big differences in their arrival pattern:

- Belgium: 34.6% of respondents arrived between 2015 and 2019, 65.4% before 2015
- Germany: 16.3% arrived between 2015 and 2019, 83.7% before 2015
- Greece: 69.7% arrived between 2015 and 2019, 30.6% before 2015
- Italy: 58.3% arrived between 2015 and 2019, 41.7% before 2015
- Poland: 49.7% arrived between 2015 and 2019, 50.3% before 2015
- Portugal: 65.2% arrived between 2015 and 2019, 34.8% before 2015
- Romania: 72.8% arrived between 2015 and 2019, 27.2% before 2015
- Spain: 53.4% arrived between 2015 and 2019, 46.6% before 2015.

4.6 Working within or outside the profession

The very large majority (95.5%) of VSs who are currently in work are, at present, employed within the veterinary profession. Table 4.10 shows that these percentages are very similar to those in 2014.

Table 4.10: 'In your main employment are you working within or outside the veterinary profession?'

	Number 2019	% 2019	Number 2014	% 2014
Within the profession	10,766	95.5	5,628	95.2
Outside the profession	503	4.5	285	4.8
Total	11,269	100	5,913	100

Source: VS Surveys, 2014 and 2019

5 Working outside the profession

This chapter of the report provides information about the 4.5 per cent of respondents currently working outside, or mainly outside, the veterinary profession; in 2014, the percentage was very slightly higher, at 4.8 per cent. The definition of 'working outside the profession' is any role that does not require a veterinary qualification or use of veterinary skills.

Chapter summary

- 4.5% of respondents work outside, or mainly outside, the veterinary profession.
- Of these, the majority (64%) work in an organisation or area that is not animal-related.
- The main broad areas in which respondents work outside the profession are 'professional, scientific and technical', 'agriculture, forestry and fishing', 'education' and 'human health and social work'.
- 58% work in the private sector, 29% in the public sector, and 13% in the third or charity sector.
- 85% have, at some point, worked within the profession, and of these most (87%) have worked in clinical practice.
- 11% still do some work in the veterinary profession, despite their main area of work being outside the profession.
- The majority of those who work entirely outside the veterinary profession do not intend to return to it (54%) or are unsure whether or not they will return (32%).

5.1 Type of organisation

Table 5.1 shows that among those currently working outside the profession, the majority (64.2%, slightly lower than in 2014) are doing non-animal-related work.

Table 5.1: 'Is the organisation in which you work animal-related or non-animal-related?'

	Number 2019	% 2019	Number 2014	% 2014
Animal-related	177	35.8	88	31.8
Non-animal-related	317	64.2	189	68.2
Total	494	100	277	100

Source: VS Surveys, 2014 and 2019

Table 5.2 shows the nature of respondents' work, using standard industrial classifications, with the 2014 results for comparison; for both years, only the categories attracting a

response from at least four respondents are included. The categories in the two surveys do not match completely, as the 2019 survey offered additional categories which allowed a greater degree of choice. The most frequently-selected categories in 2019 are 'professional, scientific and technical', 'agriculture, forestry and fishing', 'education' and 'human health and social work'; these correspond fairly closely to VSs' responses in 2014, although a much higher percentage in 2014 selected the somewhat unspecific 'other service activities' category.

Table 5.2: 'What is the nature of your organisation?'

	Number 2019	% 2019	Number 2014	% 2014
Agriculture, forestry and fishing	92	18.7	32	11.6
Manufacturing	22	4.5	7	2.5
Construction	4	0.8	4	1.5
Wholesale and retail trade	9	1.8	13	4.7
Accommodation/food services	14	2.9	10	3.6
Financial and insurance	10	2	10	3.6
Professional, scientific and technical	136	27.7	47	17.1
Administrative and support services	24	4.9	12	4.4
Information and communication	22	4.5	-	-
Real estate activities	10	2	-	-
Public administration and defence	13	2.6	9	3.3
Education	80	16.3	35	12.7
Human health and social work activities	64	13	39	14.2
Arts, entertainment and recreation	17	3.5	-	-
Other service activities	42	8.6	53	19.3
Don't know	19	3.9	-	-

Source: VS Surveys, 2019 and 2014

As Table 5.3 indicates, the percentage of those working in the private and public sectors has increased somewhat compared to 2014, and there has been a corresponding decrease in those working for the third (charity) sector.

Table 5.3: Sector of work: 2019 and 2014

	% 2019	% 2014
Private sector	57.6	56.7
Public sector	29.2	25.5
Third sector (charities)	13.2	17.8
Total	100	100

Source: VS Surveys, 2019 and 2014

5.2 Ever worked in the profession?

The overwhelming majority (94.8%, slightly higher than 2014's 93.6%) of respondents currently working outside the veterinary profession have at some time over the course of their career undertaken veterinary work. As in 2014, the large majority have worked in clinical practice. The full breakdown is given below (note that respondents could select all areas of work that were applicable):

- Clinical practice: 87.2%
- Academia: 21.3%
- Government department or agency: 18.3%
- Research: 17.1%
- Industry (e.g. animal health, insurance): 14.5%
- Animal charity: 9.4%
- Other 5.3%.

'Other' work included teaching (e.g. teaching VNs, giving CPD workshops) research and development (e.g. pharmaceutical research, research in international development), and consultancy.

Among those respondents who had never worked within the veterinary profession (N = 26), the most common reasons provided for not doing so were finding it difficult to get veterinary work as a recent graduate and foreign national with no work experience, preferring to work in academic research, or not having finished postgraduate study.

5.3 Lost to profession?

For the first time in this 2019 survey, VSs whose main employment is outside the profession were asked if they still do some work within the profession: 11.3 per cent responded positively, and were routed to the section in the questionnaire that asked about their veterinary employment.

Those who currently do no work within the profession were asked whether they intended to seek employment within the profession in the future. A little over half do not intend to do so, slightly higher than in previous surveys. Almost a third (31.5%) are unsure, notably higher than in the 2014 survey but similar to 2010, when 33 per cent were unsure of their intentions.

Table 5.4 shows that the proportions of respondents currently working outside the profession who are intending to look for veterinary work within the next year or longer term have decreased since 2014; however, they are more in line with the 2010 survey (when they were 9% and 7% respectively).

Table 5.4: 'Do you intend to seek employment in the veterinary profession in future?'

	Number 2019	% 2019	Number 2014	% 2014
Yes, within the next year	35	7.9	46	16.5
Yes, longer term	30	6.8	26	9.3
No	237	53.7	139	49.8
Unsure	139	31.5	68	24.4
Total	441	100	279	100

Source: VS Surveys, 2019 and 2014

6 Working within the profession

This chapter focuses on the large majority (84.7%, N = 10,649) of respondents to this 2019 survey who are currently working (rather than being retired, unemployed or on a career break), and are also working within the profession rather than outside. Working 'within the profession' includes any role requiring a veterinary qualification, in either an income-earning or voluntary position.

Chapter summary

- The majority of respondents (85%) are working within the veterinary profession (rather than being retired, unemployed, on a career break or working outside the profession)..
- Of these, 83% do at least some work within clinical veterinary practice, and for 80% it is their main or only area of work.
- The majority of those working in the profession (53%) work mainly or entirely in small animal practice; this has increased from 46% in 2010. The percentage of those working mainly or entirely in mixed practice is 12%, down from 22% in 2010.
- The main areas of work outside clinical practice are veterinary schools/other educational establishments and commerce and industry.
- The average hours worked in a typical week (including overtime but excluding on call) are 37.8. For those working full time, the average hours are 42.5, lower than in 2014 (44) and 2010 (45).
- Men working full time have a typical average working week of 43.4 hours, women 41.9 hours.
- The age groups with the longest average full-time hours are those aged under 30, those in their 50s and those in their 60s; respondents in their 40s and those aged 70 and over have shorter average hours.
- The areas of work with the highest average weekly full time hours are equine practice (50.5), mixed practice (44.2) and veterinary schools (43.1).
- 80% of respondents are not required to be on call.
- 19% of those required to be on call and on the premises are awake all night rather than asleep when not working (up from 7.5% in 2014).
- Those in equine practice have the highest average hours on call off the premises (25.5) and on the premises (9.7) in a typical week.
- The most frequently-cited work-related benefits are paid time off for training/CPD, financial support for training/CPD, RCVS retention fees paid whole or in part, and professional indemnity insurance.
- 79% intend to stay in the profession for the foreseeable future, 11.5% intend to retire at some point over the next five years, and 9.5% intend to leave the profession at some point over the next five years for reasons other than retirement.

- The most frequently-cited reasons for planning to leave the profession, other than retirement, are poor work-life balance, not feeling rewarded/valued (non-financial), long/unsocial hours and chronic stress.

6.1 Area of work

The large majority of VS respondents working within the profession are undertaking clinical practice work (83.4%, compared with 84.8% in 2014).

Table 6.1 provides a breakdown of respondents' area of work: note that respondents working in more than one area were asked to select all that applied. The categories used in this 2019 survey are more detailed than in previous years, making comparisons in some areas difficult. However, some trends are apparent: the percentage of VS respondents working in small animal and referral practices/consultancies continues to rise and the percentage in mixed practices continues to fall, while the percentage of those in equine, farm and other first opinion practices is steady.

Outside clinical practice, there are many areas of work in which relatively small numbers of respondents work. As in 2014, the most common type of organisation in which respondents are working are veterinary schools, commerce and industry, and charities and trusts.

Table 6.1: Area of work (% of number of respondents), 2019, 2014 and 2010

Type of organisation	2019	2014	2010
Small animal only (including exotics)	56.4	53.6	48.9
Mixed practice	13.4	15.8	22.1
Equine practice	6.3	5.5	7.6
Farm animal practice/production animal practice	3.7	3.7	3.8
Other first opinion practice	0.9	0.9	1
Referral practice/consultancy	9.5	8.1	6.7
Zoo/wildlife/conservation	1.7	-	-
DEFRA (Department for Environment, Food and Rural Affairs)	0.4	0.5	1.6
Animal Health and Veterinary Laboratories Agency (AHVLA)	-	2.4	2.4
Animal and Plant Health Agency (APHA)	1.7	-	-
Food Standards Agency (FSA)	1.0	-	-
Food Standards Scotland (FSS)	0.2	-	-
Meat hygiene/official controls	1.5	-	-
Other UK government	-	2.5	3.6
Scottish Government	0.1	-	-
Welsh Government	0.1	-	-
Department of Agriculture, Environment & Rural Affairs (DAERA), Northern Ireland	0.7	-	-
Home Office	0.3	-	-
Ministry of Defence	0.2	-	-

Overseas government	0.8	0.1	1.6
Veterinary school	6.6	7.2	5.9
Other university/educational establishment	2.2	2.2	1.2
Commerce and industry	3.6	4	3.9
Charities and trusts	3.1	4.2	2.7
Research Council	0.1	0.2	0.2
Portal (contracted or employed)	0.2	-	-
Telemedicine vet-to-vet	0.3	-	-
Telemedicine vet-to-client	0.3	-	-
Tele-triage	0.1	-	-
Other	3.6	2.3	2.3

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

Source: VS Surveys, 2019, 2014 and 2010

A random sample of 20 per cent of those providing further details after selecting 'other' area of work shows the most frequently-specified other areas to be research (e.g. in a research institute or research charity, doing a PhD, or working with laboratory animals), working in consultancy (e.g. in animal health, disease management or evidence-based medicine), working in racing (greyhounds or horses), or working for a government department, government agency or local authority not specified in the list.

Table 6.2 shows the **main** area of work for VSs working within the profession. As in previous years, by far the most common area in which VS respondents are working is within small animal practice; however, for the first time, the majority of respondents now have small animal practice not only as one of their areas of work, but their main area.

Table 6.2: Main area of work

Type of organisation	2019 %	2014 %	2010 %
Small animal (including exotics) practice	52.6	47.9	45.8
Mixed practice	11.7	14.1	22.1
Equine practice	5.5	4.6	5.9
Farm practice/production animal practice	3.2	3.2	2.8
Other first opinion practice	0.4	0.5	0.5
Referral practice/consultancy	6.4	5.2	3.7
Zoo/wildlife/conservation	0.7	-	-
DEFRA (Department for Environment, Food and Rural Affairs)	0.2	0.4	1.2
Animal Health and Veterinary Laboratories Agency (AHVLA)	-	1.9	2.1
Animal and Plant Health Agency (APHA)	1.5	-	-
Food Standards Agency (FSA)	0.8	-	-
Food Standards Scotland (FSS)	0.1	-	-
Meat hygiene/official controls	1.2	-	-

Other UK government	-	2	3.3
Scottish Government	<0.1	-	-
Welsh Government	<0.1	-	-
Department of Agriculture, Environment & Rural Affairs (DAERA), N Ireland	0.2	-	-
Home Office	0.2	-	-
Ministry of Defence	0.2	-	-
Overseas government	0.7	1.9	1.3
Veterinary school	4.7	6.8	4.6
Other university/educational establishment	1.2	1.8	0.7
Commerce and industry	2.9	4.1	3.1
Charities and trusts	1.9	2.8	1.5
Research Council	0.1	0.1	0.1
Portal (contracted or employed)	0.1	-	-
Telemedicine vet-to-vet	0.2	-	-
Telemedicine vet-to-client	0.1	-	-
Tele-triage	<0.1	-	-
Other	2.8	2.6	1.3

Source: VS Surveys, 2019 and 2014

6.2 Hours of work

The overall average (mean) hours worked by respondents in a typical week are 37.8, including overtime but excluding on-call hours. This varies by gender, with women working an average of 36.5 hours a week compared to 40 for men; this difference is mainly due to the greater proportion of women working in part-time roles. There are also differences by area of work, as the following figures, for areas in which at least 100 respondents gave their working hours, show:

- Equine practice: 43.9
- Farm practice: 38.3
- Mixed practice: 37.6
- Small animal practice: 36.9
- Referral practice/consultancy: 35.3
- Veterinary school: 35.2
- APHA: 33.6
- Commerce and industry: 32.6
- Meat hygiene/official controls: 29.9
- Other university/educational establishment: 27.9
- Charity or trust: 23.9.

The figures above are for all respondents working within the profession, however, regardless of whether they are full or part time. When calculated only for respondents in a full-time role, the overall average is 42.5 hours per week; this has reduced from 44 hours in 2014 and 45 hours in 2010. Those working in a part-time role work an average of 25 hours per week, slightly more than 2014's 24 hours. The fairly small number of respondents who are currently undertaking voluntary work within the profession (N = 63) have a typical average working week of 24.9 hours, an increase compared to 2104 when the average stood at 22 hours.

6.2.1 Full-time working hours

Further analysis of VS respondents working full time only shows:

- Male respondents work an average of 43.4 hours in a typical week, compared to 41.9 hours for female respondents.
- There are small differences in average hours by age, with those in the under 30, 50 to 59 and 60 to 69 categories having the longest typical working week:
  - Under 30: 43.1 hours
  - 30 to 39 and 40 to 49: 42 hours
  - 50 to 59: 43.3 hours
  - 60 to 59: 43.1 hours
  - 70 and over: 40.5 hours.
- Respondents' areas of work make a notable difference to their typical weekly hours, as Table 6.3 shows. Although all areas within clinical practice have typical hours greater than 40, those in equine-only practices work notably higher average full-time hours than those in any other area of clinical practice work and indeed in any area of veterinary work (50.5). Those working outside clinical practice have quite varied weekly hours, with those in the FSA and veterinary schools having the longest typical working weeks.

Table 6.3: Typical weekly hours of full-time respondents, by area of work

Type of organisation	2019 hours
Small animal only (including exotics)	42.5
Mixed practice	44.2
Equine-only practice	50.5
Farm animal practice/production animal practice	42.1
Other first opinion practice	40.6
Referral practice/consultancy	40.9
Zoo/wildlife/conservation	31.9
DEFRA (Department for Environment, Food and Rural Affairs)	36.8
Animal and Plant Health Agency (APHA)	38
Food Standards Agency (FSA)	44

Meat hygiene/official controls	38.7
Department of Agriculture, Environment & Rural Affairs (DAERA), Northern Ireland	41.1
Home Office	42.3
Ministry of Defence	39.5
Overseas government	39.9
Veterinary school	43.1
Other university/educational establishment	38.7
Commerce and industry	39.9
Charities and trusts	36.5
Other	41.3

Note: Areas of work for which ten or fewer full-time respondents provided typical weekly hours are not included.

Source: VS Survey, 2019

6.3 On call

The majority (80.3%) of respondents working within the profession say they are not required to be on call on the premises. Table 6.4 shows that, of those respondents who are, the majority say they are normally asleep when not working. There has, apparently, been a significant change since 2014, when a much higher proportion of respondents overall were required to be on call and present, but of these a much lower proportion were awake all night. In 2010, 94.5 per cent were normally asleep when not working and 5.5 per cent were awake all night.

Table 6.4: 'If your work requires you to be on call and on the premises are you normally…*' Percentage of those required to be on call and on the premises

	Number 2019	% 2019	Number 2014	% 2014
Awake all night	376	19.2	169	7.5
Asleep when not working	1,580	80.8	2,099	92.5
Total	1,956	100	2,268	100

* In 2014 and 2010 the question was phrased differently: 'If you have indicated you are required to be on-call and present are you normally:' with the two options in the table above.

Source: VS Surveys, 2019 and 2014

6.3.1 On-call hours by area of work

Respondents were also asked to provide the number of hours that they are required to be on call both while they are attending and when they are away from their work premises. Table 6.5 shows, for those respondents who have to be on call, the average (mean) on-

call hours on and off the premises within different clinical practice areas. In general, on-call hours off the premises in most clinical practice areas have gone down since 2010 and are reasonably consistent with 2014, although they are still high for those in equine practice and have increased considerably in the 'other first opinion practice' area. The average hours on call on the premises has increased somewhat in most areas, but in the 'other first opinion practice' area it has decreased considerably, suggesting that the balance between on call and normal working hours has undergone a considerable shift in this area of work.

Table 6.5: Average hours on call in a typical week by different areas of clinical practice

Type of practice	On call (off premises) 2019	On call (on premises) 2019	On call (off premises) 2014	On call (on premises) 2014	On call (off premises) 2010	On call (on premises) 2010
Mixed	19.7	4.4	20.2	3.8	29.3	2.2
Small animal	6	3	6.6	3.1	12.7	2.3
Equine	25.5	9.7	23.2	9.4	36.1	3
Farm/production animal	19.4	4.2	18.7	1.3	25.4	1.7
Other first opinion	19.7	3.5	6.9	11.8	9	9.8
Referral/ consultancy	14.9	4.7	13.4	3.5	22	2.8

Source: VS Surveys, 2019, 2014 and 2010

Table 6.6 gives average on-call hours in veterinary areas of work outside clinical practice. The categories have changed since 2014, so limited comparisons only can be made; in addition, although the table does not include areas of work in which fewer than ten respondents provided information about on-call hours, the numbers in some areas are still small so need to be treated with caution. The table shows there is a lot of variation in patterns of on call; on the whole, where comparisons are possible, the 2019 results are fairly similar to those of 2014, although the on-call off-the-premises commitment for those working in ‘other university/educational establishment’ seems to have increased considerably. Respondents working in the Ministry of Defence – not identified as a separate category in earlier surveys – seem to have a particularly high on-call commitment overall.

Table 6.6: Average hours on call in a typical week outside clinical practice

Type of organisation	On call (off premises) 2019	On call (on premises) 2019	On call (off premises) 2014	On call (on premises) 2014
DEFRA	9.9	1.6	8.4	1.4
AHVLA	-	-	6.9	1.1
APHA	10.2	2.9	-	-
DAERA	2.5	1.7	-	-
FSA	3	2.1	-	-
Meat hygiene/official controls	4.4	3.9	-	-
Ministry of Defence	21.4	16	-	-
Other UK government	-	-	4.5	5
Overseas government	17.2	11.4	-	-
Veterinary school	9.5	2.6	7.6	2
Other university/education establishment	12.9	2.3	2.5	0.7
Commerce and industry	4.4	1.2	4.3	2.5
Charities and trusts	7.4	1.1	6.5	2.5
Research Council	8	2	-	-
Telemedicine	11.7	1.6	-	-
Tele-triage	12.8	0.5	-	-
Other	-	-	4.3	1

Note: Figures based on fewer than ten respondents have not been included.

Source: VS surveys, 2019 and 2014

6.4 Hours of work (overseas VSs)

VSs working within the profession overseas in a full-time position have an average basic working week of 42 hours (43 in 2014), while those working part time have an average working week of 25.1 hours (27 in 2014). Among those undertaking voluntary work within the profession outside the UK (N = 18) the average working week is 31.8 hours, notably lower than 2014's 43 hours but higher than the 24.9 average hours worked by VSs undertaking voluntary work within the UK.

Table 6.7 and Table 6.8 show the average amount of hours worked and spent on call by the different types of practices/organisations in which overseas-based VS respondents work. Compared to 214, this table shows a varied picture: average hours worked by those in equine and referral/consultancy practices overseas have increased (particularly for those in equine practices, where on-call hours have also increased), while for other types of practice, the 2019 results are fairly similar to those of 2014. After a rise in average hours during which VSs working overseas are required to be on call while attending their work premises between 2010 and 2104, this work requirement seems to have stabilised or gone down in all practice areas except equine, which has seen a slight rise.

Table 6.7: Average hours per week worked and on call by different areas of practice

	Hours worked 2019	On-call hours off premises 2019	On-call hours on premises 2019	Hours worked 2014	On-call hours off premises 2014	On-call hours on premises 2014
Mixed	41.2	28	5.4	46.6	27.4	12.9
Small animal	38.6	11.1	4.5	38	10.8	7.2
Equine	50.3	35.5	14.8	42.4	27.7	13.5
Farm/production animal	42.7	13.2	9.8	42.8	25	9.4
Referral/consultancy practice	34.1	15.2	4.6	30.2	7.8	6.5

Note: Outliers at or above the range of 100 hours have been excluded from this analysis, and practice categories containing fewer than ten respondents have not been included.

Source: VS Surveys, 2019 and 2014

With regard to VSs working overseas in other areas of the profession, as in 2014, respondents employed in veterinary schools work the longest hours, on average, during a typical week (43.7 hours, compared to 46.4 hours in 2014); in all other areas, VSs work, on average, less than 40 hours a week. On the whole, working hours have stabilised or decreased since 2014 in all areas except for charities and trusts, where the on-call commitment has also increased. Comparisons between areas of work and between 2014 and 2019 should, however, be treated with caution as the numbers of respondents working in each category are relatively small (between 10 and 141).

Table 6.8: Average hours per week worked and on call by different types of organisation

	Hours worked 2019	On-call hours off premises 2019	On-call hours on premises 2019	Hours worked 2014	On-call hours off premises 2014	On-call hours on premises 2014
Overseas governments	35	18.9	5.1	37.8	8.1	4.6
Veterinary school	43.7	18.8	4.8	46.4	10	10.5
Other university/ educational establishment	34.2	8.7	2.9	29.7	2.2	0
Commerce and industry	37.8	1.1	0.2	37.4	0.6	1.7
Charities and trusts	37.4	9.5	2.8	20.7	1.9	1.5
Meat hygiene/ official controls	30.5	8.8	5.4	-	-	-
Telemedicine*	20.4	2.3	0.3	-	-	-
Zoo/wildlife/ conservation	36.2	19.5	3.6	-	-	-
Other	40	13	6.7	32.6	3.6	3.8

*'Telemedicine' combines the two categories of 'vet-to-vet' and 'vet-to-client'

Note: Outliers at or above the range of 100 hours have been excluded from this analysis, and area of work categories containing fewer than ten responses are not included.

Source: VS Surveys, 2019 and 2014

6.5 Work-related benefits

Respondents were asked whether they received certain benefits at work, and were asked to select all that applied.

Table 6.9 gives the results, with comparisons wherever possible with 2014 and 2010; several benefits have been removed since the previous survey, and the CPD/training option has been split into three. Support for CPD/training is once again a very frequently-occurring benefit, with the 2019 results showing that paid time off and financial support for CPD/training is far more common than unpaid time off. The frequency of three benefits – RCVS retention fees paid in whole/part, professional indemnity insurance, and professional subscriptions – has been steadily increasing over the years.

Table 6.9: Benefits received at work (% of number of respondents)

	2019	2014	2010
Accommodation	-	11.5	14
Health insurance	-	18.1	15
Uniform/work clothing	-	52	42
Pension	-	31	-
Car	-	19.5	23
No/reduced vet fees	-	55.2	49.5
Free/reduced pet insurance	-	1.8	-
Training/CPD support (time and/or cost)	-	84.5	71
Time off (paid) for training/CPD	77.3	-	-
Time off (unpaid) for training/CPD	13.6	-	-
Financial support for training/CPD	67	-	-
RCVS retention fees paid (whole or part)	64.7	48.9	39
Professional subscriptions (eg BVA)	49.3	35.8	32
Professional indemnity insurance	63	60	54
Membership of a technical/scientific library	18.7	13.8	-
Access to scientific literature and research papers	27	27.8	-
Employee Assistance Programme	11.1	-	-
Other	6.8	2.9	-

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

Source: VS Surveys, 2019, 2014 and 2010

'Other' benefits (from a sample of 20% of those who selected 'other' and provided further details) include: insurance (health/medical, life and travel); discounts (employee discount schemes and reduced price for treatment and products for pets); pensions; additional RCVS fees paid; and a collection of other benefits such as shares in the business, cycle to work, and allowances for cars/vans/fuel and telephones. Some respondents used this opportunity to point out that they receive no workplace benefits because they are locums.

6.6 Career intentions

When asked about future career plans, the majority of VSs working within the profession who responded to the survey (79.2%) indicate that they plan to stay in the profession for more than five years, more or less comparable to (but lower than) the percentages who planned to stay in the profession 'for the foreseeable future' in 2014 and 2010. It would appear, however, that a higher percentage plan to retire than in previous surveys, in that the percentages of those who plan to retire within one to two years and within three to five years, added together, are greater than in previous years (10.2% compared to 6.8% in 2014 and 6.6% in 2010). Similarly, although the overall percentage planning to leave the profession within the next year for reasons other than retirement is close to that of 2014 and 2010, a greater percentage plan to leave the profession in the next one to five years:

added together, the percentages of those who plan to leave within the next one to two years, and within the next three to five years, is greater than in 2014 or 2010 (8.1% compared to 6.5% in 2014 and 5.6% in 2010).

Table 6.10: Career plans of VSs currently working within the profession

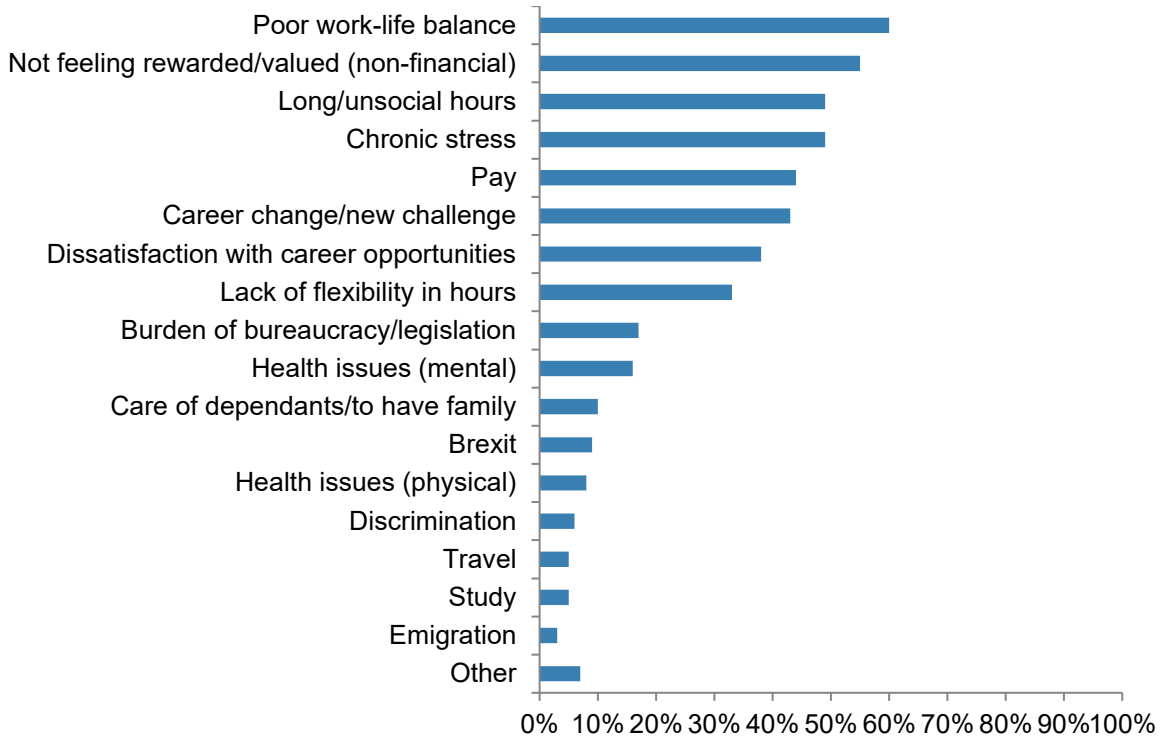
	2019 (%)	2014 (%)	2010 (%)
Stay in the profession for the foreseeable future	-	82.9	84
Stay in the profession for more than 5 years (including partial retirement)	79.2	-	-
Fully retire within the next year	1.3	1.1	1.4
Fully retire within the next five years	-	6.8	6.6
Fully retire within the next 1 to 2 years	2.9	-	-
Fully retire within the next 3 to 5 years	7.3	-	-
Leave the profession as soon as possible (non-retirement)	-	1.6	1.1
Leave the profession within the next year (non-retirement)	1.3	1.2	1.2
Leave the profession within the next five years (non-retirement)	-	6.5	5.6
Leave the profession within the next 1 to 2 years (non-retirement)	2.4	-	-
Leave the profession within the next 3 to 5 years (non-retirement)	5.7	-	-

Source: VS Surveys, 2019, 2014 and 2010

An analysis by gender shows that, in line with the older age profile of male VSs, male respondents are far more likely to say that they plan to retire at some point over the next five years: 19.3 per cent of men, compared to 6.5 per cent of women. An analysis by age confirms this, in that 68 per cent of respondents aged 60 and over have plans to retire at some point over the next five years. Although female respondents are more likely to plan to stay for more than five years (83.1%, compared to 73.5%), this finding seems to be more related to age than a commitment to stay in the profession: 10.7 per cent of women, compared to a lower 7.3 per cent of men, say they plan to leave the profession at some point over the next five years. The age analysis also shows that respondents in the three age groups of under 30, 30 to 39 and 40 to 49 are a little more likely than average to plan to leave the profession over the next one to five years (though not within the next year).

Respondents who indicated that they intend to leave the profession for non-retirement reasons were asked to specify what these were using a list of options originally derived from the 2010 survey for use in 2014, and added to for this 2019 survey; the results are presented in Figure 6.1. Note that respondents were asked to select all reasons that applied. Figure 6.2 compares the reasons for planning to leave that were also given as options in 2014 and 2010.

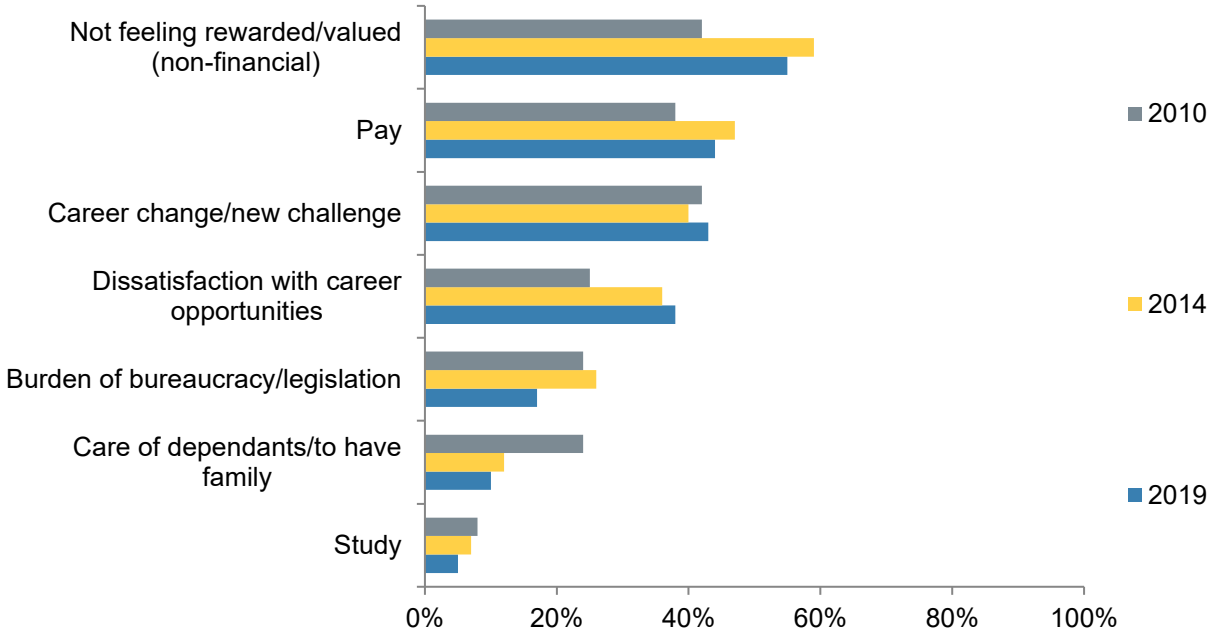
Figure 6.1: Reasons for planning to leave profession: % selecting each reason



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

Source: VS Survey, 2019

Figure 6.2: Reasons for planning to leave, 2019, 2014 and 2010: % selecting each reason



Source: VS Surveys, 2019, 2014 and 2010

The top eight reasons were all selected by at least one-third of those planning to leave for reasons other than retirement:

- Poor work-life balance (not offered as a separate option in earlier surveys, but included in the wider 'dissatisfaction with veterinary work'): 60.3%
- Not feeling rewarded/valued (in non-financial terms): 55.2% (higher than in 2014, almost back to 2010 levels)
- Chronic stress (not offered as an option in earlier surveys): 48.6%
- Long/unsocial hours (not offered in earlier surveys): 48.5%
- Pay: 44.4% (higher than in 2014, closer to 2010 levels)
- Career change/new challenge: 43.2% (very similar to 2014 and 2010)
- Dissatisfaction with career opportunities: 38.3% (similar to 2010 but higher than 2014; in both 2014 and 2010 the option was worded slightly differently, i.e. 'lack of career opportunities')
- Lack of flexibility in hours (not offered in previous surveys): 33.2%.

An analysis by gender shows that poor work-life balance is the top reason for planning to leave for both women and men, and not feeling valued is in second place for both. However, in equal second place for men is a career change/new challenge, which does not feature in the top five reasons for women (for whom it is in sixth place). In third place for women and fifth place for men is long/unsocial hours, while chronic stress is in fourth place for both women and men. For women, pay is in fifth place, whereas it does not feature in the top five for men (for whom it is in sixth place).

An analysis by working within or outside clinical practice shows that the top two reasons (poor work-life balance and not feeling valued) are the same for both groups, but the third top reason is different: for those working in clinical practice it is long/unsocial hours, which does not feature in the top five for those working outside clinical practice (for whom it is in seventh place), and for those working outside clinical practice it is a career change/new challenge, which does not feature in the top five for those working in clinical practice (for whom it is in sixth place). The fourth and fifth top reasons for both groups are the same: chronic stress is fourth, and pay is fifth.

6.6.1 'Other' reasons for leaving

Those who specified 'other' reasons for leaving (N = 65) were asked to specify these reasons. An analysis shows that the most commonly-reported reason is the corporatisation of the role and the workplace, especially dissatisfaction with focus on sales and turnover targets and the effect this has on the patient care:

> *'Unhappy with sales aspect of veterinary job, difficult to use skills when clients cannot afford treatment and every decision depends on cost.'*

Respondents also cite the hours, pay and stress of the role as reasons for them to leave the profession. The demands and feedback from clients was commonly reported as a source of stress:

> *'We experience increasing complaints, vilification on social media, malicious complaints to the Royal College, increasing rudeness, threats of violence, intimidation, unrealistic expectations… I am finding it increasingly difficult to provide a service to people who are aggressive, selfish and ungrateful.'*

Some responses show dissatisfaction with the support received and standards set by the RCVS in the face of the increasing demands of clients:

> *'Clients using complaints as form of revenge/to avoid payment with the worry of unattainable standards set by RCVS.'*

Respondents also say that the hours are too long or not flexible enough to balance other commitments, and that their pay does not reflect the stressful nature of the job:

> *'Veterinary profession is grossly underpaid in comparison to medical, dental, legal or similar and I feel that it is soul-destroying to work the hours we do, with the stress, and get paid relatively very little…I feel totally undervalued... Money is not the driving force, but you should be rewarded fairly for the years of study, long hours, stress.'*

Other reasons respondents cite for leaving the profession are because of a change in career, or concerns for their mental and physical health.

7 Working within clinical veterinary practice

This chapter of the report focuses on the 75.9 per cent of respondents (N = 8,031) who work in clinical veterinary practice; this includes those who work mainly in another veterinary area, but also do some work in clinical practice.

Chapter summary

- 80% of respondents work wholly, mainly or partly in clinical veterinary practice.
- 52% are employed assistants (compared to 57% in 2014), 26% are principals/directors/partners, 15% are independents (locums, independent veterinary service providers or independent consultants/peripatetic specialists), and 7% are in other roles.
- Veterinary services clients are more likely to engage with female VSs when they visit a clinical practice: female respondents account for 40.5 per cent of principals/directors/partners overall, 73.6 per cent of employed assistants, and 60.6 per cent of independents/locums.
- 15% of respondents work across more than one practice over the course of a typical month, with most working for two or three practices.
- Most respondents in clinical practice work in an independent, standalone practice (42%) or a practice that is part of a corporate group (36%).
- 61.5% work in a practice that is accredited by the RCVS PSS, although 11.5% do not know if the practice is accredited or not.
- Using median values, VSs work in a practice with an average of four to five other VSs, three to four VNs, and one VN student. However, the size of practices varies enormously, and around 11% appear to work on their own or with another VS or VN who is not full time.
- In terms of allocation of working time, time spent on small animals continues to increase, and takes up the largest share of VSs' working time, on average; this is due entirely to the time spent with dogs and cats (especially dogs) rather than other small animals.
- Overall, dogs and horses seem to take up the most on-call time, followed by cats and cattle.
- Among those who spend time on practice management/administration, this activity takes up 11 to 12% of working and on-call time.
- 52.5% personally carry out routine visits to clients, fewer than in 2014 (65%).
- The most common ways for practices to provide 24/7 emergency cover are for the practice to cover its own out-of-hours work (51%) or to use a dedicated out-of-hours service provider (34.5%).
- Using the median as an average measure, respondents deal with three to four emergency cases out of hours away from the practice, and one at the practice, in a typical month; however, the number varies considerably.

- 81.5% have not experienced concerns for their personal safety at work during the previous 12 months.
- Those who have had concerns have experienced very varying numbers of incidents with a modal average of one when dealing with an emergency at the practice, one when dealing with an emergency away from the practice, and one to two at any other time including daytime and out-of-hours work. It is rare for incidents to be reported to the police.
- 74% always or usually have a minimum rest period of 11 hours in each 24-hour period.
- 87% always or usually have at least two days' rest in every 14 days.
- 77% have at least 20 days' paid holiday a year.

7.1 Position in practice

As Table 7.1 shows, over half of those respondents currently working in a clinical practice (52.1%) are employed assistants, although this percentage has decreased since 2014 and 2010. The proportion of respondents working as equity partners continues to show a decreasing trend, although 1.9 per cent of respondents are JVPs, a category that was not offered in previous surveys. The biggest change since previous surveys is the percentage of respondents working as independents, either as locums (temporarily fulfilling duties of others during their absence, or covering vacancies temporarily) or as independent veterinary service providers (providing services to practices as part of the usual rota). These two categories combined account for 12.9 per cent of respondents, compared to eight per cent in 2014 and six per cent in 2010 and 2006. The lower percentage of respondents in employed assistant positions compared to the previous two surveys suggests that these independents/locums are mainly working in assistant positions.

Table 7.1: Position in practice, 2006 to 2019

Position	2019 %	2014 %	2010 %	2006 %
Employed assistant*	52.1	57	57	51
Equity Partner	2.9	6	13	-
Joint venture Partner (JVP)	1.9	-	-	-
Director (of a limited company)	11.5	13	9	10
Sole Principal	6.7	5	8	11
Independent veterinary service provider	3.3	-	-	-
Locum	9.6	8	6	6
Salaried Partner	3.1	2	2	2
Independent consultant/peripatetic specialist	2.1	3	2	1
VS working as a VN	0.3	0.2	-	-
Other	6.4	4	3	2

*In previous surveys, this position was described as 'Assistant (or employee of a limited company)'

Source: VS Surveys 2019, 2014, 2010 and 2006

'Other' categories (using a random sample of 20% of those who selected 'other' and gave further details) include: academic positions (lecturers, fellows, scholars and VSs employed by veterinary schools or universities); clinical or veterinary directors in practices belonging to companies or in companies working in commercial poultry breeding or similar; interns; and residents.

Further analysis by gender shows that a far greater proportion of men than women work in principal/director/partner roles: 44 per cent of male respondents compared to 18.1 per cent of female respondents. The reverse is true when looking at the relative proportions within employed assistant roles: 66.2 per cent of female respondents, compared to 38.8 per cent of male respondents, are employed assistants. This reflects, at least to some extent, the differing age profiles of male and female VSs. Compared to the results of the 2014 survey, the proportion of female respondents working as principals/directors/partners has increased (from 13.8% to 18.1%), while the proportion of women working in employed assistant roles has decreased (from 70.7% to 66.2%). The relative proportions of men and women working in independent roles (independent veterinary service providers, locums and independent consultants/peripatetic service providers) are more equal: 16.7 per cent of male respondents and 15.5 per cent of female respondents.

Looking at the gender breakdown another way, due to the greater numbers of women than men now working within the profession it is apparent that veterinary services clients are now much more likely to engage with female VSs in the practices they use: female respondents account for 40.5 per cent of principals/directors/partners overall, 73.6 per cent of employed assistants, and 60.6 per cent of independents/locums.

An age breakdown shows that the average (mean) age of principals/directors/partners is 47.2, while for employed assistants it is 38.6 and independents/locums it is 44.3.

7.2 Working for more than one practice

Compared to 2014, an almost identical percentage of respondents typically work for more than one practice over the course of a month (excluding branch premises): 14.6 per cent, compared to 15 per cent in 2014. The average (mean) number of practices for which these respondents work over the course of a month is 3.3, although this is somewhat influenced by a small number who work for a large number of practices; a modal average shows that three-quarters (74.4%) of those who work for more than one practice are working across two to three practices, and the median (middle value) is two practices. When analysed by role, unsurprisingly 36.8 per cent of those working for more than one practice are locums, 5.1 per cent are independent service providers, and 6.6 per cent are independent consultants/peripatetic specialists; however, 27.6 per cent are employed assistants.

7.3 Business model, accreditation and size

7.3.1 Business model

Table 7.2 shows the business model/ownership structure of the clinical practice environment in which respondents work in their only or main role. Almost half (48%) of respondents work in independent, stand-alone practices or independent practices that are part of a larger group, while two-fifths (40.1%) work in practices that are part of a corporate group or a joint venture with a corporate group.

Table 7.2: Business model of clinical practice veterinary workplaces

Business model	%
Independent, stand-alone practice (e.g. a partnership)	41.6
Independent practice that is part of a larger group (with some shared centralised function)	6.4
Part of a corporate group	35.5
Part of a joint venture with a corporate group	4.6
Veterinary school	4.6
Charity	3.4
Out-of-hours-only provider	0.9
Don't know	0.9
Other	2

Source: VS Survey 2019

'Other' types of business model (from a random sample of 20% of those who selected 'other' and gave further details) included being unable to select one type due to working for multiple practices with different business models, e.g. as a locum; working in a practice which is an in-house part of a corporate or commercial activity such as greyhound racing, pig production or pharmaceuticals; working in a veterinary services or veterinary research practice that is part of a government department or agency; and working in a practice that is part of a zoo or wildlife rehabilitation centre.

Further analysis shows that:

- Of those working for an independent, stand-alone practice, 41.4% are male and 58.6% female, while of those working for a practice that is part of a corporate group, 35.9% are male and 64.1% female.
- The average age of those working for an independent, stand-alone practice is a little older than those working for a practice that is part of a corporate group (43.8 compared to 40.4).

7.3.2 Accreditation

The majority (61.5%) of respondents work in a practice that is accredited by the RCVS Practice Standards Scheme (PSS). Around one-quarter (27.1%) do not work in an RCVS PSS accredited practice, while a fairly large 11.4 per cent do not know whether their practice is accredited or not.

- Further analysis by business model shows that respondents working for a practice that is part of a corporate group are most likely say they work for an accredited practice (79%) and the least likely to say they do not know (8.5%). A much lower 49.7 per cent of respondents working in an independent, stand-alone practice say the practice is accredited.
- Analysis by role within practice shows that:
  - Employed assistants are most likely to say they work in an accredited practice (68.9%)
  - Principals/directors/partners are most likely to say their practice is not accredited (44%)
  - Independents/locums are most likely to say they do not know whether the practices for which they are working are accredited or not (21%), while principals/directors/partners are the least likely not to know (6.5%).
- An analysis by type of practice indicates that those working in small animal practices are most likely to say they work in an accredited practice (66.2%), while those working in equine practices (52.7%) and other first opinion practices (44.4%) are least likely.

7.3.3 Size of practice

VSs currently undertaking clinical practice work in organisations of varying sizes: some respondents were the only full-time VS in their workplace, while others worked alongside over 100 other full-time equivalent VSs, VNs and VN students. It is worthy of note that a substantial number of respondents selected the ‘don’t know’ option for these questions: 764 for the number of VSs, 1,250 for the number of VNs, and 1,301 for the number of VN students.

The average (mean) number of VSs per practice is 8.1 (compared to 7.1 in 2014), while the average (mean) numbers of VNs is 6.7 (7.5 in 2014) and VN students 2.0 (not asked in 2014). However, the mean average is distorted by the small number of very large veterinary practices. For VSs, the median (middle value) is between four and five, while the most frequently-mentioned numbers are three, followed by two, followed by four; 11.1 per cent of respondents work in a practice with one or fewer full time equivalent VSs. For VNs, the median is between three and four, while the mode is two, followed closely by three; however, 23.3 per cent of respondents work with one or fewer full-time-equivalent VNs.

A small number of respondents (N = 243) appear to work on their own, with no other VSs and no VNs or VN students; the average (mean) age of these respondents is 52.1, with ages ranging from 25 to 84.

Table 7.3: Average number of full-time-equivalent VSs, VNs and VN students on the premises

	N 2019	Mean 2019	Median 2019	N 2014	Mean 2014	Median 2014
VS	6,866	8.1	4	3,486	7.1	4
VN	6,351	6.7	3	3.184	7.5	5
VN student	6,230	2	1	-	-	-

Source: VS Surveys, 2019 and 2014

Table 7.4 shows the average (mean) number of full-time-equivalent VSs, qualified VNs and student VNs in respondents' practices, by type of practice. It appears that, on average:

- Referral/consultancy practices are likely to be much larger than other types of practice.
- Small animal and referral/consultancy practices are more likely than other types of practice to employ VNs.
- In small animal and referral/consultancy practices, VNs outnumber VSs.
- Despite employing a considerable number of VNs, referral/consultancy practices have a relatively small number of student VNs.
- In small animal, equine and mixed practices, there are approximately three qualified VNs for every student VN.

Table 7.4: Average number of full-time-equivalent VSs, qualified VNs and VN students on the premises, by type of practice

Type of practice	VS	Qualified VN	Student VN
Small animal	5.4	5.6	2
Equine	9.7	2.6	0.9
Farm/production animal	10.5	1.7	0.3
Mixed	8.3	4.5	1.7
Other first opinion	4.1	2.1	0.5
Referral/consultancy	21.2	25	2.2

Source: VS Survey, 2019

7.4 Allocation of working time

Table 7.5 provides a breakdown of the average percentages of respondents' working time that are spent on different animals and other activities. The table shows both the number

of respondents who indicated that they spend time on these animals/activities, and the percentages; the latter values for each animal/activity have been calculated by totalling the percentages given by all those who entered a value, and dividing this total by the number of respondents. Unsurprisingly, given the preponderance of small animal VSs, the greatest number of respondents spend time on dogs, cats and 'small furries', although in terms of percentage of time spent, dogs take up more time than cats and considerably more time than 'small furries'. Respondents in mixed and farm practices appear to spend more time on cattle (especially dairy cattle) in comparison with sheep, pigs and poultry. For those respondents involved in practice management/administration, this activity takes, on average, 11.7 per cent of their time.

A direct comparison with previous surveys is not possible due to the question having been asked differently in 2019. However, the overall trend is clear: time spent on small animals continues to increase, and takes up the largest share of VSs' working time, on average; however, this is due to the time spent with dogs and cats rather than other small animals. In comparison, the amount of time VSs spend working with various types of farm animals is quite low, and is either decreasing or has remained static over time; however, the amount of time spent by VSs on horses is consistently high.

Table 7.5: Breakdown of working time: average (mean) percentages

Species/Discipline/Activity	N	%
Dogs	6,682	48.5
Cats	6,624	32.6
'Small furries' (e.g. rabbits, mice, gerbils, hamsters, rats, chinchillas)	5,347	6.2
Exotics (including non-production birds)	2,888	3.6
Horses (excluding OV)	2,561	26
Beef cattle (excluding OV)	2,151	8.1
Dairy cattle (excluding OV)	2,036	12.8
Sheep (excluding OV)	2,061	4.5
Pigs (excluding OV)	1,488	2.3
Poultry	1,589	2.1
Laboratory animals	1,306	0.7
Meat hygiene/official controls	1,304	1.3
Fish for food	1,263	0.6
Official Veterinarian (OV) work	2,145	6.3
Practice management/administration	2,477	11.7

Source: VS Survey, 2019

These findings are reflected in Table 7.6, which shows that for every type of animal/activity, the number of respondents who are involved in on-call work is lower than those who spend their working time on these animals/activities. Overall, it appears that dogs and horses take up the most on-call time, followed by cats and cattle; it also seems that some respondents spend on-call time on practice management/administration, which

for them occupied 11 per cent of their on-call time. Although direct comparisons with previous years is again not possible due to the question being asked differently, the trend for an increasing amount of on-call time to be spent working with small animals has continued since 2010.

Table 7.6: On-call time: average (mean) mean percentages

Species/Discipline/Activity	N	%
Dogs	3,378	50.2
Cats	3,312	29.1
'Small furries' (e.g. rabbits, mice, gerbils, hamsters, rats, chinchillas)	1,866	4.1
Exotics (including non-production birds)	1,099	4.7
Horses (excluding OV)	1,650	37.1
Beef cattle (excluding OV)	1,387	15.5
Dairy cattle (excluding OV)	1,282	17.9
Sheep (excluding OV)	1,296	7.3
Pigs (excluding OV)	760	3.6
Poultry	742	3.3
Laboratory animals	673	0.9
Meat hygiene/official controls	669	1.1
Fish for food	663	0.9
Official Veterinarian (OV) work	721	3.1
Practice management/administration	890	11

Source: VS Survey, 2019

7.5 Routine visits to clients

The majority of UK-practising VSs who responded to the survey (52.5%, much lower than 2014's 65.2%) personally carry out routine (not out-of-hours) visits to their clients. Although a lower percentage overall carry out routine visits, among those who do, the average one-way distance (excluding extreme outliers) travelled to a routine visit is 9.4 miles, a notably longer distance than in 2014 (7.5 miles), 2010 (8.3 miles) and 2006 (8.2 miles). The mean calculation is slightly distorted by the 6.3 per cent of respondents who travel over 20 miles to an average routine visit; the median (middle value) and modal (most frequently-given) distances are both five miles, although 27 per cent of respondents travel between six and ten miles to an average routine visit.

Table 7.7 shows that the percentage carrying out routine visits in small animal practices has decreased markedly, while there have been increases for those in farm and other first opinion practices. Those in farm and equine practices are particularly likely to make routine visits.

Table 7.7: Personal involvement in routine visits by type of clinical practice

Type of clinical practice	Yes 2019 (%)	No 2019 (%)	Yes 2014 (%)	No 2014 (%)
Mixed	79.1	20.9	85.5	14.5
Small animal	50.6	49.4	68.7	31.3
Equine	85.1	14.7	90.1	9.9
Farm/Production animal	90.9	9.1	87.7	12.3
Other first opinion	77.1	22.9	66.7	33.3
Referral/consultancy	11.3	89.7	11.3	88.7

Source: VS Surveys, 2019 and 2014

The average maximum one-way distance travelled by respondents who personally visit clients to a routine call is 27.9 miles, higher than in 2014 (23.1 miles), 2010 (25.7 miles) or 2010 (24.2 miles). The mean calculation is slightly distorted by the 9.6 per cent of respondents whose maximum travel distance to a routine is over 50 miles; the median (middle value) distance is between 19 and 20 miles, while the modal distance (most frequently-given) is ten miles, closely followed in frequency by those who give 15 and 20 miles.

Table 7.8 provides the mean miles for typical and maximum distances travelled to a routine call by type of practice, with a 2014 comparison. It shows that typical distances have increased overall for those in all types of practice, especially referral/consultancy practices. The position with regard to maximum distance travelled to a routine call is less clear. It has increased somewhat for those working in mixed, small animal and referral/consultancy practices, but has decreased for those in equine and farm practices; however, those in equine and farm practices still travel considerably further maximum distances than those in other types of practice to routine calls.

Table 7.8: Distance in miles travelled to a routine call (one-way) by type of practice

Type of practice	Mean typical miles 2019	Mean max miles 2019	Mean typical miles 2014	Mean max miles 2014
Mixed	10.7	33.1	9.1	28.2
Small animal	5.3	15.4	4.8	14.7
Equine	16.8	50.4	15.8	108.2
Farm/Production animal practice	19.2	56.3	17.7	146.7
Referral/consultancy	28.9	83	11.6	70.9

Source: VS Surveys, 2019 and 2014

7.6 Out-of-hours work and 24/7 emergency cover

Table 7.9 shows the approaches taken by respondents' practices to the provision of 24/7 emergency cover, with comparisons for 2014 and 2010. Although just over half of respondents say their practice covers its own out-of-hours work, over one-third (34.5%) use a dedicated provider; after a big increase between 2010 and 2014, this percentage has remained stable.

Table 7.9: Practice's approach to providing 24/7 emergency cover

Approach to providing emergency cover	2019 (%)	2014 (%)	2010 (%)
Practice covers its own out-of-hours work	51.1	56.2	60.5
Practice covers its out-of-hours work with the help of a locum	2.1	0.7	1
Practice uses a dedicated out-of-hours service provider	34.5	34.7	25.6
Practice cooperates with other local practices	4	4.2	5.8
Practice is primarily or wholly an out-of-hours provider	2.4	-	-
Don't know	1.7	-	-
Other	4.2	4.2	3.9

Note: 2010 figures do not sum to 100% as question included two additional categories

Source: VS Surveys, 2019, 2014 and 2010

'Other' approaches to providing 24/7 emergency cover (from a random sample of 20% of those who selected 'other' and provided further details) include: describing a combination of methods (e.g. the practice covering its own large animal emergency cover but using an out-of-hours provider for small animals; using a dedicated provider only every other week; or sending emergency cases to a hospital owned by the group); and not providing out-of-hours care due to the nature of the practice (e.g. consultancy, post-mortem service, or only open for a limited number of hours).

A little over half (51.9%) of respondents personally do out-of-hours work, notably higher than in 2014 (64.5%) and in 2010 (66%). Of those who do out-of-hours work, 61.5 per cent (compared to 72.1% in 2014) say that this includes visits to clients.

Respondents engaging in out-of-hours work were also asked to provide the average and the maximum one-way distances that they travel to an out-of-hours call. Respondents report travelling a mean average of 11.5 miles to a typical out-of-hours call, higher than 2014's 9.4 miles. The median (middle value) is between nine and ten miles, also higher than in 2014 when it stood at eight miles, and the modal (most frequently-given) distance is ten miles.

The average maximum distance travelled by respondents to an out-of-hours call is 28.8 miles, again higher than 2014's 25.3 miles but close to the 2010 mean value of 28.5 miles. The median value in 2019 is between 24 and 25 miles, higher than in 2014 when it stood at 20 miles, and the two most frequently-given distances are 20 miles and 30 miles.

Table 7.10 provides these figures by the type of practice in which respondents are employed; it shows that, as in 2014, respondents who work primarily in equine practices or in farm/production practices travel the furthest average and maximum distances to an out-of-hours call. These two sets of respondents also reported travelling the furthest maximum one-way distances to an out-of-hours call, on average, although those in mixed practices also travel long maximum distances. Typical distances have increased slightly since 2014 in all types of practice except referral/consultancy, while maximum distances have stabilised or decreased in all areas except mixed.

Table 7.10: Typical and maximum distances travelled to an out-of-hours call (one-way) by type of practice

Type of practice	Mean typical miles 2019	Mean max miles 2019	Mean typical miles 2014	Mean max miles 2014
Mixed	11.7	38.9	10.3	28.8
Small animal	7.2	17.7	6.6	17.3
Equine	17	39.9	16.5	42.6
Farm/production animal	18.2	43.7	16.1	47.3
Referral/consultancy	11.3	20.5	14.6	30.3

Source: VS Surveys, 2019 and 2014

7.7 Emergency cases

Respondents to the 2019 RCVS survey were asked a series of new questions about the number of emergency cases they had dealt with out-of-hours during the past 12 months, and whether these cases have made them concerned for their personal safety; these questions were asked for the first time in 2014, although the question was phrased differently.

In a typical month, respondents report that they deal with a mean average of:

- 9.4 emergency cases out-of-hours *away from* the practice (compared to just over 30 during the course of the previous 12 months in 2014, which would equate to 2.5 per month)
- Six emergency cases out-of-hours *at* the practice (compared to an average of 73.5 over the previous 12 months in 2014, which would equate to 6.1 per month).

These mean averages are both higher than the number that many VSs will have experienced, due to very large differences in the answers provided by respondents (answers for dealing with emergency cases out of hours at the practice, for example, ranged from 0 to 225). A better indication of what VSs typically experience is provided by the median (middle) value, which is between three and four for the number of emergency cases out-of-hours away from the practice, and one for the number of emergency cases out-of-hours at the practice. Removing respondents who work for a dedicated out-of-hours provider from the mean average calculation also makes a difference, as it reduces

the mean to 5.9 cases in a typical month away from the practice, and 5.5 cases in a typical month at the practice.

7.7.1 Concerns for personal safety

Respondents working in clinical veterinary practice were asked whether they had experienced, at any time in the previous 12 months, concerns for their personal safety. The large majority (81.5%) say they have not had such concerns, which is an encouraging improvement on the previous survey. In 2014, when asked to specify the number of times they had concerns for their personal safety during the past 12 months when dealing with emergency cases at the practice, away from the practice and at any other time (including daytime and out-of-hours work), in each instance between 71 and 77 per cent reported no concerns; this is notably lower than in 2019.

The 18.5 per cent (N = 1,415) who have had concerns during the past 12 months were asked about the number of times they had concerns about their personal safety in different situations. The results show:

- 913 respondents have had concerns about their personal safety dealing with an emergency case at the practice: the mean average number of times they have experienced such concerns is two, although the mode (most frequently-given response) is one.
- 865 respondents have had concerns about their personal safety dealing with an emergency case away from the practice: the mean average number of times they have experienced such concerns is 2.8, although the mode is once again one.
- 1,116 respondents have had concerns about their personal safety at any other time, including daytime and out-of-hours work: the mean average number of times they have experienced such concerns is 7.3, although the mode is one, closely followed by two.

Respondents who had experienced concerns about their personal safety were also asked how many times they had reported incidents to their practice or to the police, with the following results:

- Incidents when dealing with an emergency case at the practice:
  - reported to practice an average (mean) of 0.44 times, with a range of 0 to 20; however, 77.2 per cent say they did not report any incidents to the practice
  - reported to police an average (mean) of 0.07 times, with a range of 0 to 2.
- Incidents when dealing with an emergency case away from the practice:
  - reported to practice an average (mean) of 0.34 times, with a range of 0 to 15; 82.4 per cent say they did not report any incident to the practice
  - reported to police an average (mean) of 0 times, with a range of 0 to 1.
- Incidents occurring at any other time, including daytime and out-of-hours work:
  - reported to practice an average (mean) of 0.76 times, with a range of 0 to 20; 63.1 per cent did not report any incident to the practice
  - reported to police an average (mean) of 0.10 times, with a range of 0 to 3.

These results show that, although the majority of VSs working in clinical practice have not had concerns about their personal safety over the previous year, a significant minority have had concerns that were serious enough to report to their practice; however, as in 2014, very few incidents overall were reported to the police.

Further analysis shows that:

- A slightly higher percentage of female than male respondents have had concerns about their personal safety (20% compared to 16%).
- Type of practice makes a considerable difference, with those in equine (34.4%), farm (40%) and mixed (27.7%) being much more likely than average to have had concerns about personal safety; by contrast, a lower-than-average 15.6% of those in small animal practices, and 6.6% of those in referral/consultancy practices, have had concerns about personal safety.
- Outside clinical practice, 35% of those working in meat hygiene/official controls and 23.6% of those working for a charity/trust have had concerns about their personal safety.

7.8 Working time arrangements

The 2019 survey results show:

- With regard to the Working Time Regulations:
  - 29.5% always have a minimum rest period of 11 hours in each 24-hour period
  - 44.2% ‘usually’ have this rest period
  - 6.3% ‘seldom’ have it
  - 6.3% ‘never’ have it
  - For the remaining 7.4%, the question is ‘not applicable’, a new option for 2019 added for those VSs who work within clinical practice but are not employed (e.g. because they are business owners).
- These results are an improvement on the 2014 and 2010 surveys, when only half of respondents always or usually managed to have a minimum rest period of 11 hours in each 24-hour period.
  - However, 37.4% of those working in equine practices, 29% of those in mixed practices, and 27.3% of those in farm/production animal practice, have this minimum rest period either ‘seldom’ or ‘never’.
- When asked if they have signed up to a workforce agreement that provides compensatory rest, 4.8% said yes and 69.3% no, with the remaining 25.9% selecting the ‘not applicable’ option which was not available in earlier years; those who selected ‘not applicable’ are mostly business owners, or independents/locums who do not have an employer and work in several different locations. Of the respondents who seldom or never have this rest period, only 4.8 per cent have signed up to a workforce agreement that provides other compensatory rest.

- Among those respondents who seldom or never have an 11-hour rest period every day and who have not signed up to a workforce agreement with their employer, only six per cent (compared to 7.1% in 2014 and 12.7% in 2010) have discussed this type of agreement.
- The large majority of VS respondents working in clinical practice have at least two days' rest every 14 days, either 'always' (57.3%) or 'usually' (29.6%). However, a small minority have this rest period either 'seldom' (4.6%) or 'never' (1.9%). The remaining 4.6% selected 'not applicable'. When the calculation is redone minus the 'not applicable responses, 93% always or usually have this rest period; this is an improvement on 2014 and 2010, when 86% said they have this two days' rest period.
- Over three-quarters (77%) of respondents in clinical veterinary practice have at least 20 days' paid holiday a year (pro rata for part timers), with 7.4% saying they do not, and 14.5% – mostly business owners and independents/locums – selecting 'not applicable'. When the calculation is redone minus the 'not applicable' responses, 91% have at least 20 days' paid holiday, again an improvement on 2014 and 2010, when around 87% said they have at least this holiday period.

8 Continuing professional development

This chapter is concerned with the continuing professional development (CPD) and qualifications of VSs who work within the veterinary profession.

Chapter summary

- 43% of respondents working within the veterinary profession hold at least one relevant qualification other than their primary qualification, while 15% are studying for one or more and 21% plan to study for one or more over the next five years.
- The most common qualification to hold, be studying for, or plan to study for, is an RCVS Certificate.
- The most frequently cited CPD methods, in terms of their use by respondents, are (in order) attending courses, distance learning, conferences and reading veterinary press. In terms of the percentage of time allocated to different CPD methods, however, the most time is given to distance learning, ahead of courses.
- 51% of the cost-incurring CPD done by respondents is funded by their employer or practice, while 33% is self-funded.
- 71% are using the RCVS Professional Development Record (PDR) to record their CPD, a big increase compared to 2014 (44%).

8.1 Qualifications

Overall, 43 per cent of respondents working within the veterinary profession who responded to the questions in this section of the questionnaire hold at least one additional veterinary or business qualification that is relevant to their profession, while 15.3 per cent are studying for one or more such qualifications, and 20.8 per cent plan to study for one or more of them in the next five years. Table 8.1 shows these qualifications.

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

Further qualification	Hold	Studying for	Plan to study for
Certificate (RCVS)	19.8	6.3	11.3
Certificate (non-RCVS)	10.9	3.8	4.5
Diploma (European or American College)	10.5	2.7	4.3
Master's degree (veterinary-related)	12.2	1.2	2.6
PhD or other professional doctorate	8.3	1.1	2.2
Business qualification (e.g. MBA) relevant to running/managing a business	2.5	0.7	2.6

Note: Overall percentages sum to more than 100% as respondents could select more than one category

Source: VS Survey, 2019

When analysed by gender, 56 per cent of those who hold more than one qualification are female and 44 per cent male; however, in line with the gender and age profile of respondents currently working in the profession, the gender difference is greater when looking at the percentage of those who are studying for one or more qualifications (69% female, 34% male), and the percentage of those planning to study for one or more qualifications over the next five years (17% female, 11% male).

There is little difference in the average ages of those with one of more qualifications: 44.5, compared to 45 for those without any of these qualifications. However, the average age of those currently studying for one or more of these qualifications (35.4) is notably lower than that of those who are not currently studying for one or more of them (45.9). The age difference is even greater when looking at those who plan to study for one of these qualifications: 33.2, compared to 46.8 for those who have no plans to study over the coming five years.

8.2 Status

Table 8.2 shows the percentages of those who hold, are working towards, or plan to work towards over the next five years, different types of professional veterinary status.

Table 8.2: Further forms of veterinary status (% of number of respondents working within the veterinary profession)

Further status	Hold	Working towards	Plan to work towards
Advanced Practitioner status	7.1	8.9	14.4
RCVS Fellowship	6.1	3.3	7.5
Specialist status (RCVS, European or American College)	2.1	0.7	2.4

Source: VS Survey, 2019

8.3 CPD methods

Respondents were asked to estimate the percentage of their CPD, during the previous 12 months, that had fallen into nine different categories (plus 'other') under the three broad headings of 'formal CPD delivered by a third party', 'CPD focusing on practice or performance of workplace' and 'CPD focusing on own practice or performance'. Table 8.3 shows the number and percentage of respondents using each method, with a third column showing the average percentage of overall CPD allocated by those who completed the question. It appears that attending courses, seminars, etc is a method used by over half of those who answered this question; distance learning, reading veterinary press, conferences, and case discussions with colleagues are also frequently-used methods.

It is worthy of note that three of the top four overall, in terms of use (attending courses, distance learning and conferences), are under the heading of 'formal CPD delivered by a third party', with the fourth (reading veterinary press) being private study relating to the respondent's own practice or performance.

The overall relative percentage of CPD allocated to the chosen categories presents a slightly different picture, as Table 8.3 shows. Although attending courses and seminars was the most popular form of CPD in terms of being chosen as a method, a slightly higher percentage of CPD time was allocated to distance learning (32.9% compared to 31.6%). Two other forms of CPD chosen as a method by over 40 per cent of respondents, case discussions with colleagues and reading veterinary press, consumed much lower percentages of CPD time: 13.1 per cent and 13.4 per cent respectively.

Table 8.3: CPD methods: percentage of overall CPD given to different CPD methods

CPD method	Number of respondents using this method	% of respondents selecting this as part of their overall CPD	Average % of CPD allocated by those choosing this method
Attending courses, seminars, etc.	7,517	54	31.6
Conferences	5,837	41.9	26.9
Distance learning	6,344	45.6	32.9
Other formal CPD delivered by a third party	1,832	13.2	10.4
Significant event analysis from within own practice	3,286	23.6	7.7
Case discussions with colleagues	5,595	40.2	13.1
Clinical audit	2,623	18.2	5.1
Other CPD related to workplace practice/performance	1,166	8.4	4.9
Reading veterinary press	6,129	44.1	13.4
Research	2,971	21.4	13
Peer discussions	3,532	25.4	9
Other CDP relating to own practice or performance	1,196	8.6	6.7

Source: VS Survey, 2019

When the allocated percentages of CPD time of male and female respondents are analysed, there is little difference apart from one category of CPD, distance learning, which uses a somewhat bigger share of CPD time for female VSs: 32.1 per cent compared to 28 per cent for male VSs.

8.4 CPD funding

In response to a question about the funding of CPD where costs were incurred, VSs indicated that most of their CPD was funded either by their employer/practice or themselves. Table 8.4 gives the percentages, with 2014 and 2010 comparisons (the question in earlier surveys included a ‘free’ option, so the 2014 and 2010 percentages have been recalculated to take account of this).

Although this is an imperfect comparison due to the absence of the ‘free’ category in this 2019 survey, it appears that the percentage of cost-incurring CPD undertaken by respondents and funded by their employer/practice has declined, from around a third to around a half, and that self-funding is now the funding source for around a third of cost-incurring CPD, compared to a quarter in previous years. This seems slightly at odds with the responses given to an earlier question about workplace benefits (see Table 6.10), to which 67 per cent of respondents working within the profession say they receive financial support for CPD.

Table 8.4: How is cost-incurring CPD funded?

Funding source	2019	2014	2010
Self-funded	32.8	25.2	25.2
Commercial sponsorship	7.9	6.6	6
Employer-funded	50.7	65.8	67.5
Grant funded	4.2	1.3	1.2
Other	4.3	1.1	1.2

Source: VS Surveys, 2019, 2014 and 2010

'Other' forms of funding (from a sample of 20% of those who selected 'other' and provided further details) included free CPD courses, webinars and events (sometimes due to being on various committees for organisations such as BVA), and attending an event free of charge due to being a speaker, organiser, demonstrator or having submitted a poster.

8.5 RCVS Professional Development Record

As Table 8.5 shows, 70.7 per cent of respondents are using the RCVS Professional Development Record (PDR) to record their CPD online, a big increase compared to 2014 (44.1%). The PDR is available to VSs at www.rcvs-pdr.org.uk

Table 8.5: 'Are you using the RCVS Professional Development Record to record your CPD online?'

	N 2019	% 2019	N 2014	% 2014
Yes	6,466	70.7	1,860	44.1
No	2,679	29.3	2,358	55.9
Total	9,145	100	4,218	100

Source: VS Surveys, 2019 and 2014

Those who are not using the PDR (N = 2,679) were presented with a list of possible reasons, and were asked to select all that applied:

- Prefer paper records: 39.7%
- Not aware of the PDR: 24.4%
- Use a different computerised/online recording system: 21%
- PDR not intuitive/too complex: 10%
- No internet access: 1%
- Other: 17.6%

‘Other’ reasons (from a 20% sample of the 425 respondents who selected ‘other’ and provided further details) include: using another country’s recording system due to working overseas or not being a UK national; using a different recording method, such as one maintained by an employer or a personally-maintained spreadsheet; and having difficulties with the technology (forgetting passwords, having access blocked, not being able to get the PDR to work, or a general dislike of computer technology).

Further analysis of those using the PDR shows:

- The average age of those using the PDR is 40.5, compared to 47.7 for those not using it.
- A gender breakdown shows that 76.4% of female respondents working within the profession use the PDR, compared to 62.2% of male respondents.
- A much higher percentage of those working within clinical practice use the PDR, compared to those working outside clinical practice: 79.7% compared to 65.6%.
- A low percentage of VS respondents working overseas use the PDR: 37%, compared to 75.8% of those working in the UK.

9 Recently qualified VSs

This chapter of the report focuses on the 1,009 respondents who have qualified as VSs within the last three years (between 2016 and 2019). Where possible, comparisons have been made with recent qualifiers from the 2014 and 2010 surveys.

Chapter summary

- 97% of recent qualifiers (2016 on) are aware of the Professional Development Phase (PDP), with only 3% being not aware.
- 71% of recent qualifiers went straight into a permanent position in clinical practice after qualifying, and a further 2% went straight into practice as a locum; this compares to a much lower 52% in 2014.
- Male and female respondents are equally as likely to have gone straight into practice.
- On average, it took recent qualifiers 1.87 months to find their first position, compared to three months in 2014.
- 75% received training during their first year in clinical practice, 64% were assigned a mentor, and 64% received appraisal/performance reviews.
- 65% felt adequately or fully supported during their first year, while 34% felt not at all or inadequately supported.
- Those in independent, standalone practice or corporate practices are most likely to say they felt fully or adequately supported: 69% and 67% respectively.
- Of those who have been working in practice for 12 months or more, 60% have completed their PDP, 35% have not, and 5% do not know whether they have completed it or not.

9.1 Awareness of Professional Development Phase (PDP)

The first question asked recent qualifiers about their awareness of the PDP, a self-assessment system that aims to instil a conscious and conscientious approach to professional learning, and to help newly-qualified veterinary graduates make the transition from life as a veterinary student to working as a professional VS.

The majority (79.4%) were fully aware of the PDP, and a further 17.3 per cent were aware of the PDP, but unfamiliar with it; only 3.3 per cent were not aware.

9.2 After graduation

Almost three-quarters of recent graduates went straight into veterinary clinical practice, either in a permanent position (71.2%) or as a locum (2.2%). This is a big increase compared to 2014, when only 52 per cent of recent qualifiers went straight into practice. Another big difference compared to 2014 and 2010 is that only 2.2 per cent took some time out as they were unable to find a veterinary job, and a further 1.7 per cent took a non-veterinary job; in earlier surveys, the percentages of those who were unable to find a job were much higher (17.8% in 2014 and 13.6% in 2010). Table 9.1 gives further details.

'Other' activities included working for the FSA or in meat hygiene/official controls, and taking veterinary training positions variously described as an 'unpaid traineeship', a 'temporary graduate position' and an 'externship'.

Table 9.1: Activities following graduation

	Post-2015 qualifiers (%)	Post-2011 qualifiers (%)	Post-2006 qualifiers (%)
Went straight into practice	-	52	63
Went straight into practice in a permanent position	71.2	-	-
Went straight into practice as a locum	2.2	-	-
Went straight into a veterinary position outside clinical practice	2.4	-	-
Began a veterinary internship	10.6	10	6
Worked abroad for a charity or other practice	2.6	7.6	3.5
Began postgraduate studies	1.1	1.4	1.1
Took some time out for travel	3.8	6.5	7.7
Took some time out as you were unable to find a job	2.2	17.8	13.6
Took a job in a non-veterinary area of work	1.7	-	-
Other	2.5	4.7	5.1

Source: VS Surveys, 2019, 2014 and 2010

Comparing respondents' answers to this question based on whether or not they qualified in the UK (see Table 9.2), there is a fairly similar pattern to the 2014 survey:

- A much higher percentage of recent UK qualifiers went straight into practice.
- Non-UK recent qualifiers are much more likely to have begun postgraduate studies, although the overall percentage doing this is small.
- Non-UK recent qualifiers are also much more likely to have gone into a veterinary internship or worked abroad.

With regard to the options not provided in 2014, non-UK qualifiers are more likely to have gone straight into a veterinary position outside clinical practice, or taken a job in a non-veterinary area of work.

A final observation is that non-UK recent qualifiers comprise almost half (48.1%) of recent qualifiers, compared to a considerably lower 26.2 per cent in 2014.

Table 9.2: Activities following graduation by country of qualification

	Recent UK qualifiers 2019 %	Recent non-UK qualifiers 2019 %	Recent UK qualifiers 2014 %	Recent non-UK qualifiers 2014 %
Went straight into practice	-	-	59	32.7
Went straight into practice in a permanent position	83	58.1	-	-
Went straight into practice as a locum	1.5	2.9	-	-
Went straight into a veterinary position outside clinical practice	0.8	4.1	-	-
Began post-graduate studies	0.2	2.1	0.2	4.8
Began a veterinary internship	6.5	15.1	5.3	23.2
Worked abroad for a charity or other practice	1.3	3.9	7	9.5
Took some time out for travel	4	3.5	7	5.4
Took some time out as you were unable to find a job	0.8	3.7	17.5	17.9
Took a job in a non-veterinary area of work	0.6	2.9	-	-
Other	1.3	3.7	4	6.5
Total (N)	524	485	473	168

Source: VS Surveys, 2014 and 2019

Table 9.3 provides a breakdown of responses by gender, with a 2014 comparison; it shows that, unlike in 2014, recent female and male graduates are more or less equally likely to have gone straight into clinical practice, or worked abroad, or gone into an internship. As in 2014, male recent qualifiers are more likely to have begun postgraduate studies and female recent qualifiers are more likely to have taken some time out for travel. A notable finding for 2019 relates to going straight into a veterinary position outside clinical practice, which was far more likely for male recent qualifiers.

Table 9.3: Activities following graduation by gender

	Male 2019 %	Female 2019 %	Male 2014 %	Female 2014 %
Went straight into practice	-	-	56.2	51.1
Went straight into practice in a permanent position	70.7	71.7	-	-
Went straight into practice as a locum	2.7	2	-	-
Went straight into a veterinary position outside clinical practice	6.3	1.1	-	-
Began postgraduate studies	2	0.8	2.3	1.2
Began a veterinary internship	9.8	10.9	17.7	8
Worked abroad for a charity or other practice	2.3	2.7	6.9	7.8
Took some time out for travel	2.3	4.3	3.8	7.2
Ta some time out as you were unable to find a job	1.2	2.5	9.2	19.8
Took a job in a non-veterinary area of work	1.2	1.9	-	-
Other	1.6	2.8	3.8	4.9
Total (N)	256	751	130	511

Source: VS Surveys, 2014 and 2019

The number of BAME recent qualifiers is small compared to White respondents (N = 66, 6.6% of recent qualifiers). An analysis by ethnicity reveals no significant differences in area of work or other activity following graduation.

9.3 Time to find first position

Respondents were asked how long it had taken them to find their first position after they started to look. A small number (N = 52) had not yet found their first post; the average time taken by those who had found a post was 1.87 months, notably shorter than 2014 when recent qualifiers had taken three months on average. The range of responses was between zero and 12 months. Further analysis shows:

- Male recent qualifiers took slightly less time, on average, than their female counterparts (1.77 months compared to 1.9 months)
- BAME respondents (N = 64) took longer, on average, than White respondents to secure their first post: 2.28 months compared to 1.83 months
- Respondents with a disability or limiting medical condition (N = 25) took a little longer to find their first position: 2.04 months, on average, compared to 1.86 for those without a disability/medical condition (although these results should be interpreted with caution due to the relatively small number of respondents with a disability/medical condition)
- Those who qualified in the UK took a little less time, on average, than overseas qualifiers: 1.81 months compared to 1.92 months.

9.4 The first year of clinical practice

Among those respondents who went into clinical practice, either straight away following their graduation or after a period of time (N = 950), the majority (74.7%, considerably higher than 2014's 64.2%) received training during their first year at work. Almost two-thirds (64.1%) were assigned a mentor for their first year, and a similar percentage (64%, again higher than 2014's 54.4% and 2010's 57%) received appraisals or performance reviews during their first year. Although these results are an encouraging improvement, they still mean that one-quarter of those in their first year at work in clinical practice did not receive training, one-third did not have a mentor, and one-third did not receive appraisals or performance reviews.

Further analysis shows that 17 per cent of recent qualifiers who responded fully to this question (N = 937) received all three types of support (training, a mentor and appraisals/performance reviews) during their first year at work, while 25 per cent received two out of the three, 45 per cent one of the three, and 13 per cent none of the three.

In answer to a question about the extent to which they felt supported during their first year:

- 23.5% felt fully supported
- 41.9% felt adequately supported
- 29% felt inadequately supported
- 5.6% felt not at all supported.

Further analysis examined the relationship between feeling supported and receiving (or not) one, two or all three of the support types. This yielded some surprising results, in that:

- Those who received just one support type are the most positive about the support they received: 83% felt fully or adequately supported, leaving just 17% feeling not at all or not adequately supported.
- Of those receiving two out of three support types, 65% felt fully or adequately supported, while 35% felt not at all or not adequately supported.
- Of those receiving all three support types, 51% felt fully or adequately supported, while 49% felt not at all or not adequately supported.
- Finally, those who received none of the three support types felt the least supported: 20% felt fully or adequately supported, while 80% felt not at all or not adequately supported.

An analysis of feeling supported or unsupported compared to the business model of the practice shows:

- Those working in an independent, standalone practice are most likely to have felt supported: 69% were fully or adequately supported, compared to 31% who felt not at all or not adequately supported.

- Those working in an independent, standalone practice that is part of a larger group, however, felt less supported: 58% were fully or adequately supported, compared to 42% who felt not at all or not adequately supported.
- Those working in a corporate practice are almost as positive as those working for an independent, standalone practice: 67% were fully or adequately supported, compared to 33% who felt not at all or not adequately supported.
- However, those working for a joint venture with a corporate group are not so positive: 54% were fully or adequately supported, compared to 46% who felt not at all or not adequately supported.

Finally, an analysis by type of practice shows that there are some differences with regard to feeling supported or not:

- Respondents in mixed practice are the most positive group, in that 75% felt fully or adequately supported.
- Those in referral/consultancy practices are mostly likely to have felt unsupported: only 48% felt fully or adequately supported, although this finding should be treated with caution due to the relatively small number of respondents in this type of practice.
- Other types of practice have fairly similar results:
  - Small animal: 64% felt fully or adequately supported
  - Equine: 68% felt fully or adequately supported
  - Farm: 67% felt fully or adequately supported.

9.5 The Professional Development Phase (PDP)

Respondents who had appraisal or performance reviews within their first year (N = 600) were asked if these appraisal/reviews took account of their progress with the PDP. Exactly half (50%) said no, with 40.8 per cent saying yes and 9.2 per cent selecting ‘don’t know’. This is a less positive picture than in 2014, when a slightly higher 45 per cent stated that their appraisals/reviews did take account of their PDP progress.

Almost two-thirds (62.7%) of recent qualifiers have been working in clinical practice for more than 12 months. These respondents were asked if they had completed their PDP: 59.8 per cent say they have, 34.8 per cent have not, while the remaining 5.5 per cent do not know. Further analysis shows:

- Of those who felt not at all or not adequately supported, 57% have completed their PDP, while of those who felt fully or adequately supported, a higher 67% have completed their PDP.
- Receiving different types of support or not during the first year of training appears to make only small differences to PDP completion:
  - 62% of those who received all three support types have completed
  - 65% of those who received two out of three types have completed
  - 65% of those who received one out of three types have completed

- A lower 58% of those who received none of the support types have completed.

Those who have not yet completed their PDP were asked why not. The results, in Table 9.4, indicate that most are at least in the process of completing, although a significant minority have not started yet, have not received adequate support, have stopped before finishing or have been unable to gain the required experience. Note that the 2019 percentages in Table 9.4 are not strictly comparable to 2014 because respondents were asked to select all the reasons that applied in 2019, whereas in 2014 they were asked to select the main reason.

'Other' reasons included going to work in another country that had different or no PDP requirements, finding it unnecessarily time-consuming and complicated, and not having the time or energy to complete it in a busy practice and/or after working long hours.

Table 9.4: Reason for not having completed PDP

Reason	% 2019	% 2014
I have not started it yet	13.1	9.3
I don't yet have enough experience but expect to complete in due course	25.6	49.6
Did not start straight away but now in process of doing it	36.2	9.3
Have not received adequate support in practice	11.6	6.9
Have stopped the PDP before finishing it	3.5	4.5
Not been able to gain required experience and am unlikely to be able to do so	3	2.4
Other reason	23.6	18.2

Source: VS Surveys, 2014 and 2019

10 Views about the profession

This chapter focus on the attitudes and views of respondents towards the veterinary profession. In this section of the survey, respondents were also asked whether they would still opt for a career within the veterinary profession if they had the chance to start again, and to consider the best aspects of the profession, improvements that would make it a better profession in which to work, and the challenges faced by the profession. All respondents to the survey, regardless of whether or not they worked within the profession, and regardless of their employment status, were invited to give their views.

Chapter summary

- The responses to 11 statements representing general views about the veterinary profession follow a similar pattern to those of 2014 and 2010, although the average (mean) score for the two statements about clients valuing the work of VSs and VNs have decreased since 2014 and 2010, while satisfaction with remuneration/salary level has increased slightly.
- Respondents have a slightly negative view about newly-qualified VSs having the necessary skills for general practice from day one, and slightly disagree that veterinary schools are recruiting too many students for available future work.
- Respondents are confident in their familiarity with, use of, and ability to critically appraise, evidence, although they are not likely to have participated in research over the previous five years. They are also confident about understanding and using quality improvement.
- Regarding emergency first aid provision, as in 2014, there is strong agreement that respondents should continue to be obliged to take steps to provide emergency first aid and pain relief to animals, and a less strong but still clearly positive view that they are satisfied, when on call, to be obliged to attend an emergency away from the practice only if necessary on clinical or welfare grounds. However, the agreement to being obliged to take steps to provide emergency first aid and pain relief, when on call, only to animals registered with the practice is much less strong.
- Although respondents overall feel comfortable reporting and sharing mistakes, they are neutral about whether or not the profession has a culture of sharing and learning from mistakes. A similar division is apparent regarding societal recognition: there is agreement that VSs are recognised as a leading force for animal health and welfare, but disagreement that their role in public health is recognised.
- There is agreement overall that the RCVS PSS should be mandatory, with only 9% disagreeing or strongly disagreeing. However, respondents working in an RCVS PSS-accredited practice return a high average score of 3.7, compared to a negative score of 2.9 for those working in a practice without this accreditation.
- There is only a slightly positive view overall regarding whether or not the profession nurtures innovation, and overall, respondents do not have a high opinion of the profession's

development of leadership skills, with over half (52%) disagreeing or strongly disagreeing that the profession pays sufficient attention to this.

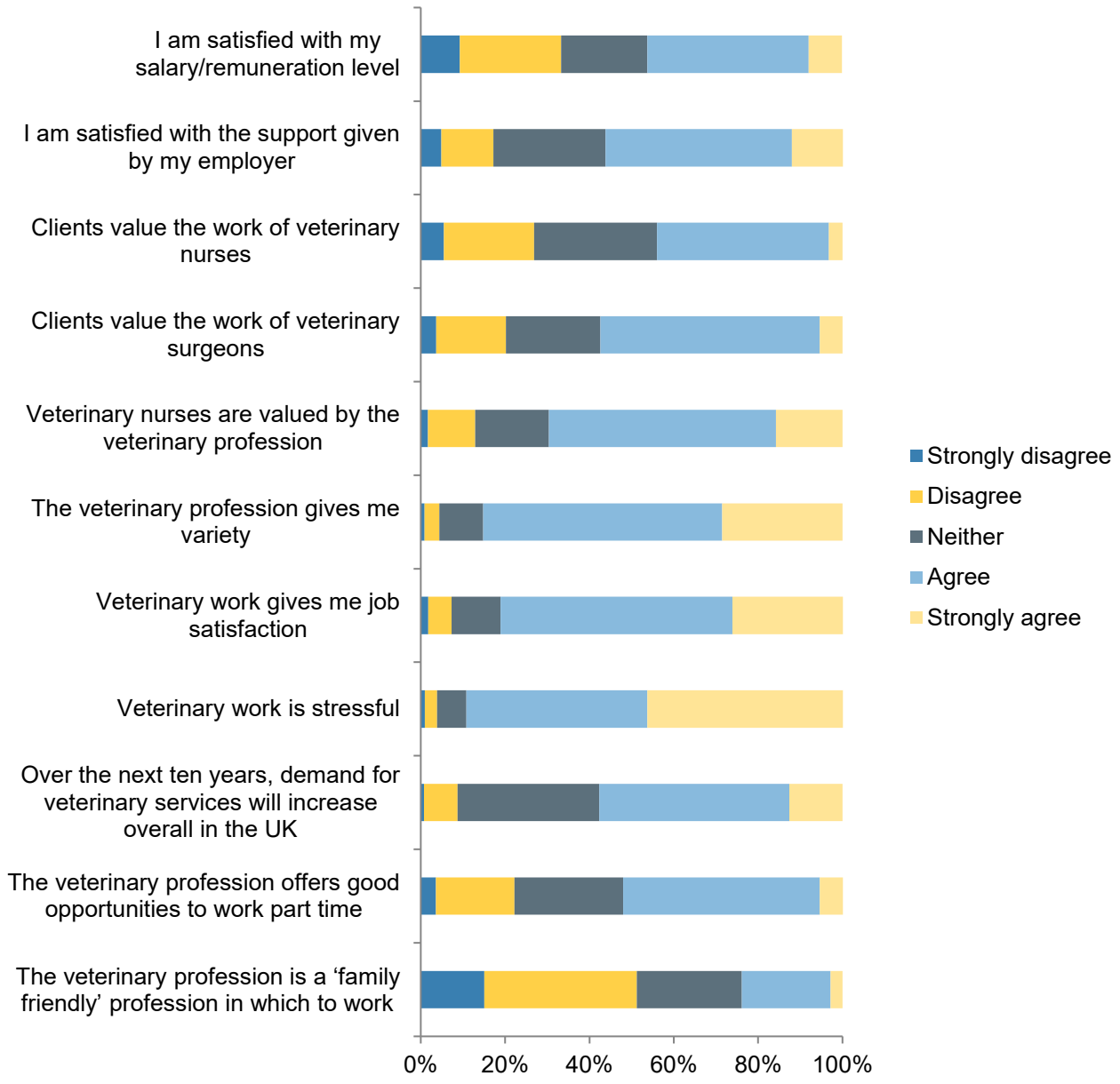
- The lowest overall average (mean) score is given to the statement that the profession pays sufficient attention to its environmental footprint; 62% of respondents disagree or strongly disagree.
- Taking all 31 statements together, overall: men are more positive than women; those in their 60s and 70s are more positive than younger age groups; those with a disability/medical condition are less positive than those without; those working within the profession are more positive than those working outside; in clinical practice, those in senior roles are more positive than employed assistants and independents/locums; when analysed by type of practice, those in farm animal practices are more positive than other types of practice; and outside clinical practice, those working in veterinary schools are more positive than those working in other non-practice areas.
- 48% would still opt for a veterinary career if they could start over again, while 23% would not and 39% are undecided.
- The best things about working in the profession are seen as working with animals, job satisfaction and challenge/stimulus.
- The things that would make the profession a better place to work are better work-life balance, better financial reward and less workload pressure.
- The biggest challenges to the profession are client expectations/demands, stress levels, changing structures in veterinary practice ownership, and affordability of veterinary services.

10.1 General views about the profession

Respondents were asked to indicate the extent to which they agree with a series of 31 attitudinal statements about the veterinary profession. Each statement used a five-item scale to capture responses ranging from ‘strongly disagree’ (scoring 1) to ‘strongly agree’ (scoring 5), with a mid-point score of 3. Seventeen of these statements were also used in the 2014 survey, and 14 are new to the 2019 survey. Within this chapter, views have been grouped, where appropriate, into themes. Appendix Table 1 gives the full results for these 31 statements (i.e. number responding, percentage spread of responses and mean score for each statement).

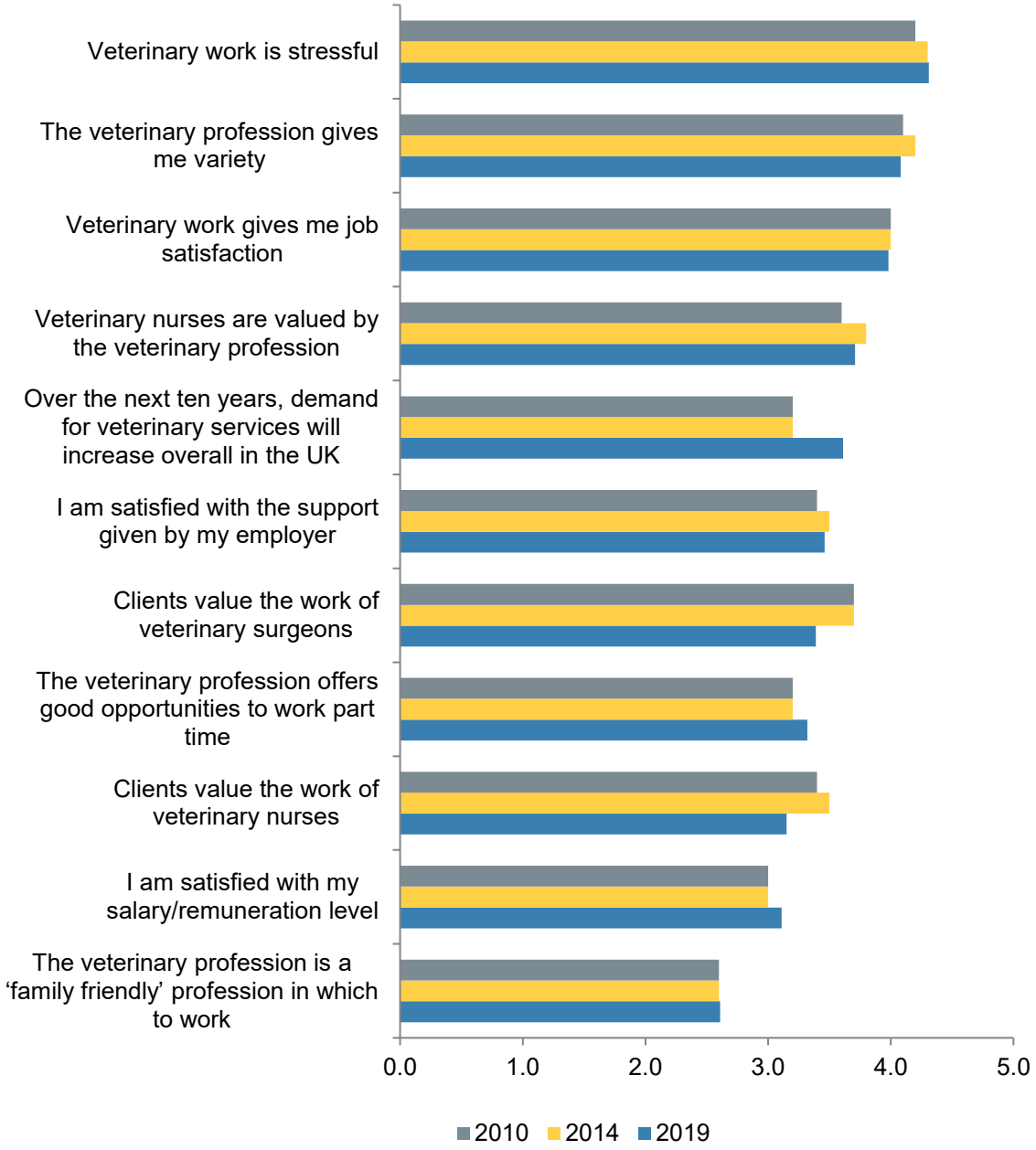
Figure 10.1 shows the overall spread of responses to a selection of eleven of these statements which were also asked in 2014 and 2010, while Figure 10.2 provides the average (mean) scores and compares the 2019 results with those for 2014 and 2010.

Figure 10.1: General views about the profession: percentage spread of responses



Source: VS Survey, 2019

Figure 10.2: General views about the profession: average (mean) scores, 2019, 2014 and 2010 compared



Source: VS Surveys, 2019, 2014 and 2010

On the whole, where comparisons with previous years are available, the findings are consistent with those from the previous two RCVS surveys. However, the average (mean) score for the two statements about clients valuing the work of VSs and VNs have decreased since 2014 and 2010, while satisfaction with remuneration/salary level has increased slightly compared to the previous two surveys.

An analysis by gender indicates that, on the whole, male respondents tend to be a little more positive than female respondents. The statements with the biggest differences are:

- The profession is family-friendly: men 2.8, women 2.46
- The profession offers part-time working opportunities: men 3.5, women 3.19
- Veterinary work is stressful: men 4.13, women 4.44
- Clients value the work of VSs: men 3.59, women 3.25
- Clients value the work of VNs: men 3.37, women 2.99
- Satisfaction with salary/remuneration: men 3.26, women 3.03.

An analysis by age indicates that at least some of the gender differences above are related to the different age profiles within the profession of men and women. Overall, the most positive age groups are the two oldest groups (those aged 70 and over and those in their 60s) and the youngest group (those aged under 30). The statements showing the biggest differences are:

- The profession is family-friendly: the least positive are those in their 30s (2.44) and 40s (2.41), while the most positive are those in their 60s (2.84) and 70s (3.32) – the last age group being the only one to return a positive average (mean) score for this statement.
- The profession offers part-time working opportunities: again, the least positive are those in their 30s (3.14) and 40s (3.23), and the most positive those in their 50s (3.48) and the two oldest groups (3.58).
- Increased demand for veterinary services over the next ten years: although there is clear agreement from all age groups, those aged under 30 are the most likely to agree (3.88) while those in their 50s are least likely (3.49).
- Veterinary work is stressful: agreement with this statement declines steadily in line with age, from a very high 4.55 for the under 30s to a lower (although still clearly positive) 3.76 for those aged 70 and over.
- The profession gives job satisfaction: the two oldest age groups are particularly in agreement, with those in their 60s scoring 4.24 overall and those aged 70 and over 4.32.
- Clients value the work of VSs: both age groups aged under 40 are only slightly in agreement with this, after which average (mean) scores increase in line with age; those in their 40s score 3.33, in their 50s 3.6, in their 60s 3.81 and in the 70 and over group 3.93.
- Clients value the work of VNs: the same age-related pattern is seen here, with the under 30s and those in their 30s returning a negative average (mean) score of 2.84, rising to a slightly positive 3.1 for those in their 40s and clearly positive scores for the older groups; 50s 3.41, 60s 3.63 and 70 and over 3.79.
- Satisfaction with salary/remuneration: the least satisfied are those in their 30s (3.01) while those in their 60s (3.38) and 70 plus (3.79) are the most satisfied.

Further analysis looking at other variables shows:

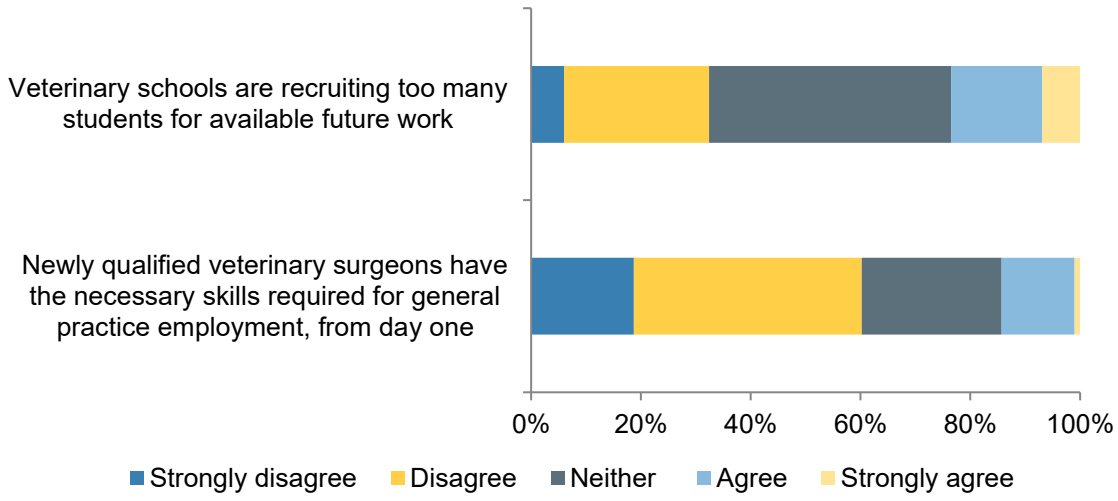
- BAME respondents are a little less positive overall than White respondents, with the following responses showing the biggest differences:
  - The veterinary profession gives me variety: White 4.09, BAME 3.96
  - Clients value the work of VSs: White 3.4, BAME 3.24
  - I am satisfied with my salary/remuneration level: White 3.13, BAME 2.96.
- Respondents with dependent children show few significant differences, with the following showing the biggest difference:
  - The veterinary profession is a 'family friendly' profession in which to work: with dependent children 2.44, without dependent children 2.7.
- There are no clear differences between the view of respondents with and without adult dependants.
- Respondents who work outside the veterinary profession are less positive, overall, than those working within the profession. The following statements show the biggest differences in average (mean) scores:
  - Veterinary work gives me job satisfaction: within the profession 3.99, outside the profession 3.54
  - The veterinary profession gives me variety: within 4.09, outside 3.79
  - VNs are valued by the veterinary profession: within 3.71, outside 3.46
  - I am satisfied with the support given by my employer: within 3.48, outside 3.1
  - I am satisfied with my salary/remuneration level: within 3.12, outside 2.89.
- There are some differences, among those who work within the veterinary profession, between those working in clinical practice and those working outside clinical practice; however, one group is not consistently more positive than the other. The two statements showing the biggest differences are:
  - The veterinary profession is a 'family friendly' profession in which to work: within clinical practice 2.52, outside clinical practice 2.71
  - VNs are valued by the veterinary profession: within 3.75, outside 3.57.
- There are clearer differences when analysed by broad area of work, with those in principal/director/partner roles on the whole being more positive than employed assistants or independents/locums:
  - The veterinary profession is a 'family friendly' profession in which to work: principal/director/partner 2.65, employed assistant 2.46, independent/locum 2.45
  - The veterinary profession offers good opportunities for those wishing to work part time: principal/director/partner 3.47, employed assistant 3.26, independent/locum 3.31
  - Clients value the work of VSs: principal/director/partner 3.51, employed assistant 3.3, independent/locum also 3.3

- Clients value the work of VNs: principal/director/partner 3.27, employed assistant 2.97, independent/locum 3.07
- I am satisfied with the support given by my employer: principal/director/partner 3.7, employed assistant 3.41, independent/locum 3.25
- I am satisfied with my salary/remuneration level: principal/director/partner 3.35, employed assistant 3.01, independent/locum 3.1.

10.2 Views about recent qualifiers and veterinary school places

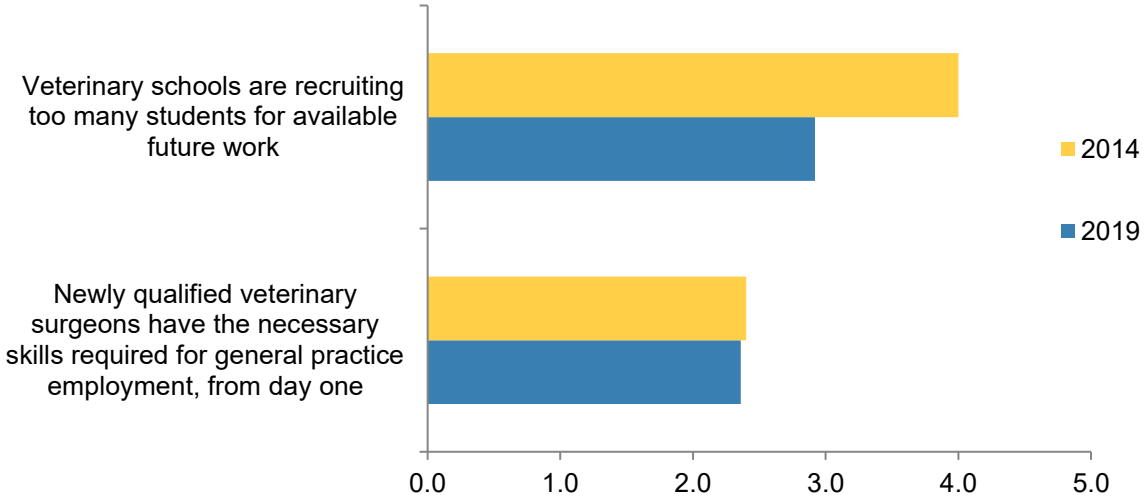
Only two statements, rather than four as in the 2014 survey, sought respondents' opinions about newly-qualified VSs and the number of students being recruited by veterinary schools. Figure 10.3 gives the spread of responses to these statements, while Figure 10.4 gives the mean scores with a 2014 comparison. It is clear that, although respondents have the same slightly negative view about newly-qualified VSs having the necessary skills for general practice from day one, there has been a big change with regard to the number of students being recruited by veterinary schools; whereas there was strong agreement to this statement in 2014, there is now slight disagreement overall.

Figure 10.3: Views about recent qualifiers and veterinary school places: percentage spread of responses



Source: VS Survey, 2019

Figure 10.4: Views about recent qualifiers and veterinary school places: average (mean) scores, 2019 and 2014



Source: VS Surveys, 2019 and 2014

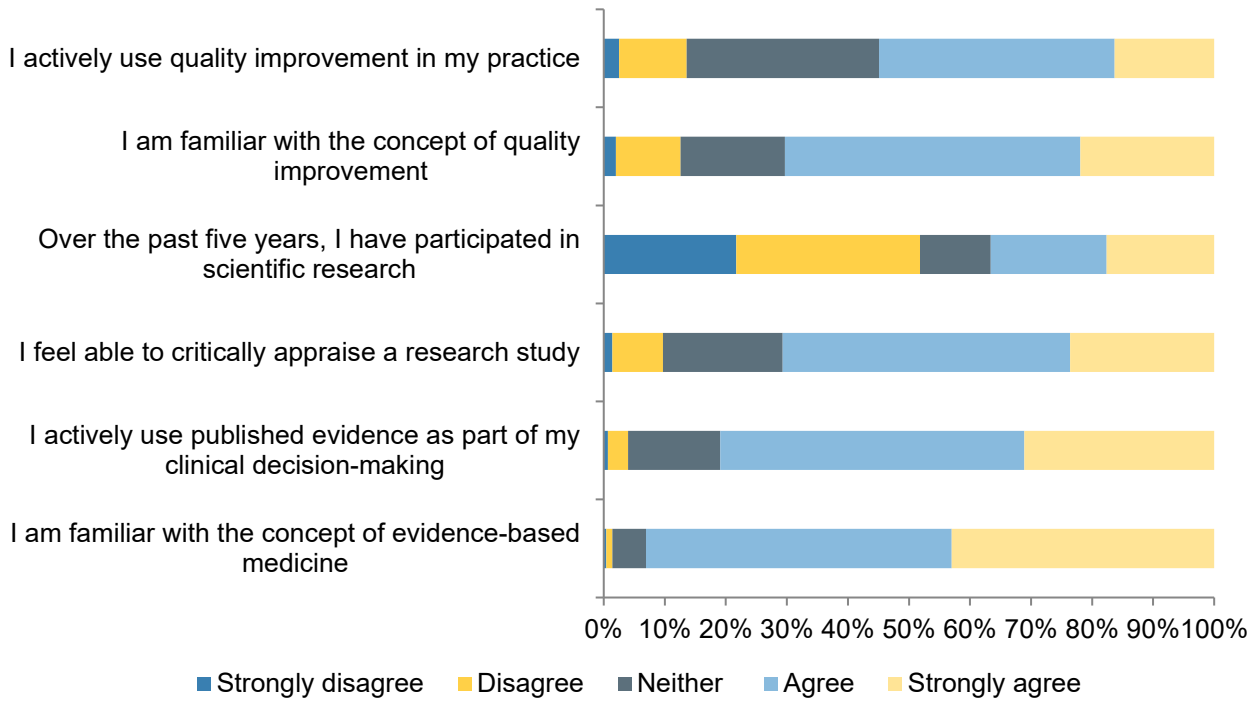
Further analysis shows:

- There is no difference between the views of female and male VSs for these two statements.
- When analysed by age:
  - No age group returns a positive mean score for VSs having the necessary skills for practice from day one. However, the youngest and oldest age groups are somewhat more positive than average (those aged under 30 and 70 plus score 2.5 and 2.49 respectively, whereas those in their 40s and 50s score 2.31 and those in their 60s 2.28)
  - Those in their 50s are more likely than average to disagree that veterinary schools are recruiting too many students for the available future work (2.76 compared to an overall average of 2.92).
- BAME respondents have notably different scores regarding veterinary schools recruiting too many students, in that they agree with the statement while White respondents disagree: BAME 3.22, White 2.9.
- Respondents in principal/director/partner roles are notably more likely than average to disagree that newly-qualified VSs have the necessary skills for general practice from day one (2.23 compared to an overall average of 2.36).

10.3 Views on evidence-based medicine and quality improvement

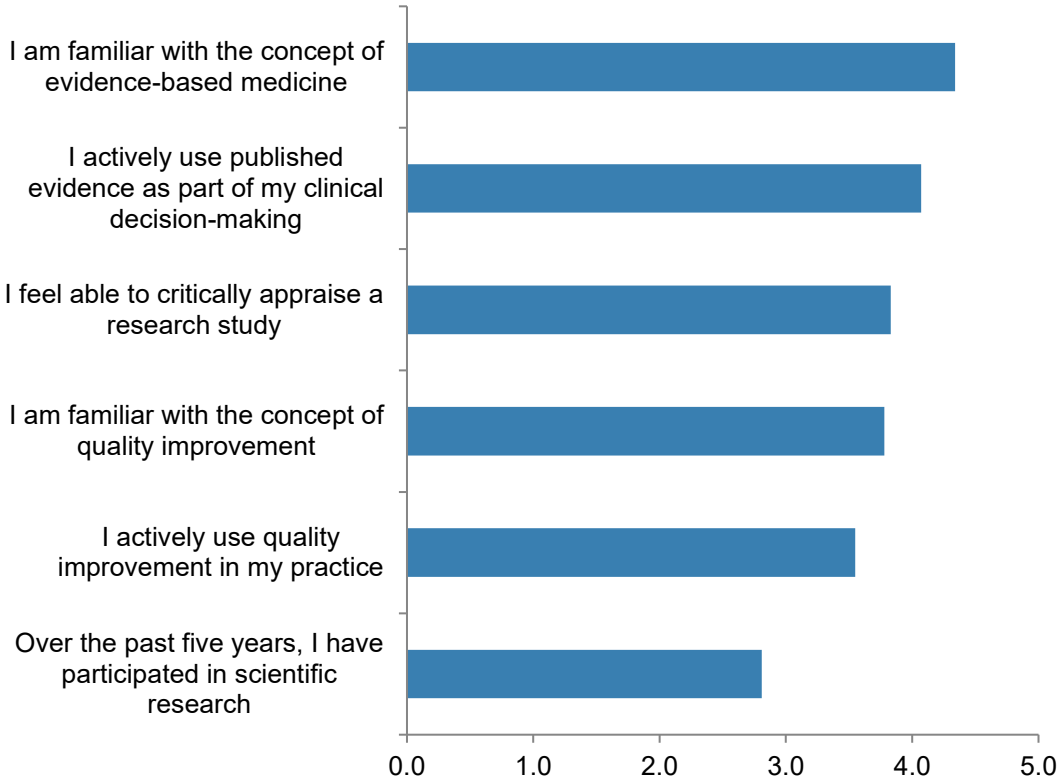
Six statements sought respondents' views about evidence-based medicine and quality improvement. Only one of these statements, 'I am familiar with the concept of evidence-based medicine', is worded the same as in the 2014 survey, while the two statements about quality improvement are completely new. Figure 10.5 shows the spread of responses, while Figure 10.6 shows the average (mean) scores overall. It is clear that respondents are confident in their familiarity with, use of, and ability to critically appraise, evidence; however, overall they are not likely to have participated in research over the previous five years. Respondents are also confident about understanding and using quality improvement, although less so than in their responses to the evidence-based medicine.

Figure 10.5: Views on evidence-based medicine and quality improvement: percentage spread of responses



Source: VS Survey, 2019

Figure 10.6: Views on evidence-based medicine and quality improvement: average (mean) scores



Source: VS Survey, 2019

Further analysis shows:

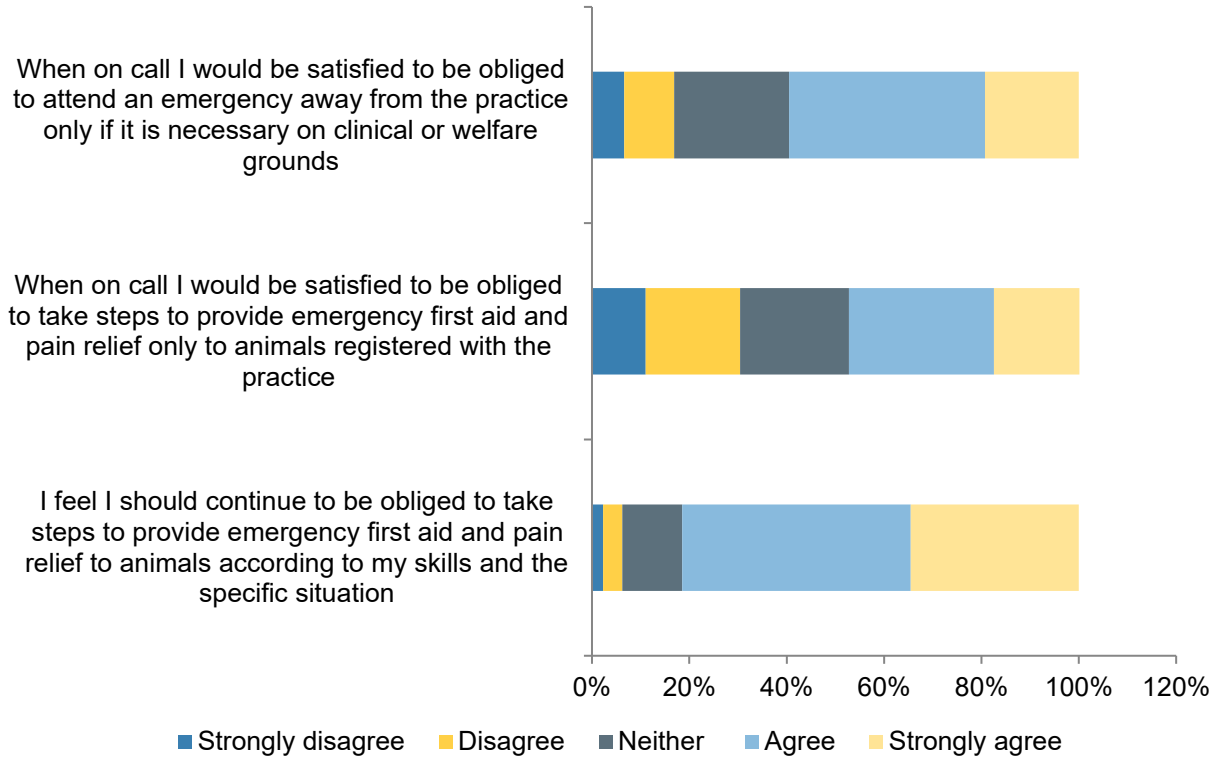
- There is little variation in responses to these statements when analysed by gender.
- An age analysis shows that younger respondents are a little more confident about evidence-based medicine than older respondents, although all age groups rate their familiarity, use and critical appraisal skills highly. However, younger respondents are somewhat less likely to be familiar with the concept of quality improvement: those aged under 30 return a score of 3.66, compared to 3.82 for those in their 40s and 50s. They are also a little less likely to use quality improvement in their practice: the under 30s score 3.44 for this statement, compared to 3.59 for those in their 40s.
- Those working outside the profession are more likely to have participated in research over the past five years (3.2 compared to 2.79 for those within the profession) and rate their critical appraisal skills more highly (4.05 compared to 3.82).
- Within the profession, those working outside clinical practice have greater familiarity with the concept of clinical improvement (3.9 compared to 3.73 for those within clinical practice) and are more likely to have participated in research (3.12 compared to 2.69).

- However, within clinical practice, those in principal/director/partner roles are more likely actively to use quality improvement in their practice than employed assistants or independents/locums (3.68, 3.42 and 3.47 respectively).

10.4 Views about emergency first aid provision

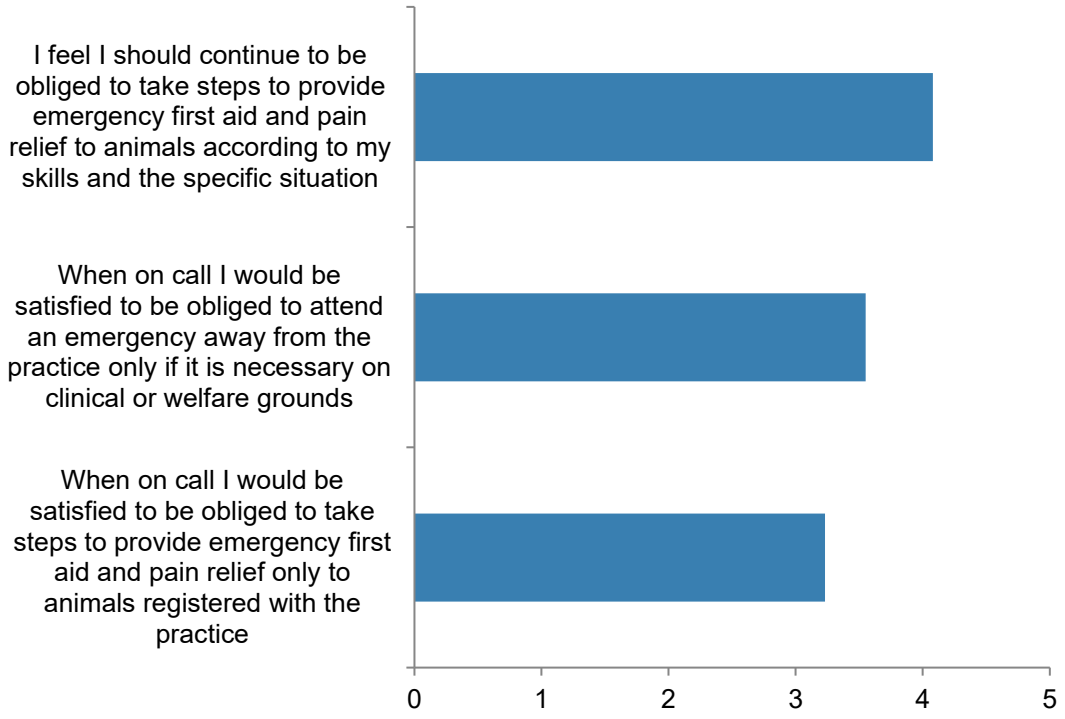
Three statements sought VSs' views about emergency first aid provision; these statements were first used in 2014. Figure 10.7 shows the spread of scores, while Figure 10.8 shows the average (mean) scores. As in 2014, there is strong agreement that respondents should continue to be obliged to take steps to provide emergency first aid and pain relief to animals, and a less strong but still clearly positive view among respondents that they are satisfied, when on call, to be obliged to attend an emergency away from the practice only if it is necessary on clinical or welfare grounds. However, the agreement to being obliged to take steps to provide emergency first aid and pain relief, when on call, only to animals registered with the practice is notably less strong.

Figure 10.7: Views about emergency first aid provision: percentage spread of response



Source: VS Survey, 2019

Figure 10.8: Views about emergency first aid provision: average (mean) scores



Source: VS Survey, 2019

Further analysis shows:

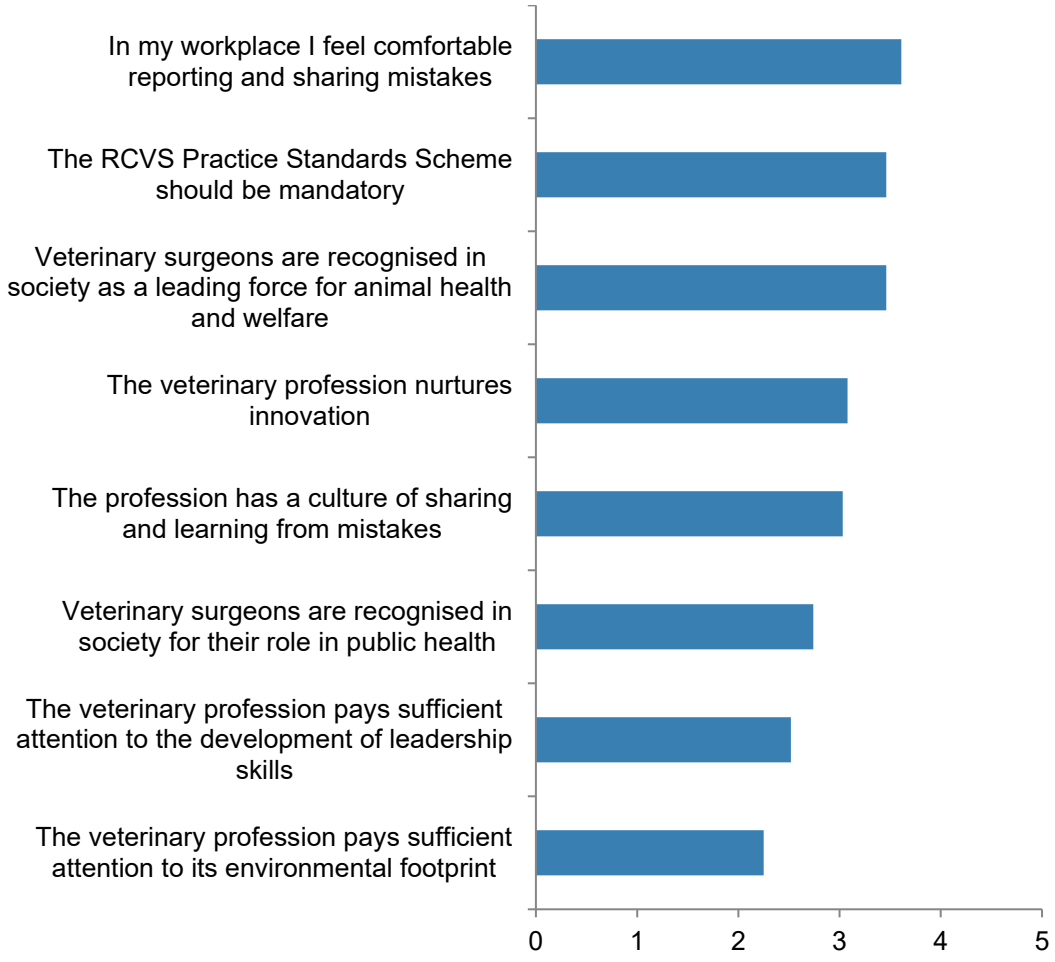
- Female respondents feel more strongly than male respondents that they should continue to be obliged to take steps to provide emergency first aid and pain relief: female 4.17, male 3.94.
- The above finding is to some extent age related, in that views about this statement become somewhat less strong in line with age increasing: the under 30s score 4.27, with the score decreasing gradually until those aged 70 and over score 3.86.
- Perhaps unsurprisingly, respondents working outside the profession feel less strongly (but still clearly positively) that they should be obliged to provide first aid and pain relief: 3.61 compared to 4.09 for those within the profession.
- Within the profession, those within clinical practice feel more strongly than those outside that they should be obliged to provide first aid and pain relief: 4.16 compared to 3.85.
    - However, the strength of this view varies somewhat related to the role of the respondent: those in principal/director/partner roles or independent/locum roles, though strongly positive about this statement, are somewhat less positive than employed assistants: 4.03, 4.07 and 4.25 respectively
    - Views also vary somewhat depending on whether or not the respondent does any out-of-hours work. Those who are required to work out of hours score 3.37 when asked if they would feel obliged to take steps to provide emergency first aid and

pain relief only to animals registered with the practice, compared to 3.18 for those who do no out-of-hours work. However, regarding being satisfied to be obliged to attend an emergency away from the practice only if necessary on clinical or welfare grounds, views are fairly similar: those who work out of hours score 3.64, compared to 3.56 for those who do not work out of hours.

10.5 Views about standards, learning and societal recognition

A collection of eight statements in the 2019 survey sought opinions on sharing and learning from mistakes, societal recognition of the VS role, the RCVS PSS, and the veterinary profession's nurturing of innovation, attention to the development of leadership skills and environmental footprint. Figure 10.9 gives the average (mean) scores.

Figure 10.9: Views about standards, learning and societal recognition, average (mean) scores



Source: VS Survey, 2019

The results show:

- Although respondents overall feel comfortable reporting and sharing mistakes, they are neutral about whether or not the profession has a culture of sharing and learning from mistakes.
- A similar division is apparent regarding societal recognition: there is agreement that VSs are recognised as a leading force for animal health and welfare, but disagreement that their role in public health is recognised.
- There is agreement overall that the RCVS PSS should be mandatory, with only 9% disagreeing or strongly disagreeing; however, around a third (32.4%) of respondents are unsure, in that they neither agree nor disagree.
- There is only a slightly positive view overall regarding whether or not the profession nurtures innovation, and a very large minority (42.6%) feel unable to agree or disagree.
- Overall, respondents do not have a high opinion of the profession's development of leadership skills, with over half (52%) disagreeing or strongly disagreeing that the profession pays sufficient attention to this; however, around one-third (34.5%) are unable to agree or disagree.
- The lowest overall average (mean) score – and indeed the lowest mean score of all 31 attitude statements in this section of the survey questionnaire – is given to the statement that the profession pays sufficient attention to its environmental footprint; 62% of respondents disagree or strongly disagree.

Further analysis of these statements shows:

- With regard to sharing and learning from mistakes:
  - The most positive age groups regarding the profession's culture are the under 30s (3.39) and those in their 60s (3.3); the least positive are those in their 40s and 50s (2.91 and 2.9 respectively)
  - Respondents working within the profession are notably more positive than those working outside about the profession's culture (3.04 and 2.81 respectively) and about their comfort with reporting and sharing mistakes (3.62 and 3.25 respectively)
  - Finally, among those working in clinical practice, there are differences related to role with regard to feeling comfortable reporting and sharing mistakes: principal/director/partner 3.89, employed assistant 3.58 and independent/locum 3.4.
- With regard to societal recognition:
  - Men are more positive than women about VSs being recognised as a leading force for animal health and welfare (3.65 compared to 3.35) and about VSs being recognised for their role in public health (2.92 compared to 2.64)
  - With regard to societal recognition for the VS role in public health, younger respondents are notably less positive than older respondents: the under 30 and 30s age groups both score 2.62, compared to 3.0 for those in their 50s and 3.22 for those in their 60s (but a lower 2.74 for those aged 70 and over)

- BAME respondents are less positive than White respondents about recognition for the VS role in public health: 2.74 compared to 2.91.

- There are some differences of opinions about whether or not the RCVS PSS should be compulsory:
  - Women express stronger agreement than men (3.57 compared to 3.31)
  - This is to some extent age related, in that agreement is strongest among those aged under 30 (3.67) and weakest among those in their 50s and 60s (3.3 and 3.23 respectively)
  - For those working within clinical practice, there are fairly large differences of opinion depending on role: principal/director/partner 3.16, employed assistant 3.59, independent/locum 3.43
  - There is also a very big difference depending on whether or not the respondent works in an RCVS PSS-accredited practice: those who do return an average score of 3.7, compared to a negative 2.89 for those working in a practice without this accreditation, and 3.4 for those who do not know whether the practice is accredited or not.
- Finally, with regard to innovation, the development of leadership skills and the profession's attention to its environmental footprint:
  - Women are notably less in agreement than men about the profession's attention to its environmental footprint: 2.14 compared to 2.43
  - This, again, is age-related; the most positive age groups about attention to the environmental footprint (though still clearly negative) are those in their 50s and 60s (2.53 and 2.85 respectively), although interestingly those in their 70s are almost as negative as the under 40 age groups (2.25 and 2.2 respectively)
  - Those working within the profession are somewhat more likely, on average, to think the profession nurtures innovation: 3.09, compared to 2.86 for those working outside
  - For those working within clinical practice, there are differences of opinion about the profession's attention to its environmental footprint, depending on role: principal/director/partner 2.34, employed assistant 2.08, independent/locum 2.19.

10.6 Views on 'being myself at work'

Finally, one statement new for the 2019 survey tested opinions about the statement 'I am able to be myself in the workplace'. Overall, respondents expressed clear agreement, in that the average (mean) score for the statement is 3.79 and only seven per cent disagreed or strongly disagreed. Further analysis reveals relatively few differences:

- BAME respondents are somewhat less positive than White respondents, although they are still clearly positive: 3.65 compared to 3.8.
- Those working outside the veterinary profession are notably less positive than those within: 3.47 compared to 3.8.

- There are some differences, for those working within clinical practice, when this statement is analysed by role: principal/director/partner 3.98, employed assistant 3.78 and independent/locum 3.67.
- Those whose gender identity is not the same as the sex they were assigned at work are more positive about this statement than average: 3.93 compared to 3.79.
- When analysed by sexual orientation, there is a slight difference in scores, with heterosexual respondents being a little more positive: 3.8, compared to 3.76 for LGB respondents.

10.7 'Overall views score'

For the first time, an 'overall views score' has been created by taking the average of respondents' views on all 31 attitude statements. The scores for the two negatively-worded statements, 'Veterinary work is stressful' and 'Veterinary schools are recruiting too many students for the available future work' have been reversed in order to create this variable, so that a high score consistently indicates positive views. The midpoint for this overall views score, as for each individual attitude statement, is 3.

The overall views score for all respondents is 3.31. There are some differences in the overall view score when it is broken down by respondent groups:

- Demographic/personal variables:
  - Gender: female 3.26, male 3.38
  - Age: under 30 3.32, 30s 3.25, 40s 3.26, 50s 3.31, 60s 3.38, 70 and over 3.5
  - Sexual orientation: heterosexual 3.31, LGB 3.3 (i.e. very little or no difference)
  - Ethnicity: BAME 3.3, White 3.31 (i.e. very little or no difference)
  - Dependent children living with respondent: yes 3.29, no 3.32
  - Adult dependant: yes 3.3, no 3.31 (i.e. very little or no difference)
  - Disability/medical condition that limits work the respondent can do: yes 3.22, no 3.31.
- Work variables:
  - Working within veterinary profession 3.31, working outside profession 3.19
  - Recently qualified (2016 onwards) 3.35, not recently qualified 3.31
  - Working within clinical practice 3.31, outside clinical practice 3.33
  - Broad role within clinical practice: principal/director/partner 3.37, employed assistant 3.28, independent/locum 3.26
  - Type of practice for those working within clinical practice (scores higher to lower):
    - Farm/production animal 3.38
    - Mixed 3.34
    - Referral/consultancy 3.34

  - Other first opinion 3.33
  - Equine 3.31
  - Small animal 3.27
- Area of work for those working outside clinical practice (only for areas of work containing 50 or more respondents, scores higher to lower):
  - Veterinary school 3.45
  - Other university/educational establishment 3.36
  - Commerce and industry 3.38
  - Telemedicine 3.34
  - Zoo/wildlife/conservation 3.33
  - Overseas government 3.32
  - FSA 3.27
  - Meat hygiene/official controls 3.27
  - APHA 3.24
  - Charity/trust 3.21
  - DAERA 3.2.

10.8 Reflections on career choice

Close to half (47.8%) of respondents would still opt for a career in the veterinary profession if they could start their careers again; this is an improvement on 2014, when the percentage was 46.2 per cent, but is significantly lower than 2010, when 52.5 per cent said they would still opt for a veterinary career. Almost a quarter (23.3%) say they would not opt for the profession if they could start their careers again; this is also lower than in 2014 (25.2%) but higher than in 2010 (21.8%). Finally, 28.9 per cent are unsure what they would do if they could start their careers again; once more, lower than in 2014 (30%) but higher than in 2010 (25.6%).

When analysed by gender, a greater proportion of men say yes, they would still opt for the profession (50.6%, compared to 46.2% of women) while a higher proportion of women are unsure (30.5%, compared to 26.5% of men); in 2014, there was an even bigger gender difference of those who were unsure (32.5% of women, compared to 24.3% of men).

With regard to age, the average age of respondents who stated that they would still opt for a veterinary career, if they had the choice again, is 47.4 (47 in 2014), while the average age of those who would not opt for a veterinary career again is 44.1 (43 in 2014) and the average age of those who are unsure is 44 (43 in 2014). A further breakdown of participant responses by age is provided in Table 10.1. This table shows that:

- The least positive age groups regarding starting their career again in the profession are those in their 30s and 40s, with the two oldest groups (60s and 70 plus) being most positive.
- Those saying a definite ‘no’ are most likely to be in their 30s and 40s, and least likely to be in the youngest (under 30) and oldest (70 plus) groups.

- Uncertainty declines steadily with age, with the under 30 group being the most unsure and the 70 plus group the least unsure.
- The percentages follow a fairly similar pattern to those in the 2014 survey, although there is somewhat less variability in responses in the 2019 survey, possibly due to the larger sample size.

Table 10.1: Reflections on career choice by age

	<30 2019 %	30s 2019 %	40s 2019 %	50s 2019 %	60s 2019 %	70+ 2019 %	<30 2014 %	30s 2014 %	40s 2014 %	50s 2014 %	60s 2014 %	70+ 2014 %
Yes	49.5	41.1	43.3	49	57.8	64.7	45.6	37.5	42.1	48.9	58.2	66.7
No	18.3	27.3	27.5	22.7	17.2	14.2	23.2	29.4	30.4	24	17.5	14
Unsure	32.2	31.6	29.2	28.3	25	21.1	31.2	33.1	27.5	27.1	24.3	19.4

Source: VS Surveys, 2019 and 2014

Saying ‘yes’ or ‘no’ when asked about still opting for the veterinary profession if starting a career again makes a big difference to responses to all the attitude statements except those relating to emergency provision and evidence-based medicine and quality improvement. The statements showing the greatest difference in average (mean) scores – and therefore giving a clue to what might disillusion regretful VSs most about their career choice – are shown below, with the associated mean scores:

- Veterinary work gives me job satisfaction: yes 4.37, no 3.31.
- The veterinary profession is a ‘family friendly’ profession in which to work: yes 2.9, no 2.12.
- I am satisfied with my salary/remuneration level: yes 3.42, no 2.67.
- I am able to be myself in my workplace: yes 4.07, no 3.35.
- Clients value the work of VSs: yes 3.65, no 2.96.
- The veterinary profession gives me variety: yes 4.33, no 3.69.
- I am satisfied with the support given by my employer: yes 3.71, no 3.12.
- VSs are recognised in society as a leading force for animal health and welfare: yes 3.68, no 3.1.
- The profession has a culture of sharing and learning from mistakes: yes 3.21, no 2.69.

In addition to the marked differences above, those who say ‘no’ are more clearly negative than those who say ‘yes’ about some of the statements to which respondents overall return a score below the midpoint of 3: newly-qualified VSs having the necessary skills from day one, the development of leadership skills in the profession, and VSs being recognised for their role in public health.

10.9 Best things, suggestions for improvement and challenges

Respondents were asked to identify firstly the three best things about being in the veterinary profession, secondly the three things that would make the veterinary profession a better profession in which to work, and thirdly the three main challenges currently facing the veterinary profession. For each, they were offered a list of things from which to choose, or could select 'other' and enter some free text; the lists were compiled from responses to previous RCVS surveys.

10.9.1 Best things about working in the profession

The three top 'best things', chosen by at least 45 per cent of respondents, are:

- Working with animals (67.7%)
- Job satisfaction (51%)
- Challenge/stimulus (45.4%).

A further three 'best things', chosen by at least 20 per cent of respondents, are:

- Client relationships (31%)
- Making a difference (30.8%)
- Workplace relationships/colleagues (20.3%).

The remaining 'best things' in the list, chosen by ten per cent or fewer respondents, are:

- Ability to choose working hours (10%)
- Autonomy (9.6%)
- Financial reward (6%)
- Status (4.8%)
- Work-life balance (2.1%)
- Working hours (0.5%).

'Other' best things about working in the profession

In addition to the breakdown above, 1.7 per cent opted for 'other' as one of their choices, and most of these (N = 181) gave further details. A random sample of 50 per cent of those who provided additional details shows that respondents most commonly cited the diversity in career opportunities as the best thing about the veterinary profession, either because of the variety of areas to choose from within the profession, or applying their training in a role outside the profession:

'Grounding in biomedical sciences allows career versatility.'

'I mostly worked in human pharmaceuticals. The vet training qualifies one for so many things.'

The scientific basis of the role and the training VSs undertake was also referred to as one of the best things about the profession, as it allows individuals to develop critical thinking skills and an understanding of science to pursue an applied scientific career or move into research:

'Excellent background from which to develop a scientific career.'

Participants also reported the job satisfaction as one of the best things about the profession, as they enjoy:

'*Helping to protect animal and public health*'

'*Doing something useful to society'*

'Clinical investigation and 'making animals better' is what motivates me most'

Further analysis of 'best things'

The 2019 overall 'best things' are remarkably similar to 2014, when the top five were identical, and in the same order (see Table 10.2).

Table 10.2: 'What are the best things about being in the veterinary profession?' (select up to three)

	N 2019	% 2019	N 2014	% 2014
Working with animals	7,394	67.7	3,932	64.4
Job satisfaction	5,573	51	3,234	52.9
Challenge/stimulus	4,952	45.4	3,255	53.3
Client relationships	3,385	31	2,229	36.5
Making a difference	3,357	30.8	1,817	29.7
Workplace relationships/colleagues	2,216	20.3	-	-
Ability to choose location	1,089	10	-	-
Autonomy	1,045	9.6	-	-
Financial reward	653	6	-	-
Status	524	4.8	-	-
Work-life balance	226	2.1	-	-
Working hours	57	0.5	-	-
Other	191	1.7	249	4.1

Source: VS Surveys, 2019 and 2014

An analysis by gender shows some differences:

- For women, 'working with animals' is a clear top 'best thing' (chosen by 73.5%), with 'challenge/stimulus' second (47%) and 'job satisfaction' third (44.7%).
- For men, the top two were selected by almost identical percentages: 'working with animals' (60.2%) and 'job satisfaction' (60%), while the third is 'challenge/stimulus' (43.3%).

To a large extent, these gender differences are related to the differing age profiles of men and women in the profession; 'job satisfaction' is the clear top 'best thing' for those aged 60 to 69 and 70 plus, while 'working with animals' is top for all other age groups (and at a particularly high 77% for those aged under 30).

'Working with animals' is the top best thing for all three broad role groupings: principal/director/partner (67%), employed assistant (71.3%) and independent/locum (71.5%). However, there are some differences related to area of work; although 'working with animals' is the top 'best thing' for those working in small animal, equine, mixed, other first opinion and referral/consultancy practices, and also for those working outside clinical practice, for respondents working in farm practices the top 'best thing' is 'client relationships'.

10.9.2 Things that would make the profession a better place to work

The two clear top desired improvements, each chosen by more than 50 per cent of respondents, are:

- Better work-life balance (57.2%)
- Better financial reward (53.9%).

A further four improvements, chosen by at least 20 per cent of respondents, are:

- Less workload pressure (30.1%)
- More respect/recognition from the public (24.6%)
- Less regulation/bureaucracy (21.3%)
- Less out of hours/on call (20.7%).

At least ten per cent chose:

- Better opportunities for career progression (19.7%)
- More flexibility of working hours (18.2%)
- Shorter hours (13.8%)
- More support staff (11.2%).

Finally, relatively small numbers opted for:

- More variety (2.2%)
- More responsibility (1.5%).

‘Other’ things that would make the profession better

In addition to the breakdown above, 3.2 per cent selected ‘other’ and 375 of these gave further details. A random sample of 50 per cent of those who provided further details indicates a variety of issues for respondents. The most common issue is the need for improved personal and professional support. Respondents also suggest improvements relating to the corporatisation of the profession, considerations of animal, human, and environmental welfare, managing client expectations, and improved CPD processes.

In relation to support, respondents express a need for better support from both peers and management to deal with the demands and complaints from clients, as well as more professional support from employers, senior colleagues and the RCVS when things go wrong and to assist with development:

> *‘More support from members higher up in the veterinary profession when things go wrong.’*

> *‘Feeling backed up and supported by the Royal College on an individual and profession wide basis.’*

As well as support, respondents also call for better management:

> *‘Better management, particularly recognition, communication, career development.’*

Some responses suggest that VSs do not feel respected by peers, senior colleagues, employers, politicians, and the public, and this is something that needs to be improved on within the profession:

> *‘Respect from employer - to be treated as [a] professional.’*

> *‘More respect for non-clinical professionals by clinical professionals and the public.’*

Responses also suggest that some VSs feel that the manner in which the RCVS deals with complaints and concerns is unfair and unsupportive, and some are fearful of making mistakes:

> *‘RCVS support in complaint situations rather than automatically siding with the client.’*

> *‘If I wasn't so frightened of making a mistake and retribution from the RCVS.’*

Respondents commonly express dislike of the involvement of corporates in clinical practice, noting an emphasis on financial targets which they believe means treatment is expensive and animal welfare is perceived as a lower priority. They would like the focus to be moved back towards patient care:

> *‘Less priority given to profit & more to old fashioned duty & caring.’*

> *‘Less concentration on making money and more on the welfare of the patients.’*

Considerations of the profession's contribution to environmental sustainability as well as concerns for animal and human welfare are also raised:

'The profession should stop perpetuating environmental & animal welfare issues.'

'More integration of environmental footprint which would make me feel better about my services.'

'National guidelines for care. There are lots of vets practising poor standards & it's disheartening.'

Responses also highlight that respondents feel there should be more support in managing client expectations and demands which is an aspect of the job that increases stress:

'If clients were more understanding that we can't fix everything. Some are very demanding.'

'Less hostility from public over pricing.'

'Less pointing fingers when you make a mistake, especially from clients. We are only humans.'

Lastly, participants expressed desire for improved CPD systems that allow them more time and opportunity for development:

'Better systems of veterinary surgeon development that could help me as a busy stressed Principal.'

'Better ways to ensure consistent and high standards of veterinary work, including more regulated QA & CPD.'

Further analysis of suggestions for improvement

The overall 2019 results are very consistent with those of 2014 (see

Table 10.3), when the top five suggestions for improvement were better work-life balance, better pay/remuneration, less out of hours/on call, less regulation/bureaucracy and more support/recognition from the public. ‘Less workload pressure’, in third position in 2019, was not offered in 2014; it was added in 2019 due to the number of respondents who raised it as an issue in 2014 in free text comments.

Table 10.3: 'What would, for you, make the veterinary profession a better profession in which to work?' (Select up to three)

Improvements to profession	N 2019	% 2019	N 2014	% 2014
Better work-life balance	6,185	57.2	3,845	64.3
Better financial reward	5,825	53.9	3391	56.7
Less workload pressure	3,256	30.1	-	-
More respect/recognition from the public	2,662	24.6	1,527	25.5
Less regulation/bureaucracy	2,304	21.3	1,608	26.9
Less out-of-hours/on call	2,242	20.7	1,798	30.1
Better opportunities for career progression	2,127	19.7	1,357	22.7
More flexibility of working hours	1,966	18.2	863	14.4
Shorter hours	1,497	13.8	840	14.0
More support staff	1,212	11.2	485	8.1
More variety	241	2.2	-	-
More responsibility	166	1.5	100	1.7
Other	392	3.6	227	3.8

Source: VS Surveys, 2019 and 2014

Although the response patterns of men and women are, on the whole, very similar, there are notable differences with regard to four of the 'best things':

- 23.4% of female respondents selected 'more flexibility of working hours' compared to only 11.2% of male respondents.
- Only 13.3% of female respondents, compared to a much larger 32.1% of male respondents, selected 'less regulation/bureaucracy'.
- 28.7% of women, compared to 19% of men, chose 'more respect/recognition from the public' as one of their top three desired improvements.
- A higher percentage of women than men opted for 'less workload pressure' (34.1% compared 24.9%).

Some differences are apparent when the responses of different age groups are explored:

- 'Better financial reward' is a particular issue for the younger age groups (57.9% of under 30s and 60.1% of those in their 30s) compared to older respondents (44.9% of those in their 60s and 40.2% of those aged 70 and over).
- 'Better work-life balance', although an issue for all age groups, is more important for younger respondents (64.4% of those under 30, compared to 52.8% of those in their 50s and 52.5% of those in their 60s).

- ‘More flexibility in working hours’ is more of an issue for those in their 30s and 40s (22.9% and 21.6% respectively) than for older respondents (e.g. 11.9% of those in their 60s).
- ‘Shorter hours’ is particularly likely to have been chosen by the under 30 age group (19.6%).
- ‘Less regulation/bureaucracy’ increases significantly as age increases: only 7.8% of those under 30, and 9.9% of those in their 30s, selected it as one of their top three issues, compared to 41.7% of those in their 60s and 44.9% of those aged 70 and over.
- Finally, ‘more respect/recognition from the public’ is much more of an issue for younger respondents, and declines in importance with age: 34.6% of those under 30, and 31.2% of those in their 30s, selected this as a desired improvement, compared to 16.8% of those in their 60s and 12.3% of those aged 70 and over.

Overall, the role occupied by respondents does not make a lot of difference to their responses regarding the three desired improvements. However, the following are worthy of note:

- ‘Less out-of-hours/on call’ is more of an issue for those in principal/director/partner roles than for independents/locums (25% compared to 12.9%).
- ‘More flexibility of working hours’ is much less important to principals/directors/partners (10.5%) than to employed assistants (22.2%).
- ‘Less regulation/bureaucracy’ is one of the top three desired improvements for 34% of principals/directors/partners, compared to 12.8% of independents/locums.
- Finally, 20.6% of independents/locums and 19.8% of employed assistants would like to see ‘better opportunities for career progression’ compared to 10.9% of principals/directors/partners.

Some differences are apparent when the three desired improvements are analysed by area of veterinary work:

- ‘Better financial reward’ is an issue for 68.5% of respondents working in equine practice, compared to 45.5% of those in a referral or consultancy practice.
- ‘Less out-of-hours/on call’ is much less of an issue for those working in small animal practice (15.3%) or outside clinical practice (also 15.3%) than for those in equine practice (38.1%) or mixed practice (33.4%).
- ‘Better work-life balance’, although important across the board, is particularly an issue for those in referral/consultancy practices (63.5%) and equine practices (63.2%).
- ‘More flexibility in working hours’ is a stronger desired improvement for those working in telemedicine (29.5%) than for any other working areas.
- ‘Shorter hours’ is more important than average for those in small animal practice (19.1%).
- ‘Less regulation/bureaucracy’ is more of an issue for respondents in mixed practices 26.6%) than for any other groups.

- ‘More respect/recognition from the public’ is notably more important than average for respondents in telemedicine (31.8%) and small animal practice (29.4%).
- ‘More opportunities for career progression’ is one of the top three desired improvements for those working outside clinical practice (29.7%) and those in telemedicine (29.5%); although less important for those working in clinical practice, it is more important than average for those in farm animal practice (24%).
- Finally, ‘less workload pressure’ is more likely than average to have been selected as a top three desired improvement by those working outside clinical practice (32.4%) and for those in other first opinion practice (40%) and small animal practice (32.3%).

10.9.3 Challenges to the profession

The top two challenges to the profession, each selected by over 45 per cent of respondents, are:

- Client expectations/demands (54.9%)
- Stress levels (47.3%).

A further four challenges were chosen by at least 25 per cent of respondents:

- Changing structures in veterinary practice ownership (30.3%)
- Affordability of veterinary services (30%)
- Poor financial reward (25.8%)
- Difficulty in recruiting VSs (25.7%).

An additional five challenges were selected by at least ten per cent:

- Misinformation/bad PR (17.6%)
- Brexit (13.6%)
- Economic climate (12.7%)
- Decline in farming (11.8%)
- Poor support for the profession (11%).

Finally, smaller numbers opted for the remaining two challenges on the list provided:

- Gender diversity in the profession (5.3%)
- Changes in training (1.6%).

‘Other’ challenges to the profession

Some respondents chose an ‘other’ main challenge, and most (N = 309) gave further details. A random sample of 50 per cent of these was analysed for themes. Themes include work-related factors such as the introduction of technology, corporatisation, and job expectations of employees, as well as issues with the training of newly qualified VSs, diversity and discrimination problems, lack of support from the RCVS, and staff turnover.

Technology is commonly cited as one of the main challenges facing the profession either because of the rise of information available through other streams (telemedicine, social media, internet, DIY veterinary websites), or because of developments in technology which the profession needs to adapt to and/or compete with:

'Technological advances and (lack of) flexibility of the profession to adapt.'

'Bad sources of information for clients on-line.'

Respondents also discuss the corporatisation of the profession as a key challenge to consider, as this is seen as creating competition with private/independent practices, shifting focus from patient care, increasing financial pressures to perform, and providing employees with poorer career prospects:

'Unfair competition for private practices with corporates and online.'

'Managing corporations' involvement while allowing patient care and personnel to flourish.'

'Poor career prospects for younger vets due to rampant corporate spread equals lack of partnership opportunities.'

Participants also discussed the unrealistic expectations of employees, particularly newly-qualified VSs, who (some believe) lack the resilience, willingness to learn and 'hard work' culture that is necessary to work in practice:

'A total disconnect between the expectations of young graduates with the reality of practice.'

'Poor resilience of the new graduates.'

'I think universities select new students based on the wrong criteria, these new grads are frightened of learning.'

Some respondents consider that the training that undergraduates receive is not sufficient to prepare them emotionally or technically for working in practice:

'Resilience and competence of new graduate veterinary surgeons. Wholly unprepared emotionally.'

'Vets are increasingly oversensitive, workshy, emotionally fragile and lacking client care skills.'

Respondents emphasise that drop-out and high staff turnover is also one of the main challenges facing the profession. Low staff retention is attributed by some to poor management and burnout influencing people's decision to leave:

'Poor personnel management, attrition of burnt out and disillusioned newly graduated vets.'

'Have had poor relationships with management in previous job, many employees left due to management.'

Some respondents also highlight concerns about discrimination and a lack of diversity in the profession. Some suggest there is over-representation of women within veterinary schools and newly-qualified posts, but who do not stay within the profession long term, while others believe that men dominate senior roles possibly because of underlying sexism within the profession:

'Privately schooled female students are vastly overrepresented, but most likely to not stay fulltime.'

'Female dominated profession needing constant replenishment due to having a family.'

'The misogyny and sexism exhibited by the predominantly male leaders in corporate groups and professors.'

Some responses reveal VSs' relationship with the RCVS as one of the main challenges faced in the profession. These respondents express feeling like it is an '*us against them*' relationship, where VSs feel unsupported:

'Complete and utter lack of support from the RCVS. Very much an 'us against them' relationship.'

'Fear of making a mistake/being blamed by the client and going through a hideous RCVS investigation.'

Further analysis of challenges to the profession

In 2014, 'client expectations/demands' and 'stress levels' were also seen as the top two challenges overall; however, the third top challenge in 2019, 'changing structures in veterinary practice ownership', was not offered as an option in 2014. The third, fourth and fifth challenges in 2014 were identified as 'affordability of veterinary services' (fourth in 2019), 'economic climate' (probably related to the continuing recession and austerity cuts at that time, and dropped to ninth place in 2019) and 'poor financial reward' (fifth in 2019). Table 10.4 gives more details.

Table 10.4: 'In your opinion, what are the main challenges currently facing the veterinary profession?' (Select up to three)

Main challenge(s)	N 2019	% 2019	N 2014	% 2014
Client expectations/demands	5,971	54.9	3,275	53.8

Stress levels	5,143	47.3	3,253	53.4
Changing structures in veterinary practice ownership	3,290	30.3	-	-
Affordability of veterinary services	3,263	30	2,294	37.7
Poor financial reward	2,811	25.8	2,130	35.0
Difficulty in recruiting VSs	2,790	25.7	-	-
Misinformation/bad PR	1,911	17.6	898	14.8
Brexit	1,477	13.6	-	-
Economic climate	1,379	12.7	2,179	35.8
Decline in farming	1,278	11.8	1,025	16.8
Poor support for profession	1,201	11	859	14.1
Gender diversity in the profession	573	5.3	600	9.9
Changes in training	178	1.6	208	3.4
Other	318	2.9	274	4.5

Source: VS Surveys, 2014 and 2019

An analysis by gender of the 2019 results shows:

- Although the top two challenges for women and men are the same, they were selected by a notably higher percentage of women:
  - 62.3% of women and 45.3% of men think ‘client expectations/demands’ is the most important challenge
  - ‘Stress levels’ is the second most important challenge for 53.7% of women and 38.8% of men.
- For women, ‘affordability of services’ is the third most important challenge (31.2%), whereas for men it is in fourth position (29.9%).
- The relative positions of ‘changing structures in veterinary practice ownership’ are reversed, in that men have it in third place (34.7%) and women fourth (27%).
- A similar pattern is seen for the fifth and sixth top challenges:
  - Women have ‘poor financial reward’ in fifth position (25.6%) whereas for men, though actually slightly more important than for women in percentage terms (26.1%) it is in sixth place
  - Men have ‘difficulty in recruiting VSs’ in fifth place (27.1%) whereas for women it is sixth (24.7%).

To some extent, the gender differences above are related to age and role. When analysed by age, there are some differences in the challenges seen as particularly important:

- ‘Economic climate’ is seen as a bigger challenge than average by respondents in their 70s (19.8%).

- Those in their 70s see ‘decline in farming’ as far more of a challenge than average (43.8%), although it is noticeable that its importance increases with age from a low 5.4% among those under 30.
- Respondents aged under 30 or in their 30s are the most likely to select ‘client expectations/demands’ (58.9% and 61.4% respectively), although it is important for all age groups.
- ‘Misinformation/bad PR’ is seen as notably more important than average by the youngest age group (28.1% of under 30s).
- ‘Affordability of veterinary services’ is more important than average for the oldest age groups (39.2% of those in their 60s and 48.5% of those aged 70 and over).
- There is a notable association with age for the challenge of ‘changing structures in veterinary practice ownership’, from 17.2% of those under 30 to 43.3% of those in their 60s and 43% of those aged 70 and over.
- Although ‘gender diversity in the profession’ is not seen as a big challenge overall, the percentage seeing it as a challenge increases with age (from 2.3% of the under 30s to 10.8% of those aged 70 and over).
- ‘Stress levels’ is a perceived challenge that declines sharply with age: 63.5% of the under 30s and 58.3% of those in their 30s see it as a top-three challenge, compared to 28.1% of those in their 60s and 18.8% of those aged 70 plus.
- ‘Poor financial reward’ also declines with age as a challenge, from 29.8% of the under 30s to 13.3% of those aged 70 and over.
- ‘Poor support for the profession’, although not one of the top challenges overall, is also seen as more important to younger than older age groups: 15.8% of under 30s and 14.9% of those in their 30s see it as important, compared to 3.9% of the 70 plus age group.
- ‘Brexit’ is a somewhat unusual challenge, in that there is very little variation with age.
- Finally, ‘difficulty in recruiting VSs’ is a more important challenge for those in their 40s, 50s and 60s than for any other age group, with those in their 50s seeing it as particularly important (34.6%).

An analysis by role shows fewer differences in views than the above gender and age analyses. However, some variation in view is apparent:

- ‘Economic climate’ is more important for principals/directors/partners (13.2% of whom rate this as one of the top challenges) than employed assistants (9.9%).
- ‘Decline in farming’ is also more important than average for principals/directors/partners (9.7% compared to an overall average of 6.9%).
- ‘Client expectations’, very important for all groups, is particularly so for employed assistants (63.4% of whom see it as one of their top three challenges).
- ‘Affordability of veterinary services’ is more important for independents/locums (31.6%) and employed assistants (30.4%) than principals/directors/partners (25.6%).

- Principals/directors/partners are more concerned about 'gender diversity in the profession' (8.6%) than employed assistants (3.5%), although this is a relatively unimportant issue for them in comparison to other challenges.
- 'Stress levels', a very important issue overall, is seen as notably more of a challenge by employed assistants (52.5%) than principals/directors/partners (40%).
- 'Poor financial reward is not seen as such a challenge by principals/directors/partners (22.3%) than by employed assistants (28%) or independents/locums (28.4%).
- This analysis by role is the only breakdown that sees a significant difference in the views about Brexit as a challenge to the profession; 13.4% of independents/locums see it as a challenge, compared to 8.8% of principals/directors/partners and 9% of employed assistants.
- 'Difficulty in recruiting VSs' is perceived as a big challenge by principals/directors/partners (41.9% of whom rate it as one of their top three) whereas the other two broad groups rate it as much less serious: employed assistants (26.6%) and independents/locums (21%).

Finally, a breakdown by area of work shows some differences in view with regard to the relative importance of challenges to the profession:

- Unsurprisingly, 42.6% of respondents who work in a farm practice, and a lower but still notably above average 22.8% of mixed practice respondents, think 'decline in farming' is one of the top three challenges. This compares to 8.7% overall and just 2% among small animal practice respondents. This challenge displays more variability in response than any other of the challenges.
- 'Client expectation' is very clearly the most important issue for VSs working in small animal practice, 63% of whom rate it in their top three; over 40% in every area of work apart from those in farm animal practice (28.9%) rate this as an important challenge.
- 'Affordability of veterinary services' shows considerable variation: those in referral/consultancy practices and small animal practices see this as a more important challenge (33.6% and 31.3% respectively) than those in farm animal practice (13.7%).
- Responses to 'changing structures in veterinary practice ownership' are fairly consistent overall, but this challenge is seen as a bigger than average by those in referral/consultancy and farm animal practices (40.8% and 36.5% respectively).
- 'Stress levels' is seen as a major challenge across all areas of work, but particularly so in small animal practice (53.4%).
- 'Poor financial reward' is seen as a bigger challenge than average among respondents in equine practice (37.8%) and other first opinion practices (42.9%).
- The response to Brexit as a challenge varies depending on area of work. It is highest among respondents working in telemedicine (31.1%), other first opinion practices (25.7%) and outside clinical practice (23.7%), and lowest among equine and mixed practice VSs (7.1% and 8.4% respectively).

- Finally, ‘difficulty in recruiting VSs’ appears to be a bigger issue than average among respondents working in mixed practice (39.8%), other first opinion practices (37.1%) and farm animal practice (33.9%).

11 Well-being

As in the 2014 and 2010 surveys, respondents to the 2019 RCVS survey were asked to respond to a short series of questions concerning their well-being in both their professional and personal lives. To do this, a 14-item scale of mental well-being known as the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)[4] was used. The rationale underpinning the inclusion of these questions is to track the mental well-being of the veterinary profession at a population level over time. Respondents did not have to complete this section of the survey if they preferred not to. This chapter of the report provides details of the responses to the WEMWBS, comparing the results to those found in the 2014 and 2010 surveys.

Chapter summary

- The overall WEMWBS well-being average (mean) score for respondents is 47.7, lower than in 2014 and 2010 when the score was 49.
- The latest available comparable national data relate to the 2016 Health Survey for England; this gives the WEMWBS score for men as 50.1 and for women 49.6.
- A demographic analysis shows that: respondents with a limiting disability/medical condition have a notably lower average well-being score than those who do not have such a condition, especially if the disability related to mental health; women score somewhat lower than men; those in their 60s are more positive than other age groups; respondents of all ages with dependent children living with them have higher scores than those without dependent children; those with responsibility for an adult dependant have lower scores than those without an adult dependant; BAME respondents have lower scores than White respondents; and heterosexual respondents have higher scores than LGB respondents.
- Analysed by employment status, respondents who are unemployed have the lowest average well-being scores; and retired respondents, who had the highest scores in both 2014 and 2010, now have lower scores than those in full time or part time work.
- Within clinical practice, there has been a decline in scores in every practice area except mixed practice. Those working in small animal practices have the lowest well-being scores on average, and those in referral/consultancy practices the highest.
- Respondents who have had concerns for their personal safety when dealing with an emergency during the previous 12 months have a lower average well-being score than those who reported no such concerns.
- Those who ‘seldom’ or ‘never’ have a minimum rest-period of 11 hours each day score lower, on average, than those who ‘always’ or ‘usually’ have this rest period. Similarly, those who

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

'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, on average, than those who do not.

- There is a clear association between respondents' attitudes towards the veterinary profession and their average well-being scores, in that the greater the level of agreement that respondents have with positively-worded statements, the higher their average well-being scores tend to be, while the greater their level of agreement with negatively-worded statements, the lower their average well-being scores tend to be.
- Those planning to leave the profession for reasons other than retirement have notably lower average well-being scores than those who plan to retire or stay within the veterinary profession.

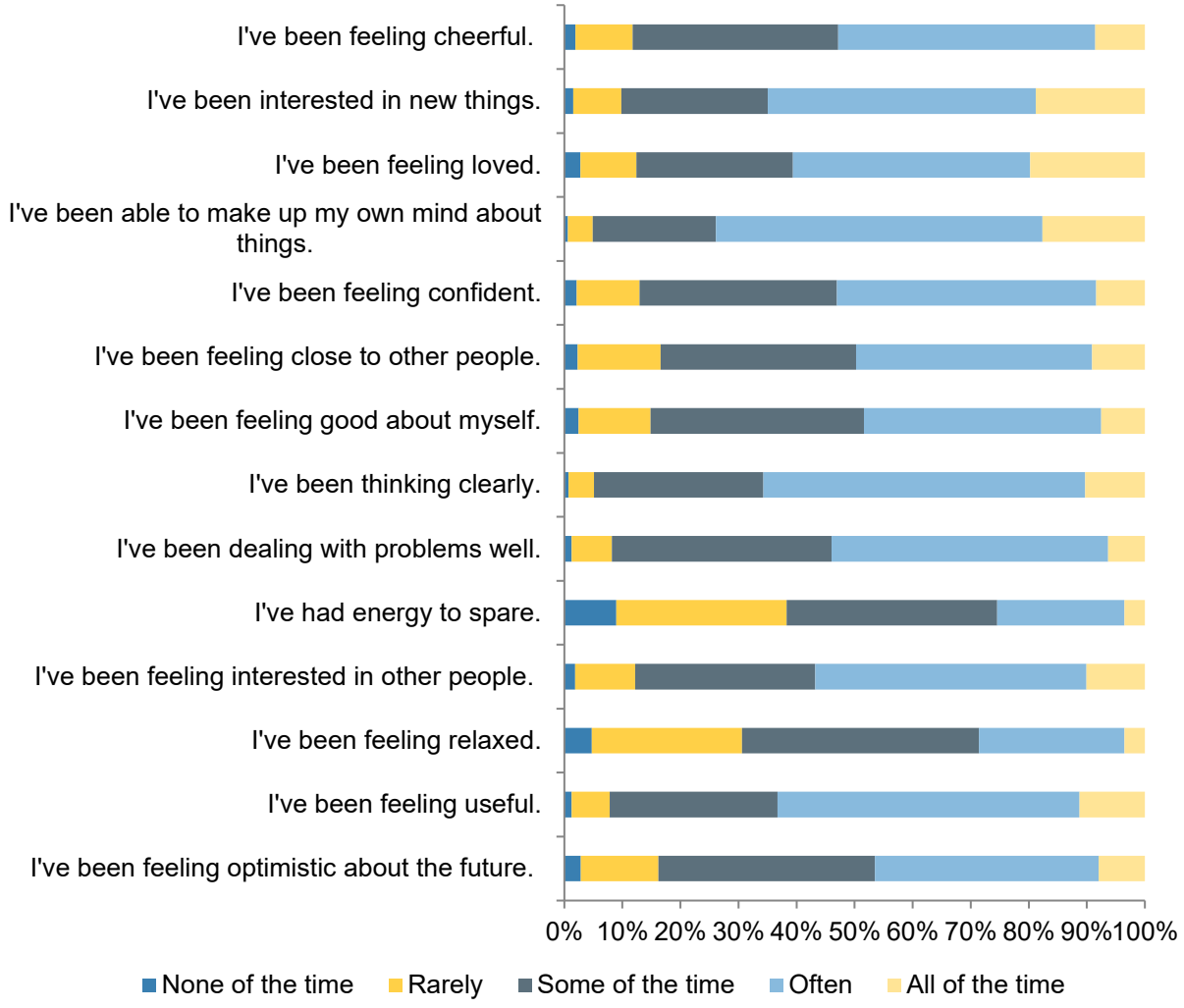
11.1 Background to the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

The WEMWBS asks respondents about their experiences over the past two weeks. They are asked to responded to fourteen attitudinal statements and describe their thoughts and feelings during this period. Individual items are scored from 1 (none of the time) to 5 (all of the time) and a total scale score is calculated by summing the 14 item scores. The minimum score is 14 and the maximum is 70.

11.2 Responses to the WEMWBS

As in 2014 and 2010, respondents were largely positive in how they rated the individual items of the WEMWBS (see Figure 11.1). During the two weeks prior to completing the survey, respondents were especially positive about how often they had been able to make up their own mind and to think clearly, had been feeling useful and loved, and had been interested in new things. Regarding aspects that respondents felt less positive about, less than 30 per cent of respondents reported that they often had energy to spare and felt relaxed. These overall results are very similar to the findings of the 2014 and 2010 survey.

Figure 11.1: Self-ratings for WEMWBS well-being statements



Source: VS Survey, 2019

The mean WEMWBS score for the entire sample is 47.7, lower than in 2014 and 2010 when the score was 49. Table 11.1 shows that, as in previous surveys, female respondents have a lower average score than male respondents (47.4 compared to 48.1), although this gender divide with regard to the well-being score continues to narrow. Over the years VSs have consistently returned WEMWBS scores below the average population mean, although exact comparisons are hard to do because published national data usually relates to surveys undertaken a year or two earlier. The latest available large-scale data collection report, published in December 2017, relates to the 2016 Health Survey for England; this gives the WEMWBS score for men as 50.1 and for women 49.6. It appears that the decline in scores being experienced by VSs may be part of a wider trend, as the WEMWBS scores for the Health Survey for England 2015 were notably higher than those for 2016: 51.7 for men and 51.5 for women.

Table 11.1: Breakdown of average WEMWBS scores

		Overall	Female	Male	Aged below 40	Aged 40 years & above
Gender						
	Female	47.4				
	Male	48.1				
Age bands						
	Under 30	47.3	47	48.8		
	30 to 39	47.3	47.2	47.5		
	40 to 49	47.4	47.3	47.7		
	50 to 59	48.1	47.5	48.8		
	60 to 69	49.9	49.9	50		
	70 and over	46.3	48.7	46.1		
Ethnicity						
	White	47.8	47.5	48.2	47.4	48.1
	BAME	46.4	46.1	47	46.6	46.3
Dependent children						
	Yes	48.3	48.2	48.6	48.2	48.4
	No	47.3	46.9	47.9	47	47.6
Dependent adult						
	Yes	46.5	46.9	46.4	44.4	46.8
	No	47.7	47.4	48.3	47.4	48.1
Disability/medical condition						
	Yes	42.9	42.4	43.6	42	43.2
	No	48	47.7	48.5	47.5	48.4
Sexual orientation						
	Heterosexual	47.9	47.4	48.5	47.4	48.2
	LGB	46.8	46.6	46.9	46.6	46.9

Source: VS Survey, 2019

Table 11.1 shows that:

- Respondents with a limiting disability/medical condition have a notably lower average well-being score than those who do not have such a condition (42.9 compared to 48).
  - When analysed by type of disability, further differences are apparent: those with a physical disability/membership have a WEMWBS score of 44.1, while those with mental health issues score a notably lower 39.6, and those with both types of disability score 39.9.
- Women consistently score somewhat lower than men in every category.
- The highest well-being scores are found among men and women in their 60s.

- Respondents of all ages with dependent children living with them consistently have higher scores than those without dependent children; however, those with responsibility for an adult dependant have consistently lower scores than those without an adult dependant.
- BAME respondents have consistently lower scores than White respondents.
- Heterosexual respondents have consistently higher scores than LGB respondents.

Table 11.2 compares the 2019 results with those from previous years.

Table 11.2: Breakdown of average WEMWBS scores comparing 2019 with 2014 and 2010

		Overall (2019)	Overall (2014)	Overall (2010)
Gender				
	Female	47.4	47.8	48
	Male	48.1	49.5	50
Age bands				
	Under 20	47.3	47.5	48
	30 to 39	47.3	47.9	48
	40 to 49	47.4	48.3	48
	50 to 59	48.1	48.6	49
	60 to 69	49.9	51.1	53
	70 and over	46.3	51.2	53
Ethnicity				
	White	47.8	48.5	49
	BAME	46.4	47.9	50
Dependent children				
	Yes	48.3	49.1	49
	No	47.3	48.2	49
Dependent adult				
	Yes	46.5	48.0	49
	No	47.7	48.5	49
Disability/medical condition				
	Yes	42.9	45.3	47
	No	48	48.7	49

Source: VS Surveys, 2019, 2014 and 2010

It is apparent from Table 11.2 that:

- WEMWBS scores are declining in every category.
- The gap between the overall scores for women and men continues to narrow.
- Although scores tend to increase in line with age, there is an unusually sharp drop in 2019 when the scores for those in their 60s and those aged 70 and over are compared.

- The gap in scores between White and BAME respondents has increased since 2014; BAME respondents now have notably lower scores than White respondents, a very different picture from 2010 when they scored slightly higher overall.
- The difference in scores between those with and without adult caring responsibilities had widened since 2014.
- The gap in scores between those with and without a limiting disability/medical condition continues to widen.

Further WEMWBS analysis shows:

- The average well-being score of respondents working within the profession is lower than the score for those working outside: 47.7 and 48.6 respectively. However, the gap has narrowed since 2014, when the scores were 48.2 and 50.6).
- Respondents working within the profession undertaking clinical veterinary practice work have an average well-being score of 47.7, while those within the profession but outside clinical practice have a slightly higher average score of 48; this is a narrower gap than in 2014.
- With regard to the country in which respondents work, those working within the UK have a lower average well-being score than those working in other countries (47.7 compared to 48.3), but the gap is notably smaller than in 2014, when the scores were 48.1 and 49.8.

Table 11.3 provides respondents' average well-being scores by employment status, comparing them with the 2014 and 2010 figures. It shows that respondents who are unemployed have the lowest average well-being scores, although the score has not declined since 2014 whereas those for all other employment status groups have gone down. A big change, compared to previous surveys, is that retired respondents, who had the highest scores in both 2014 and 2010, now have lower scores than those in full time or part time work. Analysing these results further by gender shows that female respondents in work or unemployed have lower average well-being scores than male respondents, but female respondents on a career break or retired score higher than male respondents in these two groups. This is the only WEMWBS analysis to result in higher scores for women than men.

Table 11.3: Average WEMWBS scores by employment status compared

Employment status	Mean (2019)	Mean (2014)	Mean (2010)
Full-time work	47.7	48.2	49
Part-time work	48	48.7	49
Voluntary work	46.7	49.0	50
Unemployed	45.5	45.5	46
Taking a career break	46.5	49.2	49
Retired	47.1	51.2	53

Source: VS Surveys, 2014 and 2010

Among those respondents working within the profession whose main area of work is in clinical practice, Table 11.4 indicates that there has been a decline in scores in every area except mixed practice, where the score is more or less the same as in 2014. As in 2014, those working in small animal practices have the lowest well-being scores on average. However, the highest score in 2019 is among those working in referral/consultancy practices, whereas in 2014 those in farm practices scored the highest; there has been a fairly big drop in the scores for the farm practice area between the two surveys.

Table 11.4: Average WEMWBS scores by type of practice, 2019 and 2014

Type of practice	Mean 2019	Mean 2014
Mixed	48	47.9
Small animal	47.3	47.6
Equine	48.2	48.7
Farm/production animal	48.4	49.6
Other first opinion	47.6	49.2
Referral/consultancy	48.8	49.3

Source: VS Surveys, 2019 and 2014

Table 11.5 provides a breakdown of the mean well-being scores of respondents working within the profession by their plans to stay in or leave the profession. It shows that, although the categories for 2019 are slightly different than those used in previous surveys, those planning to leave the profession for reasons other than retirement still have notably lower average well-being scores than respondents who plan to retire or stay within the veterinary profession.

Table 11.5: Average WEMWBS score by career plans

	Mean 2019	Mean 2014	Mean 2010
Stay in the profession for more than five years	48.2	48.7	49
Fully retire within the next year	48.6	49.5	50
Fully retire within the next one to two years	48.2	-	-
Fully retire within the next five years	48.7	49.4	49
Leave the profession as soon as possible (non-retirement)	-	39.3	42
Leave the profession within the next year (non-retirement)	42.3	44.5	46
Leave the profession within the one to two years (non-retirement)	40.6	-	-
Leave the profession within the next five years (non-retirement)	43.4	43	44

Source: VS Surveys, 2019, 2014 and 2010

Table 11.6 presents the average WEMWBS score of respondents undertaking clinical veterinary practice work, according to the position they hold in the practice. Respondents in senior roles, as in 2014, have the highest well-being, on average, apart from those in JVP roles who have the lowest scores of all roles. As in 2014, VSs working as VNs also have low scores. The score for respondents working as employed assistants, after a sharp drop between 2010 and 2014, has improved somewhat in 2019.

Table 11.6: Average WEMWBS score by position held

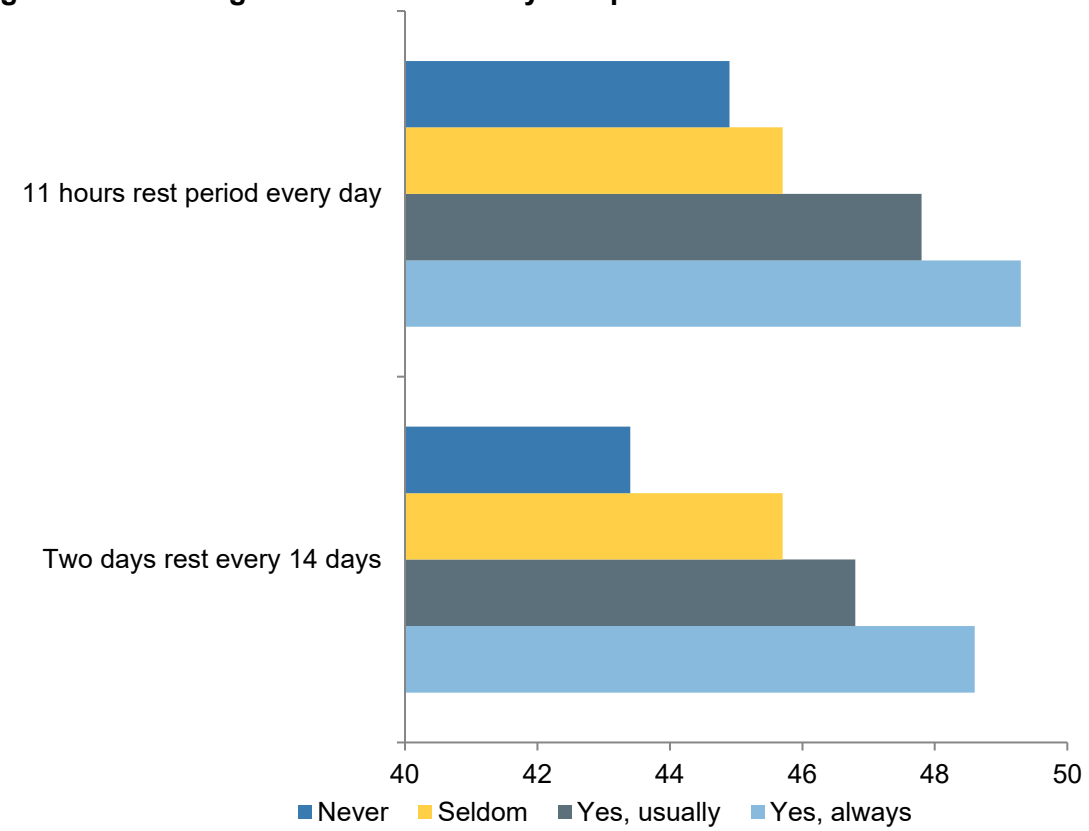
Position in the practice	Mean (2019)	Mean (2014)	Mean (2010)
Sole Principal	48.6	49.6	50
Director	49	49.1	49
Equity Partner	49.2	49.7	49
Joint Venture Partner (JVP)	46.2	-	-
Salaried Partner	48.3	48.9	48
Employed Assistant	47.5	47.1	49
Consultant	49.3	49.6	49
Locum	47.4	48.3	49
Independent veterinary service provider	49.2	-	-
VS working as a VN	46.4	46.4	-

Source: VS Surveys, 2019, 2014 and 2010

Respondents who reported that, during the past 12 months, they have had concerns for their personal safety when dealing with an emergency have a notably lower average well-being score than those who reported no such concerns (45.4 compared to 48.5); this score is even lower than that for 2014 (when it was 46.2), while the score for those not reporting concerns is the same as it was for 2014.

Figure 11.2 shows that there is an association between getting adequate rest and well-being. Respondents who 'seldom' or 'never' have a minimum rest-period of 11 hours each day score lower, on average, than those who 'always' or 'usually' have this rest period. Similarly, those who 'seldom' or 'never' manage to have at least two rest days every 14 days is lower than it is for respondents who 'always' or 'usually' have this rest period. Respondents who have at least 20 days paid holiday every year also have a higher average WEMWBS score (47.9) than those who do not have this amount of annual leave (46.1).

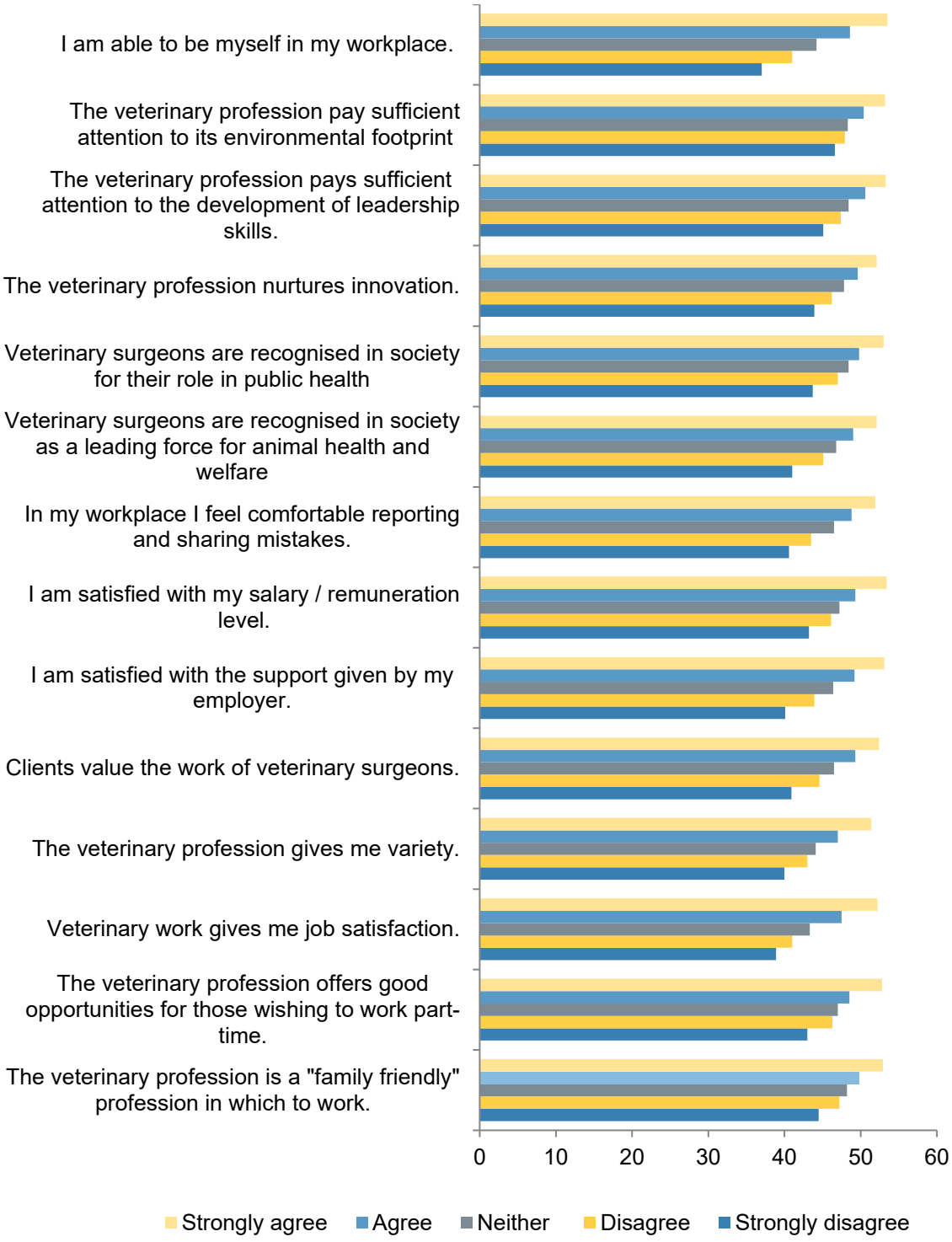
Figure 11.2: Average WEMWBS score by rest periods



Source: VS Survey, 2019

There is a clear association between respondents' attitudes towards the veterinary profession and their average well-being scores, in that the greater the level of agreement that respondents have with positively-worded statements, the higher their average well-being scores tend to be, while the greater their level of agreement with negatively-worded statements, the lower their average well-being scores tend to be. Statistical analysis shows that there is a highly significant correlation between responses to the attitude statements and the WEMWBS score; it therefore follows that, unsurprisingly, a more positive view of the different aspects of the veterinary profession is associated with greater well-being. Figure 11.3 provides examples of the statements displaying the greatest difference in well-being responses.

Figure 11.3: WEMWBS scores according to strength of agreement or disagreement with selected attitude statements



Source: VS Survey, 2019

12 Views about the RCVS

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

Chapter summary

- In terms of perceptions of the RCVS, the overall perceptions score is positive (i.e. above the midpoint of 3), at 3.3. Respondents are notably positive that the RCVS has a good international reputation and is highly professional.
- When asked whether the RCVS demonstrates behaviours in accordance with its values, the overall values score is positive (i.e. above the midpoint of 2.5) at 2.72. Respondents believe that the RCVS displays good judgement, is forward-looking and is straight-talking, but are neutral about its compassion.
- With regard to communications generally, on average respondents are clearly positive about different aspects of RCVS communications. The overall communication ratings score is 3.58, clearly above the midpoint of 3.
- On average, respondents who had, at the time of the survey, communicated with the RCVS in the previous year are clearly positive about every aspect of the staff they dealt with, most notably about their professionalism. The overall staff communication score for those who have contacted the RCVS in the previous year is 3.9, well above the midpoint of 3.
- Awareness of four RCVS initiatives – Mind Matters, ViVet, RCVS leadership and Vet Futures – is high, and between 10% and 14% of respondents have used them.
- 63% have not taken part in any RCVS consultations in recent years; of those who have participated, the 2015 consultation on the use of the courtesy title 'Doctor/'Dr' by registered VSs was the most frequently-selected consultation.
- On average, respondents return positive scores related to different aspects of RCVS's purpose; the most positive responses are related to the RCVS setting, upholding and advancing standards, being fit for purpose, being a positive force for animal health and welfare, and supporting the development of a learning culture within the profession. The overall RCVS's purpose score is 3.37, clearly above the midpoint of 3.
- Respondents were asked to rate the RCVS on a ten-point scale from 1 (very poor) to 10 (excellent). The average (mean) score overall is 6.58, clearly above the midpoint of 5.5, and the modal (most frequently-chosen) response is to give the RCVS 7 out of 10. One-third of respondents (34%) awarded the RCVS a clearly positive score of 8, 9 or 10 out of 10.
- A number of suggestions were made about what the RCVS should do more of. These ranged around the topics of providing more support, engaging better with VSs, being clearer about careers support and progression, and engaging with veterinary schools around future supply; different views were expressed around standards and their enforcement.
- Regarding what the RCVS should do less of, ideas were put forward around doing less with regard to regulations, bureaucracy, and complaints and disciplinaries; views were also

expressed that the RCVS is sometimes out of touch, could manage costs and spending better, and can miss the big picture by focusing on the detail.

12.1 Perceptions

Respondents were asked for their perceptions of the RCVS, by rating their responses to 11 statements on a five-point scale from 'disagree strongly' to 'agree strongly' with a midpoint of 3. Table 12.1 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.1 presents the average scores.

Table 12.1: Perceptions of the RCVS, percentage spread and average (mean) scores

Statement	N	Mean	Disagree strongly %	Disagree %	Neither agree nor disagree %	Agree %	Agree strongly %
RCVS registration provides good value for money	10,439	2.93	6.9	20.5	48.3	21.6	2.6
It commands my respect	10,400	3.41	3.8	10.7	32.3	46.8	6.4
It is empathetic and understanding	10,344	2.92	4.4	15.2	38.4	38.6	3.4
It is good at communicating with VSs	10,388	3.21	5.6	17.5	35	37.3	4.6
I feel I can approach the organisation	10,370	3.18	5.6	17.5	35	37.3	4.6
It is highly professional	10,382	3.74	1.7	3.8	27.4	53.2	13.9
RCVS Council members understand the challenges of modern veterinary work	10,326	3.13	5.8	13.9	45.7	30.8	3.8
It has a good international reputation	10,376	3.76	1	1.8	33.8	47.6	15.9
Its processes reflect best practice	10,292	3.46	2.2	6.4	41.4	42.7	7.3
It is in touch with the issues facing VSs and VNs	10,321	3.16	6	16.2	38.2	35.3	4.3
It supports the development of the professions	10,349	3.39	4.3	9.3	35.4	44.7	6.3
Overall perceptions score		**3.3**					

RCVS Survey 2019

Figure 12.1: Perceptions of the RCVS, average (mean) scores

Source: VS Survey, 2019

On average, respondents are neutral (slightly negative to slightly positive around the midpoint of 3) about half of these statements. However, they are clearly positive that the RCVS supports the development of the VS and VN professions, reflects best practice in its processes, commands the respondent's respect, and (in particular) is highly professional and has a good international reputation.

The **overall perceptions score**, calculated as a mean average of the responses to all 11 of the perception statements, is 3.3. Further analysis of the overall perceptions score does not show significant differences for most demographic or work-related variables. However:

- The age of respondents makes a difference to their overall perceptions, with the oldest and youngest groups being most positive:
  - Under 20: 3.49
  - 30s: 3.29
  - 40s: 3.22
  - 50s: 3.2
  - 60s: 3.29

- 70 and over: 3.53.

- Respondents who are British citizens are notably less positive than those who are not (3.17 compared to 3.43).
- Those who work in the UK are also clearly less positive than those who work overseas (3.24 compared to 3.58).

12.2 Values

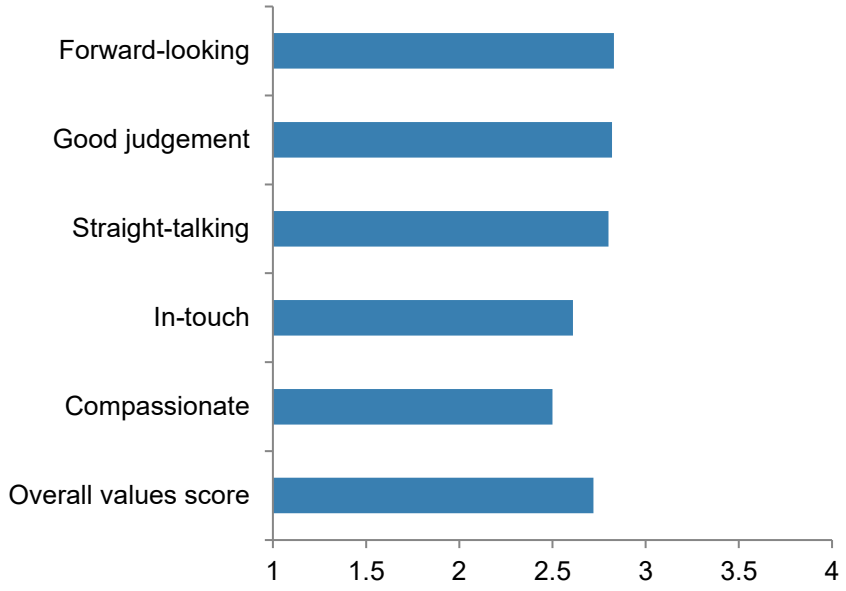
The RCVS has five stated behaviours to which it aspires, and respondents were asked how well they thought the RCVS demonstrates these behaviours. A four-point scale was used: 'not at all', 'partially', 'mostly' and 'totally'. Those who did not feel they could give a view could select 'no opinion/don't know/not relevant'. Table 12.2: RCVS values, percentage spread and average (mean) scores gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.2 presents the average scores; the statement means were calculated only for responses selecting one of the four points on the scale (i.e. omitting the 'no opinion' responses).

Table 12.2: RCVS values, percentage spread and average (mean) scores

Values behaviour	N	Mean	Not at all %	Partially %	Mostly %	Totally %	No opinion/ Don't know/ Not relevant %
Good judgement	10,338	2.82	3.3	14.8	41.8	9	31.1
Forward-looking	10,321	2.83	3.3	17.3	41.1	11.6	26.7
In-touch	10,323	2.61	6.5	24.9	34.6	9	25
Compassionate	10,306	2.5	9.2	24	28	7.7	31.1
Straight-talking	10,299	2.8	5	16.9	37	12.7	28.3
Overall values score		**2.72**					

Source: VS Survey, 2019

Figure 12.2: Perceptions values behaviours, average (mean) scores



Source: VS Survey, 2019

It is worth noting that between one-quarter and one-third of respondents felt unable to express an opinion about these values, notably for the good judgement and compassionate values. On average, respondents who did express a view are neutral around the midpoint of 2.5 about the RCVS demonstrating behaviours in line with the compassionate and in-touch values; however, they are positive about behaviours relating to the straight-talking, good judgement and forward-looking values.

The **overall values score**, calculated as a mean average of the responses to all five of the values behaviours, is above the midpoint of 2.5, at 2.72. Further analysis of the overall values score shows few major differences among different respondents groups, although:

- Women tend to be more positive than men about the extent to which RCVS demonstrates behaviours in line with the values: 2.77 compared to 2.67.
- Views vary in line with age, with the under 30 age group being the most positive and those in their 50s the least positive: 3.03 compared to 2.57.

12.3 Contact and communications

Those respondents who have contacted the RCVS over the previous year (26.2% of respondents, N =2,739) were asked how they rated their communication with RCVS staff on those occasions, on six aspects. A five-point scale was used: ‘very poor’, ‘poor’, ‘satisfactory’, ‘good’ and ‘excellent’. Those who did not feel they could give a view could select ‘no opinion/don’t know/not relevant’. Table 12.3 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.3 presents the average scores; the statement means were

calculated only for responses selecting one of the five points on the scale (i.e. omitting the 'no opinion' responses).

Table 12.3: Views about aspects of communication among those who have contacted the RCVS in the last year, percentage spread and average (mean) scores

Communication aspects	N	Mean	Very poor %	Poor %	Satisfactory %	Good %	Excellent %	No opinion/ Don't know/ Not relevant %
Professionalism	2,714	4.08	1.6	3	18.8	37.5	37.4	1.6
Helpfulness	2,715	3.92	3.2	7.8	18.3	34.1	35.3	1.2
Compassion	2,674	3.63	3.4	8.2	20.5	24.6	19.2	24
Approachability	2,695	3.89	2.6	5.8	21.3	35	30.5	4.8
Tone when addressing you	2,695	3.99	2.2	4.4	19.1	36.4	33.4	4.5
Ability to solve your issue/answer your questions	2,709	3.77	6.3	9.1	18.9	29.9	33.4	2.4
Overall staff communication staff score		**3.9**						

Source: RCVS Survey 2019

Figure 12.3: Contact and communications, average (mean) scores

Source: VS Survey, 2019

On average, respondents who had, at the time of the survey, communicated with the RCVS in the previous year are clearly positive (i.e. scoring well above the mean of 3) about every aspect of the staff they dealt with, most notably about their professionalism. This positive view among those who have engaged with the RCVS and interacted with staff is encouraging.

The **overall staff communication score** for those who have contacted the RCVS in the previous year, calculated as a mean average of the responses to all five of the values behaviours, is 3.9.

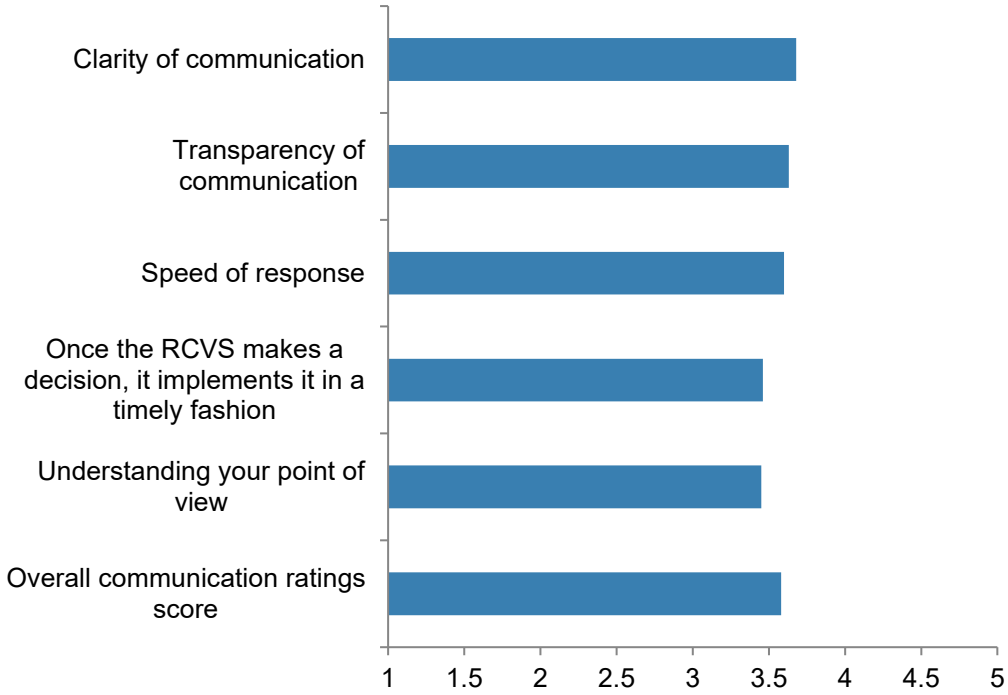
All respondents, regardless of whether or not they had contacted the RCVS in the previous year, were asked to rate general RCVS communications on six aspects, using the same five-point scale with a 'no opinion/don't know/not relevant' option. Table 12.1 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.4 presents the average scores; again, the statement means were calculated only for responses selecting one of the five points on the scale (i.e. omitting the 'no opinion' responses).

Table 12.4: General communication ratings, spread of responses and average (mean) scores

Communication ratings:	N	Mean	Very poor %	Poor %	Satisfactory %	Good %	Excellent %	No opinion/ Don't know/ Not relevant
Clarity of communication	9,970	3.68	1	3.6	21.9	25.4	11.4	36.7
Transparency of communication	9,942	3.63	1.2	4.1	21.1	23.7	10.7	39.2
Speed of response	9,920	3.6	2.1	5.1	17	19.4	11.4	45
Understanding your point of view	9,892	3.45	2.6	5.9	16.9	16.9	8.7	48.9
Once the RCVS makes a decision, it implements it in a timely fashion	9,866	3.46	2	4.1	16.2	14.6	7	56.1
Overall communication ratings score		**3.58**						

RCVS Survey 2019

Figure 12.4: General communications ratings, average (mean) scores



Source: VS Survey, 2019

It is worth noting that well over one-third of respondents felt unable to express an opinion about these aspects of communication, notably for 'understanding your point of view' and 'once the RCVS makes a decision, it implements it in a timely fashion' (48.9% and 56.1% respectively did not feel able or willing to express an opinion about these two aspects). On average, respondents who did express a view are clearly positive (i.e. well above the midpoint of 3) about their rating of RCVS communication generally.

The **overall communication ratings score**, calculated as a mean average of the responses to all five of the communication ratings, is 3.58.

12.4 Awareness of initiatives

Respondents were asked about their awareness of, and engagement with, four RCVS initiatives. Table 12.5 gives the overall response, and shows that awareness of these initiatives is reasonably high among respondents, particularly for Mind Matters, although relatively low percentages are engaging with/using them.

Table 12.5: RCVS initiatives: awareness and engagement/use

RCVS initiative	Aware N	Used N	Used (% of those aware)
Mind Matters	7,267	1,011	13.9
ViVet	2,523	307	12.2
RCVS Leadership	3,785	583	15.4
Vet Futures	5,138	557	10.8

Source: RCVS Survey 2019

12.5 Consultations

In recent years the RCVS has run a number of consultations to seek members' views on a variety of topics; respondents were asked whether they had taken part in ten of these consultations. The results show that two-thirds (62.7%) have not taken part in any of the ten consultations, and of those who have participated, the 2015 consultation on the use of the courtesy title 'Doctor/'Dr' by registered VSs was the most frequently-selected consultation:

- Use of the courtesy title 'Doctor/'Dr' by registered VSs (2015): 24.7% (N = 2,330)
- Graduate Outcomes (2018-9): 12.7% (N = 1,201)
- Review of CPD (2016): 12.3% (N = 1,157)
- Review of Year-One Competencies for VSs (2015): 8.7% (N = 818)
- Review of Schedule 3 (2017): 7.4% (N = 694)
- Review of the use of telemedicine within veterinary practice (2017): 6.4% (N = 605)
- Proposed new framework for post-registration qualifications for VNs (2018): 5.3% (N = 497)
- Practice Standards Scheme – final stage consultation (2015): 3.4% (N = 323)
- Proposals for the future of the RCVS Fellowship (2014): 2.8% (N = 261).

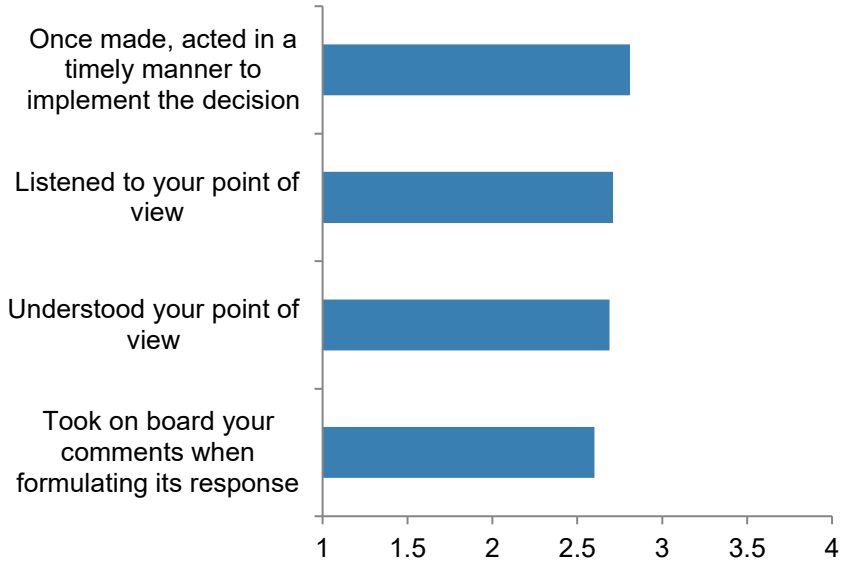
Respondents who had taken part in one or more consultations were asked about how, in general, the RCVS handles four aspects of its consultations, using a four-point scale: 'not at all', 'partially', 'mostly' and 'totally'. Those who did not feel they could give a view could select 'no opinion/don't know/not relevant'. Table 12.6 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.5 presents the average scores; the statement means were calculated only for responses selecting one of the four points on the scale (i.e. omitting the 'no opinion' responses).

Table 12.6: Views about RCVS's actions with regard to consultation responses

To what extent did the RCVS do the following?	N	Average (mean)	Not at all %	Partially %	Mostly %	Totally %	No opinion/ Don't know/ Not relevant %
Listened to your point of view	4,722	2.71	5.3	16.5	30.2	9.5	38.5
Understood your point of view	4,792	2.69	5.1	16	29.5	8	41.4
Took on board your comments when formulating its response	4,901	2.6	6.9	15.8	25.4	7.3	44.6
Once made, acted in a timely manner to implement the decision	4,869	2.81	3.7	13.2	28.6	10.2	44.2

Source: RCVS Survey 2019

Figure 12.5: Views about consultation responses, average (mean) score



Source: VS Survey, 2019

It appears that a substantial minority – well over one-third – of those who have taken part in one or more consultations do not feel they can provide a view on these points; however, those who are able to express an opinion returned, on average, positive views (i.e. above the midpoint of 2.5), notably for acting in a timely manner to implement the decision.

12.6 Purpose

To test views about the RCVS's purpose, respondents were asked to rate the RCVS on 14 aspects, using a scale from 1 (not at all) to 5 (totally). Table 12.7 gives the percentage spread of responses to these statements, together with the average (mean) score for each statement, while Figure 12.6 presents the average scores out of five.

Table 12.7: Views about the RCVS's purpose

On a scale of 1 to 5, to what extent do you personally feel that the RCVS…	N	Mean	1 (not at all) %	2 %	3 %	4 %	5 (totally) %
Is fit for purpose	9,508	3.51	2.6	7.9	38.9	37.7	12.9
Spends money appropriately	9,165	3.18	3.3	12.1	52.5	26.9	5.2
Is trusted by the profession	9,477	3.38	4	15.3	31.9	36.8	12.1
Pays sufficient attention to the development of leadership skills within the profession	9,268	3.06	4.1	19.9	47.5	23.3	5.3
Has a global reach (i.e. improves animal health and welfare internationally)	9,283	3.22	3.9	15.7	43	29	8.4
Is a service-oriented organisation	9,199	3.11	4.5	17.2	46.9	26.1	5.4
Is forward-focused (e.g. embraces change, is open to ideas)	9,275	3.24	3.3	14.6	43	32.7	6.5
Sets appropriate standards within the profession	9,427	3.68	2.1	6.2	29.4	46.2	16
Upholds standards within the profession	9,417	3.77	1.9	5.2	26.6	46.7	19.5
Advances standards within the profession	9,366	3.59	2.2	7.5	33.8	42.3	14.2
Supports the health and welfare of the profession	9,377	3.19	6	16.5	37.9	32	7.5
Is a positive force for animal health and welfare	9,378	3.55	2.3	8	34.6	42.7	12.3
Promotes and facilitates innovation in the profession	9,254	3.25	3.3	12.6	46.4	31	6.7
Supports the development of a learning culture in the profession	9,359	3.51	2.3	8.3	36.6	41.6	11.2
Overall RCVS purpose score		**3.37**					

Source: RCVS Survey 2019

Figure 12.6: Perceptions of the RCVS's purpose

Source: VS Surveys, 2019

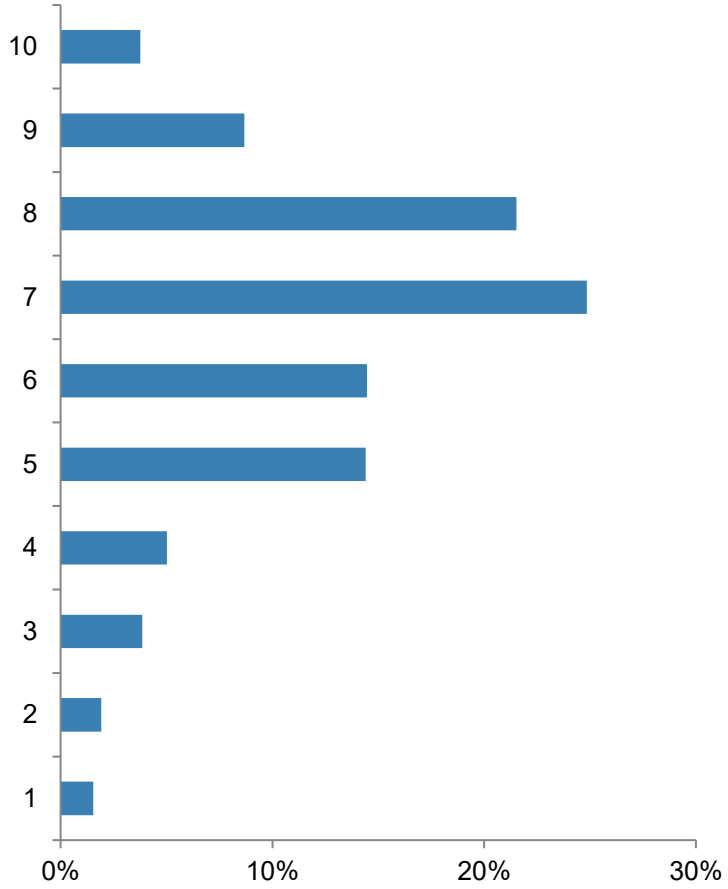
On average, respondents return positive average (mean) scores for every aspect of the RCVS's purpose, although the scores for two aspects – that the RCVS pays sufficient attention to the development of leadership skills within the profession, and that the RCVS is a service-oriented organisation – are close to the midpoint of 3. The most positive response is related to the RCVS setting, upholding and advancing standards, being fit for purpose, being a positive force for animal health and welfare, and supporting the development of a learning culture within the profession.

12.7 Overall views

In the final section, respondents were asked to rate the RCVS on a ten-point scale from 1 (very poor) to 10 (excellent). Figure 12.7 gives the percentage response for each of the scores from one to ten. The average (mean) score overall is 6.58, clearly above the midpoint of 5.5, and, as Figure 12.7 shows, the modal (most frequently-chosen) response is to give the RCVS 7 out of 10. A relatively small percentage of respondents (7.2%) gave

the RCVS a clearly negative score of 1, 2 or 3 out of 10. At the other end of the scale, however, one-third of respondents (34%) awarded the RCVS a clearly positive score of 8, 9 or 10 out of 10.

Figure 12.7: Percentage of respondents allocating overall scores for the RCVS from 1 to 10



Source: VS Survey, 2019

Further analysis of the overall average score shows:

- Women are somewhat more positive than men (6.66 compared to 6.49).
- There is quite a lot of variation by age group, with the youngest and oldest groups awarding the highest scores:
  - Under 30: 7.19
  - 30 to 39: 6.61
  - 40 to 49: 6.34
  - 50 to 59: 6.24
  - 60 to 69: 6.4

- 70 and over: 7.22.

- BAME respondents are more positive about the RCVS, overall, than White respondents (6.67 compared to 6.59).
- Heterosexual respondents are somewhat more positive than LGB respondents (6.62 compared to 6.46).
- Those who are not British citizens are notably more positive than average: 6.95.
- The year of qualification makes quite a lot of difference to the scores given to the RCVS, with those qualifying some time ago being the most positive:
  - 2010 to 2019: 7.01
  - 2000 to 2009: 6.4
  - 1990s: 6.24
  - 1980s: 6.25
  - 1970s: 6.57
  - 1960s: 7.26
  - 1950s and 1940s combined: 7.87.
- Work status makes some difference to the average score:
  - Working within clinical practice: 6.5
  - Working within the profession, outside clinical practice: 6.59
  - Working outside the profession: 6.67
  - Not working (for reasons other than retirement): 6.89
  - Retired: 6.97.
- For those in clinical practice, the type of practice seems to make relatively little difference to respondents' overall rating of the RCVS:
  - Small animal: 6.52
  - Equine: 6.59
  - Farm/production animal: 6.46
  - Mixed: 6.45
  - Referral/consultancy: 6.45.
- Position within practice, however, makes more of a difference:
  - Principal/director/partner: 6.22
  - Employed assistance: 6.55
  - Independent/locum: 6.44.

12.8 Do more, do less?

Finally, respondents were asked to nominate one thing of which they would like the RCVS to do more, and one thing of which they would like the RCVS to do less. A content and theme analysis of these free-text responses collected via the survey was carried out using an initial sample of 50 responses taken for the purpose of delivering headlines to the RCVS in the summer and a random sample of 200 taken from the overall response for the main analysis stage in the autumn.

12.8.1 The RCVS should do more of…

Free-text responses focused mainly on three broad areas: a desire for increased support and engagement with the RCVS, more career guidance and development opportunities, and ideas around policy, regulation and standards of work in the profession.

Support

Respondents would like the RCVS to do more with regard to support for mental health, work-life balance, learning from mistakes, and helping new entrants to the profession and those returning after a break.

> *'Pay more regard to the mental health and welfare of veterinary staff when dealing with complaints from members of the public.'*

> *'Develop a no blame culture of development in the workplace to promote open discussion & learning from medical / surgical errors & poor case outcome.'*

> *'Focus on mental well-being and support to specifically young, newly graduated vets.'*

> *'Help support people returning to the profession after a career break.'*

> *'Support vets having a better work life balance.'*

> *'Support vets don't just been seen as the prosecuting body against vets.'*

> *'Pay more regard to the mental health and welfare of veterinary staff when dealing with complaints from members of the public'*

Engagement

Engagement with the RCVS was another common theme. Respondents say firstly that they value interaction with staff and the chance to discuss issues within the profession with them, and would like to be able to express their views more effectively to the RCVS. However, they would also like to see more relevant communications (including clearer communication about the RCVS's role) rather than an increase in communication, and different engagement mechanisms.

‘Have area representatives who come and visit practices to discuss changes/surveys/standards with the workforce. Be more present.’

‘Get out and visit individual practices to discuss issues arising in practice as surveys do not allow discussion.’

‘Continue to update us on the issues and what you are doing about them, keep us informed of progress, say where fees are spent.’

‘More relevant news. More material for personal wellness.’

‘Engagement using different channels.’

‘Communicate clearly about being a royal college that regulates. I don't believe that most people understand the two hats that the college is wearing. They are both equally important.’

‘Regular engagement with the profession for its opinions. This could take the form of council proposals being put to the membership by email for feedback initially and then on-line voting. Perhaps a 3 monthly interval would be initially appropriate. It is likely that the profession’s turn out for matters on which they have a view would be considerably higher than for RCVS Council Elections for people that they don’t actually know (which often leads to members not expressing a preference by choosing not to use their vote and feeling disenfranchised).This would give true consensual authority for any proposed changes in the profession and also allow a faster rate of change where appropriate.’

Career progression, CPD and future supply

Respondents would like more certainty about the future supply of VSs, better careers guidance and clearer career progression, better availability of CPD and more guidance about postgraduate qualifications, including increasing the public’s understanding.

‘Encourage the UK universities to train more UK students to fill the gaps in the workforce.’

‘Help with career progression. There is no structure to veterinary careers compared to human medicine.’

‘More free CPD sessions, especially stress management/burnout type seminars as this is the real issue I hear from my peers. Even practical/day sessions. I tried to sign up to one recently but was booked out and no option of when the next one was.’

‘Promote the opportunities for post graduate development in a less confusing way? By that I mean explain to the public more clearly the difference between advanced practitioners and specialists for example.’

‘Improve learning culture within practice.’

Regulations and standards

Here, responses focus on the regulations and standards of practice set out by the RCVS, as well as calls for new policy to move towards gender equality and sustainability within the profession; some would like clearer guidance and best practice standards, while others requested more stringent application of standards. There is also a belief among some respondents that the RCVS should do more for animal welfare.

'Encouraging practices to help towards mitigating global climate change.'

'Improve gender equality within the profession.'

'Monitoring practice standards across the profession to ensure that standards are maintained so that the profession remains one that we can be proud to be a member of.'

'Give clear ideal working guidelines to the profession, length of time consulting without a break, number of days on call in a row, need a best practice guidelines, length of normal working days.'

'When I read investigations into misconduct and the associated outcomes, it concerns me the leniency that is applied. I do not feel it upholds our standards.'

'Aggressively pursue animal welfare in this country with particular emphasis on animal slaughter. I am embarrassed by the absence of the RCVS in publicly leading the debate on the considerable use of slaughter without stunning ... quite shocking.'

12.8.2 The RCVS should do less of…

Responses regarding what participants would like the RCVS to do less of highlighted their dissatisfaction with the disciplinary procedures and bureaucracy of the RCVS, engagement with members and the use of their fees, and concerns about the future of the profession.

Regulation and bureaucracy

Although some VSs would like to see clearer guidance about standards, others would like to see less regulation and less bureaucracy. Responses emphasise participants' frustration with the '*bureaucratic red tape*' and politics within the profession

'Stop over-regulating everything. Better you did nothing than the stuff you did…Stop crippling us with red-tape.'

'I find most of the stuff RCVS seems to do is, on the surface, irrelevant to general practitioners, so LESS bureaucracy and more engagement with general practice.'

'Less elections. Give the people more time to do something useful.'

'Reduce bureaucracy!!! Practice standards is a nightmare. Cpd - I do loads but I now have to spend more of my precious personal time (worklife balance??!!) Documenting and reflecting????!!!'

Complaints and disciplinaries

A common theme is that respondents would like less of a focus on disciplining VSs rather than supporting them, and think the complaints process makes it too easy for clients to complain unfairly.

'Making it easy for disgruntled clients to make complaints.'

'Less pursuit of disciplinary action against vets for relatively minor issues and client disagreements.'

'Investigations into client complaints when the motive of the client is clearly money orientated/personal and not about vet performance.'

'Come down hard on vets just trying to do their job in the face of unreasonable clients.'

'Focus on disciplinary procedures. I do not feel proud to be a member of the RCVS, I feel afraid of how I would be dealt with by them if there was a complaint against me. I feel … the RCVS are there to judge me and discipline me if something goes wrong.'

Out of touch

Some respondents feel the RCVS is concentrating on the wrong issues, and not engaging effectively with the profession as a result. They would like less of a political and regulatory focus and fewer emails and newsletters – and, in some cases, fewer surveys!

'Having people … who are out of touch with what it is like to be a vet in the front line.'

'Make decisions that are totally disconnected from the realities of working on the front line and the challenges of juggling different clinical demands.'

'Be less political and more focused on the day to day needs of ALL departments within the profession. Engage with the root and branch members and practices on a weekly basis.'

'Meaningless token initiatives that do not affect the majority and seem more geared for promoting the RCVS rather than the professionals they represent.'

'Stop paper newsletters & election forms, to go digital and paper-free/environmentally-friendly'

'To a degree surveys! I understand their need especially as we subscribe to evidence base in all parts of our decision making however some of the surveys I look at I do feel can seem irrelevant.'

Costs and spending

Responses show concerns about the cost of membership, but also about the way the RCVS is spending the money and how this impacts its members.

‘Charge less money on annual fees - for those of us whose fees are only partly covered by our practices, it is a lot of money each year, of which many of us don't feel we get much in return.’

‘I was confused as to the 'rebranding' of the RCVS a few years ago. It is compulsory to be a member of the RCVS so spending money on branding seemed odd.’

‘Spending money on expensive offices and staffing!’

Missing the big picture

A common theme is that the RCVS should focus less on unimportant things because these miss the big picture.

‘To be less focused on minute current issues and look at the big picture to safe guard the future of the profession. If we carry on as we are, eventually all the large corporates will be full of burnt out, underpaid veterinary surgeons who will leave the profession. ...With all the corporates eager for more profit vets will be forced to advise unnecessary procedures and overcharge in order to be paid effectively.’

‘Stop hiding behind laws and regulations as an excuse for not helping to bring about changes needed to make vetting sustainable in the longer term.’

13 Final thoughts

The last question in the survey asked all respondents if they had anything else they would like to say about the veterinary profession, their role, the RCVS or the survey. A content and theme analysis of these free-text responses was carried out using a random sample of 200 of the 3,351 provided, and a selection of emails sent by RCVS members to the IES research team to expand on their views (this latter group having given permission for their additional views to be included in the analysis).

Chapter summary

- Workforce supply: respondents identify problems in workforce supply, particularly in terms of newly-qualified veterinary surgeons whose expectations of work are not realistic, and who require additional support from more experienced VSs. Participants also highlight the recruitment crisis within the profession, and raise the gender inequality within the profession and part-time work as one of the causes.
- Work-life balance: this is seen to be lacking within the profession; there is a need for increased considerations around flexible working, out-of-hours service, and work load, and there are concerns about the impact of veterinary work on health, especially mental health.
- Increasing costs: the increase in treatment costs is a concern: it means practice owners cannot afford to offer treatment, it prevents clients from accessing treatment, and it places too much emphasis on profits rather than care.
- The RCVS: comments about the RCVS are both positive and negative. Some find the RCVS supportive and helpful, whereas others feel it is disconnected from actual practice, and express dissatisfaction with the complaints process and how the profession is regulated, particularly with regard to the corporates. Some VSs who work within the profession, but outside clinical practice, feel ignored. There is also a view that the RCVS should do more to educate the public.
- The rise in corporate practice ownership: this is a concern for some, with concerns raised about the impact on patient care, younger VSs' development, and support for smaller businesses.
- The survey: respondents commonly report that the survey is too long or time-consuming, and contains irrelevant or repetitive questions; however, a minority view is that these surveys are useful and helpful.

13.1 Themes identified

Comments provided by participants expressed concerns about the profession in terms of workforce supply (current and future), work-life balance and mental health, the rising costs of treatment, the role of the RCVS, and the impact of the increasing presence of the corporates; they also commented about the survey.

13.1.1 Workforce supply

Respondents' most common remarks about the profession identify problems in workforce supply, particularly in terms of newly qualified veterinary surgeons whose expectations of work are not realistic, and who require additional support from more experience VSs. Participants also highlight the recruitment crisis within the profession, and raise the gender inequality within the profession and part-time work as one of the causes.

'Unless more emphasis is placed on selecting students who are suited to the stresses and realities of general practice we will continue to suffer the loss of large numbers of young vets from the profession…start selecting practical people with the right work ethic who are prepared to work hard to safeguard the welfare of their patients…'

'New members of the profession struggle to cope and have to be coached and supported heavily which adds even more strain on the mature members of the profession.'

'New graduates need to be prepared to work out of hours and work towards a better work life balance as they progress, rather than expecting it from day one…New graduate expectations are not realistic these days.'

'My main criticism is a lack of a career structure. Also the lack of dealing with the recruitment crisis over the last 20 years is disgraceful. You have not intervened.'

'The only failure I see was the lack of foresight to predict that a shift to majority female intake at vet colleges through the '90s would lead ultimately to a more part time work force exacerbating the current severe shortage of UK vets in the market.'

13.1.2 Work-life balance

Another common theme is with work-life balance within the profession, or rather the lack of it, and a need for increased considerations around flexible working, out-of-hours service, and work load, as well as concerns about the impact of veterinary work on health, especially mental health.

'It is no longer acceptable that some vets still work the long hours they do as the pressures of the public and large volume of work during daytime hours has become such that performing on call duties on top of this is unmanageable.'

'Whilst in many ways rewarding, interesting and challenging, the level of stress, anxiety and lack of career progression, poor work life balance and poor financial reward sadly outweighs these things.'

'Stop beating it around the bush regarding mental health/well-being. It's mostly down to excessive working hours/work load and secondary burnout!'

'I felt let down by the profession when in clinical practice due to poor pay, extremely poor work-life balance and lack of flexibility from the practice to make improvements

to quality of life for all staff members when sensible suggestions were made. At times the working hours with on the on call demands were actually dangerous for driving. The client demands continued to increase year on year (financial, time of appointments etc) and this made being in clinical practice extremely stressful.'

'Work life balance and part time work can be detrimental to clients and their pets. Difficult to find balance.'

13.1.3 Rising costs

The increase in treatment costs was also raised as a concern about the profession as practice owners cannot afford to offer treatment, it prevents clients from accessing treatment, and it places too much emphasis on profits rather than care.

'As a practice owner I find it highly frustrating that I am unable to compete with online pharmacies. I cannot buy some medicines from my wholesaler as cheaply as pharmacies sell them to my clients.'

'My fears are that the practice arm of the profession is in danger of pricing themselves "out of the market" by the steep rise in veterinary fees.'

'Progress has been made in provision of excellent referral services but the fee inflation now associated with referral practice is cutting out more and more clients. Increasingly even clients who have insurance do not have enough cover for procedures at referral centres where in the past they would have been covered.'

'The profession appears to be moving away from a caring and clinically reasoned profession towards a non-caring, profit based service industry where profit and not medicine is driving treatment approach.'

13.1.4 The RCVS

In terms of comments regarding the RCVS, responses are both positive and negative. Some participants find the RCVS supportive and helpful, whereas others feel the RCVS is disconnected from actual practice, and express dissatisfaction with the complaints process and how the profession is regulated, particularly with regard to the corporates. Some VSs who work within the profession, but outside clinical practice, feel ignored. There are also concerns over the RCVS's role in educating the public.

Positive comments

'I am still a proud member of the veterinary profession, even though I no longer have a role in it. I am content with recent developments in the RCVS, which is well led.'

'I am proud to be a member of the profession and am grateful for the work that RCVS does.'

'I always find the RCVS a pleasure to deal with. They are very timely with their responses and helpful.'

'My memories of working stints in the UK are vivid and mostly very pleasant, and my interactions with RCVS were always friendly/courteous and efficiently concluded.'

Concerns and anxieties

'I think the RCVS is improving, with great council members who are more in touch with the profession as a whole, however rightly or wrongly I feel that if a complaint is made by a member of the public they could be more supportive of the vet involved.'

'I do not believe RCVS has any control over corporates and this is leaving its ability to regulate under doubt.'

'I am not alone when I say that the RCVS seems oblivious to the difficulties in independent practice today due to unnecessary over regulation and grossly unfair competition from large corporate practices.'

'There are significant numbers of vets in areas of work that involve use of their veterinary knowledge/qualification but the RCVS is mostly concerned with those in practice.'

'I feel there should be stronger influence from the RCVS to educate owners on pet care and welfare standards, breed issues and breeding of dogs and also to educate clients on the actual role of a vet practice e.g. treatments to be paid for, out of hours expectations etc. I think if the RCVS supported vet practices more strongly with these factors it would reduce client conflict within the work environment and positively impact workers job satisfaction.'

13.1.5 The onward march of the corporates

The rise in corporate practice ownership is also discussed by participants, with concerns raised about the impact on patient care, younger VSs' development, and support for smaller businesses. Some people feel the RCVS is not doing enough in this area.

'...the referral of more and more cases pushing cost of vet care out of reach of many and leaving younger vets feeling that that are not capable of anything other than the most basic treatments. The corporates encourage internal referrals at great cost and younger vets become button pushers steering clients to other senior vets … leaving younger vets feeling that that are not capable of anything other than the most basic treatments.'

'I am glad I am out of this very commercialised 'profession' which seems to be more interested in commercial gain of large conglomerates rather than to care for our patients and clients.'

'The RCVS has no jurisdiction over corporates and limited companies and that is a huge shortcoming in the ability of the RCVS to keep the profession regulated. The ability of huge corporates to just do as they please will continue to get worse.'

'I am concerned by the rate of corporate buying of practices and the subsequent monopolising of veterinary services. The profession should be supporting smaller businesses with access to support on running a small business to encourage more independent practices and start-ups.'

'I feel it was a great mistake allowing non vets to own practices. As soon as they take over the prices go sky high.'

'We are not operating on a level playing field hence the demise of independent practices which long term is bad news for animal welfare as the sole motivation of the corporates is profit.'

13.1.6 The survey

Respondents commonly report that the survey is too long or time-consuming, and contains irrelevant or repetitive questions; however, a minority view is that these surveys are useful and helpful.

'The survey seems very long and some questions were very similar to each other.'

'The guiding principle is whether an answer to a question will be of any practical value – rather than being just idle curiosity ... I think many [of] your questions fell into the latter category!'

'This survey really just highlights how out of touch the RCVS is, to think that working vets have the time or headspace for obtuse surveys like this. It really disappoints me that our regulator is so distanced from the real world for most practising vets.'

'The survey is well designed but some questions are irrelevant to a non-practising member.'

'Please stop chasing us to complete surveys, it cuts into our 11 hour rest period.'

'Thanks for conducting this survey -- they're always very helpful, & I'm really glad that the RCVS does them.'

14 Conclusions

This report has presented the findings from the 2019 RCVS survey of VSs, carried out on behalf of the RCVS by IES. These surveys of the profession, carried out by IES since 2002, provide the RCVS with an evidence-based view of changes within the veterinary profession and VSs' views about these, and have helped highlight a number of important trends.

14.1 Evidence of trends

It is apparent that the 'feminisation' of the VS profession is continuing, with the percentage of respondents to the survey who are female rising steadily from 34 per cent in 2002 to 58 per cent in 2019 (up from 54% in 2014). Veterinary services clients are now more likely to engage with female VSs when they visit a clinical practice: female respondents account for 40.5 per cent of principals/directors/partners overall, 73.6 per cent of employed assistants, and 60.6 per cent of independents/locums.

A small but steady rise in the representation of those with BAME backgrounds is also apparent. Although the percentage of BAME respondents is small, at 3.5, it has increased since 2010 when only two per cent of respondents were BAME. The percentage may continue to increase slowly, as 4.5 per cent of respondents who qualified between 2010 and 2019 are BAME.

A noticeable and accelerating trend in 2019 is for an increasing number of respondents to come from overseas, particularly EU countries. Around two-thirds of respondents (64%, notably lower than in 2014 when the proportion was 71%) qualified in the UK, and 23 per cent (notably higher than in 2014 when the figure stood at 15%) qualified elsewhere in Europe, mostly in an EU country.

The number of qualified VSs in part-time work continues to rise from survey to survey; in 2019 23 per cent of respondents are in part time work, compared to 19 per cent in 2014 16 per cent in 2010 and 12 per cent in 2002. This increase is partly due to the gradual increase in the proportion of male respondents in part-time employment, from five per cent in 2006 to 13.6 per cent in 2019. However, part-time working has also increased, albeit at a slower rate, for women: from 25 per cent in 2006 to 30.5 per cent in 2019. As women in the profession advance in age, it is apparent that they are becoming gradually more of a presence among retired VSs; in 2014, 86 per cent of retired VSs were male, but this has decreased to 79 per cent in 2019.

For VSs working within the profession in clinical practice, the rise in VSs working in small animal practices continues, alongside the decline in mixed practices: in 2010 45.8 per cent had small animal practice and 22.1 per cent mixed practice as their main areas of work, but these percentages now stand at 52.8 per cent and 11.7 per cent. Another

emerging trend is the increase of respondents who work in referral or consultancy practices: 3.7 per cent in 2010, rising to 5.2 per cent in 2014 and now 6.4 per cent in 2019.

The average hours worked in a typical week continues to decrease, and now stands at 37.8. This is partly but not entirely due to the increase in part time working; average full time hours are 42.5 hours, down from 44 in 2014 and 45 in 2010. The highest weekly hours are experienced by VSs working in equine practices (50.5), and equine VSs also report the highest on call hours (25.5 hours off the premises, and 9.7 hours on the premises). Outside clinical practice, those in veterinary schools have the highest weekly hours, at 43.1.

VSs in clinical practice continue to spend an increasing share of their working time on treating dogs and cats, particularly dogs; dogs and horses, followed by cats and cattle, seem to take up most on-call time. The percentage of VSs working in clinical practice who report that their practice covers its own out-of-hours work continues to decrease, from 60.5 per cent in 2010, to 56.2 per cent in 2014, and now to 51 per cent in 2019; 34.5 per cent say their practice uses a dedicated out-of-hours service provider.

With regard to recently-qualified VSs (i.e. those respondents who gained their veterinary qualification in the last three years), the 2014 findings that a smaller proportion than in 2010 went straight into practice work following graduation (52% compared to 63% in 2010) have been reversed in 2019; 71 per cent went straight into practice in a permanent position, while a further two per cent went straight into practice as a locum.

In terms of their views of the veterinary profession, consistent with previous surveys, respondents stated that the best aspects of their work were the opportunity to work with animals and the job satisfaction and the challenge and stimulus that being a VS provide them with, as well as the opportunity it afforded them to work with animals. However, respondents still believed that the profession could be improved through better work-life balance, better financial reward and less workload pressure. The biggest challenges to the profession in 2019 are considered to be client expectations/demands and stress levels, as in previous surveys; however, there are also high levels of concern about the changing structures in veterinary practice ownership. The business model of clinical practices appears to be changing quite rapidly: 48 per cent of respondents in clinical practice work for an independent, standalone practice or an independent practice that is part of a larger group, but 40 per cent now work for a practice that is part of a corporate group or a joint venture with a corporate group.

The WEMWBS average score, after remaining the same in 2014 and 2010 at 49, has gone down to 47.7, a fairly big drop; although it appears that WEMWBS scores have declined generally in the population, the score for VSs is below the population average.

14.2 Implications for the future

- The feminisation of the VS profession will continue in coming years, given that three-quarters of respondents to the 2019 survey graduated between 2010 and 2019. In addition, male respondents to the survey have a higher average age than females (51 and 40 respectively); this indicates that men will continue to retire in greater numbers than women for the foreseeable future.
- It seems likely that the proportion of BAME VSs will continue to grow, given the slow rise over the years and the fact that 4.5 per cent of recent qualifiers are BAME.
- The number of VSs working in small animal practices looks likely to continue, alongside a decline in those working for mixed practices.
- Given past trends, more clinical practices are likely to opt to use dedicated out-of-hours service providers in future, instead of covering their own out-of-hours work.
- It appears likely that that the trend for VSs overall to spend an increasing share of their working time treating small animals, especially dogs, will continue. It also seems likely that dogs and horses will continue to occupy a large share of on call time.
- Another recent trend that seems to be gaining pace rapidly is for practices to be owned, increasingly, by corporates. This seems set to continue, and is a development that is a source of serious concern for some VSs.
- Harder to predict is whether the trend for a bigger share of VSs to come from EU countries will continue, as there is still so much uncertainty around Brexit and what might happen in the years after Brexit.
- Also harder to predict is whether the overall well-being of VSs, as evidenced by the WEMWBS score, will continue to decline, and/or whether the score of VSs will go up or down in line with the population generally.

Appendix

Appendix Table 1

Statement	N	Average (mean) score	% strongly disagree	% disagree	% neither agree nor disagree	% agree	% strongly agree
The veterinary profession is a 'family friendly' profession in which to work	10,823	2.61	15.1	36.1	24.9	21.1	2.8
The veterinary profession offers good opportunities to work part time	10,772	3.32	3.6	18.6	25.8	46.6	5.5
Over the next ten years, demand for veterinary services will increase overall in the UK	10,602	3.61	0.8	7.9	33.6	45.1	12.6
Veterinary work is stressful	10,901	4.31	1	2.9	6.9	42.9	46.4
Veterinary work gives me job satisfaction	10,839	3.98	1.8	5.5	11.6	55	26.2
The veterinary profession gives me variety	10,776	4.08	0.9	3.5	10.4	56.7	28.5
Veterinary nurses are valued by the veterinary profession	10,727	3.71	1.7	11.2	17.5	53.8	15.8
Clients value the work of veterinary surgeons	10,790	3.39	3.7	16.5	22.4	52	5.4
Clients value the work of veterinary nurses	10,661	3.15	5.5	21.4	29.1	40.8	3.2
I am satisfied with the support given by my employer	8,964	3.46	4.9	12.3	26.6	44.2	12.1
I am satisfied with my salary/remuneration level	9,192	3.11	9.3	24	20.4	38.3	7.9
Newly-qualified veterinary surgeons have the necessary skills required for general practice employment, from day one	10,702	2.36	18.7	41.5	25.5	13.3	1
Veterinary schools are recruiting too many students for available future work	10,522	2.92	6	26.4	44.1	16.6	6.9
I am familiar with the concept of evidence-based medicine	9,301	4.34	0.4	1	5.5	50.1	43
I actively use published evidence as part of my clinical decision-making	9,122	4.07	0.7	3.3	15.1	49.8	31.1

I feel able to critically appraise a research study	9,168	3.83	1.4	8.3	19.6	47.1	23.6
Over the past five years, I have participated in scientific research	9,024	2.81	21.7	30.1	11.6	19	17.6
I am familiar with the concept of quality improvement	9,159	3.78	2	10.6	17.1	48.4	21.9
I actively use quality improvement in my practice	8,900	3.55	2.5	11.1	31.5	38.6	16.3
I feel I should continue to be obliged to take steps to provide emergency first aid and pain relief to animals according to my skills and the specific situation	9,113	4.08	2.3	3.9	12.3	47	34.5
When on call I would be satisfied to be obliged to take steps to provide emergency first aid and pain relief only to animals registered with the practice	8,723	3.23	11	19.4	22.4	29.8	17.5
When on call I would be satisfied to be obliged to attend an emergency away from the practice only if it is necessary on clinical or welfare grounds	8,690	3.55	6.6	10.3	23.6	40.2	19.3
The profession has a culture of sharing and learning from mistakes	9,192	3.03	7.3	26.2	27.5	33.8	5.1
In my workplace I feel comfortable reporting and sharing mistakes	9,141	3.61	3.5	11.6	18.2	53.6	13.1
Veterinary surgeons are recognised in society as a leading force for animal health and welfare	9,260	3.46	3.4	15	23.4	48.3	9.9
Veterinary surgeons are recognised in society for their role in public health	9,245	2.74	8.8	36.8	28.8	22.5	3.1
The RCVS Practice Standards Scheme should be mandatory	9,037	3.46	5.7	10.3	32.4	35.4	16.2
The veterinary profession nurtures innovation	9,081	3.08	4	20.2	42.6	29.9	3.3
The veterinary profession pays sufficient attention to the development of leadership skills	9,142	2.52	10.5	41.6	34.5	12.3	1.1

The veterinary profession pays sufficient attention to its environmental footprint	9,123	2.25	22.4	39.2	29.9	7.5	1
I am able to be myself in the workplace	9,252	3.79	2.8	8.9	16	51.6	30.8

Source: VS Survey, 2019