

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)

Summary report

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1 Introduction

This summary 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). A longer and more detailed **full report** is also available.

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 studying for veterinary qualifications. The findings will assist the activities underway as part of the RCVS Workforce Action Plan (2022), most notably 'Exploring how to widen access to veterinary work, for example opportunities for people with disabilities, including those who have become disabled or chronically ill post-qualification'.

All veterinary surgeons, veterinary nurses, veterinary students and student veterinary nurses were encouraged to participate in the survey, whether or not they had a disability/chronic condition. The research questions are listed below.

The survey was in the field for six weeks during May and June 2023, and elicited 3,411 usable responses. A profile of respondents can be found at the end of this report.



Research questions

1. What are the barriers faced at work by veterinary surgeons and veterinary nurses with a chronic illness or disability¹, and by veterinary and veterinary nurse students in education, and what support do they need?
2. What is recognition and understanding like for chronic illnesses and disabilities within the veterinary sector?
3. What good practice currently exists across the sector for supporting people with disability and chronic illness?
4. What workarounds and strategies do people apply so that they can work effectively?
5. What are people's experiences with reasonable adjustments in education and the workplace?
6. What changes do people with disabilities and chronic illnesses want to see implemented to ensure workplaces are accessible and inclusive?
7. What factors influence whether or not people identify as disabled?
8. What do students and veterinary professionals understand by the term 'fitness to practise'?
9. What factors influence people's decision to disclose their disability or chronic illness, and when to disclose and to whom?
10. Has disability or chronic illness influenced career choices and progression, and if so in what way(s)?

¹ Including physical and mental chronic illnesses, neurodivergence and those who fall under the legal definition of disability and including undiagnosed issues.



2 Personal experiences of studying and working in the veterinary sector with a disability/chronic condition

This chapter covers the nature and number of respondents' disabilities/chronic conditions, the impact of these conditions on studies and work, how people are treated in education and at work, and any experiences of discrimination, bullying and harassment.

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.

The research questions most relevant to the chapter are:

- What do students and veterinary professionals understand by the term 'fitness to practise'?
- What factors influence whether or not people identify as disabled?
- What factors influence people's decision to disclose their disability and when to disclose and to whom?
- Has disability influenced career choices and progression and if so in what way?



2.1 What are the disabilities/chronic conditions?

Three-quarters (75.6%) of respondents reported having at least one disability/chronic condition, the most prevalent type of condition being a chronic condition (61%), followed by a physical condition (48%), a mental health condition (39%) and neurodivergence (30%). Due to the nature of the survey, it is unsurprising that a high percentage of respondents had disabilities/chronic conditions. **To add context**, questions on the 2024 Survey of the Professions yielded the following headline results:

Do you consider yourself to have a physical disability or physical medical condition that has a substantial and long-term effect on your everyday activities? Overall, 10% of veterinary surgeons and 15% of veterinary nurses said yes.

Do you consider yourself to have a mental health condition that has a substantial and long-term effect on your everyday activities? Overall, 9% of veterinary surgeons and 19% of veterinary nurses said yes.

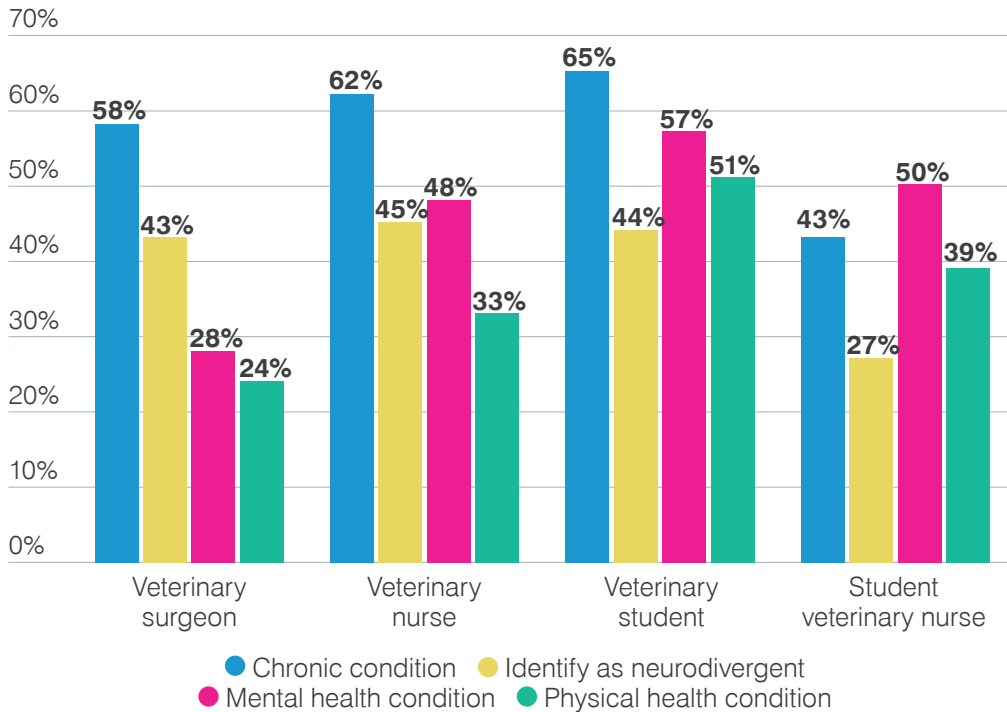
Do you consider yourself to have a neurodivergent condition? Some 13% of veterinary surgeons and 19.5% of veterinary nurses said yes.

Returning to the Disability and Chronic Illness Survey, Figure 2.1 shows the percentage of respondents reporting different types of disability/chronic condition by role and indicates that veterinary students were overall most likely to report disabilities/conditions. As could be expected, the proportion of respondents with a physical disability/condition increased in line with age, but interestingly for mental health conditions and neurodivergence the opposite was true; the proportion with these conditions decreased in line with age.

When asked about the duration of each disability/chronic condition, most respondents expected their disability/chronic condition(s) to be lifelong, and almost half had been managing them for more than 10 years. For around three-quarters of respondents, their condition had been diagnosed by a medical professional, although older respondents (50+) were less likely to have received a formal diagnosis. Waiting times before receiving a diagnosis varied enormously; although most had to wait between one and five years, it was not unusual for those who identified as neurodivergent to have to wait 11 or more years for their diagnosis.



Figure 2.1: Respondents' role by condition type



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

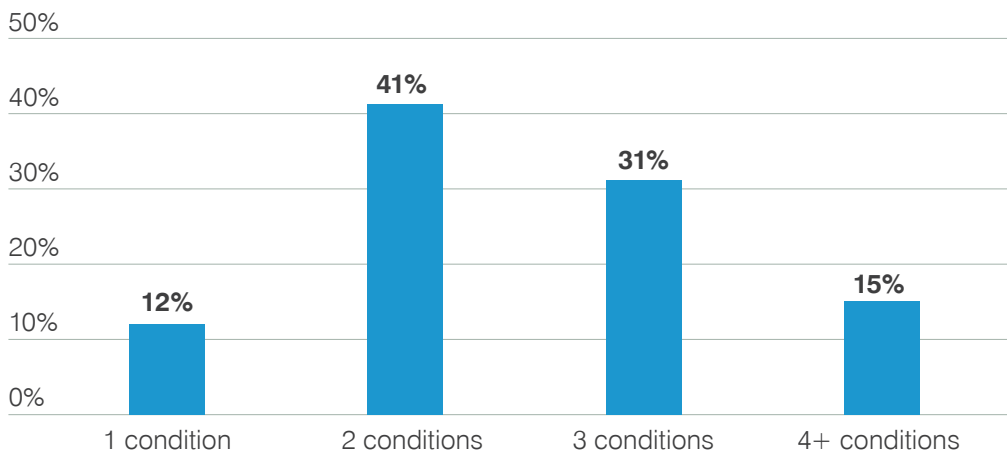
The majority (87%) of those with a disability/chronic condition reported having more than one condition, as Figure 2.2 shows. Table 2.1 gives more information about the combinations of broad disability/condition types experienced by respondents. Some of the most common specific conditions were anxiety and depression, attention deficit hyperactivity disorder (ADHD), asthma, endometriosis, chronic pain and Crohn's disease. For around 4% of respondents, their disability/chronic condition was menopause-related.

Three-quarters of respondents with at least one disability/chronic condition were, at the time of participating in the survey, under treatment to manage their condition(s).

Despite respondents' disabilities/chronic condition(s), over half (57%) described their physical health as good or very good, while slightly under half (47%) rated their mental health as good or very good.



Figure 2.2: Respondents with one or more disabilities/chronic conditions (% of those reporting at least one)



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Table 2.1: Comorbidity by condition type

	Per cent of respondents
Chronic and physical condition	39.8%
Chronic and mental health condition	29.6%
Chronic condition and identify as neurodivergent	21.4%
Mental health condition and physical condition	19.5%
Mental health condition and identify as neurodivergent	19.2%
Physical condition and identify as neurodivergent	14.5%
Chronic, physical and mental health conditions	18.4%
Chronic and mental health conditions and identify as neurodivergent	15.1%
Chronic and physical health condition and identify as neurodivergent	13.4%
Mental health and physical condition and identify as neurodivergent	9.8%

Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



2.2 How does having disabilities/chronic conditions impact on the individual?

Almost two-thirds (60%) of participants shared that they are affected by their disability/chronic condition every day, and over two-thirds (68%) agreed or strongly agreed that they had to make significant changes to their life to continue working. Comorbidity made a difference here: the more disability/chronic condition(s) a respondent reported, the more they were affected.

Broadly, the most frequently reported symptoms of respondents' disability/chronic condition were on mental health, pain, learning, understanding or concentrating, and stamina or energy limitations. Table 2.2 gives more specific details.



Table 2.2: 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



Given these symptoms, it is understandable that respondents with a disability/chronic condition who were currently in education had very strong agreement with the statement: 'Working in the veterinary profession with a chronic illness/condition and/or disability will be challenging' (4.1 out of a possible maximum score of 5). Those who were at work had an even stronger level of agreement with a similar statement: 'Working in the veterinary profession with a chronic illness/condition and/or disability can be challenging' (4.41/5). Younger respondents were more likely to agree with the 'working' statement than their older counterparts. Those with more than one disability/chronic condition in education or at work were particularly likely to strongly agree with the statement that applied to them.

When asked to identify the impacts of having a disability/chronic condition on working in the veterinary sector, the majority of respondents cited negative impacts: barriers to working effectively; 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.

Negative impacts on respondents' lives more generally included: low energy and stamina; the impact of symptoms; difficulties with communication; limits to independence; and lower confidence.

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

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

Feel I am judged sometimes for not understanding straight away.

Student veterinary nurse



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

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 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

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

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

However, some respondents also highlighted positive benefits about having a disability/chronic condition. These were: having other ways of thinking; being more understanding, caring and supportive of others; improved personal development/skills; developing better ways of communicating; and increased resilience and adaptability.

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

Veterinary student

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

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

I am very good at pattern spotting and coming up with novel solutions to problems.

Veterinary surgeon

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

Veterinary nurse

Receiving treatment for their disabilities/chronic conditions often impacted favourably on respondents' studies or work, as the treatment helped to control their symptoms. There were also some negative impacts, notably needing to have time off for medical appointments and, sometimes, feeling that medication caused tiredness and difficulties in concentrating. Conversely, respondents' studies or work could affect their treatment, causing additional stress due to the challenge of organising and attending medical appointments and the effects on pay; some also noted study or work patterns meant they were sometimes unable to take medication for their condition, which could then impact on their health and well-being.

Improves my ability to undertake my studies.

Veterinary student

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

Veterinary surgeon

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

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

Veterinary student

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

Veterinary nurse



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

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

Some 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, and those with multiple conditions.

2.3 Is there evidence of discrimination?

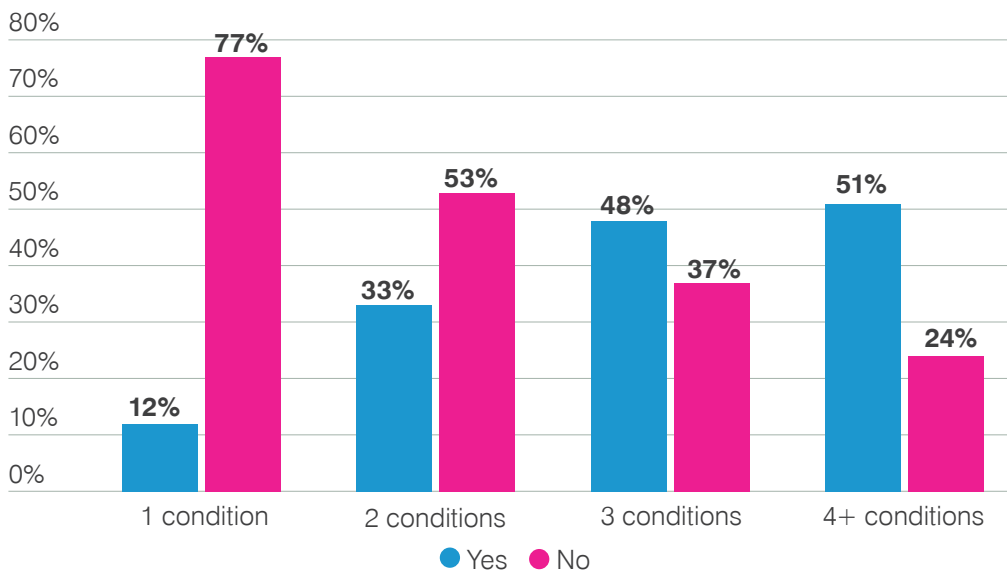
People's misconceptions about the condition often mean they treat you differently.

Veterinary nurse

Around one-quarter of respondents felt that they had been treated differently during study and/or work, and the majority of these (79%) thought this was due to their symptoms, especially if their disability/chronic condition was visible. Figure 2.3 shows a very strong relationship between the number of disabilities/chronic conditions and perceptions of being treated differently.



Figure 2.3: Respondents reporting being treated differently at work, by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

2.3.1 Disclosure

Almost half of those who felt they had been treated differently (45%) thought that disclosing their condition(s) had contributed to being treated differently. The majority of respondents had disclosed their disabilities/chronic conditions, especially in education, where three-quarters disclosed. Over two-thirds of those in work had disclosed to their current workplace, and half had also disclosed to previous employers.

Reasons for disclosure included practical aspects such as accessing support (including reasonable adjustments), getting time off, getting increased understanding from education providers and workplaces, and self-protection (especially at work). Those with visible disabilities/chronic conditions felt they had to disclose because of this visibility. Some respondents wanted to disclose to act as role models even if their disability/chronic condition wouldn't usually be visible.

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

Veterinary nurse



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

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

Those who did not disclose provided a variety of reasons including: not believing that disclosure would bring any benefit them or lead to support; not having a diagnosis; worry over being stigmatised; not feeling comfortable about revealing/talking about their disability/chronic condition; and anxieties that there might be discrimination as a result.

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

... 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

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

Despite relatively high levels of disclosure at work, less than half of respondents felt that their employer/workplace understood how their disability/chronic condition affected them at work.



Fitness to practise

Although specific questions were not asked about fitness to practise, a small number of free text comments given by some respondents suggests that there is some anxiety and confusion around what the term means and how it can be applied. The following comments reflect this, although they should not be taken to represent the views of respondents generally. Being considered fit to practise was given both as a reason to disclose and a reason not to be open about needing help for disabilities/ chronic conditions, because of how this might be interpreted:

[I disclosed] 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

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

Student veterinary nurse

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

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

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



2.3.2 Experiences of discrimination

18% of those in education and 36% of those in work had experienced discrimination, bullying or harassment due to their disability/chronic condition. For those in education, this behaviour came mainly from placement staff and from others on their course, and included comments, judgements on ability and limitations on opportunities.

At work, respondents reported that discriminatory behaviour came most frequently from managers and colleagues rather than clients. Those with a mental health condition or who identified as neurodivergent were particularly likely to experience discrimination, bullying or harassment, as were respondents with multiple disabilities/chronic conditions.

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

Student veterinary nurse

Been called lazy, not pulling my weight.

Veterinary nurse

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

Veterinary surgeon

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

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

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



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.

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

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



3 The role of the organisation

This chapter focuses mainly on the role of the organisation (educational institutions and workplaces) in supporting individuals with a disability/chronic condition, and covers knowledge and understanding, different types and sources of support, reasonable adjustments, barriers to support and, on a positive note, enablers of support. The research questions most relevant to the chapter are:

- What is recognition and understanding for disabilities² like within the veterinary sector?
- What are the barriers faced by disabled veterinary surgeons, veterinary nurses, veterinary students and veterinary nurse students in work and education, and what support do they need?
- What are people's experiences with reasonable adjustments in education and the workplace?
- What workarounds and strategies do people apply so that they can work effectively?

3.1 How good is knowledge and understanding among educational institutions and workplaces?

Working respondents reported a mixed understanding of the **Equality Act 2010**. Although almost two-thirds (63%) overall believed there was a strong or moderate understanding of the Equality Act at their workplace, more than one in ten (12%) thought their employer had no knowledge or understanding. Those without a disability/chronic condition, or with only one, were most likely to report a strong understanding at their workplace (55% and 43% respectively), while those with four or more conditions were least likely (15%). Those working within clinical veterinary practice were notably less likely to think their employer had a strong understanding than those working outside (32% and 59% respectively).

Fewer felt their employer had good understanding of the **Access to Work** scheme: less than half (45%) thought their employer had strong or moderate understanding, while over a quarter (27%) reported no

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



understanding at the workplace. Respondents having one or more disabilities/chronic conditions were more likely to assess their employer as having no knowledge or understanding (31%) compared to those without a disability/chronic condition (15%). Similar to the finding above, 45% of those working outside clinical veterinary practice reported a strong understanding by their employer, compared to a notably lower 22% of those working at a practice.

It is worth pointing out, however, that respondents overall did not rate their **own knowledge** very highly. Around one-third (35%) thought they had a moderate or strong understanding of their own rights under the Equality Act 2010 and one-quarter (25%) shared they had no knowledge. A similar picture was apparent when respondents were asked about the Access to Work scheme: over half (57%) said they had no knowledge or understanding of the scheme, with only 5% rating their knowledge as strong.

More than two-fifths of respondents (42%) did not know whether there were any policies to support individuals with disabilities/chronic conditions at their workplace or educational institution. Around one-quarter (24%) said there were not any policies, leaving around one-third (34%) who said such policies did exist. The respondent groups most likely to be aware that policies existed were veterinary students (54%), those with managerial responsibilities (47%), and those working outside clinical veterinary practice (52%).

Despite patchy awareness of policies, when asked to agree or with a statement about whether policies were adhered to, the overall average score for this statement was a slightly positive 3.21 out of 5. In common with other findings, agreement with this statement declined in line with respondents' number of disabilities/chronic conditions: those with one condition returned a positive average score of 3.41, compared to negative scores of 2.86 for those with three conditions and 2.83 for those with four and over.

Similar findings resulted from respondents being asked whether they agreed or disagreed with a statement about the fairness of policies. The overall average score was a slightly positive 3.19 out of 5, and again respondents with multiple disabilities/chronic conditions (3 conditions 2.97; 4 and over conditions 2.75) returned slightly negative scores, while those with only one condition (3.48) were positive about fairness.

The large majority of those with managerial responsibilities (81%) said that training and education in disabilities/chronic conditions was not provided to staff members. There was some variation by type of organisation, in that 30% of managers in veterinary schools said training was offered; in common with other findings, 36% of those working for



organisations outside clinical veterinary practice offered training, compared to a notably lower 16% of respondents working in clinical practice. Those who said training was offered were asked about the uptake of such training; responses varied considerably, with approximately one-third saying uptake was 100% or that the training was mandatory for all, another third describing it as good, and the remaining third saying it was poor or low.

3.2 What support is available, and how effective is it?

3.2.1 General views about support

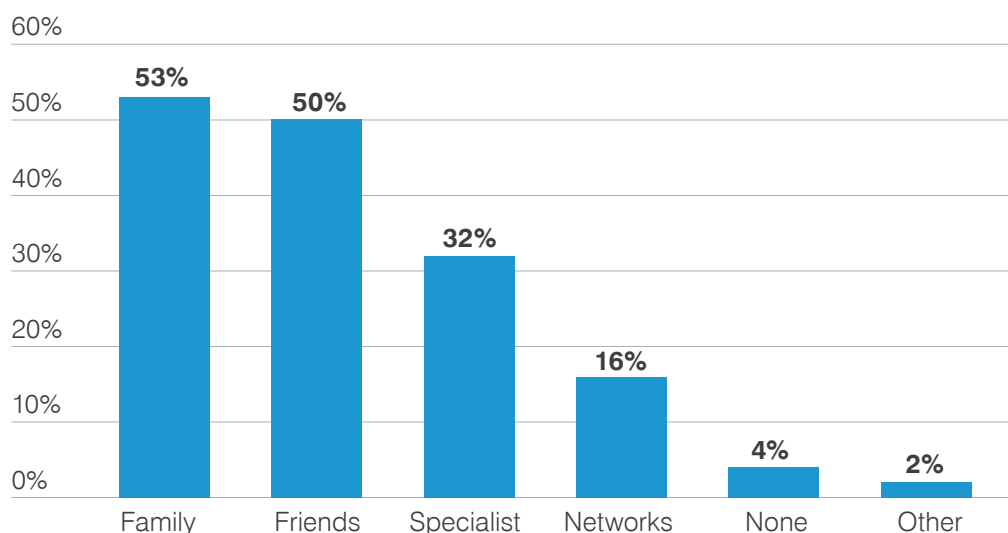
When asked to assess the extent of their agreement with the statement, 'I feel I receive good support for my chronic illness/condition and/or disability' the average overall score for this statement was 3.03 out of 5, indicating that, on average, respondents did not agree or disagree. Further analysis breakdowns revealed fairly small variations among different groups:

- Respondents from different ethnic minority backgrounds were more likely to disagree they had support, returning scores of between 2.69 and 2.87, compared to 3.04 for white respondents.
- A role analysis showed veterinary surgeons (2.98) were least likely to agree, and student veterinary nurses (3.15) the most likely.
- An analysis by type of condition indicated those with a mental health condition (2.88) or who identified as neurodivergent (2.87) were slightly less positive than those with a chronic illness (3.02) or physical condition (3.00).
- The biggest difference, as also seen in several other questions, was that the score decreased in line with the number of disabilities/chronic conditions: one condition 3.43, two conditions 3.12, three conditions 2.84, four or more conditions 2.81.

Figure 3.1 shows that family and friends were the most frequently cited sources of support. For most, their sources of support lived with them (39%) or close by (38%), though many (32%) said their support was 'far away'. Veterinary students, who may have had to move some distance from home to study, were most likely to have sources of support living far away (47%).



Figure 3.1: 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

When all respondents (ie not only those with disabilities/chronic conditions) were asked whether they agreed that ‘colleagues or peers with a chronic illness/condition and/or disability require additional support to fulfil their studies or role at work’, the overall average score was 4.01 out of 5, a high level of agreement. Further analysis showed only small differences between respondent groups, suggesting clear agreement across the board.

3.2.2 Barriers and enablers in different settings

When asked about their experiences in education, during work placements, and at work, it was clear that these varied considerably. Some described only positive and supportive experiences, while others had consistently encountered barriers with no or few enablers. The majority, however, had mixed experiences: good in some situations and poor in others.

Education

Support in education varied considerably. The response to ‘I feel I received good support for my chronic illness/condition and/or disability whilst in education’ indicated a slightly negative to neutral level of agreement overall, with an average score was 2.94 out of 5. Figure 3.2, however, shows a varied response, with a notably higher percentage



strongly disagreeing than strongly agreeing. Further analysis indicated that men were more likely to disagree than women (2.65 and 2.98 respectively). Those identifying as neurodivergent had a notably lower than average score of 2.80. Following the usual pattern, views became less positive as the number of disabilities/chronic conditions increased: one condition 3.20, four or more conditions 2.81.

The 34% who agreed/strongly agreed they had received good support explained this was due to having reasonable adjustments, getting support with the workload, having supportive staff, being able to talk about their condition and its impacts, and getting suitable referrals:

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

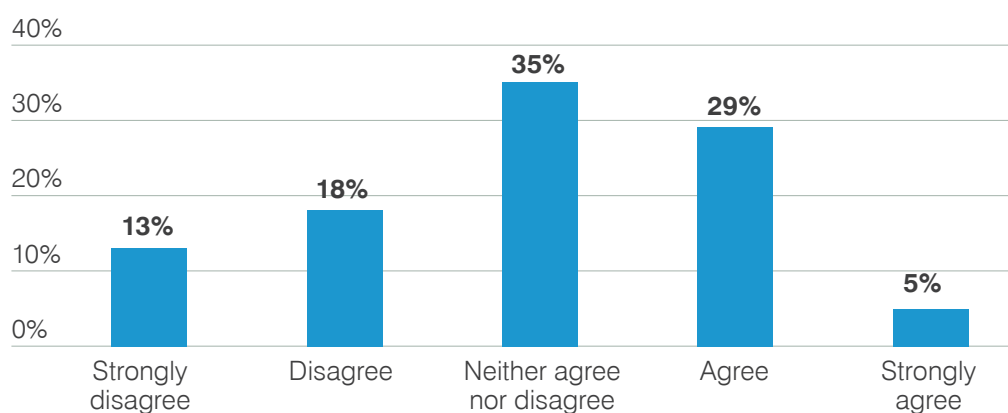
My university tutors have been very supportive, encouraging and asking if I'm seeking treatment and asking what they can do to help.

Veterinary student

The university was 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

Figure 3.2: Respondents' views about receiving good support for their condition in education



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



The 31% who disagreed/strongly disagreed felt this was due to their condition(s) and issues not being understood, inaccurate assumptions, and a lack of willingness to listen or provide appropriate support:

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

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

Veterinary student

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

Barriers to support in education were reported by one-third (34%) of respondents overall, with a higher percentage of veterinary students facing barriers than student veterinary nurses (44% and 26% respectively). In line with previous findings, those with multiple disabilities/ chronic conditions were much more likely to report barriers: 45% of respondents with four or more conditions, compared to a much lower 14% with one. Those identifying as neurodivergent were particularly likely to report barriers (43%). A range of barriers were described by respondents: not having a diagnosis, a lack of understanding about their condition, feeling judged by others, the time taken to find support, and poor communication.

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

Student veterinary nurse

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

Veterinary student

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

Veterinary student



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

Veterinary student

Enablers of support in education were less frequently reported than barriers, and 61% could not identify anything that enabled them to find any support. More veterinary students (46%) reported encountering enablers than student veterinary nurses (20%). Encouragingly, those with higher comorbidity were more likely to report enablers: 44% of with four or more disabilities/chronic conditions, compared to 19% with one. Enablers included having supporters/advocates, a continuation of existing support, having a diagnosis, and access to funding:

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

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

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

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

Veterinary student

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

Student veterinary nurse

Despite the reports of difficulties and barriers, it was encouraging to see clear agreement overall from current veterinary students and student veterinary nurses to two statements: 'Others on my course have been helpful when/if I needed support due to my chronic illness/condition and/or disability' returned a score of 3.7 out of 5, while 'My tutor/s have been helpful when/if I need support due to my chronic illness/condition and/or disability' averaged 3.67 out of 5.



Work placements

Support during work placements, similar to support in education, varied considerably. The response to 'I feel I received good support for my chronic illness/condition and/or disability during EMS/IMR or workplace-based training', asked of those in education, returned an overall average score of 3.04 out of 5, a neutral to very slightly positive response. There was a difference when analysed by gender, in that female respondents (3.06) agreed overall, whereas male respondents disagreed (2.70). The link to comorbidity was again present, in that those with either three or four and over disabilities/chronic conditions both scored a negative 2.87.

Those who agreed or strongly agreed with the statement gave having reasonable adjustments as the main reason, such as having extra time to complete tasks and to rest, and equipment to support standing for long periods of time. Other reasons were supportive colleagues, flexible hours, effective two-way communication and a good understanding of their condition:

My practice and colleagues are very supportive and made adjustments.

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

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

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

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

My workplace is very understanding of my illness and the strain it causes.

Student veterinary nurse



While in the work-place colleagues were understanding of my disability and took the time to explain things to me in a way that made sense.

Student veterinary nurse

Those who disagreed or strongly disagreed said this was mainly because there was no discussion or offer of support, no reasonable adjustments, no time to negotiate help because the practice was so busy, and a lack of tolerance for, and understanding of, disabilities/chronic conditions. Some had chosen not to disclose because they thought they would be considered unacceptable for some placements:

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'.

Veterinary student

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

Student veterinary nurse

Unable to schedule a time to put reasonable adjustments in place for IMR [intra-mural rotations] due to EMS/IMR hours.

Veterinary student

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

Student veterinary nurse

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

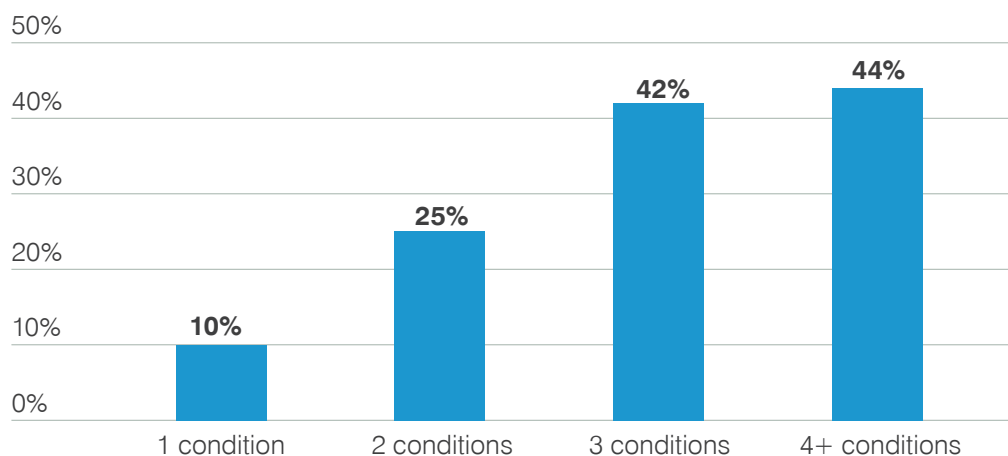
Practices struggle to be accommodating for invisible illnesses.

Veterinary student

Barriers to support during EMS/IMR or workplace-based training were experienced by 31% of respondents. Veterinary students were more likely to experience barriers to accessing support while in training than student veterinary nurses (36% and 27% respectively), and Figure 3.3 shows that barriers increased in line with the number of disabilities/chronic conditions.



Figure 3.3: Respondents facing barriers to support while on placement by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Reasons given for these barriers were a poor understanding of their health issues, poor communication, and a lack of reasonable adjustments. In addition, some had chosen not to disclose in case the practice refused to accept them, so felt it difficult to ask for help:

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

Veterinary student

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

Student veterinary nurse

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

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



Enablers of support during EMS/IMR or workplace-based training

were encountered by a lower 22%. Mainly, respondents described support from specific individuals and groups such as university support staff, OH services, advocates from support groups and Vetlife, peer support, online support groups, practice managers and coaches, and mental health first aiders.

Others thought that being open about their disability/chronic condition, and how it affected them on placement, helped them to access support:

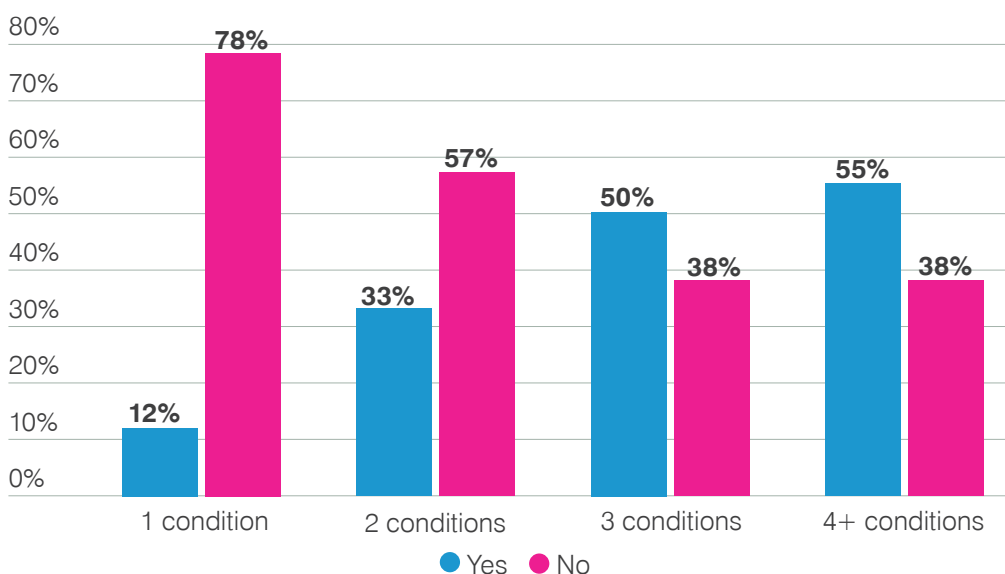
Completing a pre-placement health/info form enabled me to open the discussion about my conditions.

Veterinary student

At work

Over one-third (36%) of working respondents with a disability/chronic condition had experienced **barriers to accessing support at work**. Female respondents were more likely than male respondents to report barriers (50% and 33% respectively) and, following the usual pattern, comorbidity made a big difference (see Figure 3.4). Barriers were also more frequently reported by those with a mental health condition (47%) or who identified as neurodivergent (45%).

Figure 3.4: Whether experienced barriers to support at work, by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023



Barriers described included poor understanding, workplaces being slow or unwilling to provide support, a lack of signposting, not having a diagnosis, fears of being judged, and a lack of time to raise issues and discuss needs:

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

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

Veterinary nurse

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

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

Veterinary surgeon

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

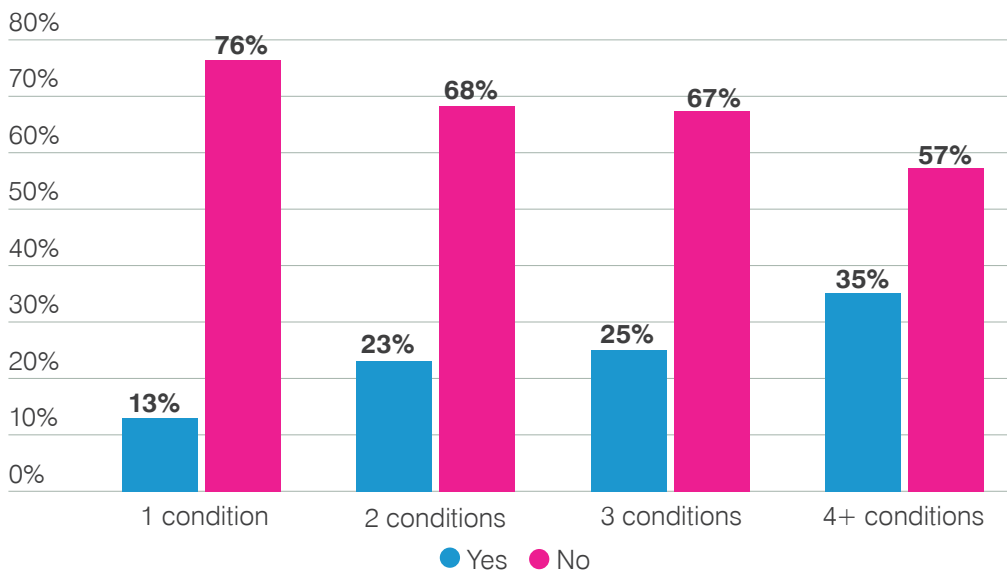
Hours were long and inflexible so hard to make appointments... I was scared as well as tired and unwell.

Veterinary surgeon

Enablers of support at work had been experienced by only 23% of those with a disability/chronic condition. The percentage of those reporting enablers to gain support increased in line with the number of conditions (see Figure 3.5).



Figure 3.5: Whether experienced enablers of support at work, by comorbidity



Source: RCVS BVCIS Chronic Illness and Disability survey, 2023

Enablers included external charities and organisations, open communication, support from friends/family/colleagues, understanding managers, help from OH/medical professionals/therapists, and financial support:

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

Veterinary nurse

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

Having disabled friends who were very knowledgeable surrounding my rights.

Veterinary nurse

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



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

Despite the barriers experienced by some, the overall average response to the statement, ‘Work colleagues have been helpful when/if I needed support at work due to my chronic illness/condition and/or disability’ was 3.7 out of 5, a positive level of agreement. A second statement, ‘My line manager/s have been helpful when/if I need support at work due to my chronic illness/condition and/or disability’ returned an average score of 3.31 out a 5, positive but notably less so than for the statement about colleagues. Respondents with higher comorbidity (3 conditions 3.14; 4 or more conditions 3.11) were less positive about their managers than those with one (3.65) or two (3.64) conditions. In addition, those 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).

3.2.3 Occupational health

Nearly half of all respondents (49%) said they had access to occupational health (OH) services at work, but only 16% overall had actually used them. One-quarter (25%) did not have access to these services, and another quarter (26%) did not know whether or not they had access. Access to OH was notably higher among those working outside clinical veterinary practice (51%, compared to 33% for those working within clinical veterinary practice).

Overall, females were somewhat more likely to have used OH services than males (17% and 13% respectively); and when analysed by role, veterinary nurses (22%) were notably more likely than veterinary surgeons (14%) to have used OH services, while veterinary students were by a large margin both the least likely to have used the services (8%), and the most likely not to be aware of them (46%).

Although those with a disability/chronic condition were more likely to be aware of OH, a relatively low 19% had used the services; a higher 27% said that they were aware but had not used them. Use of the services



was fairly consistent across disability/condition types, although those who identified as neurodivergent were a little less likely to have used the services (16%).

Encouragingly, access to OH was typically quite fast. Of those who had used OH services, over half (53.6%) had accessed these within a month, whereas around a third (31.5%) waited between one to three months. A notably higher proportion of respondents without a disability/chronic condition (72%) reported access in less than a month, compared to 51% of those with a disability/chronic condition. In addition, access in less than a month declined in line with the number of disabilities/chronic conditions: one condition 72%, two conditions 55%, three conditions 47%, four or more conditions 32%.

Experiences of OH services were very mixed. Some respondents described occupational health services positively (e.g. knowledgeable, supportive and quick), others described them negatively (e.g. invasive, lacking in knowledge or not used as intended by the workplace), while others described a mixture of good and bad experiences.

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

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

Veterinary surgeon

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

Veterinary nurse

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



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

Veterinary surgeon

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

Veterinary surgeon

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

Veterinary surgeon

Felt like a box ticking exercise by my employer.

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

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

Veterinary nurse

3.2.4 Reasonable adjustments

Awareness, offer and effectiveness of reasonable adjustments

Over half of respondents (52%) were aware that reasonable adjustments could be offered by their education provider or workplace if requested. However, one-third (32%) were not aware whether or not these were on offer, and 17% said that reasonable adjustments were not offered, which is worrying as these are a legal obligation under the Equality Act 2010. Further analysis indicated that veterinary students (69%) were more likely to be aware of reasonable adjustments than veterinary surgeons (49%), student veterinary nurses (50%) and veterinary nurses (52%). More respondents who worked outside clinical veterinary practice had awareness of reasonable adjustments (67%, compared to a notably lower 49% who worked within clinical veterinary practice).

When those with a disability/chronic condition who were aware that reasonable adjustments were available through their workplace or education provider were asked whether these had been offered, 52% said they had. Analysis by role and types of disability/chronic condition revealed no significant differences; even comorbidity made only a small



difference: with increasing number of adjustments, respondents were somewhat less likely to have been offered adjustments (one condition 56.0%; two 53.8%; three 51.9%; four+ 49.4%).

Those who had been offered reasonable adjustments were asked about their effectiveness. The average score for effectiveness was 3.25 out of 5, indicating a slightly positive view overall. Further analysis showed few significant differences among respondent groups, apart from student veterinary nurses being more likely to rate the reasonable adjustments as effective than veterinary students (3.42 and 3.05 respectively).

Types of reasonable adjustments

Reasonable adjustments described by those who had received them typically focused on tasks, physical work, equipment, financial support, environment and working hours; some listed multiple arrangements that enabled them to study or work:

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

Veterinary nurse

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

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

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

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

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

Veterinary surgeon



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

Veterinary surgeon

Change the rota or asked other colleagues to cover.

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

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

Veterinary surgeon

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

Student veterinary nurse

Those who had no reasonable adjustments offered to them were asked for more information about why. Some felt there was a resistance to change and/or an unwillingness to make adjustments, while others cited a lack of knowledge or understanding. Other reasons included the organisation believing it was unfair to others if the individual with a disability/chronic condition were to be given adjustments, which again could fall short of legal obligations.

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

Veterinary nurse

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

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

Veterinary surgeon



... 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

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

Student veterinary nurse

Another frequent issue preventing reasonable adjustments was the lack of time, high workloads, and staff shortages in some workplaces:

Lack of time in a busy practice.

Student veterinary nurse

Not enough time or staff.

Veterinary nurse

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

Veterinary surgeon

Others described inconsistencies in the provision of reasonable adjustments:

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

I did receive a specialised stethoscope for my hearing disability, however for my anaemia no adjustments have been made.

Veterinary surgeon

'Workarounds'

There were no specific questions asked about the workarounds adopted by respondents to enable them to work effectively. However, it is apparent, from some of the free text illustrative comments above, that some respondents managed their disabilities/conditions in practical ways without formally asking for reasonable adjustments. Examples include making sure there are seats available in different areas, taking themselves off to a quiet place during breaks, and negotiating working hours/shifts that are less onerous.



4 Disclosure

This chapter focuses mainly on what good practice looks like for supporting individuals with a disability/chronic condition who are studying or working within the veterinary profession. This covers examples of good practice and also what further adjustments or additional support respondents would like their workplace or education provider to provide. The research questions most relevant to the chapter are:

- What good practice currently exists across the sector for supporting people with disability and chronic illness?
- What workarounds and strategies do people apply so that they can work effectively?
- What are people's experiences with reasonable adjustments in education and the workplace?
- What changes do people with disabilities and chronic illnesses want to see implemented to ensure workplaces are accessible and inclusive?

4.1 An example of good practice?

The statement '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' yielded a reasonably encouraging average score of 3.2 out of 5 from respondents with a disability/chronic condition, indicating a somewhat positive level of agreement with the statement. There were some differences among respondent groups, notably:

Older respondents (60-69 3.32; 70-79 3.40) were somewhat more likely to agree than those who were younger respondents (18-29 3.20; 30-39 3.09).

- Managers (3.47) were notably more likely to agree than those without managerial responsibilities (3.04).
- Those working outside clinical veterinary practice (3.50) rated their workplace more highly than those within clinical veterinary practice (3.19).

Respondents with multiple conditions (two 3.21; three 2.90; four+ 2.96) were less likely to agree than those with one condition (3.46).



A second statement 'The veterinary profession generally is good at enabling people with a chronic illness/condition and/or disability to work within the profession' about the wider veterinary profession, however, resulted in a clearly negative score of 2.44 out of 5. Again, there were some differences:

- Female veterinary surgeons (2.15) disagreed more strongly than their male counterparts (2.49).
- Student veterinary nurses (2.97) had a neutral view overall, while veterinary surgeons (2.25) clearly disagreed.

Respondents with higher comorbidity (two 2.42; three 2.17; four+ 2.19) were more likely to disagree than those with one condition (2.72).

4.2 Positive good practice

Examples of good practice were given by some respondents about their existing or previous workplaces. These included reasonable adjustments including adjusted working hours, environment and task adaptations, alongside good communication, support (from colleagues, managers and external sources), and additional resources:

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

Allowing people to work less hours during flare ups of physical issues.

Veterinary surgeon

I provide additional on-rota time for dyslexia students to help.

Veterinary nurse

A colleague with multiple sclerosis has had good support with working from home ... and then split clinical and admin work so she could return to the clinical work she loved.

Veterinary surgeon

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

Resources available on company site or within practice.

Student veterinary nurse

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

Veterinary student

Ensure that there is an EDI [equity, 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 1-1s 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

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

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

Veterinary student

Current workplace is amazing. Understanding and supportive management.

Veterinary surgeon



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

4.3 What else would help?

When asked what further adjustments or additional support they would like their workplace or education provider to provide, respondents had many suggestions. These covered improved communication and interaction, working alongside others and minimising lone working, increased flexibility of hours, a reduction in physical work, environmental changes, better understanding of different disabilities/chronic conditions and, for students, more help during placements and examinations.

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

More assistance and training in relation to dealing with clients.

Student veterinary nurse

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

Veterinary nurse

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

Veterinary nurse

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

Veterinary surgeon

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

Veterinary nurse



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

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

A better understanding of my condition instead of assumptions.

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

4.4 Practices to improve inclusion

Respondent frequently identified that better awareness and understanding would make workplaces and educational institutions more inclusive for people with disabilities/chronic conditions. Other practices, behaviours or solutions suggested were clearer policies and routes to support, more open communication, involving people in decisions affecting them, making environmental changes, adjusting working hours, and greater openness to change. There were many common themes with the existing good practice and further support suggestions from the previous sections.

Clearer policies regarding these, including clear routes to access support.

Veterinary surgeon



*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

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

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

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

Veterinary student

Flexible working hours, part-time options.

Student veterinary nurse

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

Veterinary surgeon

Not being made to feel like a burden or less of an employee by asking for adjustments.

Student veterinary nurse



5 Further comments

5.1 Parting thoughts

At the end of the survey, respondents were asked if they had anything further to say in their own words, and 22% of respondents provided comments and observations about a variety of aspects. Mostly, respondents identified problems and things that needed to be tackled, as summarised below:

1. **Intense workloads** were exacerbating some issues for respondents. Overall, respondents felt that managers, employers and practice owners needed to be **better equipped** to support employees.

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

There's no chance to slow down or have time off.

Veterinary nurse

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

2. Support was varied across the profession, with a lack of support often coming from staff shortages and staff already being overstretched rather than a lack of willingness. A need was expressed for better **knowledge sharing and training** to ensure consistency across the veterinary profession.

Anyone in a director or practice manager role should be obliged to undergo training in chronic illness and mental health.

Veterinary surgeon



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

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

3. In particular, there was little support for the **physical nature of work** which some respondents struggled with.

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

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

Veterinary nurse

4. Respondents commented that **flexibility** around hours, tasks or role would help individuals with a disability/chronic condition to stay in work, but this is only available to a minority. Flexibility would help reduce stress and pressure but many faced resistance, 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.

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

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

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



5. Some respondents shared further experiences of **discrimination and a non-inclusive culture**, which they felt led to negative behaviours.

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

Veterinary nurse

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

Veterinary surgeon

6. Respondents described **mixed experiences of adjustments**; there was easy and successful implementation for some, while others had no access or worried about negative impacts on others.

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.

Veterinary nurse

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

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

However, it was not all bad news. A minority expressed optimism for the future and a feeling that changes for the better were being made in the profession, in that more roles and opportunities were now available and there was some positive guidance in place.

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

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.

Veterinary student

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

5.2 Next steps

Almost half (47%) said they were interested in participating in future research. This indicates an encouraging interest in, and engagement with, the topic of working with disabilities/chronic conditions in the veterinary profession. Further research will enable a deeper dig into our research questions that featured more prominently in the survey, and a greater degree of exploration into the research questions that were not specifically put to respondents in the survey (e.g. understanding of the term 'fitness to practise' and the work arounds adopted in order to work effectively). It will also enable the identification and sharing of more good practice examples.



6 Emerging themes

It is very clear that the experiences of people with a disability/chronic condition varied enormously across the profession. Some have received good support, underpinned by a knowledge of the Equality Act 2010 and perhaps other government support like the Access to Work scheme and experienced 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 in implementing reasonable adjustments or checking on their effectiveness, badly-informed assumptions about their ability to carry out certain tasks, and even hostility and discrimination.

The impact of comorbidity was very apparent. 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 none; however, as the number of disabilities/chronic conditions increased, views became notably less positive.

Another finding was that experiences and views varied considerably by age. While reporting of physical conditions increased with age, mental health conditions and neurodivergence were notably more frequently reported 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.

Support, or often a lack of it, 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, there was a lack of knowledge about available support and barriers to accessing support were frequently encountered.

Some respondents had experienced a concerning degree of discrimination, bullying or harassment in both education and workplace settings. Feeling they were treated differently due to their symptoms, and sometimes as a



result of disclosure, caused some respondents to worry about the future impact on their careers. There was a reluctance amongst some 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 implemented in a timely manner, 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. Information (eg about the legal aspects) needs to be available, accessible and consistent across workplaces and education providers.
- Those with disabilities/chronic conditions need to be included when designing training around the impact of having a disability/chronic condition when working in the veterinary profession, to avoid assumptions and stereotyped views.

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. 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.

Wider issues in the profession that affect everyone disproportionately impact those with disabilities/chronic conditions. This includes staff shortages and working culture within the professions, leading, especially in 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 support; as 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 and ultimately them leaving the professions.



7 Respondent profile

- 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, 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 in ten respondents working outside clinical veterinary practice, around a third worked in education.
- Among those working within clinical veterinary practice, more than half worked in a practice that was part of a corporate group (rather than an independent practice) or an out of hours only provider.
- Three-quarters of those who responded had at least one disability/chronic condition, or had another particular interest in the topic, for example having managerial responsibility for employee policies.

For full demographic information, please see the full report.



8 Demographic tables

Table 8.1 Age

	N	Per cent
18–29	1082	33.2%
30–39	773	23.7%
40–49	664	20.4%
50–59	449	13.8%
60–69	214	6.6%
70+	75	2.3%
Total	3257	100.0%

Table 8.2 Gender

	N	Per cent
Female	2728	80.6%
Male	567	16.8%
Non-binary	48	1.4%
Genderfluid	12	0.4%
Prefer to self-describe	6	0.2%
Prefer not to say	22	0.7%
Total	3383	100.0%

Table 8.3 Ethnicity

	N	Per cent
Asian or Asian British	68	2.0%
Black, Black British, Caribbean or African	14	0.4%
Mixed or Multiple ethnic groups	76	2.2%
Other ethnic group	21	0.6%
White	3161	93.3%
Prefer not to say	47	1.4%
Total	3387	100.0%



Table 8.4 Role

	N	Per cent of respondents
A veterinary surgeon	1682	49.3%
A veterinary nurse	1369	40.1%
A veterinary student	330	9.7%
A student veterinary nurse	553	16.2%
Other	79	2.3%
Prefer not to say	5	0.1%

Table 8.5 Managerial responsibility

	N	Per cent
Yes	783	30.8%
No	1723	67.8%
Prefer not to say	34	1.3%
Total	2540	100.0%

Table 8.6 Chronic condition

	N	Per cent
Yes	2058	60.6%
No	1318	38.8%
Prefer not to say	18	0.5%
Total	3394	100.0%

Table 8.7 Physical condition

	N	Per cent
Yes	1485	43.8%
No	1815	53.5%
Don't know	79	2.3%
Prefer not to say	15	0.4%
Total	3394	100.0%



Table 8.8 Mental health condition

	N	Per cent
Yes	1307	38.5%
No	1906	56.2%
Don't know	140	4.1%
Prefer not to say	41	1.2%
Total	3394	100.0%

Table 8.9 Neurodivergent condition

	N	Per cent
Yes	1012	29.8%
No	2087	61.5%
Don't know	276	8.1%
Prefer not to say	19	0.6%
Total	3394	100.0%

Table 8.10 Number of conditions

	N	Per cent
One condition	248	12.1%
Two conditions	850	41.3%
Three conditions	644	31.3%
Four or more conditions	316	15.4%
Total	2058	100.0%



Table 8.11 Practice type

	N	Per cent
Small animal only practice (including small animal practices that treat exotics)	1738	74.6%
Equine only practice	85	3.6%
Farm animal only practice	46	2.0%
Mixed practice	150	6.4%
Provider of out of hours services only	57	2.4%
Referral practice/consultancy	198	8.5%
Other	55	2.4%
Total	2329	100.0%

Table 8.12 Organisation type

	N	Per cent
Independent stand-alone practice (eg a partnership)	611	26.1%
Independent stand-alone practice that is part of a larger group (with some shared centralised support functions)	138	5.9%
Part of a corporate group	1155	49.3%
Part of a joint venture with a corporate group	149	6.4%
Charity	98	4.2%
Veterinary or veterinary nursing school	83	3.5%
Out of hours only provider	30	1.3%
Don't know	0	0.0%
Other	81	3.5%
Total	2345	100.0%



Table 8.13 Working within or outside veterinary sector

	N	Per cent
Working wholly or mainly within the veterinary sector	2644	77.9%
Working wholly or mainly outside the veterinary sector	72	2.1%
Not working (eg studying, retired, on a career break, unemployed, due to ill-health)	626	18.4%
Other	42	1.2%
Prefer not to say	10	0.3%
Total	3394	100.0%

Table 8.14 Employment category

	N	Per cent
Full-time work (including as a locum) within the veterinary profession in any capacity, including non-clinical work	1576	64.5%
Part-time work (including as a locum) within the veterinary profession in any capacity, including non-clinical work	765	31.3%
Voluntary work within the veterinary profession in any capacity, including non-clinical work	21	0.9%
Working full time, part time or in a voluntary capacity outside the veterinary profession, i.e. not using your veterinary qualification in any way	83	3.4%
Total	2445	100.0%



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