

Disability and Chronic Illness in Veterinary Work and Education

A survey exploring experiences of disability, chronic illness, mental health and neurodiversity in the veterinary sector

Conducted by the Institute for Employment Studies (IES) on behalf of the Royal College of Veterinary Surgeons (RCVS) and British Veterinary Chronic Illness Support (BVCIS)

Full report

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1 Introduction

1.1 Background

This report presents the results of the Disability and Chronic Illness survey conducted by the Institute for Employment Studies (IES) on behalf of the Royal College of Veterinary Surgeons (RCVS) and British Veterinary Chronic Illness Support (BVCIS). The survey aimed to gain a better understanding of the experiences of those with a disability/chronic condition who are working in the veterinary sector or currently studying for veterinary qualifications, and the results will form the basis of future research in this field by the RCVS and BVCIS. The research questions that underpinned the survey design, and will be further explored via additional research, can be found at the end of this introduction; the chapters relevant to each question are identified, although it should be noted that there is not an exact match between the questions and the chapters.

This report is, by necessity, lengthy, as the questionnaire covered a considerable amount of ground. Extensive analysis has been carried out, and a large number of illustrative comments in respondents' own words have been included. A [summary report](#), presenting the main results and highlighting key themes, is also available.

1.2 The survey

The survey asked questions covering the topics of experiences in education, experiences in the workplace, and policies and good practice in place to support individuals in the veterinary profession who have a disability/chronic condition. In order to understand different experiences, the survey also collected information on demographic, work and health details. The questions were agreed beforehand with the RCVS and BVCIS project team.

The survey link was sent out to all those who were aged 18 years and over, and who were working or studying in the UK, as one of the following: veterinary surgeon, veterinary nurse, veterinary student, student veterinary nurse and veterinary nurse undertaking a period of supervised practice. All were encouraged to participate, whether or not they had a disability/chronic condition. However, the majority of those who



responded (75.6%) had at least one chronic condition or disability, or had another particular interest in the topic, for example, having managerial responsibility for employee policies. The survey was open for six weeks (4 May to 16 June 2023) and weekly reminders to participants were sent out.

A total of 4,375 responses were collected, of which 2,781 were completed and submitted responses, while 1,594 were partial responses (ie the individuals either opened the survey but answered no questions, abandoned the survey part-way through, or completed it but failed to click on the 'submit' button at the end). The partial responses were examined to assess how much usable data they contained and 630 were included as they were found to have completed at least the first two questionnaire sections on demographics and health. This took the final number of usable responses to 3,411. The remaining responses were not taken forward into the analysis.

1.3 Response breakdown

Over 78,000 veterinary professionals and students were eligible to complete the survey. The response rate for each of the four main respondent groups are provided below:

- 4.58% of veterinary surgeons responded (1,682 out of a possible 36,717)
- 6.11% of veterinary nurses responded (1,369 out of a possible 22,424)
- 8.16% of student veterinary nurses responded (553 out of a possible 6,778)
- 2.70% of undergraduate and postgraduate veterinary students responded (328 out of a possible 12,145)¹

1.4 Analysis

A headline report was produced in June 2023 that provided the high level responses and response rates to each question. Further detailed analysis of each question was conducted in July and August 2023 to better understand the experiences of those with a disability/chronic condition working in the veterinary profession or studying for a veterinary qualification. Where differences between demographic characteristics were identified, this has been included in bullet points within each section.

¹ Please note that this figure is based on the 2021/22 Higher Education Statistics Agency student data, as an estimate, which will be updated once the 2022/23 data are available



Quantitative questions have been presented in this report showing either the percentage of respondents answering each question, or an average score for questions with response scales. Where a five-point scale was used for attitude statements (1 strongly disagree, 2 disagree, 3 neither agree nor disagree, 4 agree, 5 strongly agree), the average score for these scales is three. There was also a 'don't know' option for those who felt they did not know enough to form an opinion, which was not included when calculating the mean score. An average (mean) score out of five was calculated for these statements as part of the survey analysis. The higher the average score, the higher the average level of agreement. For demographic comparisons on scales, the average score has been included in brackets.

During the full analysis process, researchers noticed that there were many instances of large differences in responses between male and female respondents and veterinary surgeons and veterinary nurses. As a result, further significance testing of interactions was conducted to see whether the differences were as a result of respondents' gender or their role. Unfortunately, due to the gender split for veterinary nurses, which was highly skewed due to around 95% of respondents being female, significance testing the interactions between this role and gender could not be conducted. However, significance testing between the veterinary surgeon role and gender was analysed and is highlighted in questions throughout the report. Tables B1 and B1 in [Appendix B](#) present these results.

For qualitative questions, thematic analysis was conducted to analyse the answers provided by respondents. For questions where a large number of responses was collected, a random sample of responses was taken and analysed until thematic saturation was reached.

Each section of the survey has been included in a chapter in the main body of this report preceded by a short summary of the findings, apart from a selection of questions that have been moved to an appendix. The first half of the report (Chapters 2 to 6) are mainly focused on the individual experience of respondents: their health, diagnosis and treatment, and decisions whether or not to disclose their conditions; the impact of their conditions; and any discrimination experienced. Chapters 7 to 13 report the questions in the survey that focused mainly on the role of the organisation through which they worked or studied, in terms of knowledge and understanding, policies and training, and the provision of different types of support. Chapter 14 describes respondents' views and examples of good practice, and suggestions for changes, while Chapter 15 summarises any further comments and the extent of interest in further research. Finally, Chapter 16 presents conclusions.



1.5 Respondent profile

The demographic profile of the respondents to the survey is summarised below, with further analysis presented in [Appendix A](#).

- Around 80% of respondents identified as female.
- More than half of respondents were aged under 40.
- More than 90% were white.
- Two-thirds of participants reported being in a relationship, and around one-quarter said they had dependent children.
- Slightly more than 13% of respondents said they had adult caring responsibilities.
- Almost four-fifths of respondents mainly worked within the veterinary sector, with the youngest and oldest age groups being more likely to not be currently working. Slightly more than one-quarter of respondents stated that they were students.
- Almost half of respondents worked as veterinary surgeons, and two-fifths worked as veterinary nurses. Older respondents were more likely to be working as veterinary surgeons.
- Almost two-thirds of participants worked full-time. Females were more likely to be working part-time compared to males. More than one-fifth of participants worked, or sometimes worked, flexibly, that is as a locum or independent practitioner.
- The large majority of participants worked within clinical veterinary practice. Of these, almost three-quarters worked in a small animal-only practice. Younger respondents and veterinary nurses were more likely to be working in clinical veterinary practice. Of the one tenth of respondents working outside clinical veterinary practice, around a third worked in education.
- In terms of organisation type, more than half reported working in a veterinary practice that was part of a corporate group (rather than an independent practice) or an out of hours-only provider.

² Including physical and mental chronic illnesses, neurodivergence and those who fall under the legal definition of disability and including undiagnosed issues.



1.6 Research questions

The 10 research questions underpinning the work being carried out by the RCVS and BVCIS on chronic illness and disability are as follows:

1. What are the barriers faced at work by veterinary surgeons and veterinary nurses with a chronic illness or disability², and by veterinary and veterinary nurse students in education, and what support do they need? (Chapters 5 and 6)
2. What is recognition and understanding like for chronic illnesses and disabilities within the veterinary sector? (Chapters 7 to 13)
3. What good practice currently exists across the sector for supporting people with disability and chronic illness? (Chapter 14)
4. What 'workarounds' and strategies do people apply so that they can work effectively? (Chapter 5)
5. What are people's experiences with reasonable adjustments in education and the workplace? (Chapter 13)
6. What changes do people with disabilities and chronic illnesses want to see implemented to ensure workplaces are accessible and inclusive? (Chapter 14)
7. What factors influence whether or not people identify as disabled? (Chapters 2 to 4)
8. What do students and veterinary professionals understand by the term 'fitness to practice'? (Chapters 4 and 5)
9. What factors influence people's decisions to disclose their disability or chronic illness, and when to disclose and to whom? (Chapter 4)
10. Has disability or chronic illness influenced career choices and progression, and if so in what way(s)? (Chapter 6)



2 Health

Chapter summary

- Over half of respondents described their physical health as good or very good; however slightly under half of respondents thought their mental health was good or very good.
- Three-quarters (75.6%) of respondents have at least one disability/chronic condition.
- A chronic condition was the most prevalent condition amongst respondents, representing 60.6%, followed by 43.8% with a physical condition, 38.5% with a mental health condition and 29.5% identifying as neurodivergent (see Figure 2.5).
- Female and older respondents were more likely to consider themselves as having a chronic condition. While the proportion of respondents with a physical condition increased with age, the percentage of those with a mental health condition or who identify as neurodivergent was higher among younger respondents.
- Most respondents expected their disability/chronic condition to be lifelong, and almost half had been managing it for more than 10 years.
- Almost half of respondents reported being affected by two conditions, some of the most common being anxiety and depression, attention deficit hyperactivity disorder (ADHD), asthma, endometriosis, chronic pain and Crohn's disease.
- Almost two-thirds of participants shared that they are affected by their disability/chronic condition every day.
- Some 68.4% of respondents agreed or strongly agreed that they had to make significant changes to their life to continue working. These were more likely to be respondents with a physical or mental health condition, and those affected by multiple disabilities/chronic conditions.
- Respondents shared that the most common impacts of their disability/chronic condition were related to: mental health; pain; learning, understanding or concentrating; and stamina or energy limitations.
- Around two-fifths of respondents had experienced, or were experiencing, their disability/chronic condition while in education.



This chapter reports on respondents' health. The chapter presents respondents' views about their general physical and mental health, then goes on to describe their reported chronic, physical, mental health and neurodivergent conditions, including the associated symptoms and whether their condition was, or had been, present in education.

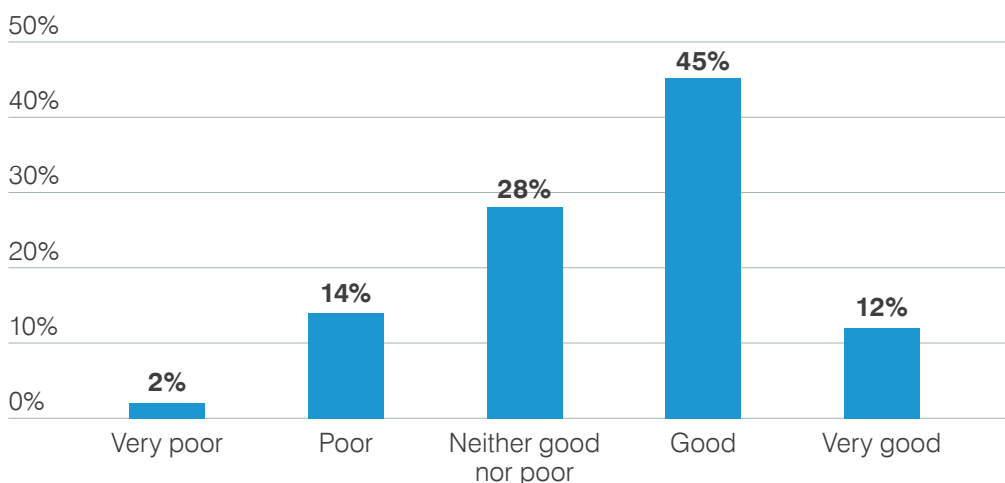
Within the current research, a 'chronic condition' has been defined as: a health condition or disease for which there is currently no cure, and persists for an extended period of time, possibly for the whole of a person's life. For this reason they are often referred to as long-term conditions. Chronic conditions can usually be managed with medication and other treatment.

2.1 General health

2.1.1 General physical health

All respondents were asked how they would describe their physical health at the time they completed the questionnaire. The mean average score for this question was 3.51, suggesting that, on average, respondents felt their physical health was **good** (see Figure 2.1). Figure B1 in [Appendix B](#) shows the answers on a simplified three-point scale.

Figure 2.1: Respondents' description of their physical health



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

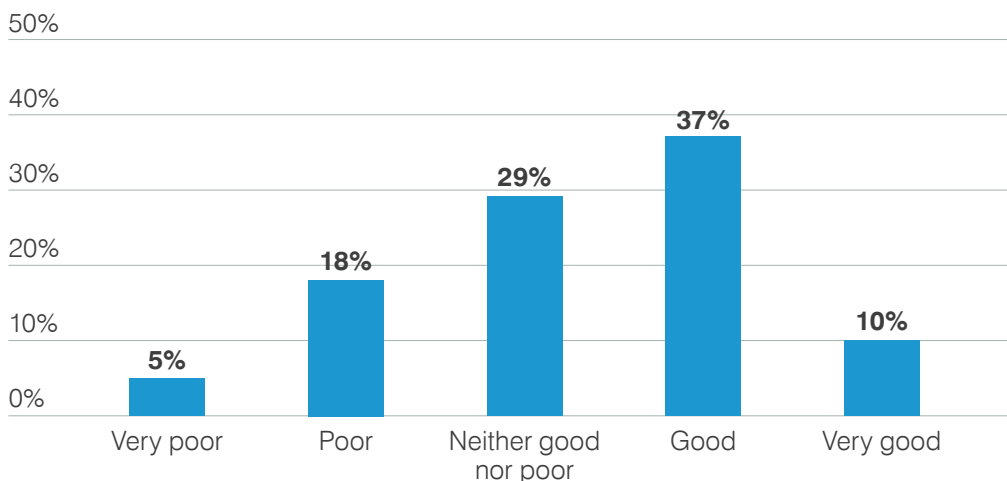


- The mean score for male respondents, at 3.80, was higher than that for female respondents (3.46), suggesting that **males** overall felt they had **better physical health**.
- Respondents with **four or more disabilities/chronic conditions** considered they had notably **worse physical health** (2.90) compared to those with one (3.79).
- The mean physical health score of respondents with a mental health condition was notably lower, at 3.23, than that of respondents that do not consider themselves to have a mental health condition (3.72). This indicates **that participants with a mental health condition** consider they have **worse physical health**, too.
- Unsurprisingly, respondents with a **physical condition** felt they had notably **worse physical health** (3.05) compared to those without a physical condition (3.89).

2.1.2 General mental health

All participants were asked to describe their current mental health. The mean score for mental health was 3.30, indicating that, on average, respondents felt their mental health was **reasonably good**, although not strongly so (see Figure 2.2). Figure B2 in [Appendix B](#) presents the answers on a simplified three-point scale.

Figure 2.2: Respondents' description of their mental health



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



- Similarly to the physical health finding, **male respondents** had a notably higher mean mental health score (3.73) compared to female (3.22) respondents.
- Average mental health scores decreased as age increased, suggesting that **younger participants** (18-29, 2.97) consider they have **worse mental health** than do older respondents (60-69 3.94, 70-79 4.24).
- As with physical health, respondents' **reported mental health levels decreased** as the **number of conditions** they had **increased**. Participants with one disability/chronic condition had a mean mental health score of 3.81, while the average score of those with four conditions was a much lower 2.67.
- Respondents who identified as **neurodivergent** considered themselves to have notably **lower levels of mental health** (2.92) than those who did not identify themselves as neurodivergent (3.53).
- Unsurprisingly, respondents with a **mental health condition** had a much **lower** average score (2.70) compared to those without a mental health condition (3.74).

2.2 Disabilities/chronic conditions

Overall, **75.6%** of survey respondents considered themselves to have at least one disability/chronic condition, with the remaining quarter (24.4%) reporting none.

2.2.1 Chronic health conditions

All respondents were asked whether they considered themselves to have **a chronic condition**, and more than half (60.6%) stated that they did; 38.8% of survey respondents said they did not have a chronic health condition, with the remaining 0.5% preferring not to answer the question.

There were some differences across demographic groups, notably:

- **More female** (77.9%) than male (64.9%) respondents had at least one chronic health condition.
- Respondents aged **60-69** were **least likely** (64.5%) to have a chronic health condition, while the 30-39 age group was most likely (80.3%).



2.2.2 Physical health conditions

Slightly **less than half** (43.8%) of respondents reported having a **physical health condition**; 53.5% did not, 2.3% did not know and 0.4% preferred not to say.

There were some differences in responses to this question when it was analysed by demographic groups.

- **More female respondents** (45.2%) than males (36.0%) reported having a **physical impairment, condition or disability**.
- Broadly, the **proportion** of respondents with a **physical condition increased with age**, as shown in Figure 2.3.
- **Student veterinary nurses** were **the least likely** (27.1%) to have a **physical condition**, compared to 42.6% of veterinary surgeons, 43.9% of veterinary students and 45.2% of veterinary nurses.

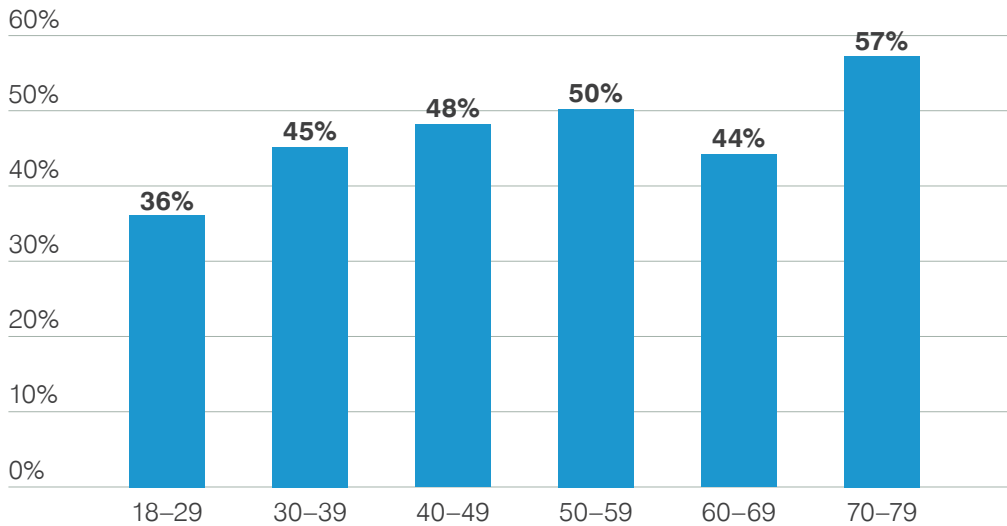
2.2.3 Mental health conditions

All respondents were asked whether they considered themselves to have a **mental health condition**, and overall **38.5%** said that they did. More than half (56.2%) said they did not have a mental health condition, and 4.1% did not know.

- There were significantly **more female veterinary surgeons** with a mental health condition (48.3%) compared to male veterinary surgeons (19.2%).
- The overall likelihood of reporting a **mental health condition decreased with age**, as shown by Figure 2.4.

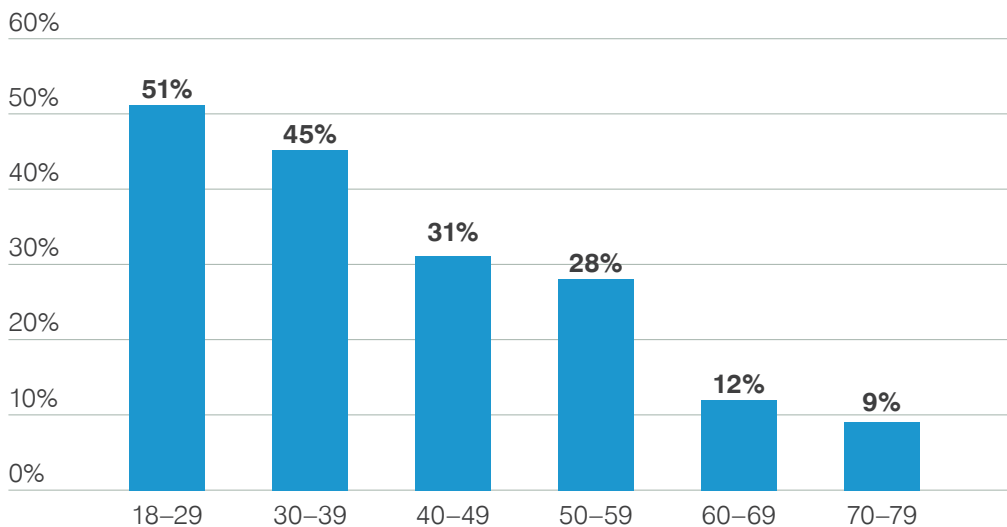


Figure 2.3: Respondents with a physical condition by age



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Figure 2.4: Respondents with a mental health condition by age



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- The **mixed or multiple ethnic groups** ethnicity was the only one in which **more than half** (59.2%) of respondents indicated they had a **mental health condition**, compared to an average of 30.6 per cent across all other ethnic groups.
- Compared to veterinary surgeons (27.9%), **veterinary nurses** were **more likely** (47.3%) to say they had a **mental health condition**.
- **Around half** (50.7%) of participants who considered themselves as **having a mental health condition** also reported having a **physical impairment**, condition or disability; compared to 39.6% of those who do not have a **mental health condition**.

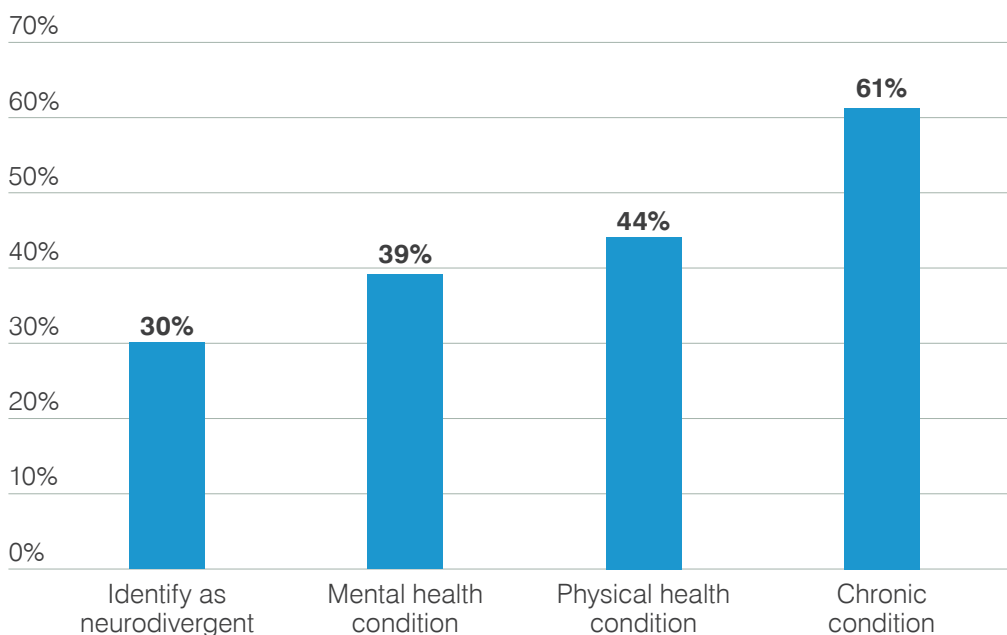


2.2.4 Individuals who identify as neurodivergent

Overall, **slightly under 30 percent** (29.8%) of respondents shared that they identified as **neurodivergent** (see Figure 2.5, which gives the overall percentages of those reporting different types of condition/disability).

- Among respondents identifying as **non-binary** and **genderfluid**, a high 83.3% considered themselves to be **neurodivergent**, compared to 30% of female and 22.4% of male respondents.

Figure 2.5: Percentage of respondents with a condition



Note: These percentages add up to more than 100 because a substantial number of respondents reported more than one condition/disability.

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

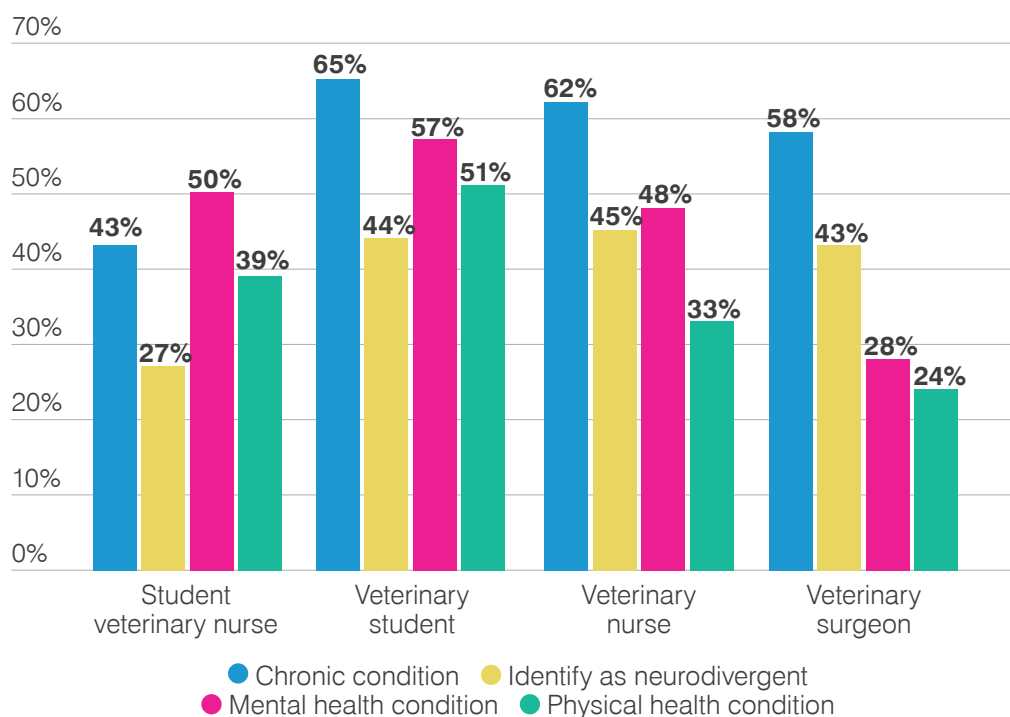
- **Students** were **more likely** (veterinary students 50.6%; student veterinary nurses 39.2%) to identify as **neurodivergent**, compared to respondents in employment (veterinary surgeons 23.7%; veterinary nurses 32.8%).
- As with mental health, the **proportion** of respondents identifying as **neurodivergent decreased with age**. Around two-fifths (42.3%) of respondents aged 18-29 reported identifying as neurodivergent, compared to 6.7% of those in the 70-79 age group.



2.2.5 Respondents' role by condition types

To bring the previous sections together, Figure 2.6 shows how the prevalence of the four different condition types across the four different role types.

Figure 2.6: Respondents' role by condition type



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

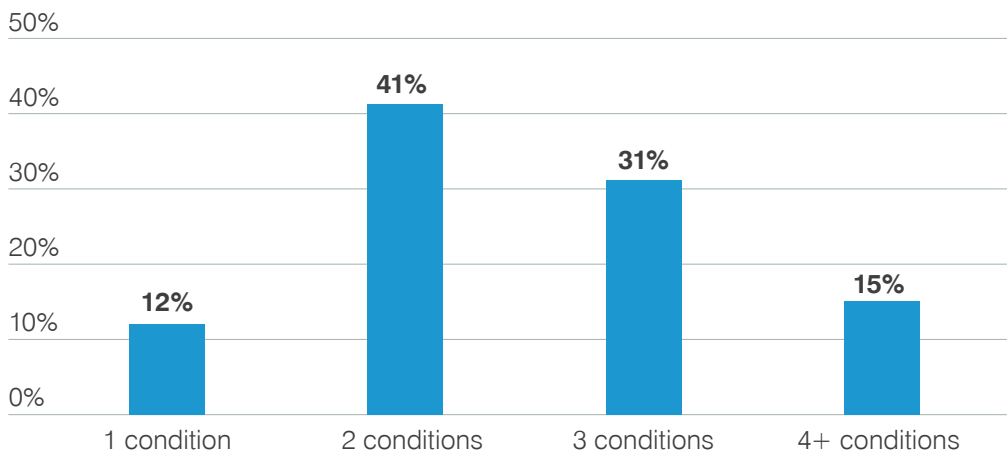
2.2.6 Comorbidity

Of those who reported having at least one disability/chronic condition, two-fifths (41.3%) **have two conditions, almost a third** (31.3%) have **three**, and **15.4%** have **four and over**. A minority of **12.1%** of participants have **one** chronic illness/condition and/or disability (see Figure 2.7). To understand how comorbidity varies by condition see Table B4 in [Appendix B](#).

- The most common number of disabilities/chronic conditions for both male and female respondents was two; however, there was a higher proportion of male respondents (51.5%) compared to female respondents (40.2%) with two conditions, despite more women reporting having a condition than not.
- For veterinary surgeons and veterinary nurses the most common number of disabilities/conditions was two (47.4% and 36%), however for student veterinary nurses and veterinary students it was three (35.4% and 37.3%).



Figure 2.7: Respondents with one or more disabilities/chronic conditions (% of those reporting at least one)



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Respondents with a chronic physical or mental health condition or who identified as neurodivergent were asked what condition(s) they have been affected by. Almost half of the analysed respondents reported having anxiety or depression. Other common conditions included attention deficit hyperactivity disorder (ADHD), asthma, endometriosis, chronic pain and Crohn's disease.

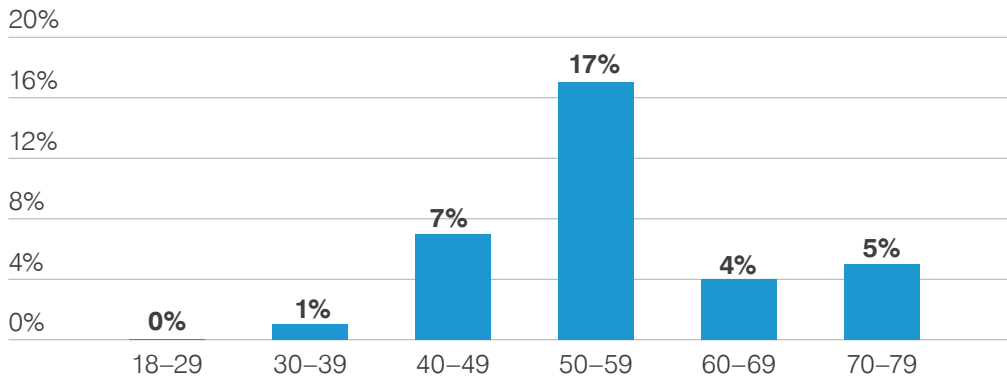
2.2.7 Menopause related condition

Overall **4.1%** of respondents reported that their chronic condition was menopause related.

- Unsurprisingly, age was a factor with this question; respondents **aged 50-59** were **more likely** to report their condition being **menopause related** compared to younger respondents aged 18-29. It is, however, important to say that younger age groups are also affected (see Figure 2.8).



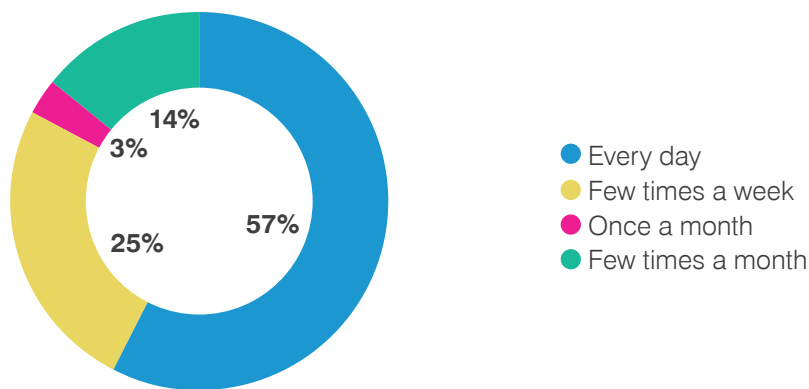
Figure 2.8: Respondents with a menopause related condition



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

■ **More than half** (60.4%) of respondents who said that their condition was menopause related indicated being **affected by it every day**; and a further 25.3% said it affected them a few times a week (see Figure 2.9)

Figure 2.9: Frequency of menopause related condition



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



2.3 Symptoms

The most common areas in which respondents were affected by their condition were: **mental health; pain; learning, understanding or concentrating;** and **stamina or energy limitations**, as shown in Table B3 in [Appendix B](#).

Some differences in symptoms experienced emerged between different demographic groups.

- A **larger proportion of female** respondents reported their condition affecting their **learning, understanding or concentration** (48.3%), **memory** (39.7%) and **pain** (51.4%) compared to male respondents (25.9%, 23.9% and 38.8% respectively).
- 20% of **female**, 19.6% of **non-binary** and 20% of **genderfluid** respondents said that their condition affects them through **menstrual or reproductive issues**, compared to 1.2% of male respondents.
- **The proportion of respondents affected by cardiac and circulatory issues increased with age**, as 9.8% of respondents aged 18-29 reported being affected in this area compared to more than a quarter of those in the 70-79 age group.
- A larger proportion of **younger** respondents reported their condition affecting their **learning, understanding or concentration** (52.2% of those aged 18-29) and **memory** (44.1% of those aged 18-29), compared to older respondents (21.1% of respondents aged 60-69 and 7.7% of those aged 70-79; 16.5% of those aged 60-69 and 9.6% of those aged 70-79).

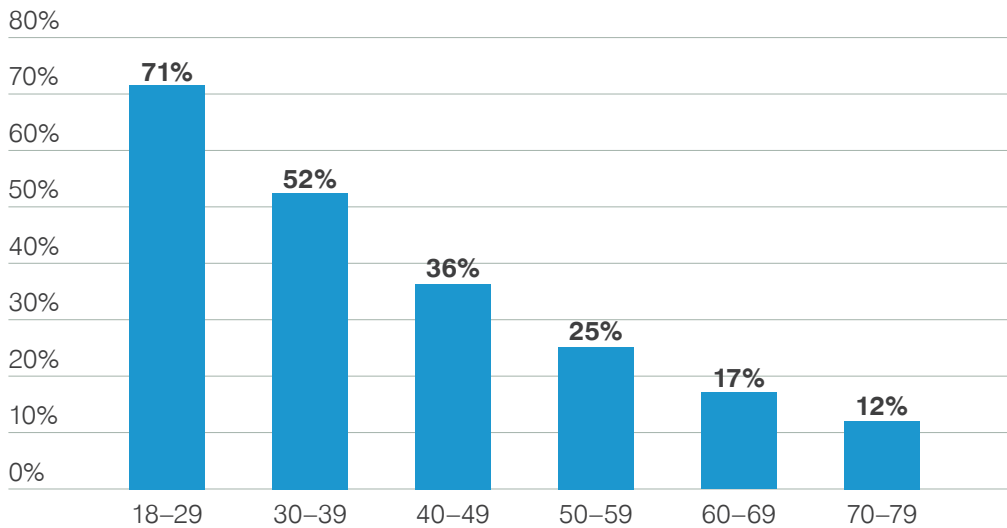
2.4 Health in education

Respondents who reported that they were currently in employment were asked if they experienced their disability/chronic condition while they were **studying** or in **education**, with two-fifths (40.8%) reporting that they did.

- **More female** respondents (44.9%) than male respondents (22.7%) experienced their disability/chronic condition while in education.
- A notably higher percentage of **younger** (18-29) respondents (71.4%), compared to older (70-79) respondents (12.0%) reported experiencing their disability/chronic condition whilst in education (see Figure 2.10)



Figure 2.10: Experience of condition in education by age group



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- **Veterinary nurses** (52.9%) reported experiencing their disability/chronic condition in education **more** than veterinary surgeons (34.6%).
- 22.1% of those with **managerial responsibilities** reported having a disability/chronic condition during their studies.
- 77.7% of respondents with **four or more conditions** reported having a disability/chronic condition during education.



3 Diagnosis and Treatment

Chapter summary

- Slightly over three-quarters of respondents with a disability/chronic condition reported that their condition had been diagnosed by a medical professional. Respondents aged 50 or older were less likely to have been diagnosed for their condition.
- Most respondents had to wait between one and five years to be diagnosed. Female respondents and those in younger age groups were less likely to have been diagnosed in less than six months. The largest proportion of respondents who identified as neurodivergent had to wait 11 or more years for their diagnosis, compared to less than six months for the other three condition types.
- Three-quarters of respondents with a disability/chronic condition were, at the time of participating in the survey, under treatment to manage their condition.
- Some of the most common ways in which treatment affected respondents' work or studies related to its impact on concentration and engagement and the need to have time off for medical appointments. Treatment was also seen as affecting respondents' work or studies in positive ways, however.
- Some common ways in which participants described their work or studies affecting treatment were by creating additional stress (which they in turn felt made treatment less effective), due to the challenge of attending medical appointments. Some respondents also shared that work or studying meant they were sometimes unable to take medication for their condition, which could then impact on their ability to work or study effectively.
- One-quarter felt that they had been treated differently, with the majority feeling this was due to their symptoms; half thought they were treated differently as a result of disclosing their condition(s).

For the three-quarters of respondents with at least one disability/chronic condition, this chapter covers their experiences of diagnosis and treatment while in education and at work. It also covers two forms of treatment-related impact: the impact that treatment has had on them, and also the impact work or study has had on receiving treatment.



3.1 Diagnosis

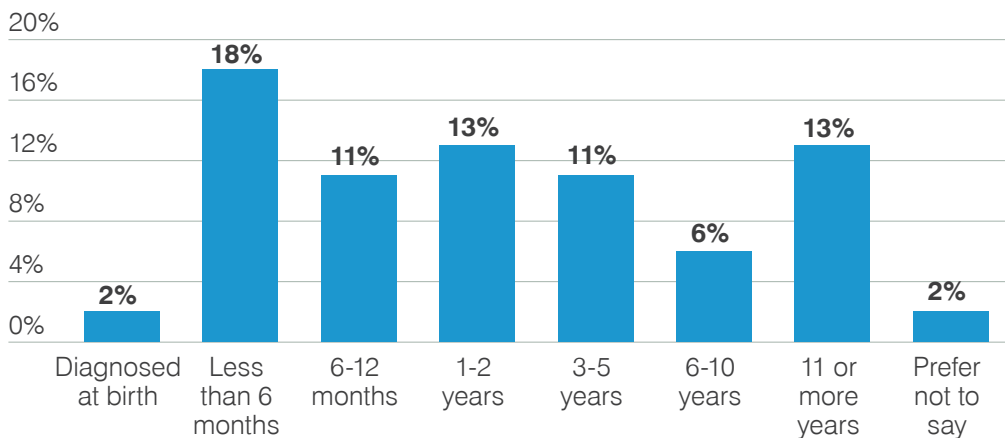
Respondents who reported having a disability/chronic condition were asked whether it has been diagnosed by a medical professional. Slightly over three quarters (79.6%) shared that it has, while 27.6% reported their condition not having been diagnosed. In addition, 15.1% of respondents were currently undergoing diagnosis. The reader should note this was a multiple response question, to allow respondents with more than one disability/chronic condition to select different diagnosis stage options.

- Respondents under 49 were more likely to have been diagnosed by a medical professional (70.0%), compared to 45.2% of those in the 70-79 age group.
- Younger respondents were also more likely (20.6% of those aged 18-29) to be currently undergoing diagnosis, compared to older respondents (4.4% of those aged 60-69).

3.1.1 Wait for diagnosis

Respondents were asked about the length of time they had to wait for their diagnosis, and they had the option to select multiple responses as they may have had multiple diagnoses (see Figure 3.1).

Figure 3.1: Time respondents waited for a diagnosis



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



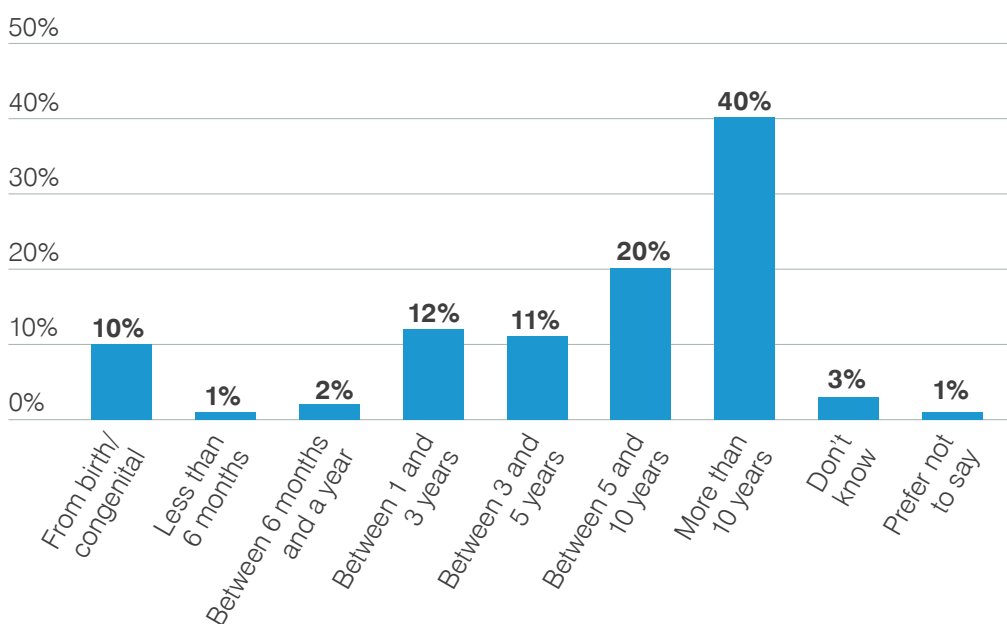
Some differences in responses emerged when analysed by demographic groups:

- The highest proportion of **male respondents** (36.3%) reported having had to wait **fewer than six months** for diagnosis, whereas the most common waiting time for **female** respondents was **between one and five years** (34.9%).
- The **proportion** of respondents who had to **wait less than six months** to be diagnosed **increased with age**. Overall, 22.3% of respondents in the 18-29 age group waited fewer than six months for diagnosis, compared to 52.6% of those aged 70-79.
- The most common waiting time for a diagnosis for **chronic, physical and mental** conditions was **fewer than six months** (26.1%, 25.0% and 23.4%), whereas the most common waiting time for a **neurodivergent** diagnosis was **11 or more years** (32.1%).

3.2 Managing condition

Respondents with a disability/chronic condition were asked how long they had been managing it. **Two-fifths of** respondents (40.1%) had been managing it for **more than 10 years**, with around **one-fifth of respondents** (19.5%) reporting that they had been managing it for **between five and 10 years** (see Figure 3.2).

Figure 3.2: Respondents with a physical condition by age



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



3.3 Treatment

Respondents with a disability/chronic condition were asked whether they were **currently undergoing treatment** to manage it. Overall, **75.9%** of respondents stated that they were; 21.6% were not currently undergoing treatment, with the remaining 2.5% preferring not to say.

- Respondents with a **physical condition** were **most likely** to be undergoing **treatment** for it (81.5%), followed by those with a mental health condition (78.8%). Those who identified as neurodivergent were less likely to be undergoing treatment to manage their condition (69.4%).
- Respondents who were **affected** by their disability/chronic condition **every day** were **more likely** (79.0%) to be **undergoing treatment** for it, compared to those whose condition affected them once a month (64.5%).

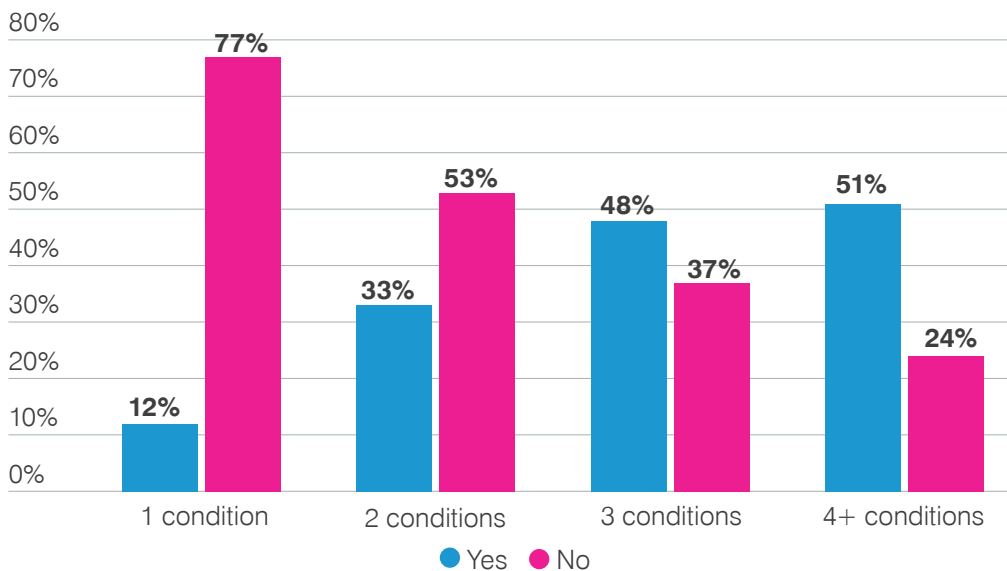
3.4 Treated differently

Respondents were asked if they felt they have been **treated differently** at work as a result of their disability/chronic condition. **Nearly half** of respondents (49.5%) felt that they had **not been treated differently** at work. However, **over a third** (34.7%) felt that they had been **treated differently**.

- A higher proportion of **female** (35.9%) respondents, compared to male respondents (28.6%), expressed that they have been **treated differently** at work due to their disability/chronic condition.
- Figure 3.3 shows how, with **increasing comorbidity**, a **higher proportion of respondents** reported being **treated differently** at work due to their disability/chronic condition. There was clearly a very strong relationship between the number of disabilities/chronic conditions and perceptions of receiving different treatment.



Figure 3.3: Respondents reporting being treated differently in employment, by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Those who felt they had been treated differently were asked whether they thought this was due to symptoms or disclosure. Around **three quarters** (78.8%) of respondents shared that they believed they were treated differently as a result of their **symptoms**, while around **half** (45.3%) believed this was due to **disclosing** their condition.

In addition, **11.9%** shared that they had **other** reasons for being treated differently. When asked to describe these reasons in their own words, some respondents described a **lack of understanding** from managers and colleagues, for example:

Some colleagues were kind and supportive, but many thought I was making it up and were unsupportive.

Veterinary surgeon

People's misconceptions about the condition often mean they treat you differently.

Veterinary nurse

Other respondents described how they were made to feel “like I was a **nuisance**”, **bullied** by others or treated with **bias**. Others felt that they had been **excluded** and ignored by their colleagues. For example:

There has been little recognition of the need to adapt behaviours that I have reported as bullying.

Veterinary surgeon



Some respondents also felt they have been treated differently as their **role** or **hours** have **changed** to suit their working needs. One respondent explained how they were made to “feel guilty if I have to take time off due to my illnesses”:

My schedule has been adjusted with what works best for me due to chronic fatigue and others feel it isn't fair as their schedules stayed the same.

Veterinary surgeon

Those who had a **visible condition** felt that this meant that others treated them differently. One respondent who has an assistive device, for example, described how they are “immediately treated differently, either positively or negatively, by others”.

3.5 Impact of treatment on work or studies

Respondents who reported as undergoing **treatment** for their disability/ chronic condition were asked to explain how the treatment impacted on their work or studies. Many respondents shared that treatment **did not affect their work or studies**. A few, however, explained that being under treatment caused them to have to miss lectures or that they “needed to take time off to manage pain”, for example, or to attend **medical appointments**.

Needing time to recover from appointments and treatment changes.

Veterinary nurse

Concentration and engagement at work or when studying were other areas that respondents revealed were affected by their treatment, for example:

The medication can make me feel lethargic and disengaged.

Veterinary nurse

Medication side effects can affect concentration and make me feel unwell.

Veterinary surgeon

If needing to take codeine-based painkillers (on a bad day) they can make my head feel fuzzy and affect my concentration.

Veterinary surgeon



Other respondents, however, shared that treatment affected their work or studies **in positive ways**, as the following examples illustrate:

It makes it easier to focus on my studies and work more efficiently although the medication side effects can make me feel fatigued.

Veterinary student

It has helped me a little to return to work.

Veterinary surgeon

Improves my ability to undertake my studies.

Veterinary student

3.6 Impact of work or studies on treatment

Respondents who reported being under treatment for their disability/ chronic condition were asked to explain how their **work or studies** impacted on treatment. Similar to the previous question, some respondents indicated that their work or studies **did not affect treatment** for their condition. However, others explained that their work or studies created **additional stress**, and some shared that this could **make treatment less effective**. For example:

Treatment is most effective when patients are stress-free and relaxed with healthy sleeping patterns, I feel I'm unable to assess the true benefit of medication when constantly in a high stress state, overworked to exhaustion and unable to fully rest from the day's work before it all begins again.

Veterinary nurse

Adds to stress and fatigue which makes treatment less effective.

Veterinary surgeon

My busy study week makes it harder to schedule talking therapy and medication reviews with my psychiatrist.

Veterinary student

Challenges in accessing and **taking time off for appointments** was another way in which respondents said their work or studies impacted on treatment, for example:

I have to take unpaid time off to attend treatments and doctor /hospital appointments.

Veterinary nurse



Leaves little time for appointments and brain space for research/improving my health.

Veterinary student

I can only attend appointments on certain days and am limited to how much time off I can take for treatments due to financial constraints.

Veterinary nurse

Lastly, some respondents explained that due to the day-to-day duties of their work or studies, they were sometimes **unable to take medication or renew prescriptions**, which then had an **impact on their ability to do their work** or study.

Going to campus daily often limits my ability to renew prescriptions in a timely manner due to lack of phone signal on campus.

Veterinary student

I sometimes miss doses of medication if I know it is going to have an impact on my ability to work and that there is no flexibility with my day.

Veterinary surgeon

I'm trying to work with my clinic to tailor my medication combination and regimen to maximise the duration of effect, due to excessively long work days and needing to maximise the amount of time I'm able to study on days off of work.

Veterinary nurse



4 Disclosure

Chapter summary

- Disclosure rates of disabilities/chronic conditions were high, especially in education, where three-quarters of respondents disclosed. Those who did not disclose in education said their reasons were: not believing that disclosure would benefit them or lead to support; not having a diagnosis; and worry over stigma. This suggests that there may be some issues with the culture of acceptance and support within veterinary education.
- Respondents in work also had a high level of disclosure to their current employer, with over two-thirds doing so; half had also disclosed to previous employers. Reasons for disclosure included accessing support and protecting oneself at work. Reasons for not disclosing were not feeling comfortable or worries that there would be discrimination as a result.
- Under half of respondents, however, felt that their employer understood how their disability/chronic condition affected them at work.

This chapter covers respondents' disclosures of their disability/chronic condition, firstly in education, and then in employment. This includes their reasons for, or for not, disclosing and how well they felt their condition was understood.

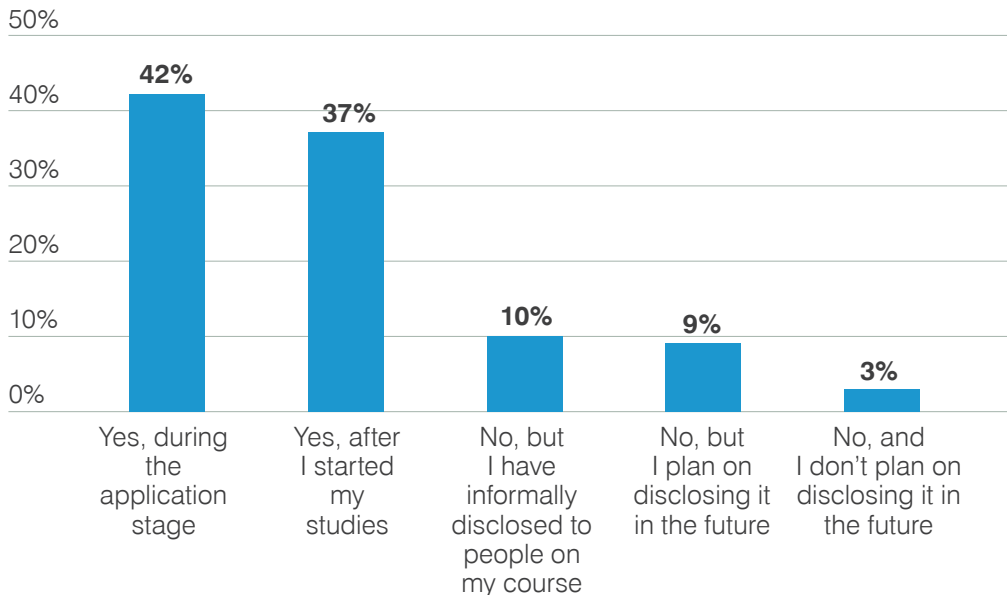
4.1 Disclosure in education

Respondents in education were asked if they had **disclosed** their disability/chronic condition to their education provider. Around **three quarters** (78.4%) reported that they **did disclose** to their education provider, with **nearly half** of respondents (41.8%) disclosing in the **application stage** and around a **third** (36.5%) disclosing **after they had started their studies** (see Figure 4.1).

- When analysed by **condition**, those with a **physical** condition had the **highest** proportion of disclosure (86.5%), followed by those who identified as neurodivergent (83.2%) and those with chronic illnesses (83.1%); those with a **mental health** condition had the **lowest** level of disclosure comparatively, although this was still high (79.9%).



Figure 4.1: Disclosure of condition to education provider



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

4.1.1 Reasons for not disclosing

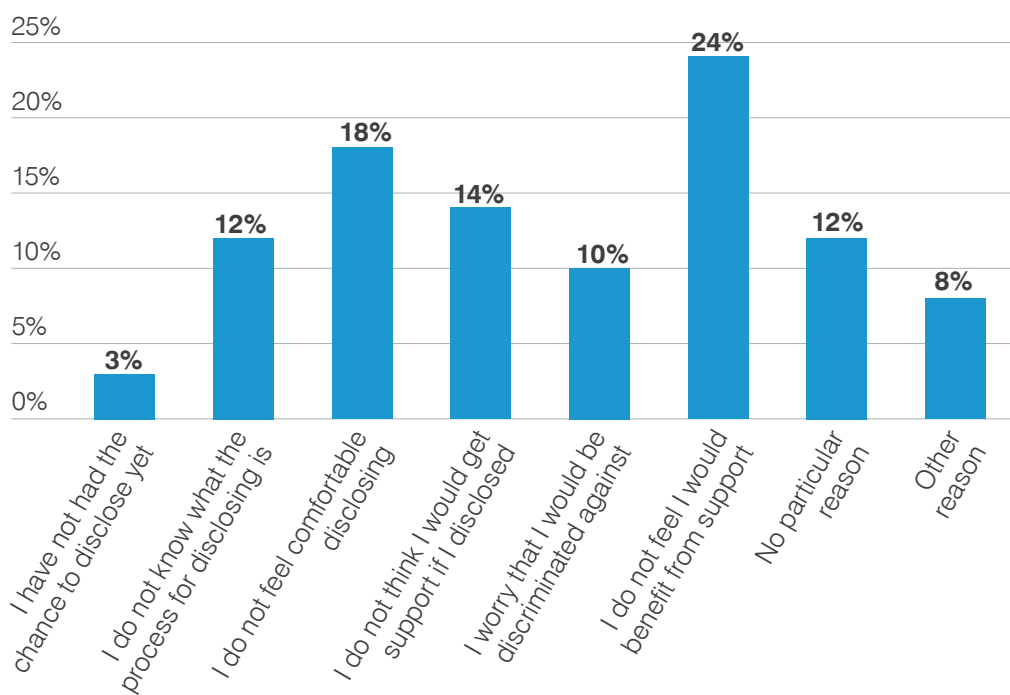
Those who said that they did **not disclose** their disability/chronic condition during their education were asked the reason for not disclosing (see Figure 4.2). The most common reasons were: feeling that they would **not benefit** from the support (24.0%); not feeling comfortable disclosing (18.2%); and feeling that they would not **get support** if they disclosed (14.0%).

- The most common response from respondents with a **mental health** condition was 'I **do not feel comfortable** disclosing' (23.1%).
- I do not feel I would **benefit** from support' was the most common response for respondents with a **chronic illness** (24.6%), respondents with a physical disability (26.5%), and respondents who identified as **neurodivergent** (27.3%).

Respondents who selected 'other' were asked to expand on their reasons for not disclosing to their education provider. The most common answers were that the respondent **did not have their diagnosis** so felt it unnecessary to disclose. Others were concerned about potential **stigma**, a **lack of knowledge** about their condition and a **lack of helpful support** available. The majority of those who shared these concerns identified as neurodivergent (N=8) or had a mental health condition (N=7).



Figure 4.2: Respondents' reasons for not disclosing their disability/chronic condition in education



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

4.1.2 Reasons for disclosing

Respondents who **did disclose** their disability/chronic condition to their education provider were asked why. The most common reasons were to **access support and adjustments**, and to **minimise any barriers** to support, including accessing support faster and as easily as possible. In addition, some thought that disclosing any health conditions was the **right thing to do** and it was best to be **honest** about ability and needs:

To be upfront and get supported at work.

Veterinary nurse

To try get some help with continuing work.

Veterinary surgeon

To help aid myself whilst at work and hope that it helped my employer understand why I may need certain shifts or time off work.

Veterinary nurse



I wanted to be open and transparent so I could get support from the start.

Student veterinary nurse

Some respondents looked for specific support – for example with their **examinations**, equipment, adjustments for workplace-based **training**, and **financial** support:

Disclosed disability in order to access support & DSA for equipment disclosed chronic illness as this started during my course and had to wait ~9mths for diagnosis and treatment while it was really affecting my studies.

Veterinary student

I feel that it is important to disclose such matters as it really does affect my health at times. I feel that they should be able to understand that a chronic condition can be debilitating. There are many other reasons too - funding support, learning support, exceptions through having to miss certain things due to ill health and general support and understanding throughout the course.

Student veterinary nurse

A small group of respondents shared that they disclosed to their education provider out of **legal duty** and to follow the **fitness to practise** process. A larger group believed that there was an obligation to disclose any conditions so that education providers were **aware if anything went wrong** or in case of an **emergency**. Others felt that they wanted to be honest and that it was the “morally correct thing to do”.

I thought that you had to disclose any conditions so that if something were to happen the university would be aware of my existing mental health issues.

Veterinary student

Due to health and safety reasons as staff needed to be aware of medical procedures in the event of a medical episode. I also wanted to be honest with them.

Veterinary student

Because in the veterinary context having a mental health issue means I needed to be deemed fit to practise and it would have been unsafe for me to not disclose it for my own wellbeing too since it theoretically meant that I would have support options available.

Veterinary student



Others who had a **visible** disability/chronic condition said that as they cannot hide their condition, they had to disclose to their education provider, whether or not they wanted to. Some respondents were diagnosed through their university so did not need to officially disclose. Others said they disclosed to their education provider to **improve awareness and understanding** of their disability/chronic condition and because they might need additional support or flexibility.

4.1.3 Understanding of disability/chronic condition

Respondents who disclosed their disability/chronic condition were asked whether they felt that their education provider **understood** how it affected their studies. The response was fairly evenly split overall, with just **over half** (54.2%) feeling that their education provider was understanding.

- More **veterinary nurses** (61.1%) and **student veterinary nurses** (61.7%) than **veterinary students** (45.1%) felt their education provider was understanding of the impact of their condition on their studies.
- More respondents with **one condition** (75.0%) felt the impact on their studies from their condition was understood than those with more than one condition (two 55.7%; three 45.7%; four and over 54.3%).
- There were **few differences by type** of disability/chronic condition when it came to the percentage believing their education provider understood the impact on studies: chronic illness (52.3%); physical disability (50.9%); mental health condition (52.4%); and those who identified as neurodivergent (53.5%).

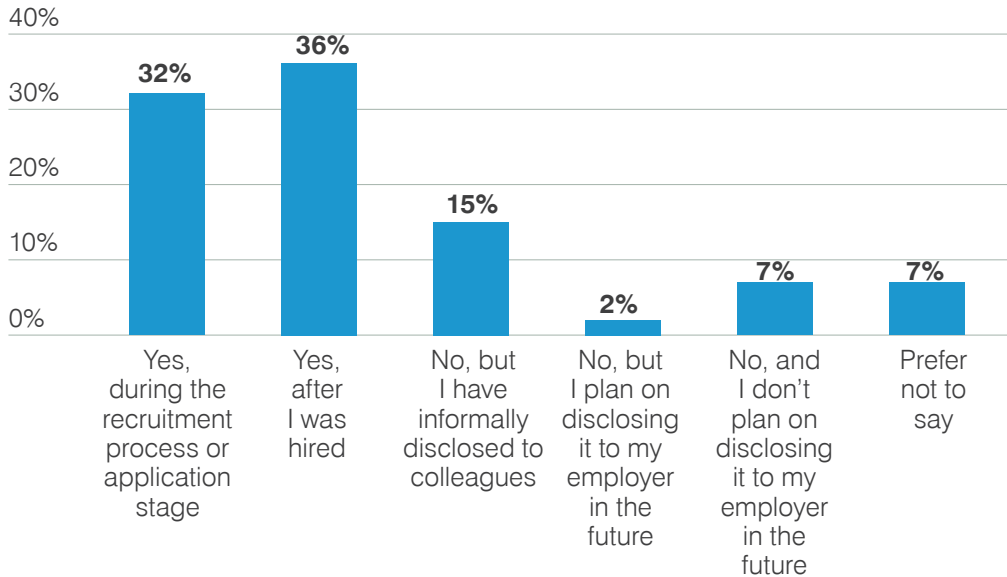
4.2 Disclosure at work

4.2.1 Disclosure to current employer

Over two-thirds of respondents (68.5%) shared that they had disclosed their disability/chronic condition to their current employer, with **over a third** (36.3%) disclosing **after they were hired**, and **another third** (32.2%) during the **recruitment** or **application stage** (see Figure 4.3). Only 7% had no plans to disclose, whether formally or informally.



Figure 4.3: Respondents' disclosure rate to their current employer



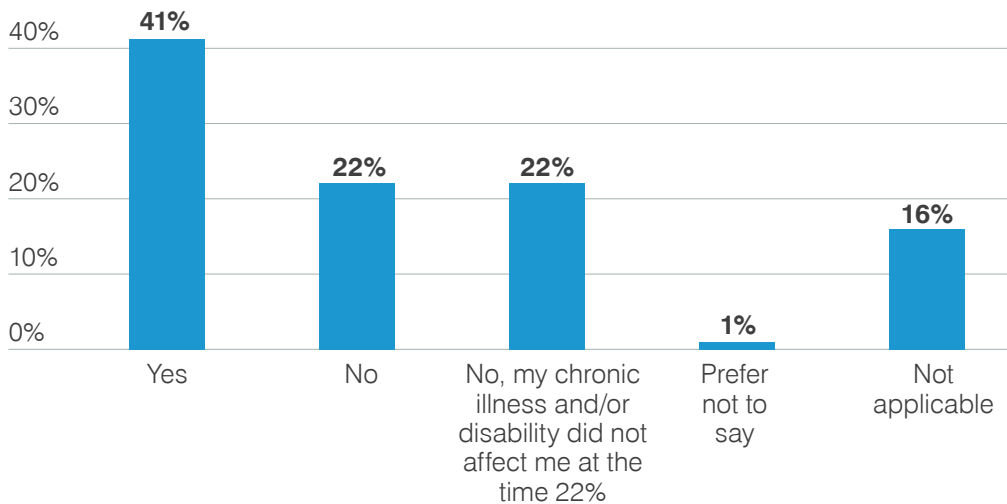
Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

4.2.2 Disclosure to previous employer

Respondents were asked whether they had disclosed their disability/ chronic condition to a previous employer. Two-fifths (40.7%) of the respondents shared that they **had disclosed** to their previous employer, while **over one-fifth** (21.5%) **did not** and another **one-fifth** (21.7%) did not have a disability/chronic condition at the time (see Figure 4.4).

Overall, 87% of those who had disclosed to a **previous** employer also reported disclosing to their **current** employer.

Figure 4.4: Respondents' disclosure rate to their previous employer



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



4.2.3 Reasons for disclosing

Respondents who reported that they had disclosed their disability/chronic condition were asked to explain why. Various reasons were given, with a common response being that they wanted to make their employer **aware** of their disability/chronic condition and to help them better understand their **needs** and **abilities**. One respondent shared that “it’s important and understanding needs to be created”, while another said that this would help them to “understand that some days are easier than other days”. Others thought it would help employers to understand if they needed to take time off or limit their workload. For example:

I feel it is best to be honest [and] so not be put in difficult positions & then others can be aware of limitations.

Veterinary nurse

Because I wanted them to be fully aware of my limitations in certain areas and that I may need the odd day off for treatment if needed.

Veterinary nurse & other

To gain a common **understanding of ability to work** was a reason why some respondents opted to disclose; they wanted to have **open communication** at work and be **honest** with their employer, as they felt this would help them at work. One respondent, for example, shared how they wanted to be a role model and encourage others to talk about their disability/chronic condition:

Because integrity is important to me, and I have a position of privilege. Many people do not. I felt that if I wasn’t brave enough to declare, many others won’t be empowered to do so. I want to role model when safe to.

Veterinary nurse

Respondents also shared that they disclosed for practical reasons, to get **support**, **aids** and **time off** at work. For example, one respondent disclosed “so they could make work adjustments”, another “because I had to take time off to recover”. Others “had frequent appointments to attend” and needed “ongoing support” to continue **accessing external services and treatment**. For example:

Best for them to know as they can help you and they need to know and understand why you can be unwell.

Veterinary nurse



Protecting oneself and others at work were also reasons given for disclosure; to ensure that the needed support was in place if there was to ever be an issue, or so colleagues could be prepared to support them in the event of becoming ill at work.

For me, it is fair to the employer and the rest of the team to be open and honest when applying for any job role. That way, nobody is surprised by my limitations and any adaptations that are needed will have been agreed before we start... We are all one profession, working as a team and should be able to adapt to meet our professional responsibilities.

Veterinary surgeon

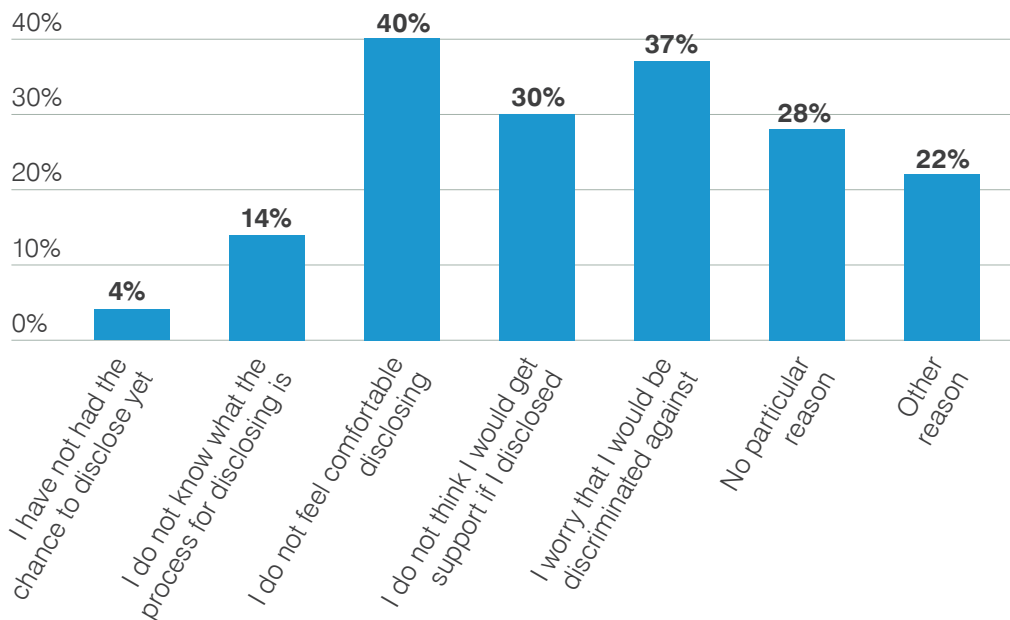
Others shared that they disclosed because there are **visual signs** that they have a disability/chronic condition, including administering their own treatment and having hearing aids, so would not be able to hide this at work.

4.2.4 Reasons for not disclosing

Respondents who shared that they did not disclose their disability/chronic condition to their employer were asked why (see Figure 4.5). The **most** reported reason for not disclosing (39.9% of respondents) was '**I do not feel comfortable disclosing**', whilst a **similar** proportion of the respondents (37.4%) shared that they would **worry that they would be discriminated against** after disclosing. It is also noteworthy that 14% said they did not know what the process was for disclosing.



Figure 4.5: Respondents' reasons for not disclosing their disability/chronic condition to their employer



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Respondents who reported **other** reasons for not disclosing were asked to provide more details. **Not having a diagnosis** or **not having the condition at the time** were common reasons for respondents not disclosing, with one respondent sharing that as they were undiagnosed they would “find it difficult to discuss with [their] employer”. Some also shared that they **did not know they had a disability/chronic condition** or how it would affect them at work so did not disclose.

I had not understood at that time that I was autistic and ADHD.

Veterinary surgeon

For most of my working life I was unaware of how my conditions were affecting me, so I could not disclose them to my employers.

Veterinary surgeon

Some respondents explained that they did not disclose because their disability/chronic condition **did not affect their work**. They described how their condition “does not affect [their] ability to perform this role” and how there is “low to no impact on work performance”, meaning that they did not feel the need to disclose.



I kind of feel like being partially deaf is not preventing me from doing my job and I do not currently need allowances so seems like too much hassle to let anyone know officially.

Veterinary surgeon

Respondents also described how they have “**workarounds**” or are able to **cope themselves**, so feel that there is no need to disclose to their employer. A smaller group of respondents explained that they are **self-employed, clinic or practice owners or sole traders** so disclosing to an employer is not relevant.

Some shared that they **did not want to be singled out** or face **judgement or discrimination** from others if they were to disclose, while others had had previous **bad experiences** after disclosing. There were also worries about how this will “impact negatively on career prospects” or “fear it may not be believed or taken seriously”. For example:

Prefer to be treated like everyone else.

Veterinary nurse

Didn't go well when I disclosed it to a previous employer – it became simultaneously an excuse for them to use as a get out clause for any problem, and something to use to denigrate me.

Veterinary surgeon

Judgement and discrimination from employees, will impact negatively on career prospects.

Veterinary surgeon

Others described how it could be “**difficult to talk about**” or how they wouldn’t “feel comfortable disclosing”. One respondent said they “don’t think it would change anything”, while others thought it was **not necessary** for others to know or had not been asked directly.

I didn't realise that there was any reason to disclose this information as I didn't see what the point was.

Veterinary surgeon



5 Impact

Chapter summary

- The perceived impacts of having a disability/chronic condition on a career in the veterinary sector were mixed, but mostly negative. The positive impacts focused on having other ways of thinking and being more understanding and caring. The majority of responses were about the negative impacts, however, including: barriers and limited career opportunities; having to work harder, leading to increased fatigue and a need to rest; and concerns for the future and life outside work.
- Respondents in work described how they believed their disability/chronic condition has affected their career progression, citing limited opportunities to develop new skills or achieve additional qualifications, having to change career goals, and poor understanding from others.
- Positive impacts on respondents' lives more generally included being more understanding and supportive of others, and improved personal development, skills, communication, resilience and adaptability.
- Some negative impacts on respondents' lives more generally were shared, including: low energy and stamina; the impact of symptoms; needing to work harder; lower opportunities; and limitations to communication, independence, and confidence.

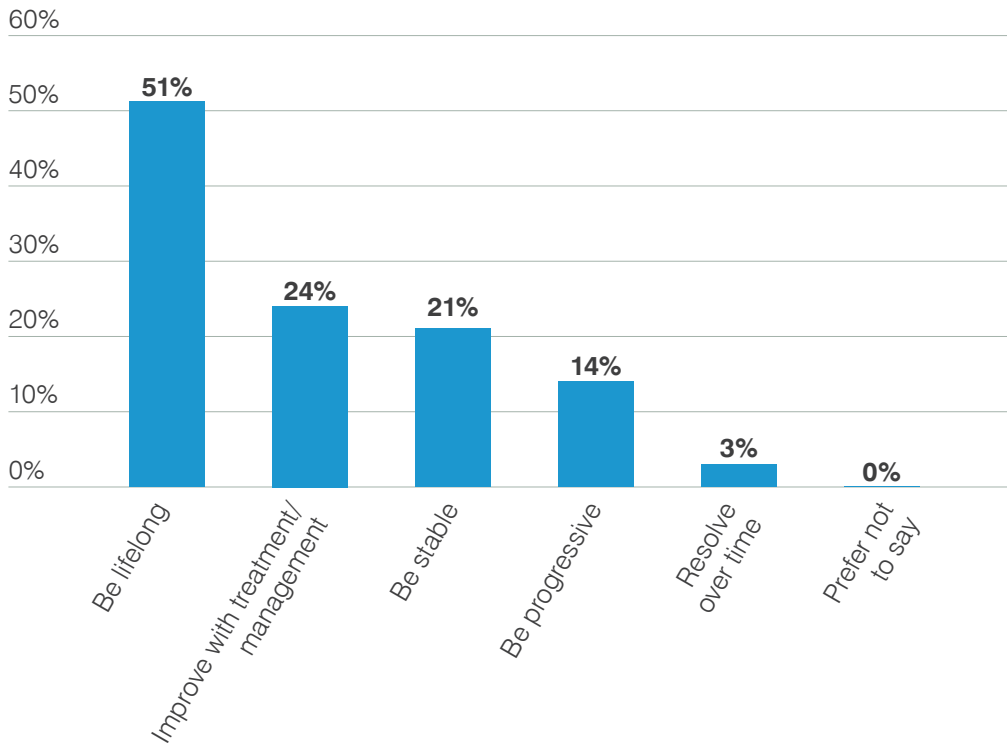
This chapter describes the impact that respondents with a disability/chronic condition feel their condition has had, and continues to have, on their life and their career.

5.1 Future of condition

Respondents who reported having one or more chronic, physical or mental health conditions or who identified as neurodivergent, were asked about the future of their conditions, and they had the option of selecting multiple responses due to many respondents having more than one disability/chronic condition (see Figure 5.1). **More than half** (50.6%) shared that they expected their **condition(s) to be lifelong**, and **less than a quarter** (23.6%) expected them to **improve with treatment/management**.



Figure 5.1: Future of respondents' condition(s)



Please note that the percentages add up to more than 100 per cent as respondents were able to give more than one answer due to having more than one condition.

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- Respondents with a **mental health condition** were **more likely** (44.0%) to expect their condition to **improve with treatment/management**, compared to those who have a physical condition (28.8%).
- A **larger proportion** of those with a **physical condition** (29.7%) expect their condition to be **progressive**, compared to respondents with a mental health condition (15.6%) and to those who identify as neurodivergent (15.3%)

5.2 Frequency of impact on life

Respondents with a disability/chronic condition were asked how often it impacted on their lives. Almost **two-thirds** of respondents (63.2%) stated that their **condition impacted on their life every day**, with 18.6% indicating that the impact was a few times a week. A much lower proportion were affected less frequently, either a few times a month (8.5%) or once a month (2.4%). Of the respondents who selected the 'other' option and specified their answer, 23.1% reported that their



condition is well controlled and does not affect their life. Others shared that the frequency with which their condition impacts on their life varied, for example due to flare-ups.

The most common response for all four types of condition was that the symptoms from their condition **impacted on their life every day**: mental health condition 65.7%; chronic condition 66.8%; individuals who identify as neurodivergent 69.5%; physical condition 72.7%.

5.3 Impact on careers

5.3.1 Career opportunities

Respondents were asked to what extent they agreed with the statement '**I feel my chronic illness/condition and/or disability has affected my career opportunities**' on a five-point scale. The average score for this statement was **3.28**, suggesting that respondents, on average, were in agreement with this statement, although not strongly so.

- There was a **lower** level of agreement from **female** respondents (3.25) compared to male respondents (3.50).
- There was a **higher** level of agreement from respondents with **comorbidity** (2 conditions 3.28; 3 conditions 3.54; 3 conditions 3.77), than from those with only one condition (2.21).
- Respondents with a **physical disability or chronic illness** (3.59 each) had a somewhat **higher** level of agreement than those with neurodivergence (3.42) or mental health condition (3.41).
- There was a higher level of agreement from respondents working in **charities** (3.62) and **veterinary schools** (3.80) compared to independent practices (3.39) or corporate practices (3.19).

Nature of impact on career opportunities

Respondents were then asked how their disability/chronic condition has affected their career opportunities in either positive or negative ways. Many responses focused on the negative factors but some shared positive aspects.



Positive impact

Respondents shared that they have **other ways of thinking** and have developed qualities that make them **more understanding** and **caring** of other people at work.

I think ADHD makes me an outside-the-box thinker, as well as being good with my hands.

Veterinary student

One respondent shared that having a disability/chronic condition has meant that they have **proved assumptions wrong** and have still been able to achieve their goals.

I was told for years I wouldn't be able to physically cope with veterinary [work]. I am proving them wrong.

Veterinary student

Negative impact

The majority of respondents focused on the negative impacts of their disability/chronic condition on their careers.

A common theme was that individuals with a disability/chronic condition experienced many **barriers to career opportunities**. Some said they have had to change the area of veterinary practice that they most wanted to work in due to their health, most commonly those who had wanted to work with large animals or in farm practices. There were also comments about finding suitable placements.

I feel it will negatively affect career opportunities, as there have already been barriers to me accessing farm placements.

Veterinary student

I would love to be a farm vet but felt my physical health would make that almost impossible. I struggled to find a farm practice that would allow me to do EMS with chronic illness and came back feeling a bit defeated and burdensome.

I will now be sticking to small animal.

Veterinary student

Before the accident that caused PTSD [post-traumatic stress disorder], I was planning to become an equine SVN [student veterinary nurse], but I realised I was crippled by the condition and could not work the job anymore.

Student veterinary nurse



Unable to work in veterinary environments I would like such as referral or OOH.

Student veterinary nurse

Whilst I feel able to and so far enjoy working in all veterinary disciplines - farm/equine/smalls/lab/office etc I think location (for ease and access to healthcare) and working hours – I love ECC but in all honesty, a 4 day week and minimal OOH [out of hours] is probably the best option for me to actually prioritise both my career and my health.

Veterinary student & other

I had always intended to go into full time equine ambulatory practice. My chronic illness has made me feel that going into full time work, working with large animals will not be possible as I no longer have the strength and stamina I once had.

Veterinary student

Chronic back pain means I am unable to stand for medium/long periods of time, so surgery is limited.

Veterinary student

Many were **concerned about the future** and the length of their career due to their condition:

I feel I am unlikely to be able to continue nursing long term as I seem to be getting progressively worse.

Student veterinary nurse

I am worried about my future because I don't know how my disability will progress. I am a student but it might be that I can't be a vet if my condition gets worse. This is really scary.

Veterinary student

Without proper support for my disability and mental illness, I feel I cannot reach my potential and I have to strongly consider how accommodating the career would be.

Veterinary student

Although I'm recovering from ME/CFS , it still affects my daily life and I have to be constantly aware of managing it. Thus a high intensity role such as an equine internship is beyond what my energy and health will allow sadly.

Veterinary student



Others reported that they have **difficulties with learning or processing new information** and this causes them to worry about the future and the impact it will have on their studies. One respondent shared “it takes [them] longer to process information which has affected my learning” and another said that it “makes tasks harder and affects grades”.

I have trouble with social situations so adjusting to new teams is difficult. Sometime people get annoyed when I don't understand what they've said the first time and lose patience.

Student veterinary nurse

Feel I am judged sometimes for not understanding straight away.

Student veterinary nurse

Respondents shared that having a disability/chronic condition has led them to **work harder** to achieve their career goals. However, one respondent felt that this was “very draining”.

Due to my disability I feel as if I have to work harder for what I want.

Student veterinary nurse

Many commented on their **fatigue** and needing **additional time to rest**, saying this would limit the number of hours that could be worked, especially in a physically demanding job. Many were concerned about finding a job that would be flexible and be accommodating to breaks.

Have to be sure to get a job that allows me to rest, can't work too many hours in a week.

Veterinary student

My illnesses mean I do have a fair amount of time off sick which can make it hard to maintain employment. Flexible working hours/part time options aren't readily available.

Student veterinary nurse

Others felt that their **mental health** had been impacted negatively, in that their anxiety and low confidence have influenced their ability to apply for jobs and to reach out for certain opportunities.

Too anxious to take opportunities and or stand up for myself and my career progression.

Student veterinary nurse



I know with the way my mental health is, I could never cope with doing a residency, which was what I wanted to do.

Veterinary student

Finally, respondents also shared that others' **poor understanding** of disability and chronic illness has had a negative impact on their career opportunities. Many felt that others did not understand their condition and had pre-conceived ideas of their ability to work.

I feel employers are less likely to take me on, as other people can do the same work quicker and more efficiently. Other people have to take fewer breaks and days off.

Student veterinary nurse

I feel there is still stigma around mental health and job opportunities.

Veterinary student

The moment an employer finds out I am autistic they infantilise me and encourage me to quit as this environment isn't for someone like me.

Student veterinary nurse

5.3.2 Career development

Respondents with a disability/chronic condition were asked about the extent of their agreement to '**I feel my chronic illness/condition and/or disability has affected my career development**' on a five-point scale. The average score for this statement was **3.55**, a **positive** level of agreement with the statement.

- The average score for **female** (3.61) respondents was greater than for male respondents (3.24), suggesting that they feel that their disability/chronic condition has had **more of an impact** on their career development.
- **Younger** respondents (30-39 3.70; 40-49 3.69) had higher average scores than older respondents (60-69 2.96; 70-79 2.82), suggesting that they feel their disability/chronic condition has had **more of an impact** on their career development.
- The average score for **veterinary students** was lower (2.92) than employed respondents (veterinary nurse 3.57; veterinary surgeon 3.54), suggesting that veterinary students were more optimistic than those in employment, who feel their disability/chronic condition has had a clear impact on their career development.



- Respondents with **managerial responsibilities** (3.12) have a lower average score than those without (3.71), suggesting that they feel their disability/chronic condition has had **less of an impact** on their career development.
- Respondents with **higher comorbidity** (4 or more conditions 4.23; 3 conditions 3.99) had a higher average score than those with one (2.54) or two conditions (3.52), suggesting the impact of career development increases in line with the number of conditions.
- Respondents working in veterinary schools had a lower mean score (3.06) than other workplaces (independent practice 3.42; charities 3.48; corporate and out-of-hours practices 3.55), suggesting that they feel their disability/chronic condition has had **less of an impact** on their career development.

Those who **agreed or strongly agreed** that their disability/chronic condition had **affected their career development** were asked to provide more information, in their own words.

Respondents shared some of the practical ways in which their career had been affected by their disability/chronic condition, including having to **reduce their working hours**, taking **additional time off** or having **less capacity** to work. All of these changes influenced respondents' ability to **develop new skills** or to achieve **additional qualifications** that may have helped them to progress in their career.

I have had months off work at a time, and months where I struggle at work particularly with confidence and have not been able to learn new skills or progress/develop my career.

Veterinary surgeon

It dramatically reduces my ability to be productive and therefore to progress in terms of promotion.

Veterinary surgeon

Poor understanding from others about their disability/chronic condition has also led respondents to feel that their career development has been impacted. This came from experiences of **discrimination** and **prejudice** about what they were able to achieve within the veterinary profession.

Lack of understanding of the condition caused negative remarks to be made about job performance and social skills.

Veterinary surgeon

I gave up a manager role due to lack of support & understanding of my illness.

Veterinary nurse



In the UK I was told by the disability office that I was deemed as a person not suitable for the workforce even though I passed fit to practise and have an entire medical team supporting me also following the rules.

Veterinary student

Respondents shared how this had created a **lack of confidence** and feelings of **anxiety** about their ability and for the future.

Makes me feel like I'm not suitable to progress.

Veterinary nurse

I suffer with severe anxiety and lack of confidence in my abilities which often prevent me from making progress and developing my role.

Veterinary nurse

Finally, respondents described how they have had to **change their career plans or goals** to be more suited to their current circumstances, with some feeling that they are **unable to gain the relevant qualifications or experience required** to achieve their desired role or career.

It has limited my ability to progress with my strong interest in surgery, and I physically cannot work in general practice anymore due to my conditions, so do solely remote based work now.

Veterinary surgeon

My tremor in particular has hampered my ability to perform surgery, which is where I wanted to pursue a postgraduate certificate.

Veterinary surgeon

5.4 Impact on life generally

Respondents with a disability/chronic condition were asked to provide more information, in their own words, about how this has **affected their lives** more generally, in both **positive** and **negative** ways. There were many different responses given by respondents and they reported varied **physical, mental** and **social** impacts.



5.4.1 Negative impact on life

Respondents shared how their disability/chronic condition has had a negative impact on their **energy** and **stamina** levels. This has left some feeling exhausted and struggling to manage their lifestyle. For some this limited their ability to engage in hobbies and a social life, whilst for others this impacted their ability to work a full-time job.

Feel as though I miss out on events because I don't have the energy.

Veterinary student

Took a long time to start work again as was so tired and unfit. Had a few full days last week and a 12-hour day and it was too much, very tired the next day.

Veterinary surgeon

Similarly, respondents described how their **symptoms** have had a negative impact on their life. This tends to be those who have unmanageable pain, mental health issues or unpredictable flare-ups. Symptoms could **limit opportunities** in all areas of life for respondents. A few examples below show how varied and limiting symptoms can be:

Brain fog, slow processing speed, social communication issues, sensory differences, notice details.

Veterinary nurse

Hypertension can cause light head. Chronic back and hip pain can make clinical work difficult.

Veterinary surgeon

I can only walk slowly 20 meters. Climbing stairs leaves me breathless for a couple of minutes.

Veterinary surgeon

I find it more difficult to talk with clients and colleagues, I sometimes find working at a keyboard for long periods (this is my usual working situation) triggers worsening of the lymphoedema and the aches resulting from surgery.

Veterinary surgeon

Other respondents shared how their ability to **communicate** and be **social** with others was limited by their disability/chronic condition. Some felt misunderstood by others, making socialising very difficult and tiring. Others felt that they had trouble communicating, meaning they could miss out on opportunities at work and at home. Some even felt isolated due to their symptoms.



It can prevent me attending social events both due to my depression and my coeliac disease. It can make social events stressful and challenging.

Veterinary nurse

I have trouble interacting with colleagues on a “normal” social basis which has been misunderstood or misconstrued by colleagues at times. In addition, it leads to my being overloaded or worn out by situations that neurotypical individuals have less or no trouble with.

Veterinary surgeon

My life has been quite closed off due to my anxiety and autism as I find it scary to do any tasks which involve me communicating with people. I also struggle and have missed out on courses and learning opportunities because I felt it'd have been too much of a struggle with my ADHD.

Student veterinary nurse

Some respondents felt that their **independence** and **confidence** had been negatively impacted by their disability/chronic condition, meaning that they had to rely on others for help and felt limited in what they were able to do.

Limits my independence at times. Requires constant management of my environment which has benefits and drawbacks.

Veterinary nurse

Chronic anxiety and depression have left me with very low self-esteem/confidence which holds me back in every aspect of life.

Veterinary nurse

Other respondents shared how they have had to stop or reduce the time they spend participating in **hobbies** and in **social situations** due to their symptoms.

Hearing loss means I can no longer hear my favourite music and bird song, which has been an adjustment. Difficulties carrying out my hobby (performing musical theatre).

Veterinary surgeon

Injury has prevented me from exercising which affected my mental health for a long period.

Veterinary nurse



These reasons were also linked to respondents reporting experiencing **poor mental health** as a result of their disability/chronic condition. Respondents described periods of stress, anxiety and depression and how, at times, these have been interlinked with their disability/chronic condition.

Negative, stress and anxiety all the time.

Veterinary surgeon

My condition has adversely affected and limited my life. Both from a professional point of view and family/ friends. I feel my life has been limited as a result of my injury. Although I am in a good place now I have been very depressed as a result of this injury and the subsequent impact on my own life and that of my family. I feel my condition has ended my career.

Veterinary surgeon

Long periods of chronic pain undiagnosed affected both mental and physical health, undermined my professional capabilities and held back career choices.

Veterinary nurse

Respondents also described how their ability to **learn** and **process information** has been impacted by their disability/chronic condition:

Has made me slower at processing and reading meaning it takes extra time for me to complete wordy tasks.

Student veterinary nurse

My social anxieties have made it difficult to attend all teaching opportunities. My dyslexia has made it difficult to keep up with teaching speeds.

Veterinary student

A large group of respondents shared how their disability/chronic condition “**made their work harder**” or even left them “unable to work”. This also impacted on their financial independence and ability to follow their career aspirations and interests.

I can have a flare-up and it causes me to have to take time out. This happens on a regular basis.

Veterinary nurse



Workplace pressure and stress can be very hard to bear. Trying to maintain a friendly and professional face can be very difficult at times and very tiring. I can come home from work and be exhausted and just zone out to try recover.

Veterinary surgeon

Makes it hard to keep up with workload.

Veterinary student

It has been very hard to accept the loss of my chosen career due to disability and chronic illness.

Veterinary surgeon

This also means that some respondents were **worried** about the **future** and the opportunities that they will have:

10 years ago I started getting sick and I still have no official diagnosis, every time it got worse I adapted and gave up so much to keep working. Now it's taken my sports, hobbies and now possibly my job and driving licence.

Veterinary nurse

Limited opportunity and isolated choices.

Veterinary surgeon

There is a lot of anxiety associated with the fact that leaving university will create a different struggle and I don't know whether it will in the end be better or worse for me and my health.

Veterinary student

5.4.2 Positive impact on life

We also asked respondents to share how their disability/chronic condition may have had a **positive** impact on their life. Respondents shared that they have been more understanding of others and better able to **support others** with disabilities/chronic conditions.

I feel my lived experience has helped me to better support students/clients/colleagues who have chronic conditions.

Veterinary surgeon

My illnesses have made me more empathetic, kind, caring and patient with other people's struggles of all kinds.

Veterinary surgeon



Other respondents shared that there have been positive impacts on their **personal development** of **skills** and some shared examples of what they have learnt.

It is impactful in my daily life and in all areas of my life. It has been extremely limiting and exhausting in many ways, but has also required me to learn new skills and reset some of my expectations.

Veterinary surgeon

I am very good at pattern spotting and coming up with novel solutions to problems. I am logical in my approach and very organised in a work setting. Veterinary work is one of my special interests, so I find it easy to focus on task[s].

Veterinary surgeon

Respondents also shared how their **communication** has improved, especially around explaining their condition or speaking with those who they are able to support.

I enjoy mentoring/teaching students and have been told I explain very well.

Veterinary nurse

My mental health issues are manageable most of the time, and have given me some of my greatest strengths and achievements, and the ability to support others and reduce stigma and encourage outreach through my activities.

Veterinary surgeon

... opening up about all aspects of it and myself to my friends has made me much more comfortable and confident in myself, through their support and faith in me.

Student veterinary nurse

Finally, respondents shared how their condition has made them more **resilient** and more able to **adapt**. One respondent, for example, described how having to work harder to achieve their goals has made them a “harder working” individual.

I have learned to try and stay positive and try and pace myself.

Veterinary surgeon

...made me a very resilient person who works hard, challenges are common for me so I'm not put off when they come my way. Gives me the drive to always do better or as much as I can. I'm also very adaptable.

Veterinary student



It has forced me to change the way I approach some situations, and changed the direction my career has moved in. This is not bad, simply different to my initial plans.

Veterinary surgeon

I have adapted well over the years with support from education, family and work and this has minimised the impact of my disability in my personal and professional lives. I also have access to hearing aid technology in the private sector which has benefitted me significantly.

Veterinary nurse

Sometimes I'll have to try things a couple times or do things in an altered way because I can't do it the way it's been shown to me.

Veterinary surgeon

I have learned to adapt and what works best for me. I might read slower and take more time to understand/comprehend than my peers, but I still get the information I need to continue learning. When I need assistance to check certain things, especially calculations, I will ask.

Veterinary surgeon

5.4.3 Significant changes to life

Respondents with a disability/chronic condition were asked to what extent they agreed that to continue working they had to '**make significant changes to areas of their life**'. The mean score for this statement was **3.79**, indicating a **clear level of agreement** overall with the statement.

- Respondents aged 30-39 and 40-49 (both 3.91) had higher average scores than respondents in the youngest age group (18-29 3.63) and the older age groups (60-69 3.58; 70-79 3.23), suggesting that having to make significant changes was particularly necessary for those in their middle years of working in the profession.
- Participants with **multiple conditions** (2 3.83; 3 4.17; 4 and over 4.26) had notably higher average scores compared to those with one condition (3.00). This indicates that having multiple conditions has required **more significant changes to continue working**.
- Respondents with a physical condition (4.04) or a mental health condition (4.02) had higher average scores than those who identify as **neurodivergent** (3.85), suggesting that those with a physical or mental health condition were **more likely to need significant changes to areas of their life** to continue working.



6 Discrimination

Chapter summary

- Respondents felt that it was, or would be, challenging to work in the veterinary profession, especially: veterinary nurses and student veterinary nurses; those with managerial responsibilities; younger respondents; and those with higher comorbidity.
- One-fifth of respondents shared that they had experienced discrimination, bullying or harassment in education due to their disability/chronic condition; in particular, male respondents and those with higher comorbidity. These behaviours came from placement staff and others on their course and included comments, judgements on ability and limitations on opportunities.
- One-third of respondents felt that they had been treated differently as a result of their disability/chronic condition at work. The majority of these respondents felt that this was due to their symptoms, with nearly half believing this was related to disclosing their condition.
- Respondents in work shared that they had felt guilty about not always being able to carry out their role due to their disability/chronic condition. This feeling was higher for female respondents, younger respondents, veterinary nurses, student veterinary nurses, and those with higher comorbidity.
- One-third of respondents had experienced discrimination, bullying or harassment in the workplace. A higher proportion of respondents with a mental health condition or who identified as neurodivergent had experienced these behaviours. This behaviour came mainly from managers and colleagues (rather than clients).

This chapter covers experiences of the discrimination, bullying and harassment that respondents with a disability/chronic condition have experienced, firstly in education (Section 6.1) and secondly at work (Section 6.2). Experiences of being treated differently because of their condition or feelings of guilt are also described.



6.1 In education

6.1.1 Treated differently

Respondents in employment were asked whether they felt that they were **treated differently** while in education as a result of their disability/chronic condition. Around **one-quarter** (26.7%) of respondents reported that they did feel they had been treated differently.

- A higher proportion of **male** (39.1%) than female respondents (25.4%) reported that they had been **treated differently** because of their disability/chronic condition while in education.
- Only **3.8%** of respondents with **one disability or chronic illness** shared that they had been treated differently, compared to a much **larger** proportion of respondents with **multiple comorbidities** (two 25.5%; three 38.7%; four and over 39.2%).
- Over **one-third** (36.2%) of **veterinary students** reported being treated differently, compared to a notably smaller proportion of veterinary nurses (19.6%) and student veterinary nurses (19.5%).

Respondents who felt they had been **treated differently** were asked to say why, in their own words. The majority (79.4%) felt they were treated differently due to **symptoms** relating to their condition, with around half thinking that **disclosing** their condition had contributed.

Those who had other reasons for feeling that they were treated differently shared that this was due to multiple, unique factors. One respondent shared that they were **not taken seriously** and their disability/chronic condition was **not well understood** by their education provider. Other respondents, however, said that they wanted to be treated differently in order to get the support that they needed; in this instance, they felt being treated differently was for the right reasons.

6.1.2 Students' perceptions of working in the veterinary professions

Respondents who were currently in education were asked to what extent they agreed with the statement '**Working in the veterinary profession with a chronic illness/condition and/or disability will be challenging**' on a five-point scale. The average score for this statement was **4.10**, indicating students with a disability/chronic condition had, on average, a **high** level of agreement with the statement and expected working in the veterinary profession to be challenging.



- **Student veterinary nurses** (3.96) agreed somewhat less strongly than veterinary students (4.19).
- Respondents with a disability/chronic condition (4.10) agreed that working in the veterinary profession with a disability/chronic condition will be **challenging** at a similar level to those without a disability/chronic condition (4.11).
- Respondents with a **higher comorbidity** (2, 3 or 4+ conditions) (4.15; 4.33; 4.42) **agreed** more than those with fewer conditions (1 condition 3.53).

6.1.3 Discrimination, bullying or harassment during education

Respondents were asked whether they had encountered any **discrimination, bullying or harassment** during their education as a result of their disability/chronic condition. It is encouraging that over 80% had not experienced these behaviours. However, 18.6% of respondents reported that they had faced these issues.

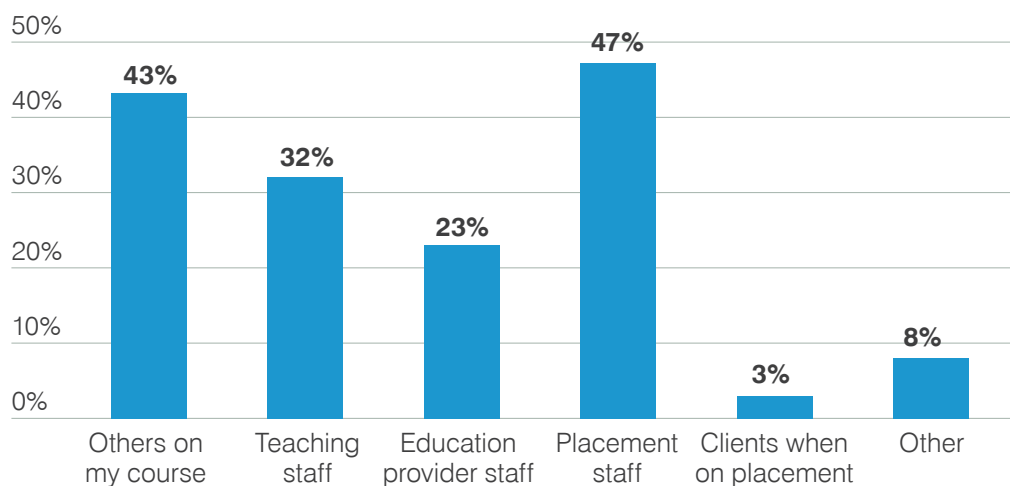
- Overall 24% of **male** respondents, compared to 17.7% of female respondents, reported **experiencing discrimination, bullying or harassment** during their education as a result of their disability/chronic condition.
- More respondents with **3 or more conditions** (3 30.2%; 4+ 34.5%) reported experiencing these behaviours than those with two (10.4%). None of the respondents with one disability/chronic condition reported experiencing any discrimination, bullying or harassment during their education.

Respondents who experienced discrimination, bullying or harassment during their education as a result of their disability/chronic condition were asked about the source(s) of this behaviour.

The most commonly reported source (47.3%) **placement staff**, although a large group (42.9%) also said **others on their course** was the source (see Figure 6.1). Those who selected the 'other' option gave examples including **school staff members**, their **peers outside education**, **clinicians** or **colleagues**.



Figure 6.1: Sources of discrimination, bullying or harassment during education



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Note: The percentages in Figure 6.1 add up to more than 100 because respondents could select more than one source.

Respondents were asked to provide **further details** about this behaviour using their own words. The most commonly-mentioned experience was **negative or harmful comments** from colleagues, managers and clients while studying or in training. These comments were typically about the individual's disability/chronic condition and questions about their ability to work in the veterinary profession. Examples are:

People are not very inclusive and so they make comments when you don't fit it with the rest of them.

Veterinary student

Receiving unkind and impatient comments about me being a bit slower at picking up how to do some tasks, it has sometimes been misinterpreted as unwillingness and hesitancy.

Veterinary student

Rude comments, being ignored/dismisssed/treated as burdensome.

Veterinary student

I have been made fun of, prevented from doing my studies or work.

Veterinary student



This behaviour was also apparent when respondents were **judged on their abilities**. Some shared experiences of being prevented from participating in learning opportunities because it was assumed they would not be able to participate without any adjustments. Others shared feelings of feeling left out and excluded by their peers.

Staff members making comments about not working hard enough or slacking off.

Student veterinary nurse

It has been hard to get people to understand my conditions and now it's what defines me so everything I do is because of my mental health in their eyes.

Student veterinary nurse

This has led to many respondents feeling that their participation in various **opportunities** is **limited** and that they are not included:

Being deliberately excluded, deliberately ignored by some students, one of my teachers being passive aggressive to me.
Student veterinary nurse

I have been made to feel unwelcome by a select few however think a lot of other factors alongside the illnesses have also contributed to this age/generation differences etc.

Veterinary student

Others had been told that they **should not** be in the **veterinary profession**:

Old manager was extremely disablist, telling me I will not be able to succeed in college due to speech impediments.

Student veterinary nurse

The discrimination was not overt, and the tone of how people received me communicating my boundaries sweetened dramatically if I disclosed my limitations as part of a medical condition.

Veterinary student

Respondents felt that this behaviour was the result of **poor understanding** and **assumptions** about disabilities/chronic conditions. Many found that people did not understand their condition(s), leading to judgments of their ability.



When I first started in practice, staff thought I was uninterested in learning and doing things. I was actually just very anxious and lacked confidence to do things I was unsure about. They went straight to the educational provider rather than asking me how I was feeling, which would have given me the opportunity to explain.

Student veterinary nurse

Some people just aren't educated enough about these kinds of disabilities because they can't understand what they can't see physically

Student veterinary nurse

I have been told I am faking my conditions, that I'm intentionally disruptive, that I can't do the work. I have had threats and vulgar comments thrown my way too

Student veterinary nurse

Some respondents felt that these behaviours occurred **after** they had **disclosed** their disability/chronic condition:

Being turned away from placements when I disclosed my disability.

Veterinary student

Disclosing my medical history to other students, laughing about me, saying I was pretending / exaggerating.

Veterinary student

Another form of this behaviour came from **barriers to support** and a **lack of reasonable adjustments**. One respondent shared not being able to complete a practical because reasonable adjustments had not been looked into. Another felt that reasonable adjustments were not taken seriously and was told that all students would be treated the same, meaning that they received no additional support.

6.2 At work

6.2.1 Perceptions of working in the veterinary profession

Respondents working in the veterinary profession were asked about the extent of their agreement with the statement '**Working in the veterinary profession with a chronic illness/condition and/or disability can be**



challenging, using a five-point scale. The average score for this statement was **4.41** out of 5, a notably **high** level of agreement with the statement.

- **Female** respondents were more likely to agree with the statement than male respondents (4.45 compared to 4.17), suggesting they experienced a somewhat higher level of challenge.
- **Younger** respondents (30-39 4.53; 40-49 4.47) felt that working in the veterinary profession was **more challenging** than older respondents (60-69 4.19; 70-79 4.14).
- Respondents **without managerial responsibilities** (4.51) were somewhat more likely to agree than with managerial responsibilities (4.29).
- Respondents with **higher comorbidity** (4+ conditions 4.75; 3 conditions 4.67; 2 conditions 4.49) found working in the veterinary profession with a disability/chronic condition **more challenging** than those with one condition (3.93).
- Perhaps surprisingly, the agreement of respondents **with at least one condition** (4.44) was only a little stronger than that of respondents **without a condition** (4.31).

6.2.2 Feelings of guilt

Respondents were asked about the extent of their agreement with the statement '**I have felt guilty about not being able to carry out my role due to my chronic illness/condition and/or disability**', using a five-point scale. The overall average score for this statement was **3.70**, indicating clear **agreement** with the statement.

- **Female** (3.84) respondents have felt notably **more guilt** than male respondents (3.04).
- **Male veterinary surgeons** (2.94) experienced notably **less guilt** compared to female veterinary surgeons (3.65).
- **Younger** respondents (18-29 3.95; 30-39 4.00) have felt notably **more guilt** over not being able to carry out their role due to their disability/chronic condition compared to older respondents (60-69 2.97; 70-79 2.34).
- **Veterinary nurses** (4.09) and **student veterinary nurses** (4.00) experienced more guilt than veterinary surgeons (3.46) and veterinary students (3.25).
- Respondents with managerial responsibilities (3.45) felt **less guilt** than those **without managerial responsibilities** (3.79).



- Respondents with **higher comorbidity** (4 conditions 4.33; 3 conditions 4.11; 2 conditions 3.75) have felt **more guilt** than those with one condition (2.80).
- Respondents with a **mental health condition** (4.07) experienced somewhat more guilt than those with other disabilities/chronic conditions (physical condition 3.92; chronic condition 3.81; identify as neurodivergent 3.79).
- Those working in **corporate** and **out-of-hours providers** (3.84) and **charities** (3.78) experienced somewhat **more guilt** than those working in **independent practices** (3.58) and **veterinary schools** (3.50).

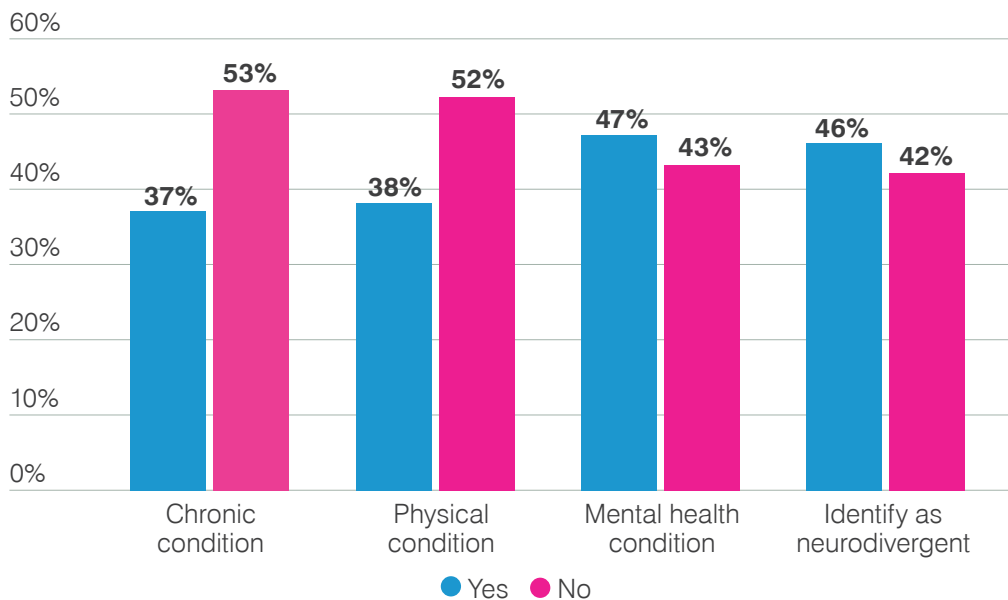
6.2.3 Discrimination, bullying or harassment at work

Respondents were asked if they had encountered discrimination, bullying or harassment in the workplace. Although **just over half** of respondents (54.8%) shared that they have **not experienced these behaviours in the workplace**, a concerning proportion of respondents, **over a third** (35.7%), have encountered such behaviours.

- A somewhat higher proportion of **veterinary nurses** (39.3%) have experienced **discrimination, bullying or harassment in the workplace** compared to veterinary surgeons (33.5%).
- A higher proportion of **female** (38.3%) respondents, compared to male (23.3%) respondents, had **experienced these behaviours** in the workplace.
- A **small** (9.8%) of respondents **aged 70-79** reported experiencing discrimination, bullying or harassment in the workplace, whereas a much **higher** proportion of **younger** respondents shared the same experience (18-29 39.2%; 30-39 41.2%).
- Those with **higher comorbidity** were notably more likely to have reported **experiencing these behaviours in the workplace** – a relatively low 14.6% of respondents with one condition, compared to a higher proportion of respondents with two (31.1%), three (47.9%) and four and over (55.7%) conditions.



Figure 6.2: Respondents' experience of discrimination, bullying or harassment at work by condition type



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

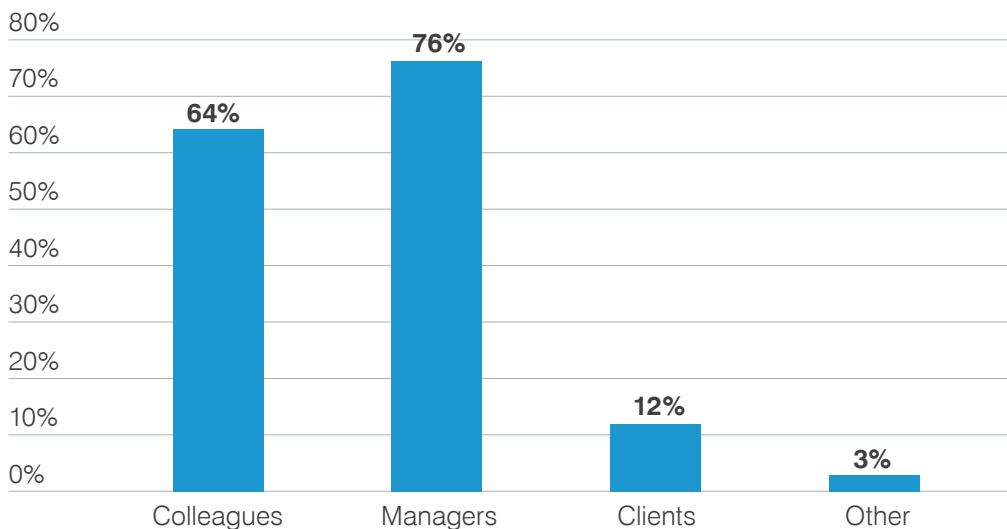
Note: The percentages in Figure 6.2 add up to more than 100 because respondents could select more than one source.

■ The proportion of respondents reporting experiencing discrimination, bullying or harassment in the workplace differed depending on the type of condition. Figure 6.2 shows that a **higher** proportion of respondents who identified as **neurodivergent** or had a **mental health condition** experienced these behaviours.

Those who had experienced these behaviours were asked about the source(s). Over **three quarters** (76.3%) of respondents shared that the behaviour came from **managers**, while around **two thirds** (64.4%) experienced this behaviour from their **colleagues**. The full breakdown of responses can be found in Figure 6.3.



Figure 6.3: Source of discrimination, bullying or harassment in employment



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

The **3.1%** of respondents who identified that it was **other** people were asked to specify. The groups or individuals identified by these respondents included: prospective and current employers; Human Resources; other students; colleagues; tutors; and professional bodies.

Respondents who had experienced discrimination, bullying or harassment in the workplace were asked to provide **further details** about the incidents, using their own words. Respondents described how they had felt **judged on their ability** to do their job by colleagues and managers, with one respondent explaining that people were “questioning my capabilities”. Others described being called “inefficient” or “accused of poor performance”, which made them feel that they were not able to do their job.

Made to feel inadequate by a colleague.

Veterinary surgeon

Been called lazy, not pulling my weight.

Veterinary nurse

Respondents shared experiences of **misunderstandings** or **assumptions** being made about their health. Those with ‘invisible’ disabilities/chronic conditions in particular described how their colleagues would “make jokes” or criticise their behaviour. Accusations of poor performance or lateness were also raised as stressful, even when these were out of the individual’s control. For example:



A colleague has said "You don't look ill to me!"

Veterinary nurse

I have been treated differently with very poor understanding or tolerance of neurodivergence.

Veterinary surgeon

This led respondents to feel **guilty** or feeling that their health was **not taken seriously**:

Exacerbated symptoms due to not being taken seriously, again because my condition is not visible so expected to just get on with things.

Veterinary nurse

You are made to feel guilty if you cannot do a certain task.

Veterinary nurse

Respondents shared that this behaviour came from a **range of individuals**, including employers, practice owners, managers, colleagues and clients. Behaviours from **senior staff** were most common, with many describing how they had received harmful comments and negative behaviour at work:

When I have raised issues, I have been targeted by management and accused of poor performance to scare me into keeping quiet.

Veterinary nurse

Bullying from senior members of staff including practice management and vet surgeons.

Veterinary nurse

Respondents also shared experiences of **isolation** or **exclusion** at work, resulting from bullying or comments from others:

People exclude me from things... Little to no attempts were made to understand what was behind my behaviours. I was aware of people talking about me behind my back.

Veterinary surgeon

Respondents described general experiences of **gossip** and **comments** in the workplace. This included negative and "discriminatory" comments from colleagues about ability and any adjustments or support that they had in place, and being judged for taking time off or reducing their working hours.



Isolation and gossiping is a huge problem in the veterinary profession.

Veterinary nurse

Being called offensive nicknames, being told other colleagues are not happy to be 'picking up the slack' when I have had to have time off.

Veterinary surgeon

Some respondents felt that they had experienced these behaviours at work as a result of **not getting support or accommodations** that they needed at work. For some, this led to them leaving their role or the profession entirely. Others said they had not been given opportunities to develop their skills or career.

I was refused a reasonable adjustment that would have allowed me to remain in post and as a result forced to resign.

Veterinary surgeon

I was bullied and pushed out of a role being told I wasn't good enough when in fact they simply hadn't made any attempt to work with me or my disability.

Veterinary nurse



7 Knowledge and understanding

Chapter summary

- Understanding of the Equality Act 2010 and the Access to Work scheme was varied amongst respondents, with their managers' and employers' perceived understanding also being mixed.
- There was stronger understanding and knowledge of the Equality Act 2010 compared to the Access to Work scheme.

The focus of the report now moves from the personal experiences of respondents in education and at work, to the responsibilities and actions of the organisations in which the respondents were working. This chapter covers the understanding that employers and managers have of the Equality Act 2010 and the Access to Work scheme, and compares this with respondents' own understanding; in addition, respondents were asked to assess how well they thought their employer understood how their disability/chronic condition affected them at work.

7.1 Equality, law and government support

7.1.1 Employer understanding

Equality Act 2010

Respondents who were working were asked **how well they believe their current or most recent employer understood the Equality Act 2010 and its application in the workplace**. Encouragingly, 34.3% believed their employer had a **strong understanding**, while 28.9% had a moderate understanding and 25.1% **some understanding**. However, more than one in ten respondents (11.8%) thought their employer had **no knowledge or understanding**.

- Respondents with **lower comorbidity** (one condition) were more likely to report that their employer has **strong understanding** (42.6%), compared to those with higher comorbidity (2 conditions 30.1%; 3 conditions 21.3%; 4+ conditions 14.8%).



- Respondents **without a disability/chronic condition** were notably more likely to think their employer had a strong understanding than those with at least one disability/chronic condition (54.8% compared to 27.7%).
- A higher proportion (37.1%) of **veterinary surgeons** reported that their employer has a **strong understanding**, compared to **veterinary nurses** where the largest proportion of respondents (31.6%) shared that they felt their employer had **some understanding**.
- More than two-fifths of respondents with **managerial responsibilities** (43.0%) reported that their employer had a **strong understanding**, whereas only 29.4% of non-managers felt the same way. This is unsurprising, given that some of these managers were likely have some responsibility for ensuring legal guidance was followed.
- **Nearly half** of **male** respondents (48.1%) thought their employer had a strong understanding, compared to a much lower 31.4% of female respondents.
- As the **age** of respondents **increased**, so did the proportion of respondents believing that their employer had a **strong** understanding.
- Figures B3 to B6 in **Appendix B** show how the views of respondents varied depending on their type of organisation (within and outside clinical veterinary practice, and type of practice ownership).

Access to Work

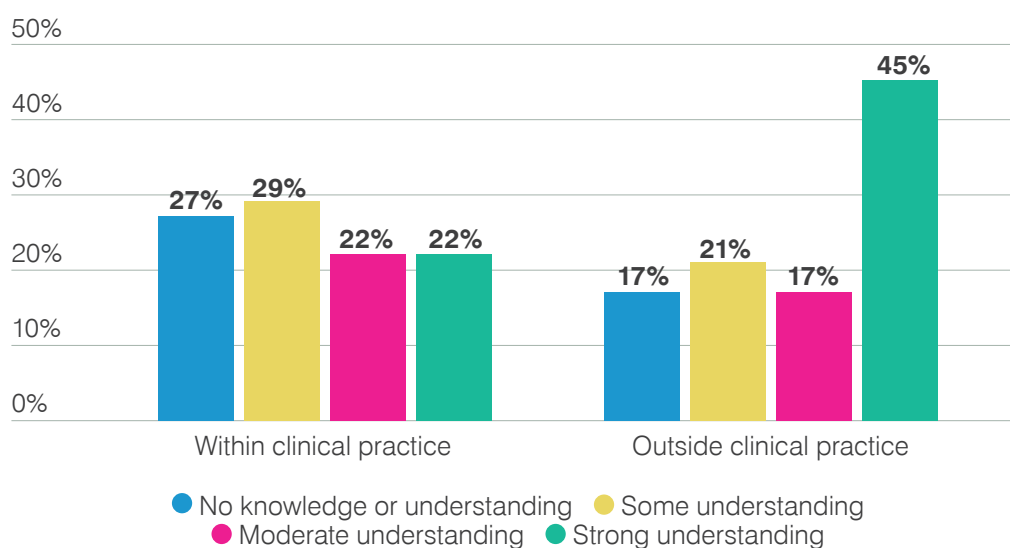
Respondents who were in employment were asked how well they believed their current or most recent employer **understood the Access to Work scheme** and its application in the workplace. The results indicate that respondents thought, overall, that their employer had a lower understanding of the Access to Work Scheme than the Equality Act 2010. Ratings were fairly evenly spread over the four response options, in that around a **quarter each** felt that their employer had **no knowledge or understanding** (26.9%), **some** understanding (28.4%), **moderate** understanding (21.0%) and strong understanding (23.7%).

- Just **under one third** of respondents **with a disability/chronic condition** (31.3%) shared that they felt their employer had no knowledge or understanding of the Access to Work scheme, while a lower 15.1% of respondents without a disability/chronic condition felt the same way.
- Around **one third** (35.3%) of **male** respondents reported a strong employer understanding of the Access to Work scheme, whilst only **20.7%** of **female** respondents felt the same way.



- Perceived employer understanding of the Access to Work scheme appeared to **increase** with **age**, with nearly one **third** (34.2%) of respondents aged **70-79** perceiving a strong understanding and only **17.8%** of **18-29** year olds having the same understanding.
- Overall, a higher percentage of those with **managerial responsibilities** (29.7%) felt their employer had a **strong** understanding of the Access to Work scheme than those **without managerial responsibilities** (19.4%).
- Figure 7.1 shows how perceived employer understanding of the Access to Work scheme differed depending on whether the employing organisation was within or outside clinical veterinary practice; it is clear that strong understanding was more likely to be found in organisations outside clinical veterinary practice.

Figure 7.1: Respondents' perceived employer understanding of the Access to Work scheme: employers within and outside clinical veterinary practice

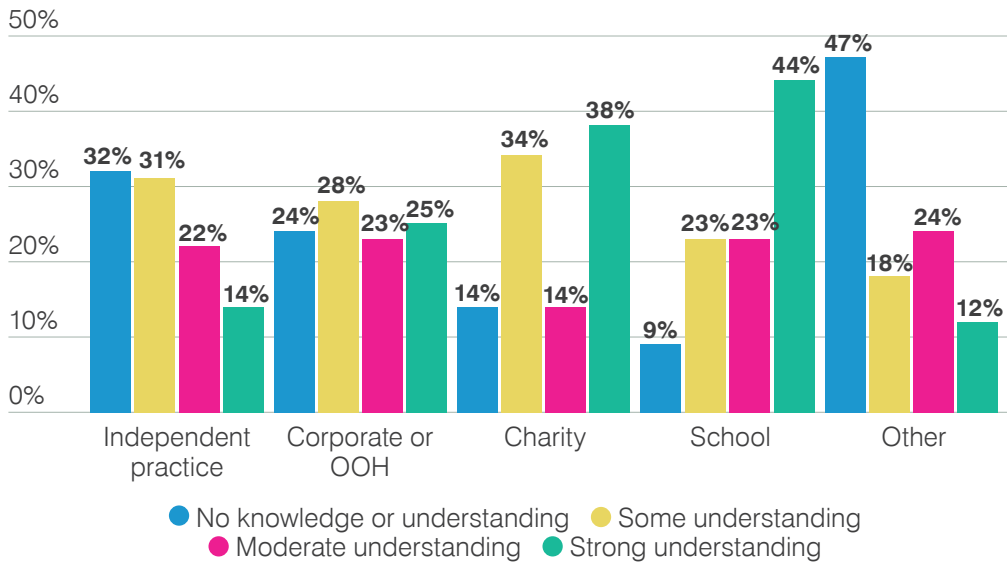


Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- Figure 7.2 shows how respondents perceived their employer's understanding of the Access to Work scheme by practice ownership type; it appears that strong understanding was most likely to be found in veterinary schools, including hospitals/practices attached to these schools.
- Figure 7.3 shows that respondents with two or more disabilities/chronic conditions were likely to rate their employer's understanding lower than those with only one disability/chronic condition; and that perception of understanding decreased in line with the number of conditions.

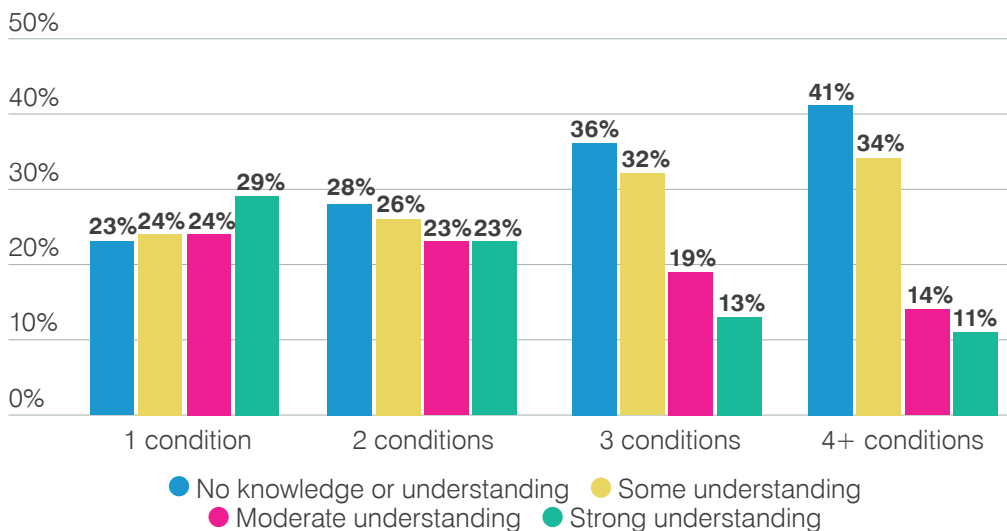


Figure 7.2: Respondents' perceived employer understanding of the Access to Work scheme by practice ownership type



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Figure 7.3: Respondents' perceived employer understanding of the Access to Work scheme by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



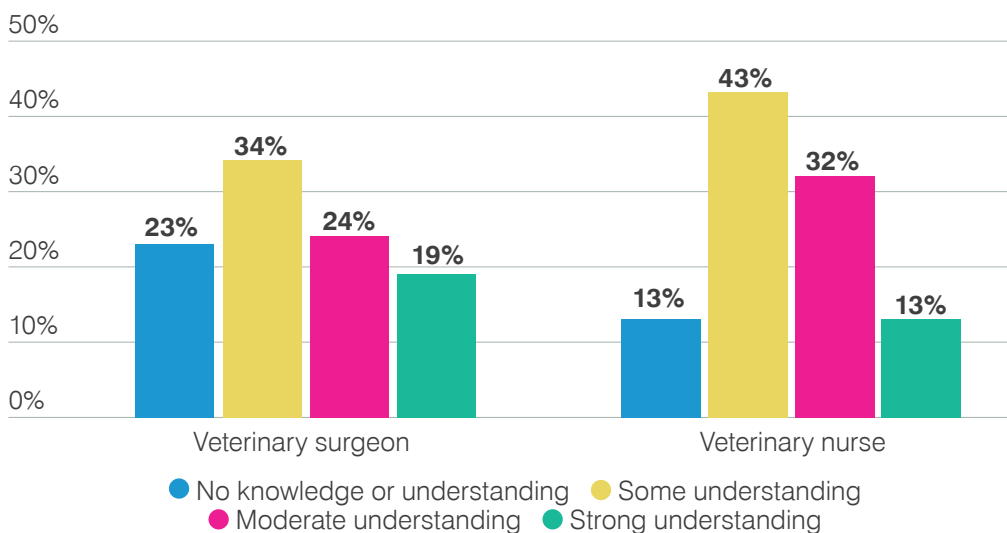
7.1.2 Managerial understanding

Equality Act 2010

All respondents with managerial responsibilities were asked how well they understood the Equality Act 2010 and its application in the workplace. Over **one-third** (34.0%) of managers reported that they have **some** understanding. Nearly one **quarter** (24.0%) had **moderate** understanding and another **quarter** (23.0%) had **no knowledge or understanding**. Around **one-fifth** (18.9%) said they had **strong** understanding.

- A higher proportion of **female** managers (37.5%) shared that they have **some** understanding of the Equality Act 2010 compared to male managers (31.5%). However, out of respondents who reported a **strong understanding**, there was a higher proportion of male respondents (23.5%) compared to female respondents (14.7%).
- Over one-third (34.0%) of **veterinary surgeons** with managerial responsibilities shared that they have some understanding of the Equality Act, whilst nearly **half** (42.6%) of **veterinary nurses** with managerial responsibilities had the same level of understanding. Figure 7.4 shows how the level of understanding varied by role.

Figure 7.4: Understanding of respondents with managerial responsibility of the Equality Act 2010 by role (veterinary surgeon or veterinary nurse)



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

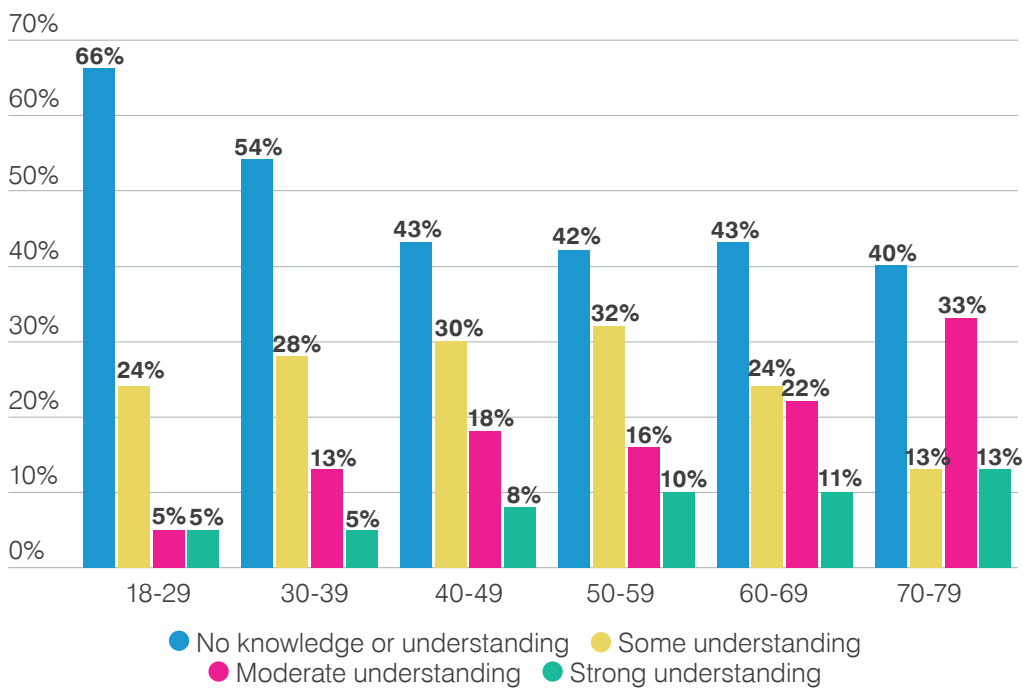


Access to Work

Respondents with managerial responsibilities were asked how well they understood the Access to Work scheme and its application in the workplace. Nearly **half** (46.7%) said they had **no knowledge or understanding** of the Access to Work scheme. Over one-quarter (29.0%) reported **some** understanding, with only **16.3%** reporting **moderate** understanding and **8%** reporting **strong** understanding.

■ **Strong** understanding of the Access to Work scheme among managers increased in line with their **age**, as can be seen in Figure 7.5.

Figure 7.5: Understanding of respondents with managerial responsibilities of the Access to Work scheme by age



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

■ Overall **8.9%** of **veterinary surgeons** with managerial responsibilities said they had strong understanding of the Access to Work scheme, compared to a lower **5.9%** of **veterinary nurses**.



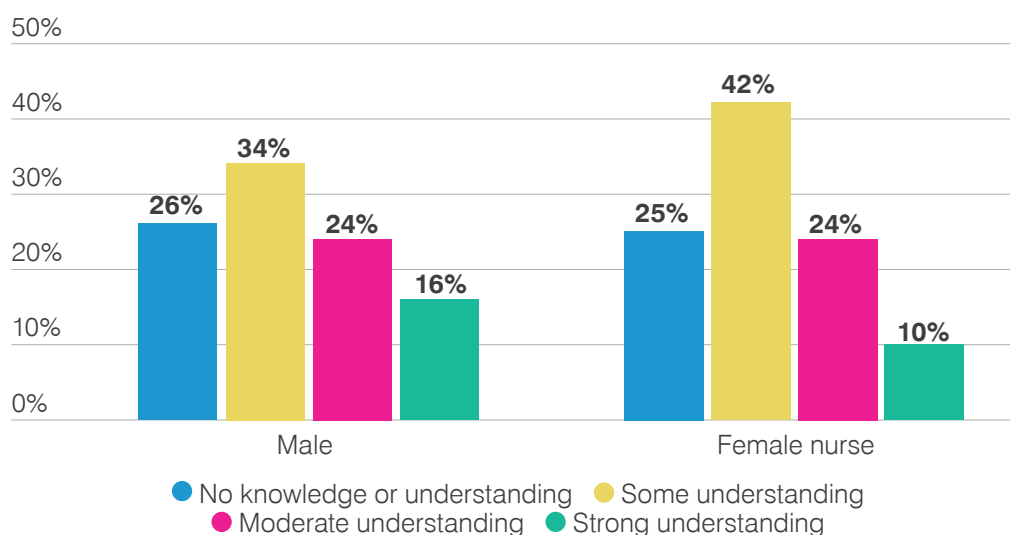
7.1.3 Understanding of own rights

Equality Act 2010

After assessing their employers and managers, respondents were then asked how they understood their **own rights** under the Equality Act 2010. Nearly **half** (40.4%) of respondents shared that they had **some** understanding of their own rights under the Equality Act 2010, whilst nearly a **quarter** each had **no** knowledge or understanding (24.6%) or **moderate** understanding (23.9%). Only **11%** reported that they had **strong** understanding.

- Figure 7.6 shows how understanding of rights under the Equality Act 2010 varied by the gender of respondents; although the differences were not marked overall, male respondents were somewhat more likely to rate their knowledge as strong.

Figure 7.6: Understanding of the Equality Act 2010 by gender



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- Of respondents who reported having a **strong** understanding of their rights under the Equality Act 2010, this appeared to **increase with age**. A low 5.4% of respondents aged 18-29, compared to 20.9% of 70-79 year old respondents, shared that they had a strong understanding. This may be because older respondents have had more experience of working and a greater knowledge about employment law, possibly due to having a senior or even an ownership role.
- The most **common** answer from veterinary surgeons (37.9%), veterinary nurses (46.0%) and veterinary students (57.1%) was **some** understanding. However, **veterinary students** reported the highest proportion (14.3%) of **strong** understanding compared to other roles.



- Just **under one-quarter** of those working **outside clinical veterinary practice** shared that they had a **strong** understanding of their rights under the Equality Act 2010, compared to a lower 9.5% of those working within clinical veterinary practice.

Access to Work

Respondents were then asked about their level of understanding of the Access to Work scheme. **Over half** (57.3%) shared that they had **no knowledge or understanding** of the scheme, with only **4.5%** of respondents having a **strong** understanding.

- The type of condition made little difference to respondents' perception of their own level of understanding.
- A higher proportion of **younger** (18-29) respondents (63.1%), compared to older respondents (53.1%), shared that they had **no knowledge or understanding** of the Access to Work scheme.

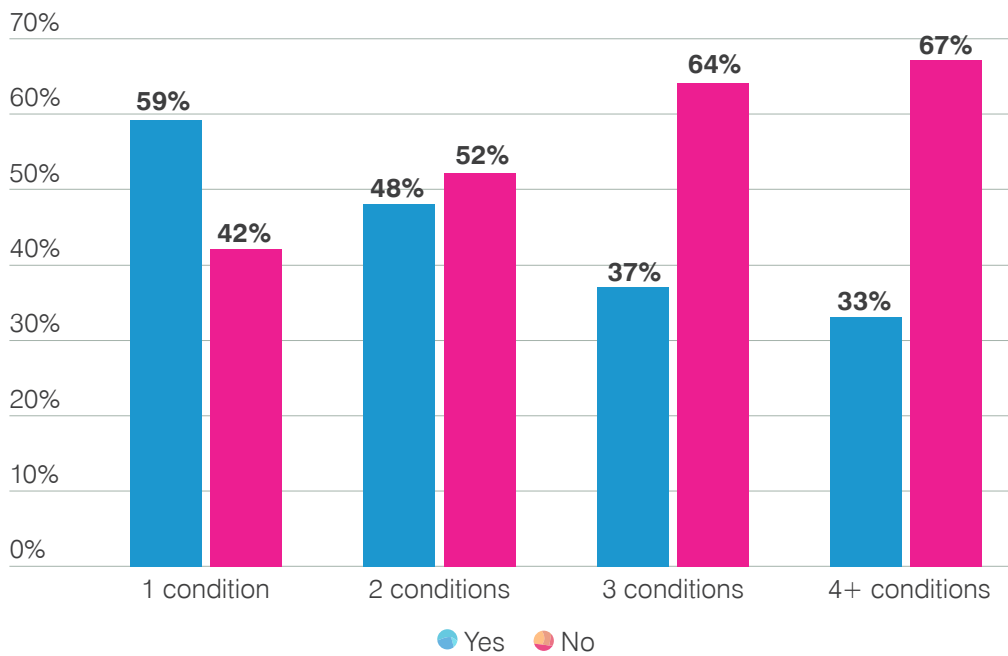
7.2 Employer understanding of the impact of chronic illness or disability at work

Respondents with a chronic illness and/or disability were asked whether they felt that their employer understood how their condition affected them at work. Overall, just **under half** of respondents (45.2%) shared that they felt their **employer understood**.

- Significantly more **male veterinary surgeons** (58.4%) felt their employer understood, compared to female veterinary surgeons (42.6%).
- Regardless of role, more than half (56.9%) of **female** respondents felt their employer **did not understand**, compared to a notably lower 41.8% of **male** respondents.
- A higher proportion of people working **outside clinical veterinary practice** (56.1%) felt their **employer understood**, compared to a lower 44.7% of those working **within clinical veterinary practice**.
- Respondents with **managerial responsibilities** were more likely to say they felt their employer understood: 52.7%, compared to 42.5% of those without managerial responsibilities.
- Figure 7.7 shows how perceived employer understanding was rated lower as the number of disabilities/chronic conditions increased.



Figure 7.7: Employer understanding of chronic illness or disability by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



8 Policies and training

Chapter summary

- More than two-fifths of respondents were not aware of policies to support individuals with disabilities/chronic conditions at work. There was, however, slight agreement overall from respondents that policies were adhered to and were fair.
- The large majority of those with managerial responsibilities said that training and education in disabilities/chronic conditions was not provided to staff members. Training was more likely to be offered by veterinary schools and organisations outside clinical veterinary practice. Of those who said training was offered, the level of uptake varied considerably.

8.1 Policies in education and at work

Respondents were asked whether their workplace or education provider had any set **policies in place** to support those affected by a disability/chronic condition. The most frequent response, from 41.9% of respondents, was that they did not know; around a third (34.5%) said policies were provided, while a quarter (23.6%) said they were not.

- More **veterinary students** (54%) than veterinary nurses (31.5%), student veterinary nurses (33%) and veterinary surgeons (33.1%) were **aware** of support policies provided by their education provider.
- More **managers** (46.9%), than those without managerial responsibilities (25.7%), were **aware** of support policies in place in education or at work. This may be due to a lack of policies, a lack of dissemination of the support available, or both.
- **Half** of respondents working **outside clinical veterinary practice** (51.9%) were **aware** of policies, compared to a notably lower 30.9% of respondents working within clinical veterinary practice.
- A higher proportion of respondents from **veterinary schools** (64.4%) and **charities** (56.7%), compared to independent practices (19.7%) and corporate practices (33.6%) were **aware** of support policies being in place.



8.1.1 Adhering to policies

Respondents were asked about the extent to which they agreed that **'the policies in place to support those affected by a chronic illness/condition, mental health condition, who identify as neurodivergent and/or have a disability are adhered to by my employer or education provider'** on a five-point scale. The average overall score for this statement was 3.21, a **slightly positive** level of agreement with the statement.

- The mean score for **male** respondents was higher (3.45) than female (3.17) and non-binary (2.97) respondents, suggesting that male respondents felt the policies were **better adhered** to by their employer or education provider.
- The mean score for older respondents (60-69 3.34; 70-79 3.44) was higher than for younger respondents (30-39 3.05), suggesting they felt policies are better adhered to, or possibly due to higher awareness as older respondents were more likely to have **senior or managerial responsibilities**.
- **Students** (veterinary students 3.39; student veterinary nurses 3.31) had a somewhat higher mean score than respondents at a workplace (veterinary surgeon 3.20; veterinary nurses 3.17), suggesting that **education providers** were perhaps better at adhering to support policies than workplaces.
- **Managers** (3.47) had a higher average score than those without managerial responsibilities (3.02), suggesting that managers perceived employers and education providers as better at **adhering** to support policies. This may be because they had responsibility for developing or using employee policies.
- Respondents with **multiple conditions** (2 3.22; 3 2.86; 4+ 2.83) had notably lower average scores than those with one condition (3.41), suggesting that those with higher comorbidity had a more **negative** perception of their workplace or education provider adhering to support policies.

8.1.2 Fairness of policies

Respondents were asked whether they agreed/disagreed that **'the policies in place to support those affected by a chronic illness/condition, mental health condition, who identify as neurodivergent and/or have a disability are fair'** on a five-point scale. The average score for this statement was **3.19**, a **slightly positive** level of agreement with the statement.



- The mean score for **male** respondents was higher (3.42) than female (3.15) and non-binary (2.83) respondents, suggesting that male respondents felt the policies were **fairer**.
- **Managers** (3.46) had a higher average score than those without managerial responsibilities (3.05), suggesting that managers perceived policies to be **fairer**, which may be a result of managers typically developing or implementing the policies.
- Respondents with **multiple conditions** (2 3.22; 3 2.97; 4 2.75) had lower average scores than those with one condition (3.48), suggesting that those with higher comorbidity are more likely to think the policies are **unfair**.
- Respondents with a **mental health** condition (2.98) or who identified as **neurodivergent** (2.99) had a somewhat lower average score than those with a chronic illness (3.09), suggesting they felt the policies were **less fair**.

8.1.3 Employee policies: responsibilities

Respondents at work were asked whether they had responsibility for workplace employee policies, for example through line management or practice management. Overall **30.8%** of respondents reported having **responsibility for workplace employee policies**, whilst slightly more than two thirds (67.8%) did not.

- **Male** respondents (40.8%) were **more likely** than female (28.2%) respondents to have **policy responsibility**.
- Participants in **older age groups** were more likely than younger respondents to have **responsibility for employee policies**, with 38.4% of respondents aged 50-59 having policies responsibilities compared to 10.3% of those aged 18-29. This is perhaps due to seniority increasing with age.
- Employees **without a disability/chronic condition** were more likely (44.8%) to have **responsibility for workplace policies** compared to those with a disability/chronic condition (26.4%).



8.2 Workplace training on disability and chronic illness

Respondents with managerial responsibilities were asked if their workplace offered education and training in disabilities/chronic conditions to its staff members. The **large majority** (80.8%) said that education and training in these topics was **not offered** to their employees.

- Nearly a **third** (30.4%) of managers working in **veterinary schools** shared that their employer **offered** education and training in disabilities/chronic conditions, whereas only 18.8% working in charities, 15.6% from corporate or out-of-hours practices and 15.1% from independent practices had the same offer.
- **Just over one-third** (36.3%) of those working **outside clinical veterinary practice** shared that their employer offered training for staff, compared to only 15.9% working within clinical veterinary practice.

8.2.1 Level of uptake

Where respondents said training and education on disabilities/chronic conditions was offered, they were asked about uptake. Respondents were fairly **split**: some respondents shared that there was a **100 per cent attendance rate**, where “all colleagues received training”, and others shared that training was **mandatory or compulsory**, so everyone had to attend. Another group of respondents described attendance as “**good**”, “**positive**” or “**high**”, with one respondent sharing that around 70 per cent of employees attended training. A smaller group of respondents described attendance as “moderate” or around 50 per cent. On the other hand, another group of respondents reported “**poor**”, “**minimal**” or “**low**” employee take up. For some, training was only offered to specific employees, typically managers, or in one case “one receptionist did the course”.



9 Support in education

Chapter summary

- Support in education varied considerably.
- Those who had a good experience shared this was due to available reasonable adjustments, time off, support with their workload, referrals to support and support from tutors and others on their course.
- Those with negative experiences said this was due to poor knowledge and awareness of their condition, inconsistency and no reasonable adjustments.
- Those with a disability/chronic condition encountered both barriers and enablers to support more frequently than those without a disability/chronic condition.

This chapter reports on the experiences of respondents with a disability/chronic condition while in education.

9.1 Quality of support in education

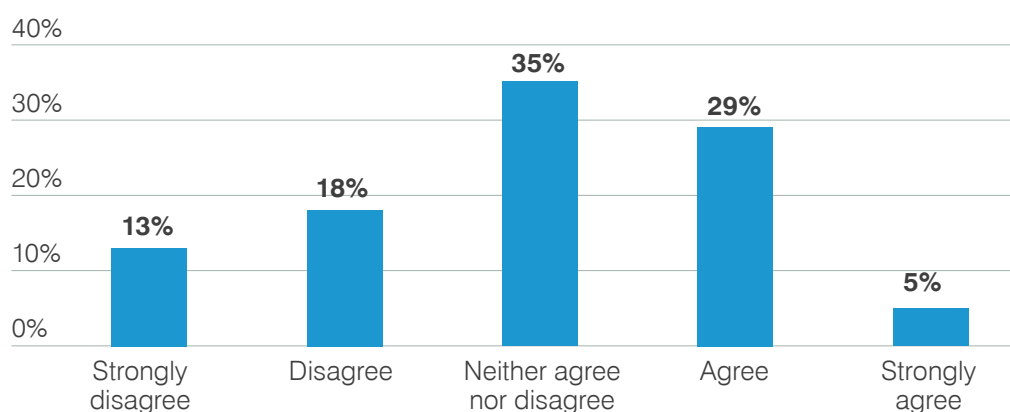
Respondents who were currently in education were asked to what extent they agreed with the statement '**I feel I received good support for my chronic illness/condition and/or disability whilst in education**' on a five-point scale. The average score for this statement was **2.94**, suggesting that respondents had, on average, a **slightly negative to neutral** level of agreement with the statement (see Figure 9.1).

- The average response from **male** (2.65) and **non-binary** (2.54) respondents was lower than female (2.98) respondents, suggesting a **higher level of disagreement**.
- Respondents with a **higher** number of **disabilities/chronic conditions** (3 conditions 2.80; 4+ conditions 2.81) had a lower average score than those with a lower number of conditions (1 condition 3.20; 2 conditions 3.18), suggesting a **higher level of disagreement**.
- The average response from respondents who identified as **neurodivergent** (2.80) was **lower** than those with other disabilities/chronic conditions (physical condition 2.94; chronic illness 2.94; mental health condition 2.88), suggesting a **higher level of disagreement**.



■ Respondents who worked in **veterinary schools** had a notably higher average score (3.36) than respondents who work in independent practice (2.86), corporate or out-of-hours practice (2.87) or charities (2.60), suggesting that they clearly agreed that they had received **good support in education**.

Figure 9.1: Respondents' views about receiving good support for their condition in education



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Support from peers

Respondents who are currently in education were asked to what extent they agree with the statement '**Others on my course have been helpful when/if I needed support due to my chronic illness/condition and/or disability**' on a five-point scale. The average score for this statement was **3.70**, suggesting that respondents had, on average, a **clearly positive** level of agreement with the statement. Further analysis showed that male respondents (4.17) were particularly like to agree with this statement.

Support from tutors

Respondents who were currently in education were asked to what extent they agreed with the statement '**My tutor/s have been helpful when/if I need support due to my chronic illness/condition and/or disability**' on a five-point scale. The average score for this statement was **3.67**, suggesting that respondents had, on average, a **clearly positive** level of agreement with the statement. Further analysis showed that female respondents were notably more likely to agree than male respondents (3.69 and 3.28 respectively)



9.1.1 Good support

Respondents who agreed or strongly agreed with the statement were asked to explain why they thought they received **good support** in education, using their own words.

The most frequently-given reason, mentioned by around one half of respondents, was having **reasonable adjustments** implemented for them. The reasonable adjustments included having extra time to complete tasks or in examinations, and use of relevant facilities and equipment. It was important that reasonable adjustments were disseminated and shared amongst other staff members in order to be fully implemented:

Support was available across all years through student mental health services and adjustments were made to make assessments such as presentations achievable.

Student veterinary nurse

I have a risk assessment that was performed when I started my veterinary course, which is understood by all lecturers. All staff members are fantastic with providing me places to sit and rest, even when on farm environments.

Veterinary student

Other respondents commented on having support with their workload, especially when they needed **time off** due to their health. This would sometimes involve reducing workload, supporting with breaks or extending deadlines. This support frequently came from tutors or managers:

My line managers are very understanding and supportive – checking in with me often and helping reduce my workload when I am not able to maintain it during work.

Student veterinary nurse

Examples of good support from **staff**, including lecturers or tutors, were given. This was not the case for all, but there were many instances of support from certain staff members. The particular qualities of education staff members that were praised included being approachable and accessible:

My university tutors have been very supportive, encouraging and asking if I'm seeking treatment and asking what they can do to help.

Veterinary student



Understanding and supportive staff members at my college.

Student veterinary nurse

Others felt that they received good support as they were **referred** to relevant services and were given the opportunity to have assessments which led to further support and funding availability. This meant that they received helpful information that they could then share with others to help explain their needs and get the support that would enable them to study:

The university were great at getting me study support and communicating my disability support plan well and should I need help I knew where to find it.

Veterinary student

I have been signposted to several groups by my tutor who have given me further support.

Student veterinary nurse

A common theme across the reasons for having good support was **communication**, whether this was having someone to talk to about any problems or being able to share any information about their disability/chronic condition and the changes that this may require. This also involved feeling listened to, and for any requests for support being taken on board.

9.1.2 Poor support

Respondents who disagreed or strongly disagreed with the statement were asked to explain in their own words why they thought they **did not receive good support** while in education, and 159 respondents provided further comment. The comments could be divided into two areas: **poor knowledge and awareness**, and **poor-quality support**.

Poor knowledge and awareness

Respondents who felt that they did not receive good support in education shared that their education providers had little knowledge of their disability/chronic condition, and this meant that the support they received was limited or not appropriate:

I think there is a lack of knowledge or experience surrounding it which is why there has not been a lot of support through the education side of things.

Student veterinary nurse



This had led to barriers to accessing support that was relevant to their needs:

It's honestly been a really mixed bag of support throughout education. I feel there has been many barriers and extra stress due to people misunderstanding my disability or underestimating my ability that is not needed.

Veterinary student

Respondents also shared experiences of education providers and their staff making **assumptions** about their disability/chronic condition and subsequent symptoms. This led to respondents having to advocate for themselves, which may have exacerbated their symptoms and health concerns:

I find reaching out for support for disability is often met with resistance, my disability is made to feel like my problem and a choice. I've been made to feel if I struggle because of the course I'm not fit to practise.

Veterinary student

Others shared feelings of **not being listened to** by their education provider when they asked for support and, in some cases, given irrelevant support:

Was not listened to when struggling

Student veterinary nurse

Every step of my education has been a fight as others believe I am unable to complete certain aspects. It feels as though they think they know more about my health than I do.

Veterinary student

As a result of not feeling listened to or having assumptions made about them, some respondents felt that they were **not taken seriously** by their education provider. Some suggested that education providers having a better understanding and knowledge around disabilities/chronic conditions would ensure that better support is provided to students. Respondents shared that they felt education providers were not always inclusive of those with disabilities/chronic conditions and this was made clear by the poor support that was provided:

I think there is a lack of knowledge or experience surrounding it which is why there has not been a lot of support through the education side of things.

Student veterinary nurse



When I asked for help was made to feel stupid, had no understanding of my needs.

Veterinary student

Poor quality support

Respondents who felt that they had poor support shared that the support given to them was minimal or limited. In some cases, they were not offered any support or support that was relevant to their needs. Generally, it was seen to be **inconsistent** and to **vary** among different education providers, or even within the same provider:

Some students get more support and lenience than others. When I have asked for help, I have been asked if I am ok to finish the year, whereas others with more serious problems get additional days off and shorter days. Support received is inconsistent across our faculty.

Veterinary student

I believe it was due to a lack of precedence and policies for supporting students with chronic illness, with no desire to change the ways of the past. Individuals were generally very sympathetic and did have good intentions, but these were not carried through to actions.

Veterinary student

This poor-quality support also led to individuals **missing out on reasonable adjustments** while in education:

Trying to get help beyond short extensions and extra exam time in university for mental health is very difficult.

Student veterinary nurse

No reasonable adjustments made, and told many times that autistic people can't be vet nurses.

Student veterinary nurse

Generally, support was poor because it was **not prioritised**, or implementation was **slow**. Many had to really push and struggle for support, and in some cases, support was not made available to students until they were close to the end of their studies and had already waited for a long time:

Struggled to obtain support from the uni, or doctors. Has taken long time before treatment given and had almost completed course by that point.

Student veterinary nurse



This delay in getting or lack of support was attributed to **not having a diagnosis** by some respondents. Without a diagnosis, respondents explained that their education provider did not prioritise implementing support during their studies and for some they could not access support at all. A few respondents also mentioned 'masking' their disability/chronic condition, so education providers were not aware of their needs and symptoms, delaying any support:

I didn't receive my diagnosis until second year in uni. If it had been noticed at an earlier stage during education I would've received more assistance during exams and with my organisation.

Student veterinary nurse

9.2 Enablers of support

Respondents in education were asked if there were any factors that **enabled** them to **access support** for their disability/chronic condition while they were in education. The majority (60.9%) reported not identifying anything that enabled them to find any support.

- More **veterinary students** (45.5%) reported encountering enabling factors to support their education than veterinary nurses (20.9%) and student veterinary nurses (20.3%).
- Respondents who reported having **higher comorbidity** were more likely to report enablers: 44.0 per cent of respondents with four or more disabilities/chronic conditions, compared to 19.4 per cent of those with one (19.4%).

Respondents who shared that they did identify enablers were asked to describe them in their own words. As previously highlighted, many respondents shared how having **various supporters or advocates** enabled them to access support in education. For some, their tutor or lecturer supported them by providing reasonable adjustments via a health passport, tools that they could use or access, and communicating with others on the behalf, reducing the number of times they would have to disclose or explain their condition and needs.

A supportive and knowledgeable personal tutor, who was proactive in putting me in contact with the Disability & Neurodiversity Team at the uni, having regular catchups and contacting people on my behalf to ease my load.

Veterinary student



My personal tutor at university was excellent in fighting my corner and chasing up various different university staff members when I was ignored or refused help.

Veterinary student

A small number of respondents had help from others with a good understanding of support available, some of whom also had a disability/ chronic condition:

Support from disability charities, and friends who were further ahead at university who also had chronic illnesses and could provide me with advice and resources.

Veterinary student

For some respondents, **existing support** was already in place, sometimes provided by previous education providers or already developed support plans. This meant that others could explain the specific needs that the individual had and the support that they required, without the need to go through many of the lengthy processes; this reduced the number of potential barriers.

I had already had a lot of support from my secondary school so they were able to contact my uni's support team and transfer my notes etc which I think made the whole process a lot easier.

Veterinary student

Previous school systems policies and accessibility improvements brought about by amazing people with disabilities leading the way advocating for others. When [university] wouldn't help me I contacted the other 3 universities I graduated from and [workplace] to find the support I needed.

Veterinary student

In some cases, this also included support from **GPs, health insurance providers, NHS services and therapists**. This took the form of letters or evidence that would help enable respondents to access support services in education.

Similarly, having an **official diagnosis** was an enabler for some as this meant that it was easier to access support and at a quicker speed (This was also highlighted by the respondents who encountered barriers to support without a diagnosis):



Having diagnosis papers was incredibly useful as it meant I did not have to wait for long periods of time.

Veterinary student

Other respondents shared how **funding**, for example the Disabled Students Allowance, has helped them to access the support they need while in education:

The Disability Student Allowance allows me to access study support tutoring, a mental health mentor and transport.

Student veterinary nurse

Funding available for diagnosis of ADHD.

Veterinary student

Having the money to afford a private consultation with a specialist.

Veterinary student

9.3 Barriers to support in education

Around **one third** of respondents (33.5%) reported that they did face barriers to support in education.

- A higher percentage of **veterinary students** in education (44.2%) reported facing barriers than other groups: 25.8 per cent each of veterinary nurses and student veterinary nurses reported facing barriers.
- Respondents who reported having a **higher comorbidity** were more likely to have faced **barriers** to support in education: 44.7 per cent of respondents with four or more conditions, compared to a much lower 13.9 per cent with one (13.9%).
- A higher proportion of respondents who identified as **neurodivergent** (42.7%) reported facing barriers to support in education than any other type of condition: physical condition 38.7 per cent, mental health condition 36.8 per cent and chronic illness 36.6 per cent.

Respondents who shared that they did face barriers to support were asked to describe them in their own words. As highlighted earlier, respondents emphasised that **not having a diagnosis** was a barrier to support. Not having a diagnosis appeared to be a requirement to receive support in education and, for many, getting a diagnosis could take a long time or incur or high costs:



Disability service requires a diagnosis before help is given but most of the problems are before diagnosis.

Veterinary student

Struggled to be able to afford to pay for proper diagnosis so couldn't get the right help at first.

Student veterinary nurse

Other respondents shared that another barrier to support was having **insufficient knowledge or understanding of their condition**, both for themselves and from their education provider. This meant that assumptions were made about their ability and whether or not they needed support at all:

The initial barrier was not understanding that I qualified for disability support: no one ever explained the definition.

Veterinary student

Just the fact that there is not much knowledge with it.

Student veterinary nurse

This led to around one fifth of respondents suggesting that they experienced **judgement** from others with whom they interacted during their education. These respondents explained that others would think they were “lying about my diagnosis” or being “lazy”, and found others “not wanting to learn how to help”. Assumptions about respondents’ ability to work in the veterinary profession were made, which may stem from the apparent lack of knowledge that education providers have about disabilities/chronic conditions, leading respondents to feel that many had poor knowledge or stereotyped certain conditions.

Other respondents shared that there was also a **lack of knowledge** about what support is available through the education provider, which led to concerns about the consequences for some:

I don't know who to ask, or if doing so will affect my study experience.

Veterinary student

Little support was in place for students with chronic illnesses, with a lack of direction of how to access support.

Veterinary student

I have found trying to access help difficult and the level of support given quickly trails off.

Veterinary student



Another barrier to support that was described by some respondents was how **long** it took to find support and for the support to be implemented. Many found the process lengthy and complicated, especially as they were still managing their symptoms and attempting to keep up with their studies. Many highlighted waiting lists that were months or even years long and finding it difficult to fit appointments into their already busy study timetable:

Mainly it was tricky fitting in and arranging different meetings to explain my situation.

Veterinary student

Waitlists for therapy are 6 months, it takes 6 months to get a diagnosis for ADHD and another 6 months to start trailing medication and then another 12 weeks to complete titration.

Veterinary student

Difficulty finding a time to allocate a therapy slot within lecture hours.

Veterinary student

Communication was an issue for some respondents who found that they had to “explain their limitations” and found it “really hard to reach out”. Other respondents found that they would have to advocate for themselves or self-refer to services as it was difficult to find others to support and advocate for them, creating another barrier to support:

Consistently having to advocate for yourself without feeling supported and like you're one person against an institution is exhausting and crippling.

Veterinary student

I had to self-refer to the disability services rather than being contacted by disability services for additional support.

Veterinary student



10 Support in the workplace

Chapter summary

- Support during student work placements was varied, with one-third reporting that they faced barriers to accessing support. These respondents shared that this may have been because there was little discussion or offer of support, and limited availability of reasonable adjustments and information.
- Those with higher comorbidity particularly felt there were barriers in the way of accessing support while on placement.
- Those who had received support while on placement shared this was due to supportive and knowledgeable staff and open communication.
- One-third of respondents employed in the veterinary sector had experienced barriers to support while at work. Barriers were more likely to have been experienced by those with higher comorbidity and those without managerial responsibilities. Barriers included poor understanding, a lack of information, and fear of negative experiences or stigma.
- Fewer respondents (one-quarter) reported accessing enablers to support. Enablers included accessing external support from charities, friends and family, and medical professionals. Respondents overall felt that their work colleagues, and to a lesser extent managers, had been supportive.

This chapter covers respondents' experiences of support in the workplace, firstly while on placement and, secondly, while at work.

10.1 Support while on placement

Respondents who were currently in education were asked to what extent they agree with the statement '**I feel I received good support for my chronic illness/condition and/or disability during EMS/IMR or workplace-based training**' on a five-point scale. The average score for this statement was **3.04**, suggesting a **neutral to slightly positive** response overall. When analysed by respondent group:

- **Female** respondents (3.06) agreed overall, while male respondents disagreed respondents (2.70).



- Respondents with **higher comorbidity** (3 or 4+ conditions) also disagreed (2.87 each).

10.1.1 Good support

Respondents who **agreed or strongly agreed** with the statement were asked to explain why they thought they received good support while on placement. Having **reasonable adjustments** in place was cited by respondents as the main reason; the reasonable adjustments put in place included having extra time to complete tasks and to rest, and equipment to support standing for long periods of time. Respondents explained that their colleagues were aware and understanding of their needs and made sure these adjustments were in place.

My practice and colleagues are very supportive and made adjustments.

Student veterinary nurse

After highlighting some of my difficulties my training practice made allowances and supported me.

Student veterinary nurse

Most practices I went to were keen to get me involved and ensured that they followed OH [occupational health] reports to ensure this could happen in a safe way.

Veterinary student

Understanding of my limitations, developing ways for me to work around limitations.

Veterinary student

Other respondents explained that having **flexibility** over their time and hours was good support during their training. Having time to rest and time off for flare-ups of their symptoms or for appointments helped them to continue in their training.

My work allows me to attend my appointments and checks in on me to see how I am doing.

Student veterinary nurse

I feel everyone is very supportive and non-judgemental, and will take the time to help me where I need it without getting angry/annoyed.

Student veterinary nurse



My workplace-based training practice has been brilliant at supporting me through this. They are happy to move things around if need be and always ask how I am doing if I have had to take a day off. They are always there for me.

Student veterinary nurse

Clearly **communicating** their needs with training providers had also helped respondents to receive good support. Sometimes a 'health passport' was used to communicate conditions and potential needs; for some this was created and shared by their education provider.

University have created a letter to be sent to each of my placements to explain my conditions and what extra help I require.

Veterinary student

Others felt that **talking** with their training provider allowed them to be more open about what they needed, which helped them to ensure that they received good support.

My workplace is always happy to help me if I ask for help; e.g. letting me take doctors phone calls at work, sitting when I need to and talking it through when I need to.

Student veterinary nurse

While in the workplace colleagues were understanding of my disability and took the time to explain things to me in a way that made sense. They also took the time to show me visually how to do something if I didn't understand what to do in the way they were explaining it.

Student veterinary nurse

Respondents also felt that they received good support when their training provider had a **good understanding** of their condition and needs, as this ensured the support was relevant.

My workplace is very understanding of my illness and the strain it causes. They try to be supportive.

Student veterinary nurse

My workplace is understanding of mental health issues and so are helpful and will allow time off sick for mental health conditions. They also provided me with a therapist, for six free sessions a year.

Student veterinary nurse



My work placement was supportive and helped and understood my condition.

Student veterinary nurse

10.1.2 Poor support

Respondents who **disagreed or strongly disagreed** with the statement were asked to explain why they thought they did not receive good support while on placement. The most common reason amongst these respondents was that there was **no discussion** of support or health, so they were unaware of what was **available** to them.

Nothing offered and no opportunity to make this clear.

Veterinary student

This meant that support was **not offered** to them which left many struggling during their training. This even led to some feeling unsafe and struggling to cope:

I was not offered any support and told 'the RCVS has the same EMS [extra-mural studies] requirements for all students regardless of health issues'. An EMS support scheme for disabled students has been launched in the last fortnight which I plan to use.

Veterinary student

It didn't feel like that staff were used to people having adjustments and whilst I understand that they are very busy and have many students, it made it more difficult to advocate for my needs.

Veterinary student

I feel that it is not discussed therefore no considerations made.

Veterinary student

Others shared that they **did not have reasonable adjustments** made available to them, or that there were no allowances made for them which made training difficult. Where respondents had reasonable adjustments elsewhere, they felt that this was not translated across to their training.

Work doesn't make any allowances even though struggling a lot. Get told "it's a hard course".

Student veterinary nurse



I have a reasonable adjustments form but I'm unsure whether it ever gets sent out to my EMS/IMR [intramural rotations] placements/rotations.

Veterinary student

Respondents felt that due to the fast pace and high workload, there was **little time** for them to discuss the support and adjustments that they needed during training, especially as practices were often understaffed and under pressure:

Unable to schedule a time to put reasonable adjustments in place for IMR due to EMS/IMR hours.

Veterinary student

Always short staffed, not given enough support, rarely received lunch breaks, always finish late.

Student veterinary nurse

You're expected to get on with it and not complain. Chronic understaffing leading to unmanageable workload.

Student veterinary nurse

Other respondents chose **not to disclose** their disability/chronic condition as they were worried about the potential consequences or were concerned they would be treated differently. One respondent explained that they felt "people would make jokes about my disability and conditions". This suggests possible concerns about how some placement providers might treat individuals with disabilities/chronic conditions, due to the culture within these workplaces.

I'm very reluctant to share my struggles with potential placements due to fear about how the information may be received. I do not wish to be under-estimated or have my opportunities limited; I also don't want to be thought of as less able or even 'faking it' or be stereotyped; or cause people to be irritated for having to make accommodations.

Veterinary student

I have to hide my disability when applying for placements, otherwise I am turned away from farm EMS placements. This means I cannot access all the support I need.

Veterinary student



The attitude towards poor mental health in my practice is negative. Taking a mental health day is unheard of and would likely get you a meeting for unnecessary absences.

Student veterinary nurse

Practices struggle to be accommodating for invisible illnesses. I find most struggle to accept your limitations and expect you to frequently significantly surpass your limits, which can have horrendous impacts on health.

Veterinary student

Some respondents felt that these behaviours and barriers may be the result of placement providers and staff having **limited information** about disabilities/chronic conditions, impacting their ability to provide good support.

There's isn't enough knowledge of how to support students with extra needs in placement.

Student veterinary nurse

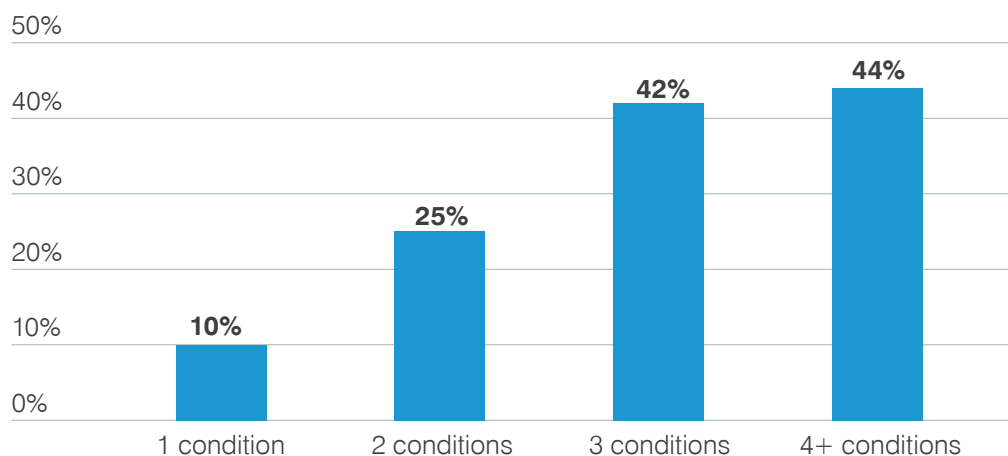
10.2 Barriers to support while on placement

Respondents in education were asked if they experienced any **barriers** to accessing support for their disability/chronic condition during EMS/IMR or workplace-based training. Around one third (31.1%) reported that they did face barriers.

- A higher proportion of **non-binary** respondents (43.8%) reported facing **barriers** to support during training than male (40.0%) and female (29.7%) respondents.
- **Veterinary students** (36.0%) were more likely to experience barriers to accessing support while in training than student veterinary nurses (27.4%).
- Respondents reporting **multiple** disabilities/chronic conditions (three 42.1%, four and over 44.4%) were more likely to report having difficulty accessing support during their training, compared to those with one condition (10.0%) (see Figure 10.1).



Figure 10.1: Respondents facing barriers to support while on placement by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Respondents who shared that they did face **barriers** to support during EMS/IMR or workplace-based training were asked to describe them in their own words.

A frequent response was that their training providers had a poor understanding of their health issues, and this impacted the support they were given. This led to assumptions of ability and, in some cases, discriminatory behaviour from managers or colleagues. A few respondents shared that they had to educate their training provider on their condition, but the majority were not given similar opportunities.

Misunderstanding what things mean or certain people having an expectation of what someone should be able to do.

Veterinary student

I explained to my line manager and coach right at the beginning that I struggle with anxiety and was told they've never had a student with this before. I offered to answer any questions so I can get good support and they can feel more comfortable which was never done.

Student veterinary nurse

The general lack of understanding of these conditions means placement providers are not aware of them.

Veterinary student

I haven't ever been given the platform to tell an EMS provider that I have ADHD, also outdated views on it just being laziness or made up/everyone has it these days'.

Veterinary student



Respondents also shared that **poor communication** led to poor support during training. This was apparent in respondents' frustrations about communicating their health concerns, and the high expectations that training providers held:

Again hard to open up about problems, especially to strangers in a close-knit workplace.

Student veterinary nurse

Feeling judged if I tried to advocate for myself, miscommunication.

Student veterinary nurse

This led to some respondents sharing that they **did not disclose** their disability and/or health condition to their training provider. This tended to be due to the fear of getting 'kicked off' their placement or fearing poor treatment:

I feel I may be treated badly by EMS providers if I reveal I am autistic.

Veterinary student

I am afraid placements will cancel when they find out I am disabled.

Veterinary student

Scared to mention issues I have as I have known other students be called in for fitness to work if they do.

Student veterinary nurse

Some respondents had experienced a **lack of reasonable adjustments**. Many were not given the opportunity to receive reasonable adjustments, and this sometimes meant that they were not able to complete the necessary tasks to a specific level or, in some cases, at all. This led to additional stress for some as they tried to complete the training hour requirements:

I contacted every provider prior to booking/starting to ensure they were aware of my conditions and to check reasonable adjustments could be made but many of them couldn't even provide a chair/stool or rest breaks when I arrived.

Veterinary student



Not enough breaks, being told to go home when I felt unwell, struggled to meet RCVS hour requirements.

Student veterinary nurse

Although I had filled in a reasonable adjustments form for EMS and this had been sent to the practice, they had not seen it and therefore none of the adjustments that I had asked for had been put in place.

Veterinary student

It's not mentioned anywhere – I do not know if any support exists.

Veterinary student

10.3 Enablers of support while on placement

Respondents in education were asked if there were any factors that **enabled** them to access support for their disability/chronic condition during EMS/IMR or workplace-based training. A relatively low 22.4% of respondents reported enablers; those with three (28.4%) or four or more (25.8%) disabilities/conditions were somewhat more likely than average to report enablers.

Those who said that they did identify **enablers** of support during EMS/IMR or workplace-based training were asked to describe them in their own words. The enablers included support from **specific individuals and groups** from a range of institutions. These supporters included: university support staff; occupational health services; advocates from support groups and from Vetlife; peer support; online support groups; managers, practice owners/managers and coaches; and mental health first aiders.

Other respondents shared how being **open** with others about their disability/chronic condition, and how it affected them at work, helped them to access support. By using a health passport to help with disclosure of needs, they could access more reasonable adjustments at work:

Document summarising my difficulties and needs was sent to each practice I did a placement with.

Veterinary student



Completing a pre-placement health/info form enabled me to open the discussion about my conditions.

Veterinary student

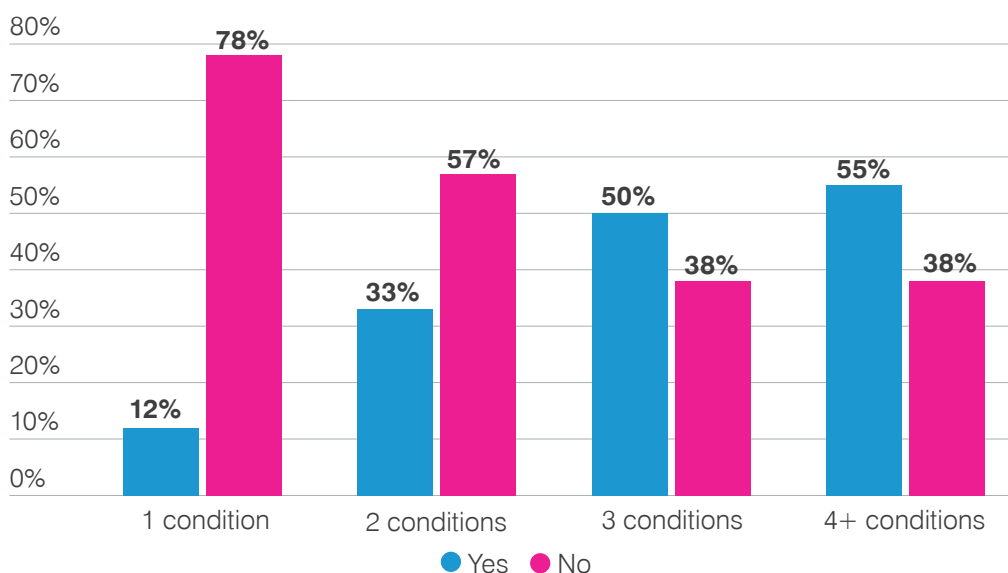
10.4 Support at work

10.4.1 Barriers to support

Respondents who were working were asked if they had experienced any **barriers to accessing support** associated with their disability/chronic condition at work, and a little over one-third (36.1%) shared that they had.

- Around one half of **female** (49.9%) and one third of **male** (33.1%) of respondents shared that they faced barriers to support at work.
- A somewhat higher proportion of respondents **without managerial responsibilities** (37.1%), compared to managers (32.6%), shared that they encountered barriers to support at work.
- **12.3%** of respondents with **one condition** reported encountering barriers to support, whereas nearly half (55.2%) of respondents with **four plus conditions** reported encountering barriers (see Figure 10.2).

Figure 10.2: Perceived barriers to support at work by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



- When analysed by condition type, over one-third of respondents with a chronic illness (38.3%) reported barriers to work, as did 40.3% of respondents with a physical disability. Nearly half of respondents with a mental health condition (46.7%) or who identified as neurodivergent (44.7%) reported facing barriers.

Respondents who said they did face barriers to support were asked to provide further information about the barriers they had experienced, using their own words. Poor understanding of disabilities/chronic conditions was a common barrier, as it had been for those in education. A “lack of understanding from employer” about their condition was raised as a barrier as this meant that they were unable to provide relevant information, guidance or support.

Long delays, poor understanding from management about the disability itself and about the implementation of reasonable adjustments.

Veterinary surgeon

Employer not understanding conditions and how they affect my working life.

Veterinary nurse

Staff and line manger didn't understand or care.

Veterinary nurse

No understanding into the problems I was facing and no attempt to help.

Veterinary surgeon

Colleagues not being aware of ADHD symptoms and the way my brain works. Also not being kind or considerate about my ADHD during feedback.

Veterinary nurse

Respondents also highlighted “**employer resistance**”, with one respondent describing how their line manager was “unnecessarily obstructive” when arranging support after time away from work. Another respondent described their employer as “**slow**” and suggested that employer **procrastination** is another issue. This barrier stemmed from a lack of understanding and assumption of ability.

Some respondents felt that support was hard to access because it is **hard to ask or talk** about their health with others. One respondent “felt unable to discuss it” and others thought that it could be bad to say that they are struggling or need help. Some thought this was related to



previous negative experiences when sharing information about their health or asking for help, or in some cases, not believed.

Management didn't believe me. Would actively use it against me and single me out in situations.

Veterinary nurse

Not being taken seriously, not being listened to when I asked for help.

Veterinary surgeon

Whilst it's been talked about, I don't feel that it's 'OK' to say I'm struggling just because of menopause.

Veterinary nurse

A general **lack of information or signposting** to help was also highlighted as a barrier to support. One respondent described getting any help as “very complicated”, while another explained that they “did not know there was any support initially”.

No support, no understanding, lack of knowledge.

Veterinary nurse

I have no idea who to contact, who to speak to get things sorted.

Veterinary surgeon

Not having a diagnosis was also identified as a barrier to accessing support:

Lack of an accurate diagnosis can be an issue, as well as long waiting times for tests/treatment. I appreciate if you don't know what is causing the problem, it becomes hard to put the right support in place.

Veterinary surgeon

A worry over **potential stigma or being judged** also caused barriers for respondents at work. One described the “fear of being judged or treated differently” as a barrier to accessing support. Some had had **bad experiences with previous employers** and this prevented them from sharing with their employer and colleagues.

Perceived barriers and previous enormously negative experiences and discrimination encouraged me to keep my head down and minimise any requests or need for support.

Veterinary surgeon



Stigma; threat of my "fitness to practise" being called into question... A belief that the reason I wasn't coping was because I'm useless.

Veterinary surgeon

Respondents also shared how a lack of time has also been a barrier to accessing support. A high workload and busy rota were cited as barriers, with one respondent sharing "having enough people to make changes possible" as a potential reason why support is hard to access.

Hours were long and inflexible so hard to make appointments... I was scared as well as tired and unwell.

Veterinary surgeon

I had issues with having to take time off with menopause related issues. My bosses failed to see that prior to this I had taken almost zero days off in 15 years of working for them.....and days are unpaid and I struggled. My mental health suffered and still does as a result.

Veterinary nurse

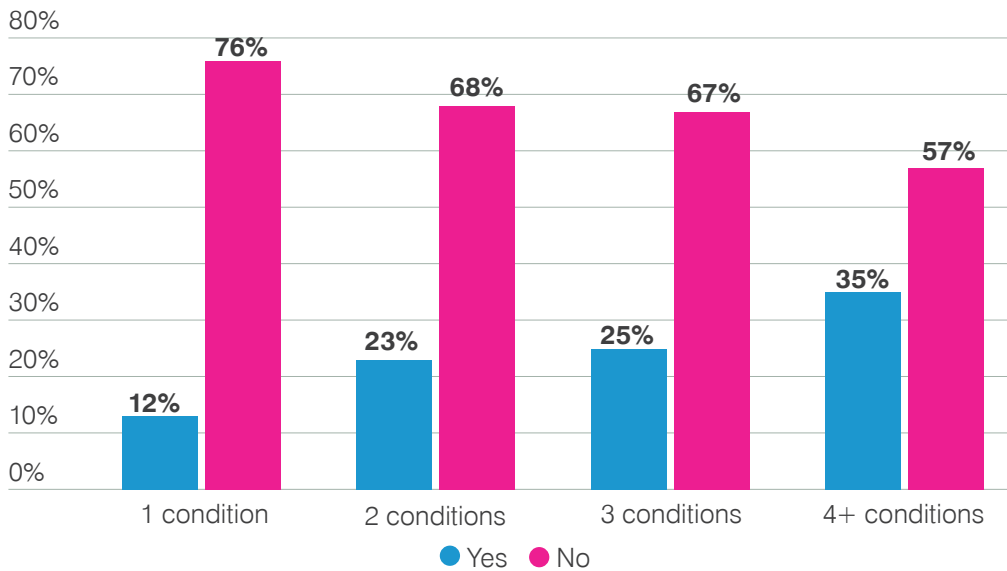
10.5 Enablers of support

Respondents at work were asked if they had experienced any enablers that helped them access support associated with their disability/chronic condition at work. Around **one-quarter** (23.4%) of respondents shared that they had accessed enablers to support at work.

- **Nearly a third** of respondents from **charities** (30.3%) shared that they had encountered enablers to support, while only 24.0% from corporate or out-of-hours practices, 22.0% from veterinary schools and 19.9% from independent practices had done so.
- Using enablers to gain support increased in line with the number of conditions: **13.4%** of respondents with **one condition** reported encountering enablers, whereas **nearly a third** (35.3%) of respondents with **four or more conditions** reported doing so (see Figure 10.3).



Figure 10.3: Perceived enablers of accessing support, by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Respondents who shared that they had encountered enablers were asked to provide more details, using their own words. A small number shared that they **sourced their own support** as they are self-employed or practice owners; however the majority found enablers elsewhere.

External charities and organisations, including British Veterinary Chronic Illness Support (also known as Veterinary Spoonholders UK), were sources of enablers for some respondents, including associations for specific conditions and cancer helplines. One respondent explained how they got information from a charity to help inform reasonable adjustments:

Employment advice charity who helped me write out a plan to hand in to work requesting reasonable adjustments.

Veterinary nurse

Macmillan support line helped with understanding reasonable adjustments and provided literature for me and my employer.

Veterinary nurse

Support from unions and training as a union H&S [health and safety] representative has allowed me to develop my understanding of legislation in this area and of best practice.

Veterinary surgeon



Support/advice from peers via BVCIS gave me a better understanding of chronic illness and the confidence to persevere with my requests to my employers re OH assessment.

Veterinary surgeon

Respondents also shared a variety of sources of information and support, including **friends, family, colleagues and managers**. Being able to speak with others who have had similar experiences or knowledge helped respondents access support.

Having disabled friends who were very knowledgeable surrounding my rights.

Veterinary nurse

Support of my professional partners.

Veterinary surgeon

Additionally, guidance from **medical professionals** and **occupational health** were highlighted as important enablers of support. Accessing occupational therapists, counsellors and private medical insurance all enabled respondents to access information and support that would help them to access support at work. Additionally, having a **diagnosis** helped respondents to access support. This external support also helped respondents to access **financial support**, including the Access to Work scheme and health benefit schemes, which may provide additional equipment or access to private medical support.

Manager and **employer support** and **understanding** were also important enablers for respondents to access support at work.

Management put much effort to make facilities as accessible as possible and informed me about access to work scheme.

Veterinary surgeon

Manager and boss very understanding.

Veterinary nurse

Willingness to pay for a councillor. One of the line managers has training in mental health and is more sympathetic compared to the rest of the team in helping me with my limitations, but even with this, there are some deficits in understanding that there are some things I just cannot do.

Veterinary surgeon



Open communication between respondents and managers or employers was very important. One respondent shared that they would “talk to colleagues who can help make changes” which enabled them to access support at work.

Once they understood I was dyslexic they stopped mentioning my poor spelling.

Veterinary surgeon

The staff that I work with every day – nurses, animal care staff, reception have been very supportive of me, as I am for them. The team ‘on the ground’ is great – no big deal about menopause – just asking the question – what do you need today?

Veterinary surgeon

10.5.1 Support from colleagues

Respondents were asked about the extent of their agreement that ‘**Work colleagues have been helpful when/if I needed support at work due to my chronic illness/condition and/or disability**’ on a five-point scale. The average score for this statement was 3.70, a clearly positive level of agreement.

- Respondents with **higher comorbidity** (3 conditions 3.61; 4+ conditions 3.60) were somewhat less likely to agree than those with one (3.91) or two (3.74) conditions, although they were still clearly positive.
- Respondents with a **chronic** (3.70) or **physical** (3.71) condition were somewhat more likely to agree than for respondents with a mental health condition (3.61) or who identified as neurodivergent (3.58).
- Respondents working **within clinical veterinary practice** (3.78) were a little more likely to agree compared to those working outside clinical practice (3.64).
- Respondents working in **independent practices** (3.76) or **corporate and out-of-hours practices** (3.79) were somewhat less likely to agree than those working in charities (3.97) or veterinary schools (3.94).

10.5.2 Support from managers

Respondents were asked about the extent of their agreement with the statement ‘**My line manager/s have been helpful when/if I need support at work due to my chronic illness/condition and/or disability**’ on a five-point scale. The average score for this statement



was **3.31**, a **positive** agreement level of agreement with the statement, but notably less so than for the statement about colleagues reported in Section 10.5.1 above.

- Respondents with **managerial responsibilities** (3.46) were more positive than those without such responsibilities (3.27).
- Respondents with **higher comorbidity** (3 conditions 3.14; 4+ conditions 3.11) were noticeably less positive than those with one (3.65) or two (3.64) conditions.
- Respondents working in **independent practices** (3.41) or **corporate or out-of-hours practices** (3.35) were less likely to agree than those working in charities (3.73) or veterinary schools (3.63).



11 General views about support

Chapter summary

- When asked to assess whether their support overall was good, respondents tended to return average scores ranging from somewhat negative (ie they disagreed that their support was good), through neutral, to slightly positive (ie they agreed their support was good, but their agreement was not strong).
- Frequently cited sources of support were family and friends, with most support saying they had support close by.
- There was a shared belief across all respondent groups that people with a disability/chronic condition needed additional support to complete their studies and work duties.

This chapter covers respondents' experiences of support more generally (ie not specifically related to education, being on placement and being at work). This includes the sources of support and proximity of the support network.

11.1 Overall views about support

Respondents were asked about the extent of their agreement with the statement '**I feel I receive good support for my chronic illness/condition and/or disability**' on a five-point scale. The average score for this statement was **3.03**, indicating **neutral to slightly positive** agreement. When analysed by respondent group, it was clear that all groups ranged from somewhat negative, through neutral, to slightly positive in their response to this statement.

- Respondents from **ethnic minority backgrounds** (black & black British 2.87; mixed or multiple ethnic backgrounds 2.84; other ethnic background 2.69) were **less likely** to feel that they received **good support** compared to white respondents (3.04).
- **Veterinary surgeons** (2.98) were somewhat **less likely** to agree with the statement than other roles (veterinary nurse 3.07; veterinary student 3.10; student veterinary nurse 3.15).



- Respondents with **multiple conditions** (2 3.12; 3 2.84; 4+ 2.81) are less likely to think the **support is good** compared to those with one condition (3.43).
- Respondents with a **mental health** condition (2.88) or who identify as **neurodivergent** (2.87) did not feel that they received good support when compared to those with a chronic illness (3.02) or physical condition (3.00).

11.2 Require additional support?

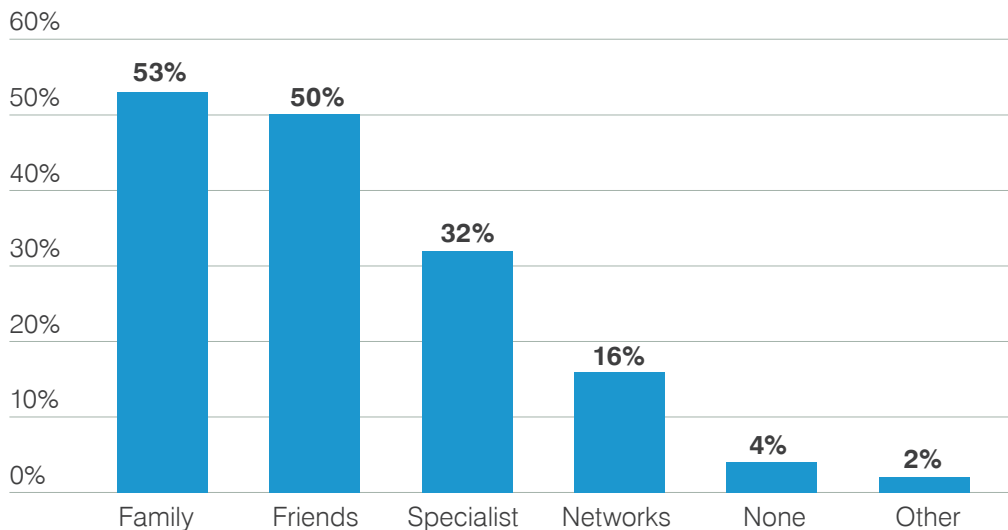
All respondents (ie not only those with disabilities/chronic conditions) were asked about the extent of their agreement with the statement that **'colleagues or peers with a chronic illness/condition and/or disability require additional support to fulfil their studies or role at work'** on a five-point scale. The average score for this statement was 4.01, indicating a **high** level of agreement overall with the statement.

11.3 Sources of support

Respondents who reported having a disability/chronic condition were asked what **sources** of **formal** or **informal support** they had access to (see Figure 11.1). The most frequently-mentioned types of support were **family** (53.3%) and **friends** (50.2%).



Figure 11.1: Sources of formal or informal support for respondents with a disability/chronic condition



Note: Percentages add up to more than 100 because respondents were able to select all sources that applied to them.

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- The most frequently-mentioned sources of support for both **female** and **male** respondents was family (55.2% and 45.0% respectively), whereas friends (81.3%) was the source most frequently-cited by **non-binary** respondents.
- **Family** was the most popular source of support for all four role types: veterinary surgeons (56.0%), student veterinary nurses (54.7%), veterinary students (53.1%) and veterinary nurses (50.9%).
- When analysed by condition, **family** was the most popular source of support for respondents with a **chronic** condition (71.6%), **physical** condition (73.9%) or **mental health** condition (70.5%), but friends was the most popular source for respondents identifying as **neurodivergent** (68.7%).

Other support sources

Those who said they had 'other' sources of support were asked for further detail, and 71 respondents provided this. Most of these respondents explained that they **did not have any sources of support** or had to support themselves, although some explained that they **did not feel they required any support**.

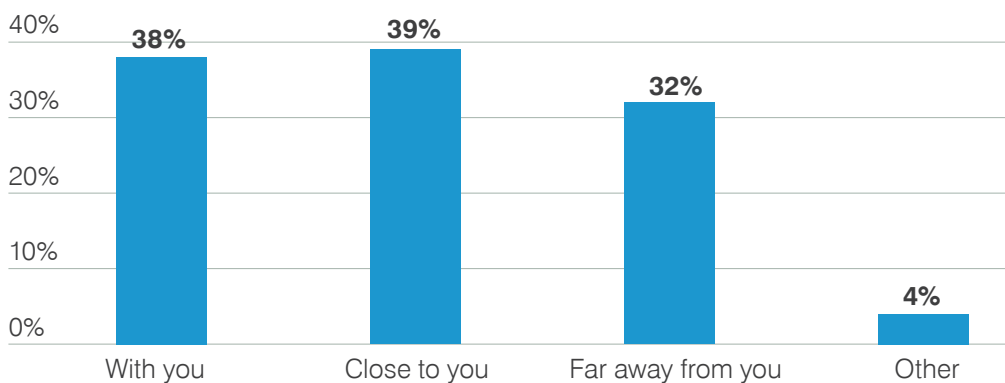
The remaining respondents who selected 'other' shared that they received **formal support** from **medical professionals** or **occupational health**, while the support they received from family, friends and partners was **informal**.



11.4 Proximity of support network

Respondents were asked where their **sources of support lived**, to understand the proximity of their support network. Respondents were able to share the proximity of all types of support they had access to (see Figure 11.2). The most common proximity of the support network was **'close to you'** (39.2%), followed by **'with you'** (38.0%).

Figure 11.2: Proximity of respondents' support networks



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- For **male** respondents, the most common proximity of support was **'with you'** (34.2%), whereas **'close to you'** was the most common for **female** and **non-binary** respondents (41.7% and 66.7% respectively). On average, male respondents were older (average age 49.8 years) than female respondents (average age 36.3 years) so may have been more likely to have a spouse or partner that they lived with.
- **'Close to you'** was the most frequently-cited proximity for **veterinary nurses** (45.7%) and **student veterinary nurses** (37.1%), whereas **'with you'** was the most frequent for **veterinary surgeons** (36.2%). **'Far away from you'** was most frequent for veterinary students (46.6%), perhaps due to these students having to move away from their families to attend veterinary school.
- **'Close to you'** was also the most common proximity for **all condition types**: mental health condition (55.1%), chronic condition (53.1%), physical condition (52.9%) and individuals who identify as neurodivergent (51.3%).



12 Occupational health

Chapter summary

- Nearly half of respondents (49%) had access to occupational health services at work, but only 16% had actually used them; one-quarter (25%) did not have access.
- There was better understanding and use of occupational health services amongst respondents who were managers and those with higher comorbidity.
- Access was typically quick, but experiences were very mixed. Some respondents described occupational health services positively, for example, supportive and quick, while others described them negatively, for example, as invasive or unhelpful.

This chapter describes respondents' access to, and experiences of, occupational health services.

12.1 Awareness of, and access to, occupational health

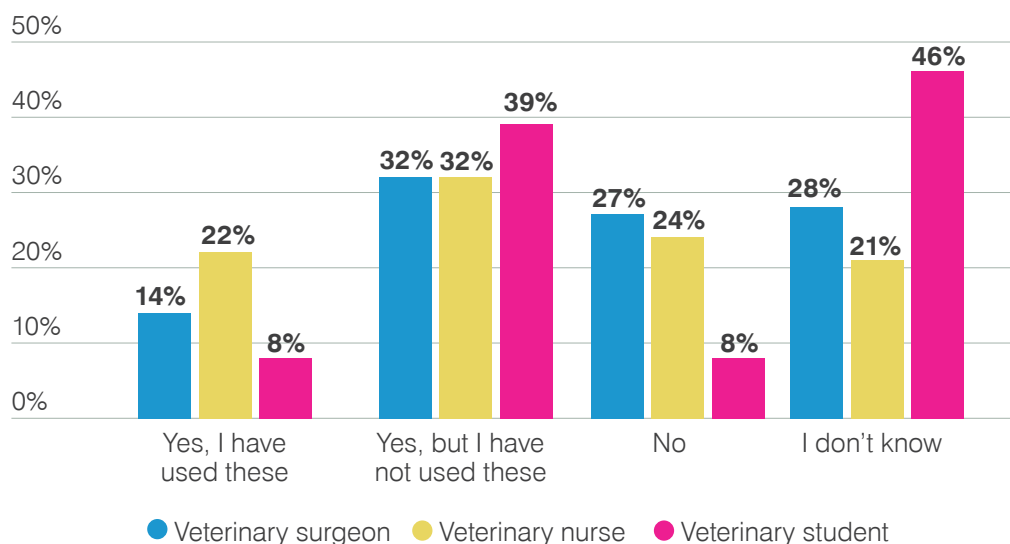
All respondents at work were asked whether their education provider/workplace provided **access to occupational health (OH) services**. Around half (48.9%) had **access** to OH services, although a much **smaller** proportion of respondents (16.4%) had **access and had used** the services.

Around a **quarter** of respondents (25.4%) **did not have access** to OH services and another **quarter** of respondents (25.7%) **did not know** whether they had access or not.

- A higher proportion of **female** respondents (17.4%) compared to male (12.8%) or non-binary (10.5%) respondents had **used** OH services.
- Fewer respondents working **within clinical veterinary practice** had **access** to (33.3%) OH services, compared to **over half** (50.9%) of those working **outside clinical veterinary practice**.
- Figure 12.1 shows how different **roles** varied in their access to, and use of, OH services, and shows that veterinary nurses were notably more likely than veterinary surgeons to have used OH services, and that veterinary students were the least likely to have used the services, and the most likely not to be aware of them.



Figure 12.1: Respondents' awareness and use of OH services by role



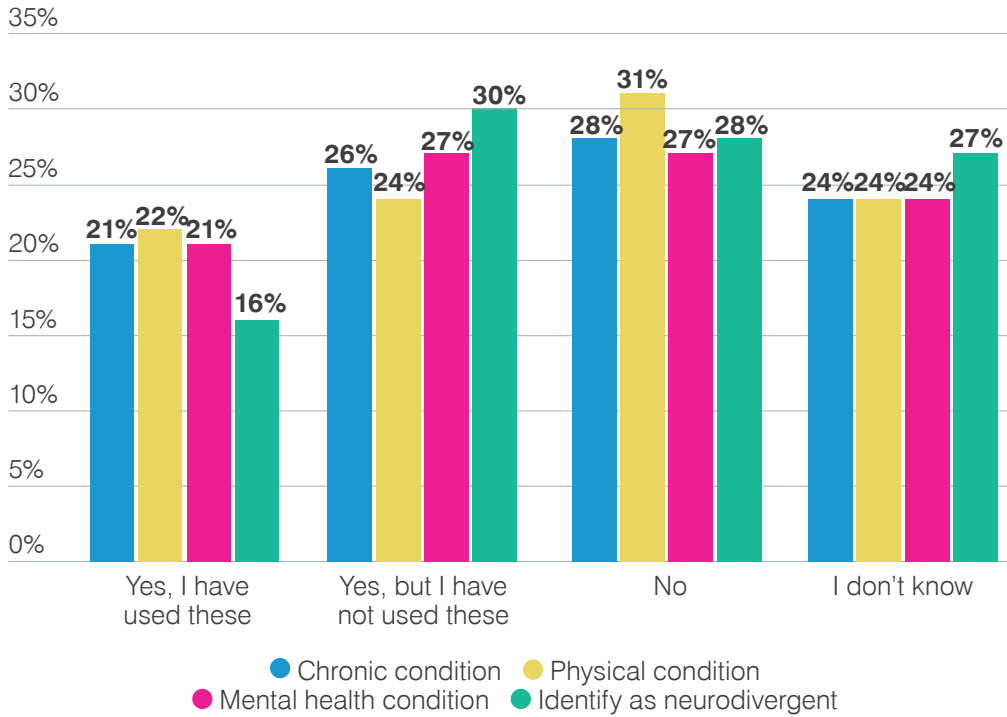
Note: Student veterinary nurses have not been included as their numbers were too small.

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- **Nearly half** of those with **managerial responsibilities** (45.8%) were **aware** of OH services but had **not used** them, while only a quarter of those without managerial responsibilities (26.6%) had the same experience.
- Overall 19.1% of respondents **with a disability/chronic condition** had used OH services and another 27% were aware of OH services but had not used them.
- A slightly higher proportion of respondents with **more than one disability/chronic condition** had **used** OH services (2 21.1%; 3 23.0%; 4 21.1%) compared to those with one condition (15.4%). Figure 12.2 below shows how respondents with **different disabilities/chronic conditions** varied in their access to, and use of, OH services; this figure suggests that use of the services was fairly consistent across disability/condition types, although those with a mental health condition were a little less likely to have used the services.



Figure 12.2: Respondents' use of OH services by condition type



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

12.2 Waiting times for occupational health

Of the respondents who had used occupational health (OH) services **over half** of respondents (53.6%) had accessed OH services within **less than a month**, with around a third (31.5%) of respondents waiting between **one-to-three months**.

- A somewhat higher proportion of **male** respondents (61.7%) had accessed OH services within less than a month compared to female respondents (52%).
- A somewhat higher proportion of **veterinary surgeons** (58.9%) had accessed OH services within less than a month compared to veterinary nurses (46.9%).
- A notably higher proportion of respondents **without a disability/chronic condition** (72.1%) reported accessing OH services within less than a month compared to those **with** a chronic illness and/or disability (51.4%).
- A somewhat higher proportion of respondents with **managerial responsibilities** (60.9%) had accessed OH services within less than a month compared to those without managerial responsibilities (51.6%).



- Respondents with **higher comorbidity** (2 54.5%; 3 47.1%; 4+ 31.7%) were notably **less likely** to have access to OH services within less than a month compared to those with one condition (72.4%).
- Around **half** of respondents with each **condition** type had accessed OH services within a month – physical (45.1%), respondents who identify as neurodivergent (45.5%), mental health (47.9%) and chronic (50.7%).

12.3 Experiences of occupational health

Respondents who had accessed OH services were asked to **describe their experience** of the support they received. The responses and experiences were **very varied**, so have been divided into positive (44.1%), mixed (28.0%), and negative (28.0%) groups.

Positive experiences

Respondents who were positive about the OH services described their experience as “**supportive**”, “**helpful**” and “**good**”. Others found they were quick and easy to access. Examples are:

*Occupational health clinicians were very supportive...
I remain grateful for their support.*

Veterinary surgeon

Excellent, caring and helpful, informative, and referring me to others as needed.

Veterinary surgeon

Useful in helping me to decide to focus on my health rather than career.

Veterinary surgeon

Very good as able to get phone help and sessions in under one week with them.

Veterinary nurse

They were good at listening and useful suggestions were made as I was newly diagnosed and didn't know what I needed.

Veterinary surgeon

Very quick and easy to access.

Veterinary surgeon



Many had received support that helped them to **get support** and **reasonable adjustments** at work, for example:

Occupational health was brilliant and helped me get allowances at work.

Veterinary nurse

Respondents also shared that OH services were **knowledgeable** and provided **good advice** and **guidance**, for example:

Really good, they were really helpful and knowledgeable and advised changes required.

Veterinary nurse

Insightful into how previous counselling hasn't worked and how best to move forward.

Student veterinary nurse

Mixed experiences

Other respondents had **mixed** or **neutral** experiences with OH services. Respondents who had engaged with different services shared that some OH professionals provided a good service, while others were less knowledgeable, or were helpful for certain conditions but not for others. This variation in experience also appeared to depend on the OH professional and their knowledge.

Good for physical health, but terrible for mental health (stress) experienced in previous role.

Veterinary surgeon

Variable. The first assessment was not very informative. The latest assessments have been very thorough and showed a very good understanding of my situation.

Veterinary surgeon

The first one was bad, they didn't listen to me whatsoever. The second one was good, but my workplace didn't listen to them properly.

Veterinary surgeon

Negative experiences

Respondents who had negative experiences of OH services described their engagement as "**invasive**", "**unhelpful**" and "**poor**". These respondents shared that they felt the professional with whom they engaged was **not knowledgeable** about their condition, meaning they were unable to provide specific support or information. For example:



Very negative. Occupational Health services had zero understanding of my condition.

Veterinary surgeon

Pretty useless. I had to wait too long for it to be of any use, by the time I spoke to them I already had to cut my hours and my anxiety was through the roof.

Veterinary nurse

Superficial, poorly generalised, remote and only a stepping stone to advise to seek further support.

Veterinary surgeon

The occupational health therapist had no knowledge of my condition, was obsessed with my service dog and wouldn't stop harassing him. The appointment was useless and made me miss school. The appointment was also biased with a goal of reminding me my life will be so hard as a vet and did I really wish to continue?

Veterinary student

Others thought that their engagement with OH services was “driven by employer’s agenda” and was for the **employer’s benefit** rather than their own. These respondents felt that the most important outcome from engaging with OH should have been the action that is taken by their employer, but this was sometimes poor or non-existent:

...the important bit is how the employer reacts to the recommendations.

Veterinary surgeon

Felt like a box ticking exercise by my employer.

Veterinary surgeon

My only involvement with occupational health services was being sent to see an occupational health specialist, to assess my ability to work with my condition and my ongoing viability as an employee. There was no support offered. It was left to me to pull the plug on my career when I felt the risk to patients was becoming too great.

Veterinary surgeon

Each time I was assessed by an occupational health physician ... a report was sent to HR & the clinical director. All these reports were ignored.

Veterinary surgeon



Some respondents shared that the OH recommendations were **not listened** to by their employer so felt that engaging may have been futile:

Occupational health were very supportive but seemed to have little real influence with my department.

Veterinary surgeon

Okay but work didn't accommodate for the change that would have helped the most.

Veterinary nurse

The recommendations they gave my employer were very basic, and my employer did not follow them very well at all, so I continued to struggle and eventually left that practice.

Veterinary surgeon



13 Experience of reasonable adjustments

Chapter summary

- Over-half of respondents were aware that they could have reasonable adjustments, with veterinary students and managers most aware. A similar proportion had been offered reasonable adjustments.
- Reasonable adjustments typically focused on tasks, physical work, equipment, environment and working hours.
- The overall average view was that reasonable adjustments were slightly effective.

This chapter covers respondents' awareness of reasonable adjustments, and the provision and effectiveness of reasonable adjustments provided to respondents while in education and at work.

13.1 Awareness and provision of reasonable adjustments

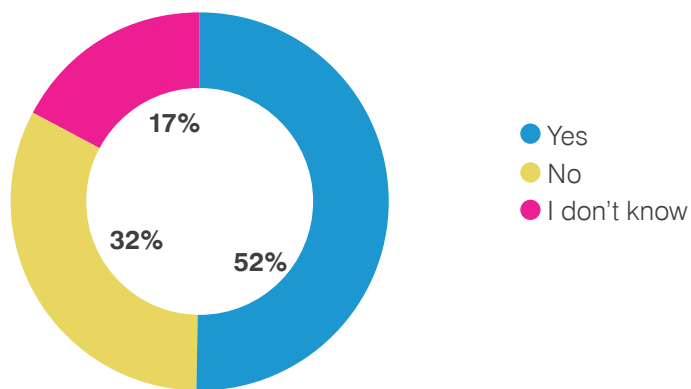
When respondents were asked whether their workplace or education provider offered to make reasonable adjustments to enable them to carry out their studies or role, **over half** (51.7%) were **aware** that these adjustments could be offered to them. However, around **one third** (31.6%) did not know if their workplace or education provider offered these, and a **substantial minority** (16.7%) said that reasonable adjustments were not offered (see Figure 13.1).

- A higher proportion of **veterinary students** (68.6%), compared to veterinary surgeons (47.8%), student veterinary nurses (50.2%) and veterinary nurses (52.0%), had awareness of reasonable adjustments.
- More respondents with **managerial responsibilities** (65.7%) were aware of reasonable adjustments, compared to those without managerial responsibilities (42.9%). However, this indicates that one-third of managers were not aware.
- **Two-thirds** (66.8%) of respondents who worked **outside clinical veterinary practice** were aware of reasonable adjustments, compared to a notably lower **half** of respondents (49.3%) working **within clinical veterinary practice**.



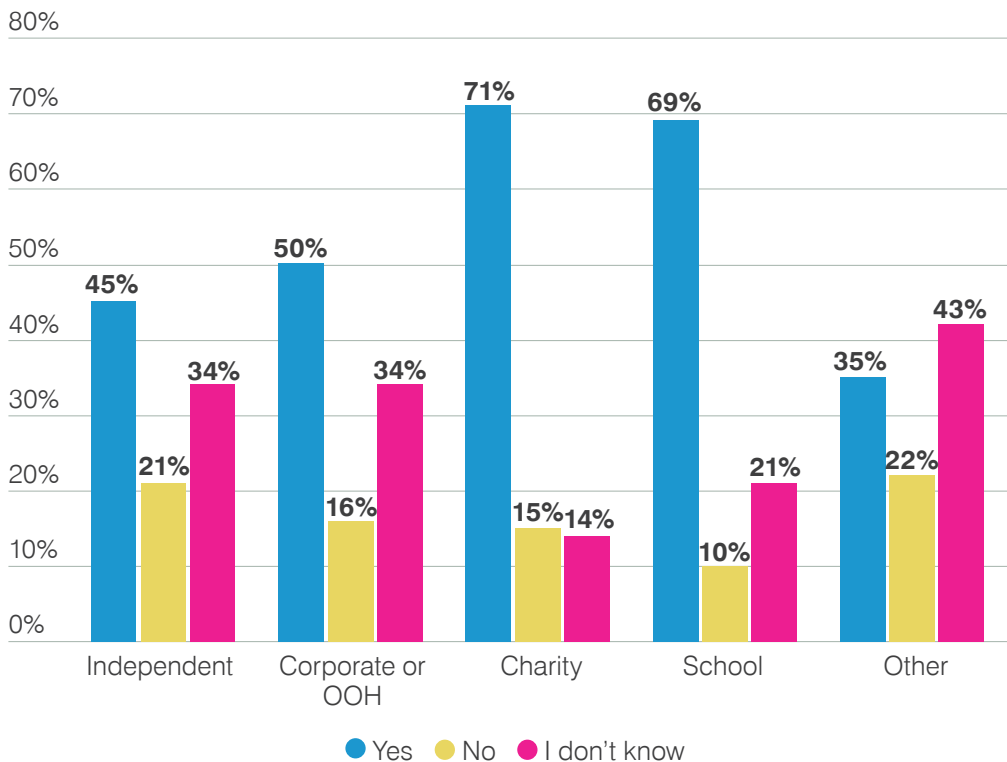
■ A higher proportion of from **veterinary schools** (68.6%) and **charities** (70.9%) knew that **reasonable adjustments were available** to them, than those from independent (45.4%) or corporate (49.9%) practices. Figure 13.2 shows how awareness varied across practice type.

Figure 13.1: Provision of reasonable adjustments



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Figure 13.2: Awareness of reasonable adjustments by organisation type



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



13.2 Offer of reasonable adjustments

Those who said reasonable adjustments were available through their workplace or education provider were asked whether they had been **offered** these when needed. **Over half** (51.7%) of respondents shared that they had been offered adjustments.

- A somewhat **smaller** proportion of **veterinary surgeons** (49.2%) than other roles (veterinary nurses, 53.1%; veterinary students, 54.4%; student veterinary nurses, 56.7%) were offered adjustments.
- Slightly more respondents with **managerial responsibilities** (55.3%) were **offered** adjustments compared to those without managerial responsibilities (48.4%).
- With **increasing comorbidity**, respondents were somewhat **less likely** to have been offered adjustments, although the differences were not major: 1 condition 56.0%; 2 53.8%; 3 51.9%; 4+ 49.4%).
- Around half of respondents with all types of condition shared that they had been offered adjustments: identify as neurodivergent (47.8%), mental health (50.3%), chronic illness (52.6%) and physical condition (53.4%).

13.3 Effectiveness of reasonable adjustments

Respondents who were offered reasonable adjustments were asked how effective these were on a five-point scale (1 ineffective – 5 very effective). The average score for this statement was **3.25**, suggesting that offered reasonable adjustments were somewhat effective. Further analysis showed only small differences among respondent groups:

- **Female** respondents (3.22), on average felt the reasonable adjustments offered were somewhat **less effective** than **male** respondents (3.38).
- **Student veterinary nurses** (3.42) felt that reasonable adjustments offered were more **effective** compared to veterinary students (3.05).
- **Managers** (3.42) felt, on average, that the reasonable adjustments offered were somewhat **more effective** than those without managerial responsibilities (3.19).
- Respondents with four **or more conditions** (3.09) felt that reasonable adjustments offered were somewhat **less effective** than those with one (3.17), two (3.31) or three (3.24) conditions.



13.4 Types of reasonable adjustments

Those who said that reasonable adjustments had been offered were asked what types of reasonable adjustments had been made. Generally, offered reasonable adjustments met multiple needs, or respondents listed multiple arrangements that allowed them to study or work.

Many of the reasonable adjustments offered were **task related**. Some respondents shared that they were exempted from certain tasks at work, especially those that they struggled with, while others had control or flexibility over which tasks they completed and when. Examples include:

Weight limits, adjusted working hours, shift buddies, no lone working.

Veterinary nurse

I tell them when I feel I can't do something allocated to me.

Veterinary surgeon

If I am feeling unwell they will try to send me home or if I am struggling they will always try to help by making me do 'less' floor work and more lighter work.

Veterinary nurse

Certain aspects of my role I do not undertake if it would make my skin worse.

Veterinary nurse

For some, this involved doing **less physical work**, typically lifting heavy animals or tasks that involve a lot of standing. The reasonable adjustments offered included having a chair available, regular breaks or colleagues who were able to support, for example:

I cannot lift heavy animals so they've adapted it so I don't do this.

Student veterinary nurse

Allowed me to go part time so I could better cope with the physical elements and allowed me to do solely office-based work one day a week.

Veterinary nurse

Assistance with lifting heavy objects and stools to sit on in consultation room.

Veterinary surgeon



Others shared that they had been offered **equipment** as part of their reasonable adjustments. This included chairs, personal protective equipment (PPE), laptops with specific software and noise-cancelling headphones. This equipment was varied amongst respondents but showed the range of requirements and equipment available, for example:

Getting me a seat to sit on when needed /rest breaks as required.

Veterinary student

Providing stools in prep area and theatre.

Veterinary nurse

Noise-cancelling stethoscope, stool in consult rooms, team careful to help me lift, able to attend appointments, thermostatic radiator valve so I can control temperature in the consulting room.

Veterinary surgeon

Using computer for exams.

Veterinary nurse

A small number of respondents said that having **funding** available to them allowed for reasonable adjustments to be put in place:

[Having my] CPD fully funded.

Veterinary surgeon

Other respondents stated that reasonable adjustments had been made to their working **environment**. For some, this meant working in a specific office that was quieter or had adjustable lighting. Others had specific desk arrangements, for example desks that faced the wall. Some had the option to work from home for certain parts of their work. Examples included:

I am able to work from home if I am having a painful day, on premises I have plenty of chairs to sit on and a great team who support me.

Veterinary nurse

Noise-cancelling headphones, quieter office, more predictable schedule, occasional working from home if possible.

Veterinary surgeon



Students shared that they were able to do their exams in smaller, quieter rooms with minimal distractions:

I am provided with a smaller room for exams and graded presentations as well as extra time to sit exams.

Veterinary student

Other respondents had changed their **working pattern** or **reduced** their **working hours** as a reasonable adjustment. Many described how flexible working hours and phased returns to work were helpful when managing their symptoms, while others had changed their working pattern to be part-time or better suited to their needs. Examples include:

They allowed me to change from full-time to part-time.

Veterinary surgeon

Setting up a working pattern to suit.

Veterinary surgeon

Changed the rota or asked other colleagues to cover.

Veterinary surgeon

Many also had the option to take **time off** (paid and unpaid) to attend medical appointments and to take medication or have treatment:

*Offer to give me longer (but unpaid) breaks if needed.
Happy to reduce hours to three days a week.*

Veterinary surgeon

Understanding when having to take time off. Flexibility with shifts / breaks when needing to collect medication or have therapy sessions.

Student veterinary nurse

Collaborating with others during work and in education was helpful for some respondents both in getting help and implementing reasonable adjustments. This support could be from colleagues, managers or medical professionals, and included support for completing physical tasks at work and managing symptoms that could impact on day-to-day functions. For example:

Collaboration with people who can help me when I need help.

Veterinary surgeon

Help for specific jobs that I knew would cause pain eg second vet to help out.

Veterinary surgeon



Before I had my operation was assigned a helper to hold big dogs etc, and help lifting onto table.

Veterinary surgeon

Some students shared that a reasonable adjustment for them was having **extra time** to complete tasks. This was implemented for exams and having extensions for assignment deadlines:

Allowed extra time during exams. Have had extended time with some assignments.

Student veterinary nurse

13.5 No reasonable adjustments

Those who said that reasonable adjustments were not offered to them were asked why this happened. There were multiple reasons given by respondents.

Some respondents felt that their workplace or education provider was **resistant to change** and unwilling to make adjustments:

They just wouldn't change or adjust anything. Even though it was clear I was struggling with the workload, hours and studies.

Veterinary nurse

Although the employer is good, I have been asking for modifications to the conjoined consult rooms for a number of years (long before my own diagnosis) and this has never happened.

Veterinary surgeon

Some felt that this was the result of a **lack of knowledge or understanding** of disability and chronic illness from their employer:

Because they didn't understand ADHD and didn't take me seriously when I asked for adjustments to be made, instead I was faced with judgement and discrimination.

Veterinary nurse



My preclinical dean accused me of being lazy when I was suffering with chronic fatigue and was under hospital care and treatment!

Veterinary surgeon

Lack of understanding of needs.

Veterinary nurse

The understanding of neurodivergence wasn't there.

Veterinary nurse

Other respondents felt that a **lack of time, high workloads, costs**, and **staff shortages** were the reasons why they reasonable adjustments had not been implemented:

Lack of time in a busy practice.

Student veterinary nurse

Costs? Making adjustments to enable me to continue in some of my role as a veterinary surgeon would have required a second staff member to work alongside me some of the time, and require other colleagues to pick up the things I could not do, such as operating. This is not viewed as profitable by the current profession.

Veterinary surgeon

Not enough time or staff.

Veterinary nurse

Financial issues, I suspect.

Veterinary surgeon

A small group of respondents shared that as they had **not disclosed** their disability or chronic illness, their education provider or workplace did not offer them reasonable adjustments. Other respondents did not ask as reasonable adjustments were “never thoroughly discussed or even considered” or “never offered” to them, or were not regularly in place or available in their workplace or education provider:

There is no such thing in place for ADHD / was not in my time at the uni.

Veterinary surgeon

I was told [examiner] would not make adjustments so I should learn to do things without.

Student veterinary nurse



Other respondents felt that the reasonable adjustments suggested were **not suitable** or **insufficient** for their needs. Some described their workplace or education provider as inconsistent when providing reasonable adjustments and this may be why they did not receive them:

They are temporarily made but then forgotten about when it comes to rota changes and I don't want to keep having to ask for changes.

Veterinary nurse

They say they will but when it gets busy this is not adhered to.

Veterinary surgeon

I did receive a specialised stethoscope for my hearing disability, however, for my anaemia no adjustments have been made. An offer of less hours has been offered, however I need full-time payment to continue, but [there have been] no adjustments in the sickness policy for me for when I am severely poorly. I have had to, in the past, take annual leave to have the day off following the doctor's orders after an iron infusion.

Veterinary surgeon

A small number shared that they did not request reasonable adjustments because it would “**not be fair to the other students**”, as described by one student who described what their university said to them. There was also some concern about possible discrimination. For example:

Higher up felt it was unfair on other team members despite hiring me on a walking stick.

Veterinary surgeon

I haven't asked for them for fear of discrimination in future by the corporation.

Veterinary nurse

It's "in my contract" and this can't be altered in any way, it's not fair for adjustments to be made for me and not anyone else, plenty of people in my work have anxiety or depression and they don't get special treatment, it's not fair for everyone else to have to do more because I won't.

Veterinary nurse



14 Good practice within the veterinary sector

Chapter summary

- Although respondents agreed overall (though not strongly) that their workplace/educational institution was an example of good practice in relation to supporting colleagues or peers with a disability/chronic condition, they disagreed overall that the veterinary profession generally was good at enabling people with a disability/chronic condition to work in the profession.
- Examples of good practice included: adjusted working hours; environment and task adaptations; reasonable adjustments; good communication; support (both from colleagues and managers and external sources); and additional resources.
- Suggestions for improving the workplace for those with a disability/chronic condition included: improved communication (with peers, clients and colleagues); increased staff numbers to lessen workload pressure; increased flexibility (hours and ways of working); a reduction in physical work; additional support for students around deadlines and during placements and exams; environmental changes eg equipment and lighting; and better understanding of disabilities/chronic conditions.

This chapter focuses on good practice within the veterinary profession, both in education and in the workplace. It covers overall views about good practice and enablement in the profession, examples of good practice provided by respondents, and suggestions about what would make the profession more accessible and inclusive.

14.1 Overall views about good practice and enablement

Respondents were asked to respond to two statements about good practice and enablement within the veterinary profession, using a five point scale.



The **first statement** was '**My workplace/educational institution is an example of good practice in relation to supporting colleagues or peers with a chronic illness/condition and/or disability**'. The overall average score for this statement was 3.20, a slightly positive level of agreement with the statement. Further analysis indicates:

- **Older** respondents (60-69 3.32; 70-79 3.40) were somewhat more likely to agree that their workplace/educational institution was an example of good practice in comparison to younger respondents (18-29 3.20; 30-39 3.09).
- **Student veterinary nurses** (3.36) were more likely to agree with the statement than other roles: veterinary nurses 3.23; veterinary surgeons 3.18; veterinary students 3.18).
- **Managers** (3.47) were notably more likely to agree than those without managerial responsibilities (3.04).
- Those working **outside clinical veterinary practice** (3.50) were more likely to agree than respondents within clinical veterinary practice (3.19).
- Respondents with **multiple conditions** (2 3.21; 3 2.90; 4+ 2.96) were less likely to agree than those with **one condition** (3.46).
- Respondents with a **mental health condition** (2.98) or who identified as **neurodivergent** (3.02) were less likely to agree than those with a chronic illness (3.10) or physical condition (3.09).
- An analysis of practice ownership type showed that respondents working in **veterinary schools** and **charities** (3.40 each) were more likely to agree than those working in independent practices (3.21) and corporate or out of hours practices (3.17).

The **second statement** was '**The veterinary profession generally is good at enabling people with a chronic illness/condition and/or disability to work within the profession**'. The average score for this statement was **2.44**, indicating disagreement overall with this statement.

- **Male** (2.53) and **female** (2.43) respondents were somewhat less likely to disagree compared to non-binary (2.07) respondents.
- **Female veterinary surgeons** (2.15) were more likely to disagree than male **veterinary surgeons** (2.49).
- **18-29 year olds** (2.68) and **70-79 year olds** (2.77) disagreed less strongly than those aged **30-39** (2.30) and **40-49** (2.22).
- **Student veterinary nurses** (2.97) had a neutral view overall, while **veterinary surgeons** (2.25) clearly disagreed with the statement.
- Respondents with **higher comorbidity** (2 2.42; 3 2.17; 4+ 2.19) were more likely to disagree than compared to those with one condition (2.72).



14.2 Examples of good practice

Respondents were asked to describe any **good practice** in relation to people with a chronic illness/condition and/or disability that they have experienced or were aware of at their current or previous workplace or education provider.

A frequent response was that respondents' workplace or education provider had **adjusted their hours** to suit their needs, incorporating breaks and time to attend appointments or treatment. Many had flexible working arrangements or described being able to take time off when they had a flareup of symptoms:

I am partly responsible for decisions about others with chronic illness. We frequently give additional/discretionary paid time off beyond what is obliged in the contract... We have often allowed staff to reduce/amend hours and duties even when this is definitely detrimental to the business (or the team).

Veterinary surgeon

Amending shifts, work patterns and responsibilities to accommodate individuals.

Other role

Providing breaks, time off when ill and time to recover.

Veterinary surgeon

Allowing people to work less hours during flareups of physical issues.

Veterinary surgeon

I provide additional on rota time for dyslexic students to help.

Veterinary nurse

Others were also able to **work away** from the office or work from home when necessary. Generally, the good practice of flexibility in time and task was important for many respondents:

Acknowledging doctors notes or needs for days not on location but where work is still done.

Veterinary nurse

A colleague with multiple sclerosis has had good support with working from home (particularly during the



pandemic) and then split clinical and admin work so she could return to the clinical work she loved.

Veterinary surgeon

Respondents also shared how **adapting the environment** to their needs is a form of good practice. Some had physical support, including standing desks or chairs to sit down, whilst others were able to use hearing loops, note taking software and fidget toys to help them at work or in education:

A risk assessment carried out for all employees with health conditions, adaptations made and any equipment necessary bought.

Veterinary nurse

Facilities providing for musculoskeletal disabilities.

Veterinary surgeon

A team member on permanent oxygen supply – was referred to occupational health and the team also accessed H&S [health and safety] support in relation to the use of oxygen in the workplace. Education on how to use the oxygen concentrator was used, the workplace was reorganised in order that the team member could have their own office (particularly relevant post-COVID) and all managers were briefed on the condition, treatment and what to do in an emergency situation.

Veterinary surgeon

Similarly, **adapted tasks** were implemented to accommodate individuals' needs. It was also important for many to have reasonable adjustments or previous good practice implemented in their current workplace or education provider:

Listing accommodations you have had in the past and those that may be useful and being able to re-evaluate if they worked or if something else is needed.

Veterinary nurse & veterinary student

Other respondents also shared that having additional resources and support available to individuals is a form of good practice. Respondents stressed the importance of having this information available to those who need it the most so that support and resources are accessible:

Resources available on company site or within practice.

Student veterinary nurse



The availability and good support in finding help if needed.

Veterinary student

[University] had lectures at the beginning of the course where they highlighted all the resources available to students with disability.

Veterinary student

Communication was very important for good practice to be possible. Examples included having policies in place, awareness of laws, and having regular meetings with managers or tutors. These conversations could help to ensure that reasonable adjustments and relevant support were in place:

Ensure that there is an EDI [equality, diversity and inclusion] policy in place, that there is awareness of the Equality Act 2010 including reasonable adjustments, accessing each employee and reviewing at least on a yearly basis in case there are any changes.

Veterinary nurse

Regular one-to-ones to ask how we're feeling and what challenges we have faced to be able to improve.

Student veterinary nurse

Sit downs to discuss reasonable adjustments and how work can be managed to help sufferers cope better/stay in work eg altered hours, duties, no line working.

Veterinary surgeon

Colleagues' support and **communication** was also very important to foster good practice:

To work with the person to achieve their goals.

Veterinary surgeon

Colleagues support network, changed work duties to reduce the impact on my health, put measures in place to make work easier for my body.

Veterinary nurse

For others, **external support** and **facilities** were important for good practice. Respondents described using helplines or external mental health support teams. Others referred to occupational health services.



The company outsources to a phone helpline that provides mental support to staff and their family.

Veterinary nurse

They have a mental health team that I've used a couple of times.

Veterinary student

Overall, it was very important that employers and education providers had a **good understanding** of disabilities/chronic conditions. Having awareness of conditions and symptoms was also highlighted as a sign of good practice. It was important that individuals felt listened to and understood:

One that listens to someone's needs and understands them.

Student veterinary nurse

Current workplace is amazing. Understanding and supportive management.

Veterinary surgeon

Our practice manager is very understanding and supportive, although sometimes can be blocked by other management team in trying to implement support. My line manager is fantastic too. They both work to talk through plans and advice with staff to give them the best support to suit each individual.

Student veterinary nurse

Generally, the HR staff have good knowledge and are very supportive and as an organisation we make adjustments to working hours and the work place where necessary eg adapted office furniture, reducing hours where necessary etc.

Veterinary surgeon

14.3 What additional adjustments and support would help?

Respondents were asked what **further adjustments or additional support** they would like their workplace or education provider to provide.



14.3.1 Interaction with others

Respondents felt that better **communication** in the workplace or educational institution, especially around disabilities/chronic conditions and reasonable adjustments, would help. Many said that they would benefit from open conversations about their condition with managers, improved communication about changes, and information about their disability/chronic condition that could be shared with those around them:

Managers who know how to deal with illness support, and to handle comments within the wider team.

Veterinary surgeon

Conversation around my conditions and neurodivergent education for staff.

Student veterinary nurse

Talk to me about my condition and ask questions.

Veterinary nurse

More choice in how instructions/ training are communicated, either in writing or videos, not just verbally.

Veterinary nurse

Additionally, respondents called for **improved interactions with others**, including peers, clients and colleagues. Some described how previous interactions with colleagues and clients have been difficult and this can be stressful, and felt that mediation or conversation support could help.

Mediation between colleagues I can't talk to.

Veterinary nurse

More assistance and training in relation to dealing with clients.

Student veterinary nurse

Moral support and just the offer of some help.

Veterinary surgeon

A quiet place I can go away from phones, clients and other staff [so] that I can decompress when I'm overstimulated.

Veterinary nurse



Others shared how they would benefit from **working with colleagues** and **minimising lone working**. A small number of respondents felt that ensuring there were sufficient staff numbers then there would be less pressure and more support to help with any symptoms or pain:

Not to do sole shifts and out of hours until fully healed.

Veterinary nurse

14.3.2 Ways of working

Respondents felt that having **increased flexibility** would help their studies or working lives. This included more flexible working hours and also having flexibility with placement hours and assignment deadlines. Others also called for more flexibility over working location, with a preference for working from home when possible, or **adapting or adjusting working hours** to better suit their needs. Some would prefer to work or study for fewer hours, whilst others would prefer to have more scheduled breaks. Generally, most would prefer to have consistency and a more predictable schedule:

Adjust my hours to shorter and will be a five-day week.

Veterinary nurse

A protected break time. Same shifts every day ie 8-5 rather than a day a week 11-finish and one day 8.30-finish.

Veterinary surgeon

More reasonable time off for attending hospital appointments would be nice and the days are long 10-hour shifts.

Veterinary nurse

A small group of respondents also shared that they would want to **reduce or do no physical work**. One respondent shared that they would like the option to “switch into a non-physical role” when their symptoms are more frequent.

Respondents also said that they would like to utilise a **variety of ways of working** as this would benefit all and would work as part of their reasonable adjustments. Some preferred to use a laptop or other more creative ways of communicating:

More support in learning material, such as mind maps, SOPs [standard operating procedures], algorithms.

Veterinary surgeon



There are many ways to demonstrate understanding/knowledge. It should be about demonstrating competence, not the way in which you demonstrate it.

Veterinary surgeon

My school does a lot of pre-recorded lecture material with in-person engagement lectures... this is not at all ADHD friendly as we have such a heavy workload finding time in the week to do between 3-9 hours of additional learning on top of all the other practicals and note taking and revision etc. is near impossible, and highly unmotivating, whereas if the same material was given in a live session [it] would be far more engaging and give an opportunity to ask questions if any understanding is unclear at the time.

Veterinary student

14.3.3 Student support

Respondents who are in education called for **extra support** during their **placement year** and also **exam support**. Many called for additional time to complete exams and to submit assignments and an appropriate, quiet environment for exams:

Reasonable adjustments for examination and assessments, even as simple as sufficient breaks during exams / appropriate exam length.

Veterinary student

Extra support on placement year as students often miss out on support during this.

Student veterinary nurse

Extra time is not given in practical exams. We have one practical exam in which the timing is considered unrealistic even for students who are neurotypical.

Veterinary student

14.3.4 Environmental changes

Respondents asked for **more equipment** that would help them day-to-day, including supportive chairs, adjustable desks and tables, and lighting. One respondent suggested better transport and parking spaces near the buildings they need to access. Generally, respondents called for equipment that was accessible and relevant to their needs:



Dictation facilities, support staff to restrain animals, a decent supportive chair for desk and consulting work.

Veterinary surgeon

Adjustable height consult tables, sensibly heighted or preferably adjustable heighted workstations/computers/keyboards. A seat!

Veterinary surgeon

Adjustments to work environment eg lighting.

Veterinary nurse

When practices are being built, they should be built to minimise sound and there should be somewhere private where an autistic employee can go to get away from everything (and everyone) on their breaks. Fluorescent lights should be banned!

Veterinary surgeon

14.3.5 Better understanding of condition

Respondents thought that they would benefit from others having a **better understanding** of disabilities/chronic conditions. One respondent called for “understanding not sympathy” from workplaces and education providers. Some respondents were concerned about the judgement or perception of other people, including their colleagues and peers, which made them even more keen for there to be further education on disability and chronic illness:

A better understanding of my condition instead of assumptions.

Veterinary nurse

More understanding and support. Education for equality, diversity and inclusion for those with chronic illness.

Veterinary nurse

Better awareness of meaning of sunflower lanyards, toilet breaks between lectures respected better.

Veterinary student

More understanding and sympathy of mental health conditions by management.

Veterinary nurse



Education on disabilities and neurodivergent people and specifically how they can affect people in the industry, so that people are more considerate of others and know they may have a disability or condition and ways they can help or support their colleagues.

Student veterinary nurse

14.4 Practices to improve inclusion

Respondents described what **practices, behaviours or solutions** would make their workplaces/educational institutions more inclusive for people with disabilities/chronic conditions.

A frequent response was that **better awareness and understanding** of disabilities/chronic conditions would help to make their workplace or educational institution more inclusive. This would mean that others would be better able to thrive at work, engage with their colleagues, clients and peers, and reasonable adjustments may be easier to implement:

Having regular conversations with employees regarding their needs, which may change and expectations. Reducing stigma by normalising provision for employees.

Veterinary surgeon

More understanding of the conditions. Accepting that the person who lives with the problems knows their own limitations better than anyone else.

Veterinary student

Increasing colleagues' awareness of an individual's particular needs (with their consent).

Veterinary surgeon

Clinical teaching staff should be made aware of how to interact with people with disabilities.

Veterinary student

This would involve having **clearer policies** and **routes to support**. A small number of respondents suggested having consequences for not adhering to policies that promote inclusion:

Clear guidelines and talk to each other! Before problems start.

Veterinary nurse



Clearer policies regarding these including clear routes to access support.

Veterinary surgeon

Tackling those individuals who don't behave in accordance with workplace policies.

Veterinary surgeon

Providing more information on the services accessible, less strenuous application processes to receive support.

Student veterinary nurse

Respondents also suggested that having more **open communication** could also help to improve inclusion. This may also help to improve understanding and awareness of disabilities/chronic conditions, along with what support is available and how people can work together:

Listening to people affected and creating reasonable adjustments in collaboration.

Other role

More opportunities to talk to staff about the situation and more practical solutions.

Veterinary student

Asking the questions that will help and working with the individual to make a tailor-made solution that fits the workplace, the individual, the team and the business needs.

Veterinary nurse

Listening to people's needs and accommodating any reasonable adjustments for their working environment or practices. Keeping a record of these to ensure consistency between individuals.

Veterinary surgeon

Other respondents shared how important it was to **include individuals in decisions** and processes and to **listen** to their specific needs and expectations. One respondent, for example, shared that they believe there is "a lack of individual approach" and another called for a "more personal approach":



Certain places can be very close-minded and not as open to exploring different avenues, I shouldn't have to convince a placement to take me because I have a disability. If I am still fit to practise (which I am) there shouldn't be fight back.

Veterinary student

Other suggestions from respondents to make workplaces and education providers more inclusive were to make **environmental changes**. These suggestions included making entering buildings more accessible with wheelchair ramps and also creating more ergonomic and comfortable rooms with suitable chairs and table raisers:

It's better to make the whole workplace accessible than make adjustments for just the individuals who need them.

Veterinary student

Provide an environment in which these issues are not encouraged to be hidden, where people do not feel guilty of having such conditions and do not feel that are putting their roles at risk by admitting to them.

Veterinary surgeon

For others, having **adjusted time** or **working hours** could help make workplaces and education providers more inclusive. Many respondents said they would like to have more scheduled breaks in their working hours, while others would prefer to have more flexible working opportunities. This would also require having sufficient staff members to cover the high workload:

Flexible working hours, part-time options.

Student veterinary nurse

More breaks or splitting up 1hr lunch into 30min lunch and 2x 15min breaks. Having enough staff to cover workload and utilising staff correctly eg having VCA's [veterinary care assistants] be just that and not reception cover.

Veterinary nurse

Better attitude towards flexible working, being able to study vet med/vet nursing part-time even for a few years in the course would be hugely positive for those with chronic conditions.

Veterinary surgeon



Flexibility of role and hours for everyone recognising everyone's strengths and weaknesses, the contributions they make and challenges they face.

Veterinary surgeon

It was also important for many respondents that they had support from their **manager or tutors**. They felt that this would help them to get the support that they need to access reasonable adjustments:

Support group supportive & accessible line manager, faster flexible working request outcomes, altered working hours.

Veterinary nurse

Finally, respondents suggested that to be more inclusive, workplaces and education providers needed to be **more open to reasonable adjustments**. They felt it was important that these were offered and discussed with individuals early on in their career or time in the role:

Making discussing reasonable adjustments commonplace and destigmatising them would be a good start – so few places I've worked, with the exception of my current role, have actually asked! It should really be part of the onboarding and review ecosystem, not an afterthought, or a "did you know" when you're crying out for help.

Veterinary surgeon

Not being made to feel like a burden or less of an employee by asking for adjustments, being given time and space to calm down when needed. Extra time to complete tasks, extra support in what instructions are required and having them written for memory.

Student veterinary nurse



15 Additional comments and future research

Chapter summary

■ The free text comments and observations made by just over one-fifth (21.5%) of respondents ranged over a wide area, broadly summarised into the following categories:

1. Support appeared to be varied across the profession, with a lack of support often coming from staff shortages and staff already being over-stretched, rather than a lack of willingness. Intense workloads were exacerbating some issues for respondents.
2. In particular, there was little support for the physical nature of work which some respondents struggled with. Overall, respondents felt that managers, employers and practice owners needed to be better equipped to support employees.
3. Respondents commented that flexibility around hours, tasks or role would help individuals with a chronic illness or disability to stay in work, but this is only available to the minority. Flexibility would help reduce respondents' stress and pressure, but many faced resistance from their employer, perhaps due partly to staff shortages, and for some flexibility was not possible. A lack of flexible working policies across the profession was thought to be an issue.
4. Some respondents shared experiences of discrimination and a non-inclusive culture, which they felt led to negative behaviours.
5. Respondents had mixed experiences of adjustments; there was easy and successful implementation for some, while others had no access or worried about negative impacts on others.
6. A need was expressed for better knowledge sharing and training to ensure consistency across the veterinary profession.

■ Despite the mixed experiences of respondents, there was some optimism for the future and a feeling that changes for the better were being made, in that more roles and opportunities were becoming available and there was some positive guidance in place.

■ Almost half (46.5%) of respondents overall said they were interested in participating in future research; this suggests an encouraging interest in, and engagement with, the topic of disabilities/chronic conditions in the veterinary profession.



15.1 Additional comments

At the end of the survey, some **733** (21.5% of total) respondents provided feedback and thoughts in their own words on a wide range of topics. The encouraging number of comments suggests that there is an **interest in, and engagement with**, both the broader topic of working in the veterinary profession with a disability/chronic condition, and the specific issues raised in the survey. A sample of responses were analysed (263, 38.9% of responses), with the results reported below.

15.1.1 Support

The topic **most frequently** mentioned, by 28.9% of those who provided additional comments, was **support**: whether it was available, how necessary it was and what more could be done.

The general consensus was that **support varied considerably** across the profession and by workplace; this included support from managers, with some praising their supportive manager and others hoping for better managerial support. Some were positive and shared how their practice supports them to work, while others shared experiences where they had required support but this was not given to them. There were different views about the types of practice and practice ownership around the provision of support, with some thinking that smaller, independent practices were more supportive, and others believing that larger practices were more able to offer flexible working and accommodate particular needs.

I have always had excellent support in the practices that I have worked in, I know this is not necessarily the case across the board.

Veterinary nurse

Vet practices are not suitably accommodating the RVN/Vets as there are no clinical roles where mobility disability is supported from my experience.

Veterinary nurse

There were many comments describing the **lack of support** that some have experienced, both in the workplace and also during education. One respondent, however, explained that support differs between education and the workplace:



Support can be provided during education, but this often raises expectations for support which just isn't there in practice. Sometimes [!] worry we are setting people up to fail.

Veterinary surgeon

There was a general concern about the **lack of knowledge** that those working in the profession had about what support can be provided, which influenced the availability of support. Respondents felt that those with a disability/chronic condition were in the minority, so support was **hard to access or did not exist at all**. Others suggested that the lack of support was not necessarily due to a lack of knowledge, but because workforces are so **stretched** and **understaffed**, leading some to question who would be able to provide support to those who need it most.

Those who needed support stressed the importance of **tailoring** support to the individual and their specific needs at work.

Chronic illness and disability affect individuals differently and workplaces should be willing to work with individuals to find what is best for them, not using cookie cutter moulds and thinking that as this worked for one person it may work for another.

Veterinary nurse

15.1.2 Adjustments

There were **mixed responses** regarding adjustments from respondents. Some had **good experiences** of adjustments being successfully implemented, while others **did not have access** to adjustments or felt that implementing adjustments would **negatively impact colleagues**. Some even described people having to leave the veterinary profession because adjustments were not made for themselves or colleagues:

Places seem to be improving, but I still hear of people having to leave the industry due to adjustments not being made for disabled people.

Veterinary nurse

At my previous job I felt very discriminated against and no allowances were made for my conditions.

Veterinary nurse

Many respondents felt that it is easy to make certain adjustments, but it is **harder** to be **fully accessible** for all needs.



That's a very wide spectrum of needs. It's easy to adapt and make some certain adjustments but to be fully accessible for all is a different story. Some practices will be limited by structural constraints for example.

Veterinary nurse

Some respondents shared experiences of being able to **influence** their **role** and make changes that allow them to continue to work, but this did not appear to be the **case for all**.

I have been fortunate to shape what my role looks like and been able to make changes in my life to allow me to continue to work.

Veterinary surgeon

There isn't much adaptability and it is seen as you can't be a nurse or a vet if you can't do something.

Student veterinary nurse

Others called for **practice managers, directors, owners etc** to do more to support their staff by consulting with them in order to make appropriate adjustments:

Practices would benefit from asking staff with disabilities what work they can do/ want to do and be imaginative in how they make use of staff.

Veterinary surgeon

I saw very, very few colleagues working with chronic illness or disability. They are not represented well within the profession. The only one I can really remember is colleague who ended up leaving the profession due to Chronic Fatigue Syndrome - this was dealt with very poorly by our employer at the time, and a successful tribunal was undertaken by my colleague. I would not recommend working within the veterinary profession to anyone with a disability or chronic illness.

Veterinary surgeon

I am very aware that I was lucky in having a very supportive line manager. I know many veterinary health professionals who have suffered chronic health conditions, but not many who could say their bosses were supportive.

Veterinary surgeon



15.1.3 Flexibility

A small minority (5.3%) of respondents were keen to stress how having some flexibility at work around **hours worked or tasks** to be completed could really **help** an individual with a chronic illness and/or disability. Having more flexibility for shift patterns and remote working were suggested as ways of flexible working that may help individuals in the sector.

Despite the nature of the veterinary profession being both mentally and physically exhausting, employees should be able to work...more flexibly for a full wage.

Veterinary nurse

There is generally poor flexibility in working roles and often the teams are under so much pressure that there is little/no capacity given to accommodate those that may require adjustments.

Veterinary surgeon

Some respondents described being fortunate enough to have had flexibility in their role and to ensure that they can make changes which “allow [them] to continue to work”. They felt that flexibility was important to ensure that they were able to do their **job properly** and to ensure the safety of others. However, they appeared to be in the **minority**, as many felt that they had not been given the flexibility that they needed to continue working, studying or to get their required work experience hours in the allotted time. Having flexibility around this would have helped them feel **less stressed** and **under pressure**.

I feel the course in itself is harsh with the time frames to get work experience in. I would have managed better in my placement if there was more availability for rest.

Student veterinary nurse

Similarly, others felt that working in the veterinary profession meant that flexibility was just **not possible** and many faced **resistance** from employers and clients.

I don't think the system has enough slack to accommodate people with chronic illnesses. Practices run at 100% full on most of the time. It is hard to help someone without slack in the system to allow different working practices to be tried.

Veterinary surgeon



Respondents commented on how the **culture** within the veterinary profession may have contributed to the **lack of flexibility, knowledge and support**, which in turn contributed to people with a disability/chronic condition feeling excluded and unwelcome in the profession. One respondent described how they felt “massive pressure to ‘not let the team down’” but expressed that this was their personal experience.

We're at the early stages of understanding neurodiversity in the veterinary industry and we need to do more to remove the stigma attached to it and to make sure that neurodiverse veterinary professionals are able to work in an environment which meets their needs.

Veterinary nurse & another role

I have had good experiences, mediocre experiences and awful experiences. Each practice is different but where there is a 'tough it out' mentality which harks back to when vets tramped hill and vale and wrestled cows, chronic conditions are invariably treated with a Victorian mentality.

Veterinary surgeon

15.1.4 Inclusion & discrimination

Overall, 20.2% of those who provided additional comments thought that the veterinary profession was **not very inclusive** and that there have been experiences of **discrimination** due to an individual's disability/chronic illness. This was potentially due to a lack of flexibility, a lack of knowledge and poor engagement with support services.

Having worked in a previous different profession (research) I am pretty appalled at the discrimination and utter disregard towards disability.

Veterinary surgeon

Many gave example of individuals with physical disabilities or chronic illnesses who received **little support** with the **physical elements** of their role. Some described feeling like a “burden” or “inconvenient and replaceable” at work. One respondent felt that they had been “forced out of the profession” and found a role in an industry that they perceived to be more inclusive.



Others, however, were more **positive** about the **future** and shared how perceptions within the veterinary profession were changing:

Difference is difference. It brings different strengths and challenges. If teams are balanced and inclusive, then people can be appreciated for what they bring and supported in the areas needed.

Veterinary surgeon

Through being more inclusive, we can begin to gain more insights, and also start to understand some of our clients better.

Veterinary surgeon

15.1.5 Guidance

Respondents were fairly positive about **available guidance** and felt that improvements were being made:

I think things are improving, awareness is increasing, and we're starting to have important discussions, but there is a long way to go yet.

Veterinary surgeon

However, there were also calls for **improved** guidance and **knowledge sharing**, which would influence practices within the profession. There were also calls for **better training** so that others could better **understand** the experiences of their colleagues.

For me, training is everything, and is best done in house by external providers - they know the subject and how to deliver it/get everyone involved.

Veterinary surgeon

Others called for **policies** to be put in place to ensure that these opportunities for sharing and learning are consistent across the profession. They felt that this would also help to **increase awareness** and potentially **prevent** some of the **discriminatory behaviour** and improve inclusion.



15.1.6 Management

Following on from the knowledge sharing comments, some respondents felt that those with managerial responsibilities should be **held accountable** for any discriminatory behaviours in their workplace, and should be **better equipped** to support employees with disabilities or chronic illnesses. One respondent, for example, called for employers to have training that would ensure they are more knowledgeable:

Anyone in a director or practice manager role should be obliged to undergo training in chronic illness and mental health.
Veterinary surgeon

15.1.7 Workload

Of those who provided additional comments, 19.8% raised the issue of the **workload** in the veterinary profession, suggesting that working in the veterinary profession is not easy, for example describing it as “fast-paced, understaffed and stressful” with workload that is “**intense**”; an environment that may not be suitable, and may even be potentially detrimental, for those with a disability/chronic condition. Others said that **overworking** could lead to injuries, and could cause difficulties with the animals being treated. One respondent, for example, explained how the profession had “a ‘must stay and do this’ mentality” where people frequently worked additional hours due to the staff shortages and the high workload.

There’s no chance to slow down or have time off.
Veterinary nurse

The nature of the job requires huge resilience and physical and mental capability.
Veterinary surgeon

The **lack of flexible working policies** within the veterinary profession was also highlighted as a potential issue for those with a disability/chronic condition:

This profession is so incredibly backward still, it’s shocking. There is amazing talent to be had from those with chronic conditions who achieve great things, but may not do this in the standard 8–7 job.
Veterinary surgeon



However, **newer entrants to the profession** were more **optimistic** and felt that work life balance was improving, although this seemed to depend on the organisation/practice worked in. The **variety** of experiences within the profession were highlighted, with some saying that they themselves felt their workload was manageable but were aware that this was not the case for everyone.

The veterinary profession seems to be changing slightly to have a better work-life balance but not all practices align with putting the staff first. The hours required for new grads and the OOH rota in some cooperate practices are not sustainable for the veterinary profession.

Veterinary student

15.1.8 Physical nature of veterinary work

Many respondents provided comments on the **physical nature** of a job in the veterinary profession and how those with a disability and/or chronic illness may struggle, especially with the high workload and fast pace. Some explained that there were differences between working in clinical practice and other areas of the veterinary profession, with clinical work being more physically demanding:

Clinical work is always going to be labour intensive, so there is always going to be some difficulty in fulfilling the role with physical issues.

Student veterinary nurse

However, there were a few comments from those with a physical disability who said that the **perception** that vet professionals must be “physically strong, capable and cope well under physical and emotional pressure” should be challenged as it was **outdated and flawed**.

15.2 Participation in future research

A high total of 1,296 respondents (46.5% of all respondents) expressed an interest in participating in future research on the experience of those with a disability/chronic condition working in the veterinary profession, with 1,279 of these respondents providing their contacts details (name and email address) for the purpose of being contacted for future research only.



- Over half (52.2%) of those respondents with at least one disability/ chronic condition wanted to participate in future research, compared to 29% of those without a disability/chronic condition.
- Nearly two thirds (64.7%) of respondents with four or more conditions expressed an interest in future research. The proportion of interested respondents decreased as comorbidity decreased: three conditions 58.5%, two conditions 51.9% and one condition 45.0%.
- Interest in participating in future research was fairly consistent across respondents with all condition types: respondents who identified as neurodivergent 55%; chronic condition 55.2%; physical condition 55.4%; and mental health condition 56%.
- Interest was also consistent across role type: 49.7% of veterinary nurses, 48.7% of student veterinary nurses, 45.7% of veterinary students, and 44.4% of veterinary surgeons expressed an interest in future research participation.
- A somewhat smaller proportion of managers (41.5%) compared to those without managerial responsibilities (48.5%) expressed an interest in future research on the topic.



16 Conclusion

The 2023 RCVS BVCIS disability and chronic illness survey provides rich insights into the experiences of those with a disability/chronic condition who are working in the veterinary profession or studying to obtain a qualification to do so. Some key themes have emerged from the survey findings, which will help to give direction to further research.

It is very clear that the experiences of people with a disability/chronic condition varied enormously across the profession. Some have received good support from their educational institution and/or workplaces, underpinned by: a knowledge of the Equality Act 2010 and the Access to Work scheme; a preparedness to make reasonable adjustments; helpful managers and colleagues; and a willingness to involve individuals in discussions about their disability/chronic condition rather than making assumptions or adopting a 'one size fits all' approach.

Others, however, have encountered: patchy knowledge and understanding; an unwillingness to provide support; a lack of urgency with regard to making reasonable adjustments; badly informed assumptions about their ability to carry out certain tasks; and even hostility and discrimination. Respondents reported very different experiences in different settings, for example, when on placements or when moving from one clinical veterinary practice to another. There were some indications that education providers and employing organisations outside clinical veterinary practice were somewhat more knowledgeable and supportive around disabilities/chronic conditions, but even here there were varied experiences.

The impact of comorbidity was very apparent when analysing respondents' experiences and views. Of those who reported having disabilities/chronic conditions, only around 12% had one disability/chronic condition; 41% had two and 31% three, and a substantial minority (15%) had four or more. In general, the views of those with only one disability/chronic condition were very similar to those with no disability/chronic condition; however, as the number of disabilities/chronic conditions increased, views became notably less positive and reported poor experiences increased.

Another finding was that experiences and views varied considerably by age. While physical conditions increased with age (perhaps unsurprising, as some physical conditions are age-related), mental health conditions and neurodivergence were notably more prevalent among the younger



age groups and decreased in line with age. Older respondents also tended to be more positive about the levels of support within the profession, and believed they were more knowledgeable about aspects such as the Equality Act 2010 and the Access to Work scheme. Similar findings also applied to those with managerial responsibilities, perhaps unsurprisingly as the likelihood of having managerial responsibilities increased in line with age.

Support, or often a lack of, was a common topic of discussion for respondents, both in education, training and employment. Although there was a commonly-held belief that additional support was required for individuals with disabilities/chronic conditions to complete their studies or work duties, a lack of knowledge about available support and barriers to accessing support were frequently encountered.

It is worth noting that individuals with disabilities/chronic conditions were not necessarily well-informed themselves about the law or where support could be found, suggesting that education providers and workplaces may need to increase their own knowledge, and ensure there are relevant policies in place around reasonable adjustments and access to OH services, so that the access path is clear and consistent for individuals with a disability/chronic condition.

As mentioned above, some respondents reported good experiences. However, there were enough reported experiences of discrimination, bullying or harassment in both education and workplace settings to raise concerns. Feeling treated differently due to their symptoms, and sometimes as a result of disclosing, caused some respondents to worry about the future impact on their careers. There was some reluctance amongst respondents both in education and in the workplace to disclose or share their disability/chronic condition for fear of stigma, discrimination or being treated differently by those around them.

When asked to identify barriers and how these could be tackled to make improvements, the suggestions made by respondents fell into several broad themes:

- Improved flexibility with working hours, tasks or role could help to reduce stress or pressure on individuals and enable them to stay in work.
- Simple adjustments to the working environment, such as providing more chairs or different lighting, could often be implemented quickly and without major expenditure.
- A poor understanding of the impact of having a disability/chronic condition while in education or work could be improved by better training, education or knowledge sharing. Although some information



(eg about the legal aspects) needs to be available, accessible and consistent across workplaces and education providers, it is important that those with disabilities/chronic conditions are included when designing training around the impact of having a disability/chronic condition when working in the veterinary profession. This is because a significant issue for those with a disability/chronic condition was encountering assumptions and stereotyped views in relation to what they were able to do and what support they required, without being asked themselves.

- Respondents gave examples of some poor workplace cultures they had encountered. For example where there was a belief at senior level that those with disabilities/chronic conditions were unsuitable to work in the veterinary profession, leading to an unwillingness to give any support and a view that reasonable adjustments were an inconvenience and burdensome. Although it is hard to tackle entrenched beliefs and prejudices, some respondents were optimistic and thought things were slowly changing within the profession towards being more open, inclusive and accepting of others. This would help make open communication and discussion of health and any additional needs easier. Promoting reasons for, and benefits of, disclosure to others would support individuals to be more open, as long as there is an assurance that any discriminatory behaviour is not acceptable if an individual does decide to disclose any information.
- Another issue that needs recognising but is difficult to tackle is that there are staff shortages within the profession, leading, in some clinical veterinary practices, to increased workload pressure, long days, and a fast working pace, with little time to rest. This was identified as a barrier to some respondents getting the support they needed; even if the willingness and understanding of needs were present, actions could not always be implemented because people were just too busy. Trying to 'keep up' could then lead to an exacerbation of the symptoms of people with a disability/chronic condition.

It is encouraging that over 3,400 people responded to the survey, and that around one-quarter of these did not have a disability/chronic condition, suggesting that there is a wide interest in improving the experience of studying and working in the veterinary profession for people with a disability/chronic condition. Almost half of all respondents expressed an interest in participating in future research, indicating the relevance of the subject-matter and a wish to improve the accessibility of the veterinary professions.



Appendix A: Respondents

This chapter presents respondents' demographic characteristics, including their gender, age, ethnicity and dependants¹, and their work details, including their sector and role. All respondents in the survey were asked the demographic and work questions.

¹ A question on sexual orientation was inadvertently omitted from the survey. However, we will ensure to include it in any further research.

Gender, age and ethnicity

Gender

The gender split of respondents was **80.6% female, 16.8% male, 1.4% non-binary** and **0.4% genderfluid**, with 0.9% either preferring not to say or to self-describe. Some **96.9%** of respondents said that their gender **matched** the sex they were assigned at birth, with 1.7% of participants answering no to the question.

■ Further analysis highlighted that a slightly **larger proportion** of **female respondents** (77.9%) had **chronic illness/condition and/or disability**, compared to 64.9% of male respondents.

Age

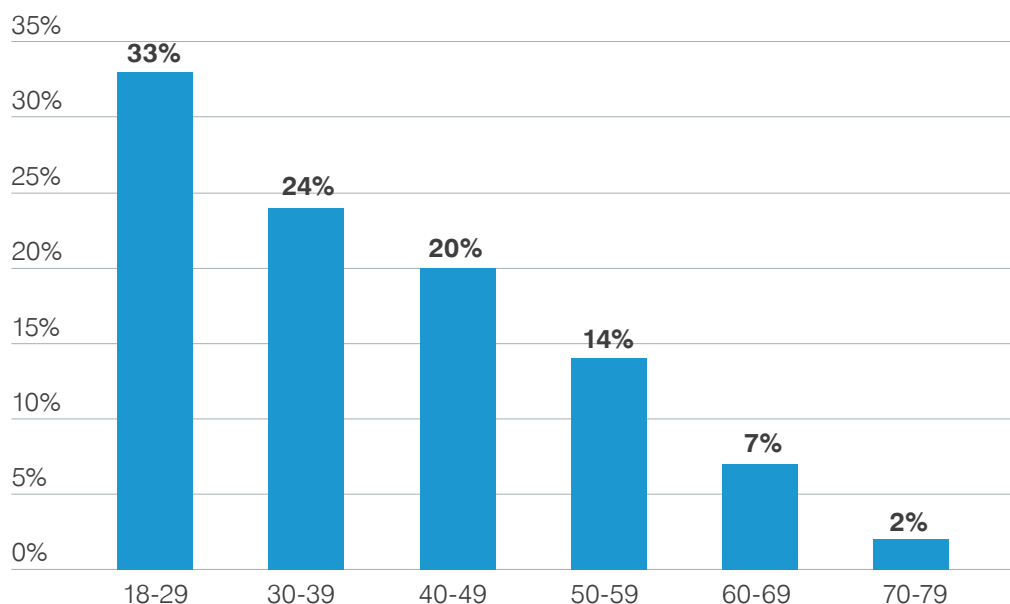
Respondents' ages **ranged** from **18** to **79** (see Figure A1).

■ The **mean** age of respondents was **38.4 years**; however, the modal age (ie the most common) was **24 years**. The **median** age of respondents was **36 years**.

■ The **mean** ages broken down by **gender** were **36.3 years** for **female** respondents and **49.8 years** for **male** respondents.



Figure A1: Grouped ages of respondents



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Ethnicity

Some 93.3% of respondents identified as white, with **2%** identifying as **Asian or Asian British**, **0.6%** as **black, black British, Caribbean or African**, and **0.6%** identifying as '**other ethnic group**'. **2.2%** of participants reported being part of **mixed or multiple ethnic groups**, and the remaining 1.4 per cent preferred not to say.

- Further analysis highlighted that **Asian or Asian British** respondents were least likely (64.7%) to **have a condition**, followed by 71.4% of black, black British, Caribbean or African respondents. Those from **mixed or multiple ethnic groups** were **most likely** (78.9%) to **have a condition**.

Dependants

Some 68.6% of respondents were **in a relationship**. This includes those married or in a registered civil partnership (35.1%), those in a long-term relationship not formalised by marriage or civil partnership (32.9%), and those in a non-romantic relationship (0.6%).

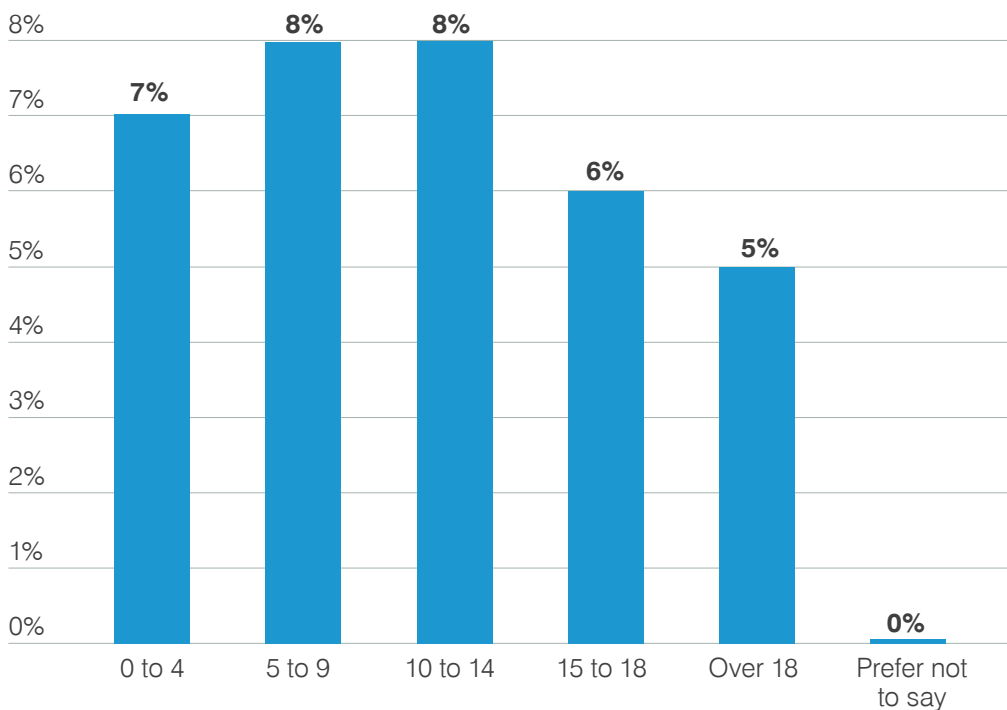
- **74.2%** of respondents in a relationship and **80%** of those who are **not in a relationship** have a **chronic illness and/or disability**.



Around **one-quarter** of all respondents (24.7%) have **dependent children**. Figure A2 illustrates how old the respondents' dependent children are.

- Of those who reported having **dependent children**, the **majority** (76.4%) were **female**.
- Nearly a **quarter** of those with a physical (24.0%), chronic (23.2%) condition or who identify as neurodivergent (20.3%) and 17.8% of those with a mental health condition have **dependent children**.

Figure A2: Age of respondents' dependent children



Please note that this question asked respondents to 'select all that apply' so the percentage shows the response rate from all survey respondents.

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Some 13.2% of respondents reported providing **care, support** and/or **help** to an adult or adults. They were typically **female** (77.6%) and between **50 and 59 years old** (31.8%). A higher proportion of respondents **providing care** (81.3%) **had a condition** compared to those without caring responsibilities (75.1%).



Work

The following section of this chapter discusses respondents' work details. This includes their work sector, job role, membership category and employment category. Respondents were also asked about their current working hours, whether they are happy with these and why that is. The chapter ends by presenting the percentage of respondents that are currently studying.

Sector

Almost four-fifths (77.9%) of those who responded to the survey mainly work **within the veterinary sector**, with 18.4% reporting that they are not working (either because they are studying, are retired, on a career break, are unemployed or due to ill-health). **2.1%** of respondents are currently mainly working **outside** the veterinary sector. Of the 1.2% of respondents who selected the 'other' response option, most explained that they are currently studying and working part-time alongside that. Others shared that their work is split between within and outside the veterinary profession as they have two or more jobs. Some respondents explained that they are not currently working, and others work in a sector that is related to the veterinary one.

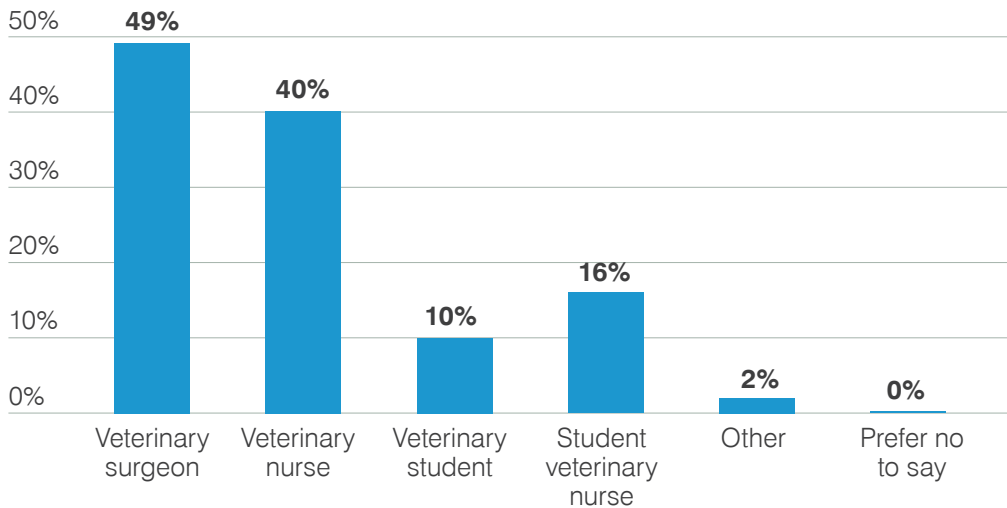
- Respondents **aged 18-29 and 70-79** were the **most likely to not be currently working**, with 33.5% and 58.7% of those in this age group selecting this response option, compared to an average of 10.7% among those aged between 30 and 69.

Role

Figure A3 presents the proportion of respondents in each job role. Of the 2.3% of respondents who selected the 'other' response option, most specified that they work as a practice manager, while a few others work in academia, mainly as lecturers.



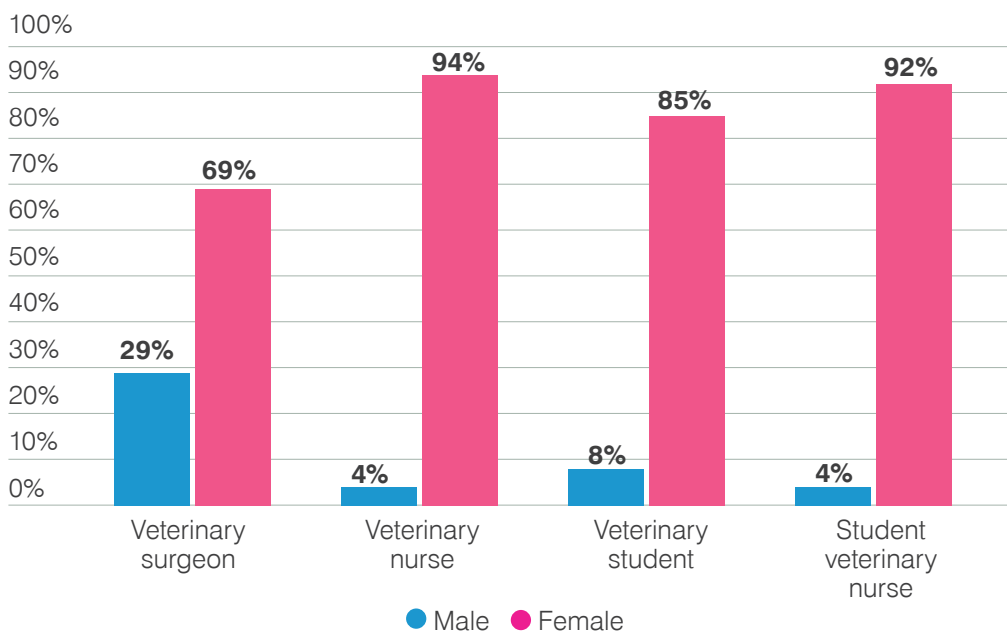
Figure A3: Respondents' job role (respondents were able to select more than one role)



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- Conversely, respondents aged **50 or older** were more likely to be working as **veterinary surgeons** compared to those in younger age groups.
- 94.2% of **veterinary nurses** were **female**, compared to 68.8% of veterinary surgeons who identified as female (see Figure A4).

Figure A4: Respondents' job role by gender



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



Clinical veterinary practice

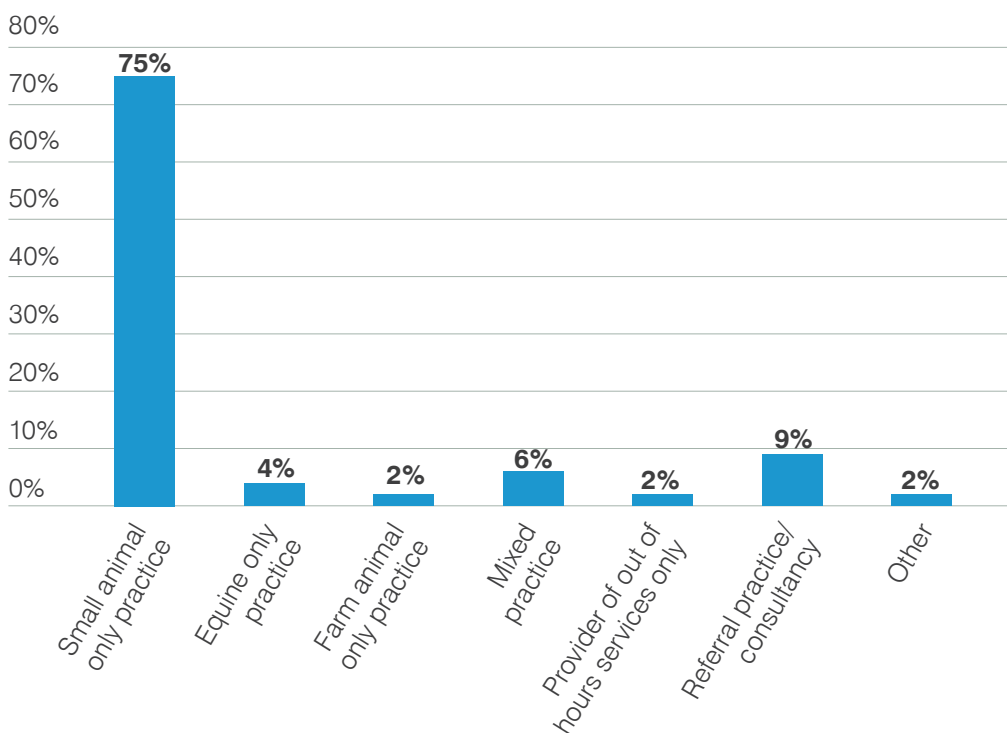
Those who were employed within the veterinary sector were asked whether they work within or outside clinical veterinary practice. The large **majority** (90.4%) worked **within clinical veterinary practice**, with 9.6% working outside clinical veterinary practice.

- **Younger** respondents were **more likely** to be working **within clinical veterinary practice** (99.0% of those aged 18-29) compared to older participants (84.2% of those in the 60-69 age group).
- A larger proportion of **veterinary nurses** (96.5%) worked in **clinical veterinary practice** compared to veterinary surgeons (86.0%).

Within clinical veterinary practice

Those who work within clinical veterinary practice were then asked about the type of practice they work in. Almost **three-quarters** (74.6%) work in a **small animal only practice**. Some 2.4% selected the 'other' response option. Of these respondents, most reported working either for a charity or shelter organisation, a zoo, or a hospital. Figure A5 illustrates the different types of practice that participants work in.

Figure A5: Clinical practice type worked in



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



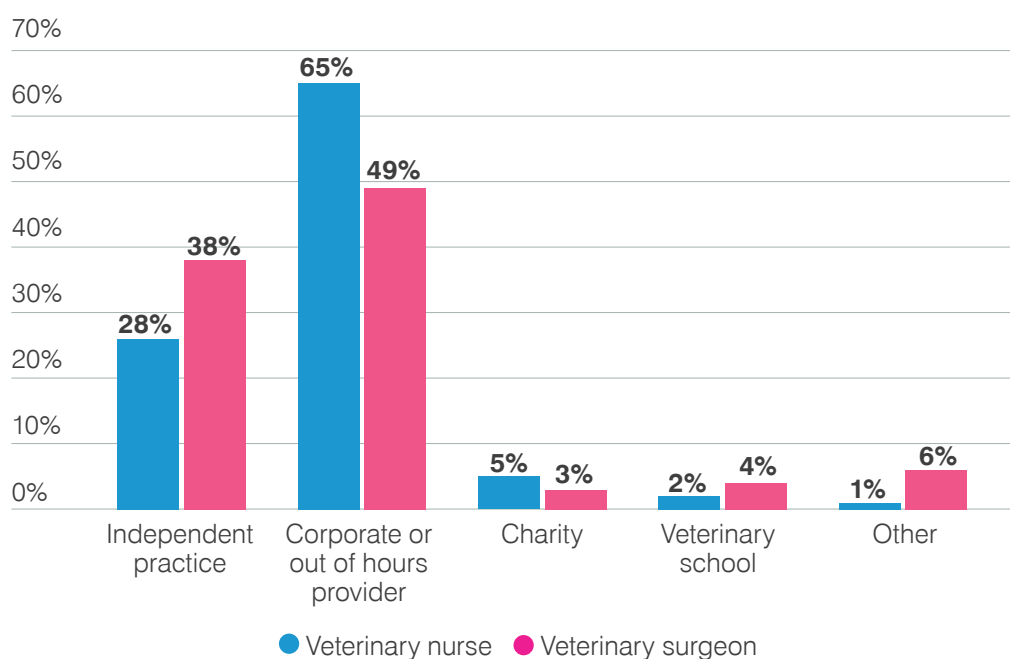
Outside clinical veterinary practice

Respondents who work outside clinical veterinary practice were asked about their area of work. **Around a third** of these respondents (36.8%) work in **education**, and one-fifth within the **government/public health** (21.1%). Some 15.8% of respondents work in **industry** and 6.9% in **research**. Slightly less than one-fifth of respondents (19.4%) selected the 'other' option. Of these, most worked in a corporate, head office role for an organisation in the veterinary sector, including in roles such as marketing, HR, and administration. Some other respondents reported working in telemedicine.

Organisation ownership type

Respondents working within clinical veterinary practice were asked about the ownership type of organisation they work for. **More than half** (56.9%) reported working as part of a **corporate group or out of hours only provider**, with majority of the remaining respondents (31.9%) working for an independent practice. Some 3.5% of respondents selected the 'other' response option. Of these, most shared that they work as a locum, and therefore for multiple practices, both corporate and independent ones. A few other respondents reported being self-employed and providing specialist services. Figure A6 shows the different ownership types of organisations that respondents work for and how this differs among veterinary surgeons and veterinary nurses.

Figure A6: Ownership type of organisation worked for by role



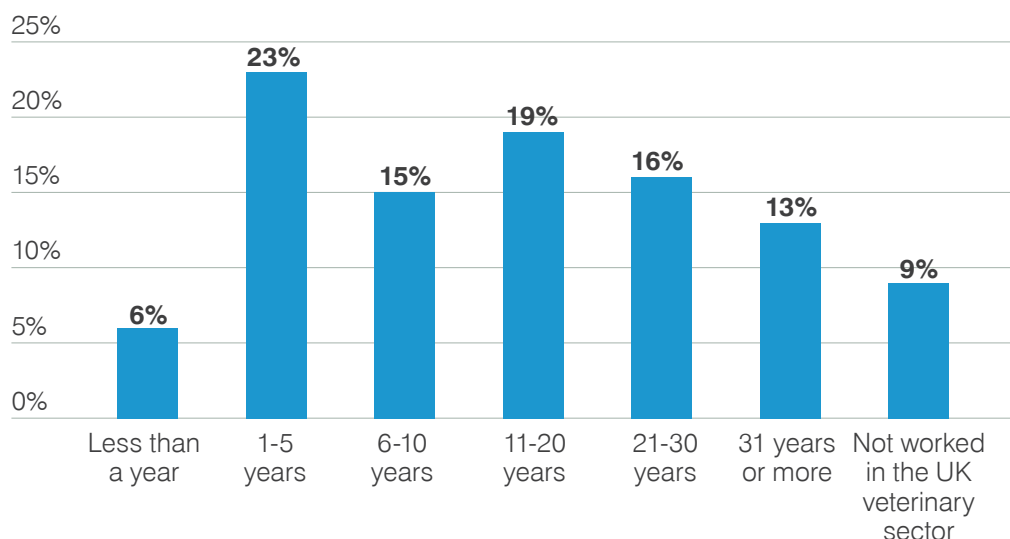
Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



Time in the veterinary sector

Participants were asked how long they had worked in the UK veterinary sector (see Figure A7).

Figure A7: Time worked in the UK veterinary sector



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

- **Male respondents** were more likely (34.7%) to have worked in the veterinary sector for **31 years or more** compared to female participants (9.0%).
- There was very little difference between the proportion of those with and without a condition and their length of time working in the veterinary sector.

Students

Respondents were also asked whether they are a **student**, with **slightly more than a quarter** of respondents (27.0%) stating that they are.

There were some differences in responses to this question when analysed by demographic characteristics:

- As might be expected, **younger** respondents (67.2% of those 18-29) were also more likely to be **students** compared to older respondents (1.3% of those 50-59).
- A **smaller proportion** of **white participants** (26.3%) reported that they were **students** compared to: Asian or Asian British (45.6%); black, black British, Caribbean or African (35.7%); mixed or multiple ethnic groups (43.4%); and other ethnic group (50.0%) respondents.



- The proportion of participants with a **chronic illness/condition and/or disability** who were students were **about the same** (26.9%) as those without a condition (27.1%).

Social mobility

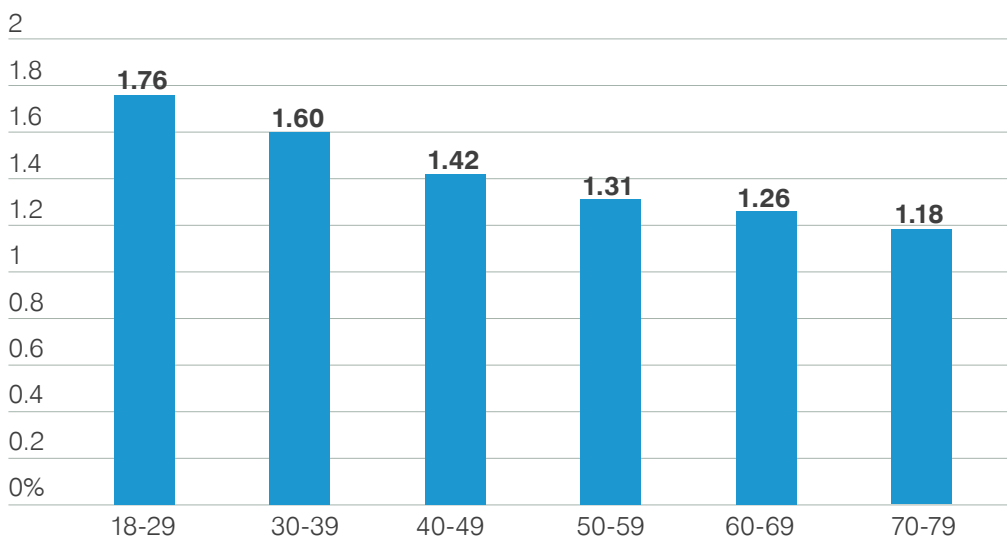
Respondents were asked **five questions** to assess their **social mobility score**. A composite index was constructed by summing the responses to five binary measures, equal to one in the following instances:

- if the individual took a one-year **access course** to enable them to access a veterinary degree;
- if the individual's parents or guardians **did not complete a university degree** course or equivalent;
- if the individual attended a (selective or non-selective) **state school**;
- if the individual comes from a household that received **income support** at any point during their school years; and
- if the individual received **free school meals** at any point during their school years.

Scores ranged from **0 to 5**, with **higher scores** indicating a **lower socioeconomic status**. The average social mobility score was **1.54**, suggesting an average medium to **high** socioeconomic status amongst respondents.

- As presented in Figure A8, respondents' **socioeconomic status increased with age**, with younger respondents reporting the lowest social mobility status.

Figure A8: Respondents' mean social mobility scores by age group



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



- **Students** reported a **lower social mobility status** (veterinary students 1.86; student veterinary nurse 1.80) compared to respondents who are employed (veterinary nurse 1.73; veterinary surgeon 1.34).
- Respondents who identified as **Asian or Asian British** had the **highest socioeconomic status** (1.34), followed by white respondents (1.53). Those from **mixed or multiple ethnic groups** reported the **lowest** social mobility status (1.90).
- Participants **with a chronic illness/condition and/or disability** had a slightly **lower socioeconomic status** (1.55) compared to those that do not have a chronic illness or condition (1.51)

When looking at respondents' answers to **specific social mobility questions**, some differences also emerged:

- Of those who reported taking a **one-year access course** to enable them to access a veterinary degree (4.2%), **16.5%** were **veterinary students** and **6.3%** were **student veterinary nurses**.
- **The majority** of respondents (69.4%) attended a **selective or non-selective state-funded school**, with 13.6% attending an independent or fee-paying school and **16.6%** of participants **attending school outside the UK**.
- **Some 16.2%** of respondents indicated receiving **free school meals** at any point during their school years. Of these, **nurses** (veterinary nurses 21.8%; student veterinary nurses 20.8%) were more likely to have **received free school meals** compared to veterinary surgeons (11.9%) and veterinary students (16.2%).
- In addition, **white** and **Asian or Asian British** respondents were **least likely** to have **received free school meals** (16.0% and 16.2% respectively), compared to black, black British, Caribbean or African participants (21.4%), mixed or multiple ethnic groups respondents (22.4%) and those from other ethnic groups (23.8%).



Appendix B: Additional analysis

Table B1: Statistics tables displaying significance testing of interaction between role and gender

		Role			
		Non-veterinary surgeon		Veterinary surgeon	
		Gender			
		Female (A)	Male (B)	Female (A)	Male (B)
		Count	Count	Count	Count
Mental health condition	Yes	762	36	357 B	94
	No	723	36	732	382 A
	Don't know	71	3	50	10
	Prefer not to say	22	2	11	4
Occupational health services awareness and use	Yes, I have used these	162	8	151	52
	Yes, but I have not used these	240	10	337	152
	No	172	6	273	121
	I don't know	161	4	299	115
When occupational health services were last used	Less than a month	75	5	84	32
	1–3 months	58	3	39	15
	4–6 months	14	0	10	3
	7–12 months	7	0	8	2
	12 months or more	6	0	5	0
Employer understanding of health conditions	Yes	229	13	215	90 A
	No	296	10	290 B	64

Significance level for upper case letters (A, B): .05



	Role			
	Non-veterinary surgeon		Veterinary surgeon	
	Gender			
	Female (A)	Male (B)	Female (A)	Male (B)
	Mean	Mean	Mean	Mean
Employer understands Equality Act	3.28	3.17	3.53	3.68
Equality Act rights	2.30	2.50	2.10	2.29 A
Feelings of guilt	1.92	1.79	2.35	3.06 A
Enabling people	3.35	3.18	3.85 B	3.51

Significance level for upper case letters (A, B): .05

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



Table B2: Statistics tables displaying significance testing of interaction between gender and role

		Gender			
		Female		Male	
		Role			
		Non-veterinary surgeon (A)	Veterinary surgeon (B)	Non-veterinary surgeon (A)	Veterinary surgeon (B)
		Count	Count	Count	Count
Mental health condition	Yes	762 B	357	36 B	94
	No	723	732	36	382 A
	Don't know	71	50	3	10
	Prefer not to say	22	11	2	4
Occupational health services awareness and use	Yes, I have used these	162 B	151	8 B	52
	Yes, but I have not used these	240	337	10	152
	No	172	273	6	121
	I don't know	161	299 A	4	115
When occupational health services were last used	Less than a month	75	84	5	32
	1–3 months	58	39	3	15
	4–6 months	14	10	0	3
	7–12 months	7	8	0	2
	12 months or more	6	5	0	0
Employer understanding of health conditions	Yes	229	215	13	90
	No	296	290	10	64

Significance level for upper case letters (A, B): .05

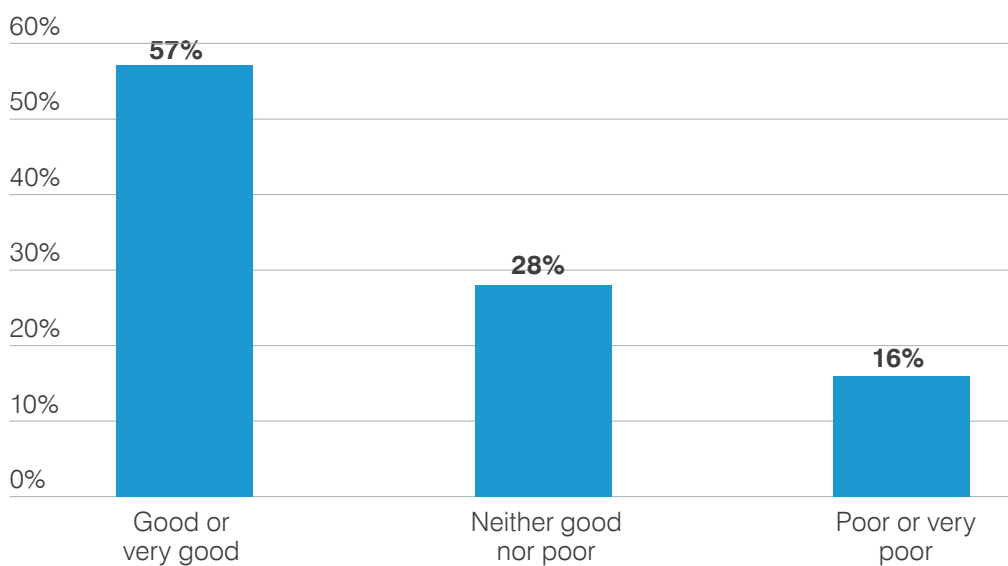


	Gender			
	Female		Male	
	Role			
	Non-veterinary surgeon (A)	Veterinary surgeon (B)	Non-veterinary surgeon (A)	Veterinary surgeon (B)
	Mean	Mean	Mean	Mean
Employer understands Equality Act	3.28	3.53 A	3.17	3.68 A
Equality Act rights	2.30 B	2.10	2.50	2.29
Feelings of guilt	1.92	2.35 A	1.79	3.06 A
Enabling people	3.34	3.85 A	3.18	3.51 A

Significance level for upper case letters (A, B): .05

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

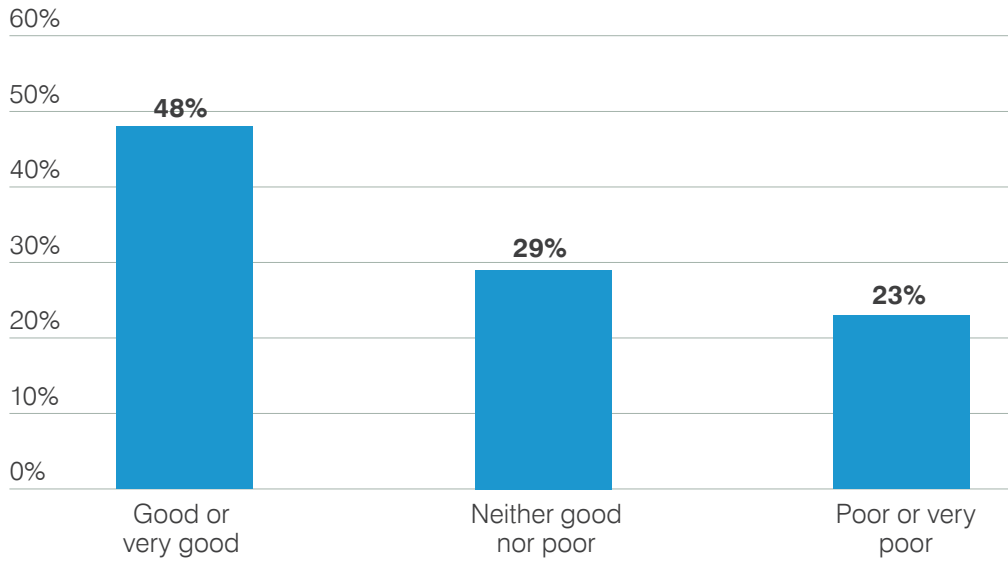
Figure B1: Respondents' description of their physical health



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



Figure B2: Respondents' description of their mental health



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



Table B3: Symptoms experienced by respondents

	Per cent of respondents
Mental health (eg anxiety, depression, mood swings, emotional dysregulation)	45.2%
Pain (eg chronic pain or neuropathic pain)	36.4%
Learning or understanding or concentrating (eg brain fog)	33.8%
Stamina or energy limitations (eg fatigue)	32.3%
Memory (eg asking people to repeat things, trouble following instructions or remembering words/names, becoming confused about time/people/places)	28.1%
Digestion (eg vomiting, reflux, constipation, diarrhoea, incontinence, urgency to go)	22.0%
Social or behaviour (eg social interactions)	21.3%
Mobility (eg walking short distances or climbing stairs)	18.8%
Dexterity (eg lifting and carrying objects, using a keyboard)	18.4%
Sensory processing (eg sensibilities to smell, sounds and lights)	18.1%
Immune system (eg immunocompromised, over reactive immune system)	17.1%
Allergies or intolerances (eg food or environmental, animal allergies or intolerance)	16.8%
Menstrual or reproductive issues (eg dysmenorrhoea, infertility, pelvic pain/dysfunction, prolapse)	12.8%
Breathing or respiratory issues (eg asthma, COPD, sinusitis)	12.4%
Interaction with the environment (eg balance, proprioceptive deficits, vertigo)	11.8%
Cardiac and circulatory issues (eg heart disease, arrhythmia, Raynaud's, lymphedema, deep vein thrombosis)	8.7%
Urinary/renal issues (eg pelvic region pain, incontinence, urgency to go, prolapse)	7.7%
Verbal capabilities (eg verbal reasoning or speech)	6.4%
Hearing (eg deafness or partial hearing)	5.5%
Vision (eg blindness or partial sight)	4.3%
Other (eg hypoglycaemia or hyperglycaemia, extreme fatigue, migraines, issues related to executive functioning)	3.3%
Prefer not to say	0.4%
Don't know	0.0%

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



Table B4: Comorbidity by condition type

	Per cent of respondents
Chronic & physical condition	39.8%
Chronic & mental health condition	29.6%
Chronic condition & identify as neurodivergent	21.4%
Mental health & physical condition	19.5%
Mental health condition & identify as neurodivergent	19.2%
Physical condition & identify as neurodivergent	14.5%
Chronic, physical & mental health condition	18.4%
Chronic, mental health condition & identify as neurodivergent	15.1%
Chronic, physical condition & identify as neurodivergent	13.4%
Mental health, physical condition & identify as neurodivergent	9.8%

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Register membership category

The following questions were asked to respondents who were employed, but we have analysed them for the respondents who shared that they were working as a **veterinary surgeon or veterinary nurse**. Some **85.0%** of respondents selected **UK-practising** as their current or most recent membership category on the RCVS Register. The next most common options that were selected were **practising outside the UK** (11.4%) and non-practising (70 years plus) (3.2%).

Employment category

Employed respondents were then asked about their employment category, and data was analysed for veterinary surgeons and veterinary nurses. Results indicated that almost **two-thirds of participants** (64.5%) work **full-time** within the veterinary profession, with 31.3% working part-time within the veterinary profession. Some 3.4% of respondents reported working outside the veterinary profession (either full-time or part-time) and less than one in a hundred (0.9%) do voluntary work within the veterinary profession.



- **Females** were more likely than males to be **working part-time** (33.7% compared to 21.7% respectively).

Working as a locum

Veterinary nurses and veterinary surgeons were also asked whether they **work flexibly as a locum** or independent practitioner, with **14.2%** saying that they do and 7.7% responding that they sometimes do.

- **Older** respondents were **more likely** to be working as a **locum** (30.9% of those aged 60-69) compared to those in the youngest age group (8.2%).
- A **higher percentage** (18.5%) of those working in an **independent practice** reported **working as a locum** compared to respondents working as part of a corporate group (8.6%), a charity (8.1%) or a school (4.2%).

UK working country

Veterinary surgeons and veterinary nurses were asked about which UK country they currently work in. **Four-fifths** (80.9%) of respondents reported currently working in **England**, 9.5% in Scotland, 4.8% in Wales and 1.7% in Northern Ireland. The rest of the respondents (3.2%) reported not having worked in the UK.

Current working hours

More than half (57%) of participants agreed or strongly agreed that they are **happy with their working hours**, slightly less than one fifth (19.3%) neither agreed nor disagreed, and 23.7% disagreed or strongly disagreed with the statement. The average score for this statement was 3.45, suggesting a **slight agreement with the statement**.

- The mean score for females was lower (3.42) than that for males (3.58), indicating that **male** respondents feel **more positively** about their **working hours**.
- The mean score was higher for older respondents (60-69 3.86) compared to younger participants (18-29 3.26; 30-39 3.31). This suggests that **younger** respondents are **not as happy with their working hours**.



- **White** respondents reported the highest mean score (3.47), while **black, black British, Caribbean or African respondents** had the lowest mean score (2.89), indicating a **lower** level of **agreement** with the statement for this ethnic group.
- Those working **outside clinical veterinary practice** were less likely to be **satisfied** with their current working hours (mean score of 3.42) compared to respondents working within clinical practice (mean score of 3.73)
- In terms of differences between organisation ownership types, participants working in academic institutions had the lowest mean score (3.10), while those working for a charity reported the highest mean score (3.57), suggesting that those **working for a charity** are **more satisfied** with their working hours than those in other organisation ownership types.

Satisfied with working hours

Respondents who agreed or strongly agreed that they are happy with their current working hours were asked to explain why this was the case. The most frequent response from respondents was that their current working pattern **suits their lifestyle**, allowing them to have **good work-life balance**.

Flexible working arrangement that provides me with a good work-life balance and aligns with my childcare commitments.

Veterinary nurse

32 hours is fairly sustainable to do other things outside of work.

Veterinary surgeon

Fits in with my current out of work priorities and interests.

Veterinary surgeon

Other participants who are happy with their working hours explained that this is because they work a **four-day work week**, with some sharing that this allows them to properly rest between shifts.

Two long days, two short days and one day off allows for rest periods.

Veterinary nurse



Although the days are long four-day week and proper post-duty rest days make it much easier.

Veterinary surgeon

Some respondents shared that they have **control over their current working hours**. In most cases participants highlighted that the amount of hours they work in a week being their own choice was because they are **self-employed**.

Because I work as a peripatetic specialist, I control the hours I work. This was never possible as an employee.

Veterinary surgeon

I own the practice and work the hours I've chosen.

Veterinary surgeon

Not having to work **anti-social or on-call hours** was another reason why participants were satisfied with their working hours, especially for those working in academia.

*I work 32 hours per week, regular hours.
My job has no on-call element.*

Veterinary surgeon

I am in academia so have set hours and rarely have to work additional hours.

Veterinary nurse

Lastly, respondents with a **chronic illness/condition and/or disability** explained that their working hours, and flexibility around these, allow them to **manage** their condition.

I can adapt my working hours to support my health when I am having flareups.

Veterinary surgeon

It suits me, able to have a better work life balance, less stressful, has made managing my condition better.

Veterinary nurse



Not satisfied with working hours

Respondents who disagreed or strongly disagreed that they are happy with their current working hours were asked why this is. Respondents shared that they have very **long working hours** and weeks, with some explaining that they are unable to reduce their working hours due to **financial reasons**.

I find 10-hour shifts exhausting, but they seem to be the standard. In an ideal world I would work 9-5 shifts; I don't cope well with mornings, don't have time to decompress after 10 hours at work plus travel and lunch break, and don't recover well from four solid days of only working, eating and sleeping.

Veterinary nurse

It's too many hours a week and distributed too unevenly.

Veterinary surgeon

I would love to drop my hours to part-time, however I cannot afford to.

Veterinary nurse

Other respondents highlighted that in addition to the long working hours, they often work **overtime** too, which contributes to their lack of satisfaction with their working hours.

Overworked, understaffed, constant overtime for the sake of patient safety and wellbeing.

Veterinary nurse

Unpaid overtime and out of hours work on top of 12-hour days.

Veterinary surgeon

For other respondents who were unhappy with their working hours, this was due to their chronic illness/condition and/or disability. Some participants felt that they **struggled** with **cop**ing with their working hours due to their **disability**, while others explained that they would want to work more hours, but that this is restricted by their chronic illness/condition and/or disability.

Financially I currently need to work a minimum of 30/35 hours a week as wages are so low. This is having an effect on my disability.

Veterinary nurse



I wish I could work more hours, due to my chronic illness I cannot. I am working more hours than I can physically manage at the moment but cannot afford to reduce them more.

Veterinary nurse

I would like to cut my hours for health reasons but cannot afford to.

Veterinary nurse

I have had to cut my hours due to my disability.

Veterinary nurse

Lack of flexibility and **work-life balance**, as well as working hours not suiting respondents' lifestyle was another issue that respondents highlighted in relation to their unhappiness with their working hours.

I work a 50-hour week, not including weekends, and my time away from work is not respected.

Veterinary surgeon

I would prefer to spread my hours over a four-day week for more work-life balance.

Veterinary nurse

10-to-12 hours shift doesn't allow me to sleep enough, eat healthy and have social life.

Veterinary surgeon

Lastly, some respondents explained that they find being **on-call** and working **out of hours** exhausting.

On call is an additional burden I struggle with on several levels.

Veterinary surgeon

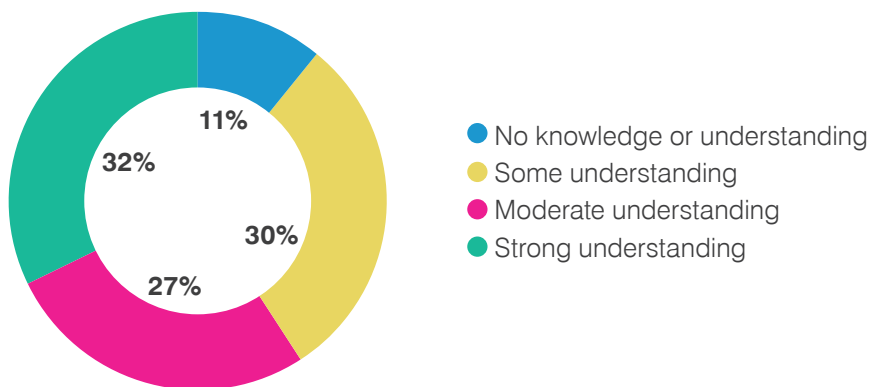
Normal full time working hours + added on call is a lot of hours (especially without any rest compensation).

Veterinary Surgeon



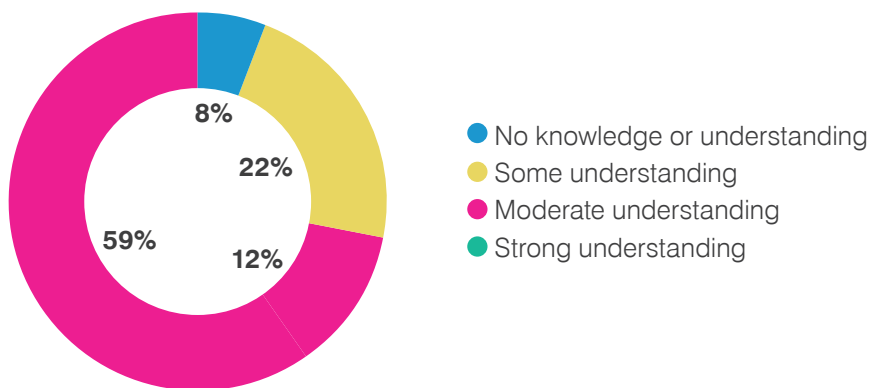
Understanding of the Equality Act 2010

Figure B3: Employer understanding of the Equality Act 2010 by those working within clinical practice



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

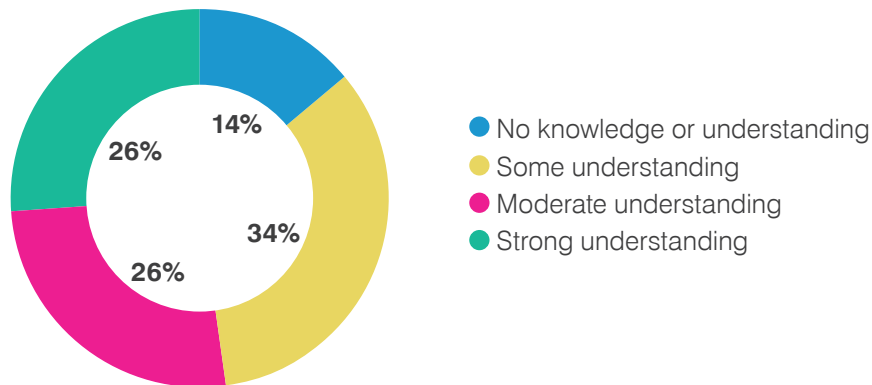
Figure B4: Employer understanding of the Equality Act 2010 by those working outside clinical practice



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

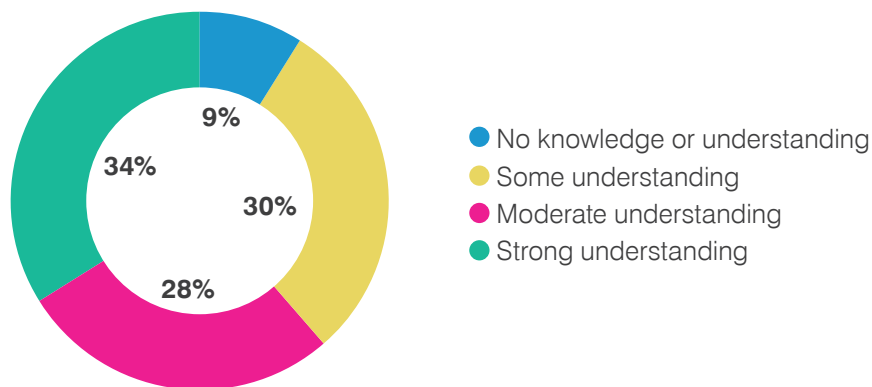


Figure B5: Employer understanding of the Equality Act 2010 by those working at independent practices



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

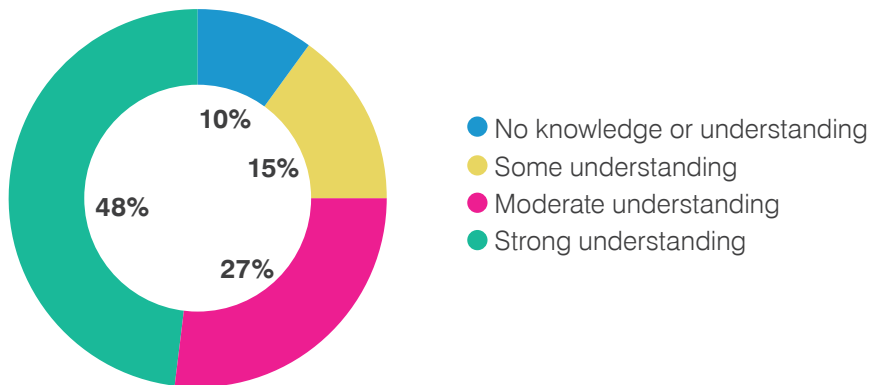
Figure B6: Employer understanding of the Equality Act 2010 by those working at corporate or out-of-hours practices



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

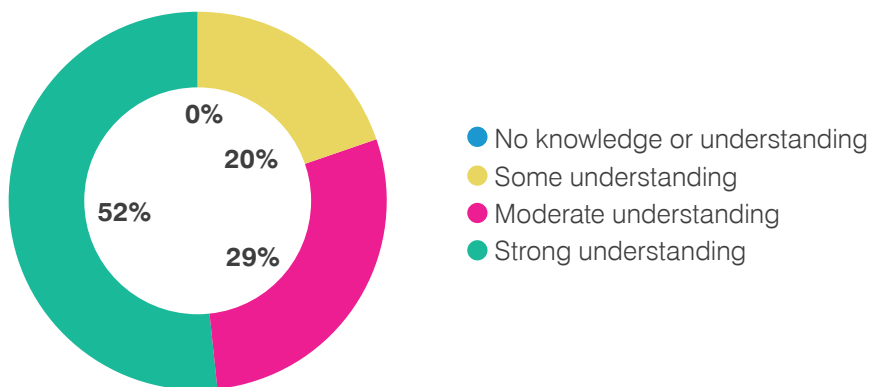


Figure B7: Employer understanding of the Equality Act 2010 by those working at charities



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Figure B8: Employer understanding of the Equality Act 2010 by those working at veterinary schools



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



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