# Practice Makes Perfect? Skillful Performances in Veterinary Work

"Nothing fails like success" (Alan Watts, 1966)

Introduction

In contrast to health practitioners and medics, the working lives of veterinary surgeons (vets) remain under-explored both by veterinary and organisational researchers. Of course, there is a professional literature surrounding vets but it is often restricted to clinical pathology or technical advances in their practice rather than to the lives of the practitioners themselves. Even when their lives are studied, the focus is often on their contracting disease or injury from human-animal interactions (Hjorth & Roed-Peterson, 1980), mental health problems (Allister, 2015), various addictions, and a propensity to commit suicide (Hansez, Schins & Rollin, 2008; Bartram & Baldwin, 2010). A minority of studies have drawn attention to professional exclusivity and hierarchical/gendered status (Hamilton, 2013), the complexities of human-animal interactions (Hamilton & Taylor, 2012), and regulatory anomalies relating to the vet profession (Hobson-West & Timmons, 2015).

Our problematic is different since we are concerned with how there are some discrepancies between theory and practice within the veterinary profession and how this may bear down on practitioners in contradictory ways. This explains our use of the cliché of 'practice makes perfect' with a question mark in our title because, while vets are embedded in disciplined 'certainties' and causal regularities within their training, in everyday practice this ordered world is rarely realised and they are faced with unpredictability, imprecision, indeterminacy, and problems for which any 'perfect' solution is elusive. This leads us to the research question of this article: Is vetting an art that has to be learned in order to navigate the ontological and epistemological limitations of the scientific discipline surrounding its expertise? Through an examination of the relatively obscure or invisible, specific struggles of their work, our research problematizes how in practice, vets enact a range of competencies skills and

different kinds of expertise (Collins & Evans, 2007) that tend to fall outside the parameters of veterinary science college training.

Given the uncertainty and precariousness surrounding social relations, their daily work with clients, receptionists and nurses, veterinary work is beset by situations of indeterminacy where ambiguities, tensions and contradictions arise. While clearly necessary, clinical skills alone are insufficient in dealing with farmers, pet owners and ancillary staff who mediate their relations with the animals. Yet even outside of these complex and troublesome social relations, ambiguities and uncertainties also surround clinical practice, for medical interventions can never be predicted or controlled in ways that veterinary surgeons or their clients might anticipate or desire. The article contributes not only to studying a comparatively neglected profession in organization studies, but also theoretically to ideas of expertise and the complex ways in which knowledge and everyday practice interact to generate tensions, and sometimes crises in the lives of vets. Our contribution is threefold: First and most importantly we address the concept of 'perfectionism' that seems to be pervasive among vets. Second, we challenge the naturalised form of individualistic reductionism in other studies but instead trace this 'perfectionism' and its association with mental and other problems to the particular ontological and epistemological paradigms that underlie the scientific model; the linear causal rational belief in getting things right. Third, and in common with other professions, we attribute some of the problems to the fact that veterinary surgeons are being transformed from revered 'experts' into service providers, in the context of neo liberal economic preoccupations with competition

In the remainder of this article we first discuss veterinary surgeons in the context of the paradigms of knowledge that ground their activity and draw limitedly on literature written by medics in areas where there appear to be parallels. An outline of the methodological and analytical approach adopted prepares the ground for presenting the data from our study of 10 different veterinary practices, including numerous non-participant observations and 74 interviews. We then organise our data into three sections: first, an examination of how scientific knowledge and competence can easily be undone in practice; second, how (the appearance of) competence is a skilful and

ongoing performative accomplishment; and finally, an understanding of how, in practice, vets are able successfully to negotiate and craft the limitations of their scientific training. In a discussion section, we explore how idealised notions of practice may combine with actual experience to render veterinary medicine a precarious and potentially demoralising occupation. It is our recommendation that some shift in, or modification of, the ontological and epistemological assumptions underlying the profession might involve a rejection of omniscience and perfection in advance of experiencing them as a myth in what is often seen to be a painful revelation.

*Vets in Context*

The profession is not large, comprising approximately 20,000 practicing veterinary surgeons in the UK (RCVS, 2014)[i], and like most professions it claims to have specialized knowledge and skills acquired through the process of *credentialism*, within a particular *jurisdiction*. Through recruiting only those students with the very highest 'A' level results, veterinary colleges[ii] act as 'gatekeepers to the profession' (Andrews, 2009)[iii]. Once accepted, students must satisfactorily complete a five-year degree programme in order to practice, whereupon their registration and regulation as veterinary surgeons in the UK falls under the auspices of the Royal College of Veterinary Surgeons (RCVS). RCVS pledges to act within the terms of the Veterinary Surgeons Act 1966 to protect animal welfare, health and the public interest, and admission is granted only in exchange for the student-vet taking an oath to 'ensure the health and welfare of animals committed to [his/her] care'.

The veterinary profession is changing dramatically in response to several notable factors. First, following the deregulation of veterinary practices in 1996, owners of practices could be from 'outside' the profession, although only qualified vets could undertake clinical work. This means that the traditional veterinary business models of independent practices are slowly losing market share to corporate chains with a nationwide presence[iv]. Second, there has been a continuous change in the demographics resulting in the increasing feminisation of veterinary surgeons, with a high proportion of female students, circa 80%, being accepted and graduating from veterinary school (RCVS, 2014). Indeed, 2014 data shows how for the first time there are more females

than males practicing veterinary medicine, and yet this 'feminisation' has left masculine management practices more-or-less intact (Irvine & Vermilya, 2010) such that there is very little gender sensitivity to the often, different domestic and other circumstances of women's lives. While the feminisation of the profession and growing competition from corporates are not the main focus of this study, both remain salient as commercial rivalry "squeezes practices' and 'their profit margins' (Henry & Treanor, p.1, 2012), forcing greater degrees of work intensification and arguably, transforming traditional notions of veterinary professionals as revered experts into commodified service providers.

### Vets in Practice

> "the more you strive for some kind of perfection…the more you see that you are playing a rarefied and lofty form of the old ego-game" *(Watts, 1966)*

Organizational studies research (Knights & Willmott, 1989; Grey, 1994) notes how work is a major source of meaning and identity in our lives, although often provoking insecurities and doubt, and it seems that the veterinary profession is no exception. Perceived to be an occupation associated with high status, expertise, prestige, wealth, and intellectual competence, practicing veterinary medicine is presumed to be 'an idyllic existence, of benevolent, caring professionals administering to sick animals, and offering comfort and support to concerned clients' (Kahn & Nutter, 2005, p.293). In practice, however, we need to problematise these assumptions for it has frequently been reported that vets experience considerable stress (RCVS, 2014, p. 16)[v], doubts, anxieties, insecurities, mental health problems, drug addiction and a very high propensity to commit suicide (Bartram & Baldwin, 2008; Bartram, Sinclair & Baldwin, 2009; Platt, Hawton, Simkin, Dean & Mellanby, 2012). There is also evidence that many vets experience misgivings around continuing to pursue their profession[vi], while one third of new graduates will have exited their first job within 24 months', although there is still only a limited understanding of how confidence might be implicated in an 'inability to handle interpersonal relationships (Routly, Taylor, Turner, McKernan, & Dobson, 2002, p.785).

Tomlin, Brodbelt & May (2010), explored whether students at veterinary college are realistically prepared for 'a career in practice', concluding that they had a 'reasonable understanding' but that there were specific fears around making mistakes (73%), and issues of self-confidence (19%). These fears appear to be well founded, for 78% of new graduates admitted to making 'iatrogenic'[vii] mistakes in their first year of practice, with inexperience, time pressures and lack of supervision cited as a reason. The consequences of this meant that some vets 'suffered a loss of confidence, felt stressed, felt guilty or upset…and questioned whether they should continue to work as a veterinarian' (Mellanby & Herrtage 2004, p.762). Additionally, Bartram & Baldwin (2010) suggested a 'complex interaction of possible mechanisms' which may be salient to the suicide rate including: characteristics of those joining the profession; work stressors; knowledge and means to commit suicide; professional isolation; drug misuse; contextual attitudes towards euthanasia and even suicide contagion[viii]. Others from both quantitative and qualitative (Batchelor & McKeegan, 2012; 2016) or qualitative only (Hamilton & Taylor, 2013) perspectives have turned their attention to the ambiguous nature of veterinary practice in an attempt to understand the stress involved in facing ethical dilemmas. One interesting study showed how the UK 'formal code' of ethics requires veterinary surgeons to 'take steps to protect their own physical and mental health' (Magalhães-Sant'Ana, More, Morton, Osborne, & Hanlon, 2015, p.5); in other words all responsibility for these issues has been abdicated to the individual.

While this interest in individual 'coping' strategies and responses is reinforced in most studies of vets, providing excellent descriptive and quantitative data on their stress and vulnerability, there is a paucity of more theoretically informed qualitative research (c.f. Hamilton, 2007; 2013; Hamilton & Taylor, 2012; 2013) that extends beyond stress-related questionnaires. For research on the 'mental health consequences of continually facing challenging decisions in day to day practice for veterinary surgeons is limited' (Batchelor & McKeegan, 2012, p.171) and this paucity results in 'an impoverished and partial understanding of contemporary health and health care' within the veterinary profession (Hobson-West & Timmons, 2015, p.60).

In contrast, our interest in veterinary surgeons' working lives eschews 'individualistic, naturalistic, decontextual and apolitical' (Newton, 1995, p.77) accounts of 'stress', for these serve to reinforce rather than challenge Bauman's 'liquidity' thesis (1995) – a contemporary neo-liberal phenomenon whereby societal problems are forced back on the individual, as if it is exclusively their responsibility to find a solution. Instead, our primary concerns are the levels of insecurity and anxiety that are entangled with notions of the self and society, leading this specific occupation to suffer mental health problems. For often, sick individuals are a reflection of sick societies, cultures, institutions or organizations. Identities are always precarious and tentative due to the dependence on others' judgements and validations (Becker, 1971; Luckmann & Berger, 1964), rendering us all fragile (Watts, 1977) while neo-liberal notions legitimise ways that 'anxiety [is] experienced as personal shortcoming, or shame' (Schwartz, 1987, p.33). Deslandes illustrates that because 'managers feel bound by success: any failure would simply be a sign of their personal inability to mobilize the right tools in the right situations' (2016, p.16), and this appears to resonate with vets who often attribute 'bad' outcomes to their own technical incompetence (Platt et al., 2012). Imperfect outcomes pose a threat to vets' sense of competence and credibility for 'failure is the great modern taboo' (Sennett, 1998, p.118), so when coupled with a string of unsuccessful' cases it can have deleterious effects on their ability to practice (Mellanby & Herrtage, 2004). For this is an occupation where competence can never be guaranteed,

> 'It's a funny profession. It offers unparalleled opportunities for making a chump of yourself…It helps to be good at the job, of course, but even if you're a positive genius, humiliation and ridicule are lurking just round the corner' (James Herriot, 2010)[ix]

It is possible that marketization may lead to more frequent episodes of humiliation because 'the veterinarian is expected to act in certain ways and not meeting these expectations will result in conflict and a loss of business' (Hamilton & Taylor, 2013, p.147), and indeed research has shown that these 'high client expectations and demands' (Hansez et al., 2008) are the main source of stress and biggest challenge for vets (RCVS, 2014). We now turn to another major problem for vets; their anxieties

about idealized notions of 'perfect' knowledge, as well as its relationship to their own competence.

### *Scientific Relations and Professional Intervention*

> "To speak of profession is to fasten on a true reality, onto a set of people
>
> who bear the same name" (Bourdieu & Wacquant, 1992, p.242)

According to Collins and Evans (2007) the highest level of expertise is demonstrated through *contributory expertise,* 'what you need to do an activity with competence' (p.140). Although predicated on knowledge, demonstrating competence requires additional elements, not least to *perform* a skilled practice, and, a need for *interactional expertise*, what might be seen as a social skill concerning talking, reflecting and translating, located 'in the middle ground between practical activity and books' (Collins & Evans, 2007, p.30). For vets this would be the mediating factor between education and enacting practical clinical skills, and so would constitute the art of consulting, and according to Collins and Evans (2007) if you have contributory expertise then you have, at the very least, a form of *latent interactional expertise* that may yet need to be *realised*. This realisation may not have to occur through more formal learning so much as through 'enculturation' into the language of the profession, to be able to 'talk the talk' so to speak. Yet, while necessary, this interactional expertise is not sufficient since it only enables experts 'to understand scientific things, and to discuss scientific things but [they] are still not able to do them' (Collins & Evans, 2007, p.35).

The dominant mode of educational training for vets is based around the physical and biological sciences both in terms of pre-entry requirements and in relation to vet college university curricula. Science is predicated on the epistemological belief that the material world can only be understood when separated out from human beings, as though each is entirely independently of the other (Barad, 2007). Moreover, while everyday life is sprinkled with instances of *anthropomorphic* treatments of animals as if they were human, science tends towards the opposite spectrum of *anthropocentricism* in elevating humans over all else. In the humanities, (hu)mans are often criticised for considering themselves above and apart from nature, rather than part of it (Latour, 2005; Spinoza,

1985), a fantasy revolving around the idea that even the environment should bow to our notions of stability and predictability. These self-aggrandizing beliefs are predicated on 'scientific methods [that] allow themselves to *forget'* that just like 'the ship of fools, we are embarked without the possibility of an aerial view' (de Certeau, 1985, p.11). Anthropocentricism and *speciesism[x]* also enables de-animalization (Hamilton & McCabe, 2016, p.331) through experimenting on, and often sacrificing animals for the most trivial of human purposes (de Fontenay, 2012), and until relatively recently, allowing their 'virtual exclusion…within organization theory' (Labatut, Munro & Desmond, 2016).

As little is known about how vets enact their professional lives backstage (c/f Herriot, 2010), we draw attention to the parallel practices of medics, especially those found in recent autobiographies of surgeons that focus on iatrogenic mistakes where medical intervention may unintentionally worsen rather than relieve the condition, for here we find many insights that directly illuminate the contradictions between the certainty of science and the uncertainty of practice (Marsh, 2010). In this context, the heavy, internally and externally generated expectations placed on medics illustrate how difficult it is to feel competent, credible and self-confident (ibid. p. 63; 71), because 'the sheer complexity of medicine means that the medic needs to be able to recognise the limits of their understanding and…the limits of the profession's understanding' (Dawson, 2009, p.22). Despite these attempts to demystify medical practice, the myths endure,

> We look for medicine in an orderly field of knowledge and procedure but it
> is not. It is an imperfect science, and enterprise of constantly changing,
> uncertain information, fallible individuals, and at the same time – lives on
> the line (Gawande, 2003, p.4)

This view of medicine echoes a major critique of science more broadly because historically 'the "canonical model" of science has never been able to coincide with the practice itself' (Collins & Evans, 2007, p.1). According to Miller, these struggles are

inescapable so long as there is a flawed pursuit of predictable certainty through treating the world as a scientific and 'ontological absolute',

> Latour regards us as engaged in a constant and somewhat deluded practice of `purification'. In our society science routinely ignores the evidence for the hybrid character of practice, and strives to enhance its own status, by a form of self-representation that renders it unequivocally objective and determined (Miller, 2005, Kindle location 248)

In our analysis we draw on these ideas to illustrate how individuals' find it difficult to disentangle these limitations of science from their own performance, to acknowledge science as 'always too fragile…too pure' because what is perceived to be 'strength is like that of glass – hard and rigid but vulnerable to a single dislocation – and cracks are always appearing' (Collins & Evans, 2007, p.9). In effect, vets are engaged in persuasive performances of expertise but when in front of pet owners/clients, in order to be convincing they need to enact 'interactional expertise'. Although there can be some 'backstage' distancing when doing surgery, the performance cannot stop completely because, as Butler (1990) argues, there is no essential self in which to escape the pressures of performance, rather performance is inexhaustibly tied to the identity that is routinely constituted and practiced through it.

Within veterinary surgery, as in other professions based on scientific or technical expertise, there is a clash where positivist epistemologies and objectivist ontologies confront the application of knowledge in everyday practices. For in practice decisions have to be made 'on the hoof' and within the context of numerous constraints, not least of which are those of the paying client as well as the limitations of science itself. As will be evident from our research material, this creates the conditions of possibility for a number of problems, largely because attempts to secure ourselves via notions of expert identities, are intimately tied to insecurities through a complex web of entanglements, that are a condition and consequence of one another (Knights & Clarke, 2014).

*Research Design*

Our initial aim in conducting this research was to develop a qualitative understanding of the culture, controls, and problems arising from veterinary work, and so we chose to adopt an ethnographic approach to witness the everyday, mundane and extraordinarily peculiarities of vets' working lives. As a way of studying the intricate relations between human and non-human animals in veterinary practice ethnographies are rare, yet 'eminently suitable' (Hamilton & Taylor, 2013, p.167), to understand how cultural practices are performed, enacted and organised, a matter infinitely more complex because actors 'belong to different species' (ibid, p.168). Until recently, most research relating to vets themselves has taken the form of positivist and quantitative studies where 'statistical investigation grasps the material of these practices, but not their *form*' (de Certeau, 1985, p. xviii) and so we combined observations and general lurking alongside intensive interviews to explore 'what people are up to' (Van Maanen, 2011, p.29). In researching we looked 'closely into the doings and dealings' of different practices (Ybema, et al., 2009, p.66), including the tensions, conflicts and ambiguities occurring within veterinary practices, while acutely aware that our ideas and findings are only one representation of what occurred during our fieldwork since 'most of the intellectual hopscotch' in writing up research projects is focussed on how 'social reality is presented, not known' (Van Maanen, 2011, p. 8).

*Data Collection*

The study adopted an interpretive research design with a strong ethnographic flavour to include interviews and observations (Tsolidis, 2008). This consisted of two stages: Stage 1 - a pilot study comprising 12 interviews and observations was carried out in January 2013. Stage 2 followed between April 2013 - September 2014 with a more substantial observation and interview programme and a final count of 75 interviews of around 1 hour with vets of varied age and experience, stratified to ensure representation of three types of vets: Small Animal (household pets) Large Animals (farm stock) and Equine (horses owned for leisure or sport), as well as junior vets through to partners/

directors[1].    Access was negotiated through a group called XL Vets, with a written invitation sent by email for practices throughout the UK to participate. There were 39 males and 36 females with an age range from 25 to 63, a fairly typical representation. We have sought to understand how veterinary surgeons experienced their working lives largely through watching with, and talking to them, either informally between consultations and during car journeys, or more formally through semi-structured interviews.  Despite criticism that interviews are somewhat ubiquitous in research, their importance in ethnographic work is to go beyond that which can be observed, and to create 'intimate familiarity' (Fineman, 2001, p. 8).  Our questions included 'can you assemble for me your perfect day at work?', 'what if anything keeps you awake at night?' and 'have you ever considered leaving the profession?'. These prompted participants to reveal their passion for veterinary work as a chosen vocation, and enabled them to reflect on issues of anxiety and stress that are so widely reported with regard to their professional practice.

As part of our immersion into the professional lives of our participants, we observed how during consultations, routine visits, and surgery, vets managed their work, and on some occasions we literally 'entered into the theatre of action' (Wacquant, 2015, p.6). Combined with the act of 'loitering' in staff rooms and waiting rooms, we were better able to appreciate vets' relationships with important 'others' such as nurses, clients and of course, their animal patients, although we acknowledge that much of what we specifically witnessed was through good chance, for it is the case that 'accident and happenstance shapes fieldworkers' studies as much as planning or foresight' (van Maanen 2011, p.2).

*Data Analysis*

After transcribing our digitally recorded interviews and field notes, the data were analysed using discourse analysis to 'identify the ways in which dominant meanings emerge from the power-laden nature of organizational contexts' (Grant & Hardy, 2003,

p.5). At the start we immersed ourselves in reading and rereading our text in order to establish some themes and patterns around the meanings and experiences of being a vet in contemporary times.  Since we agree that 'discourse analysis should be considered as movement rather than a fixed method, [with] a "sensitivity to language"' that is betrayed if it is reduced to a series of steps' (Parker, 2014, p.198), we were particularly aware of challenging the taken for granted nature of language and its use, and to go beyond face value interpretations. We did this by coding our text in NVIVO using initial first order general thematic concepts such as science, perfection, knowledge, expertise, doubt before refining and sub-dividing these categories into 'second order' or more analytical concepts such as absolutism, epistemology, predictability, rumination, and individualisation. Since we are concerned to avoid reproducing the tendency to 'relish the finished' in order to 'make the strokes of the brush, the touching and retouching disappear' (Bourdieu & Wacquant, 1992, p.219) from our work, we readily admit that our data analysis was messier than this, and more 'iterative, interactive and non-linear' in practice (Baptiste 2001, p. 2), for we discussed/argued and explored between us how 'this' concept or 'that' concept was more appropriate, or better reflected the data.

Finally, we critically analysed and interrogated our data in order to understand how particular discourses were deployed and became solidified through constant repetition, so we could understand existing power relations and attempt to denaturalise them. Rather than a benign mechanism for revealing information, discourses constitute both a condition and consequence of embodied practices (Frank, 1990) as well as being situated within the knowledge/ 'power relations that characterize any setting at a particular moment in time' (Hardy & Phillips, 2004, p.305). This is because talk is rarely apolitical but always has purpose, for it cannot simply stand outside of knowledge/power relations, in so far as people seek to accomplish things' through text and speech (Bryman & Bell, 2007, p.536).

We now turn to a presentation of our data: first we relate this to how scientific ideas of competence and perfectionism can, and are, frequently 'undone'; second, we explore the ways in which competence can be portrayed as a skilful accomplishment achieved

through 'successful' performance, and finally we illustrate how the limitations of science in vetting can potentially be acknowledged, negotiated and successfully crafted in practice.

Findings

(Key: E = equine, SA = Small animal, LA = Large animal, M = Mixed.  V= Vet, P= Partner, Yrs = years qualified)

*Competence Undone*

> 'Making mistakes is normal. Repeating mistakes is careless. (Nap, 2009, p.29)

Vets spend 5 years studying at veterinary college, but knowledge is infinite and dynamic especially in relation to far less predictable organic materialities, so feeling secure is problematic (Knights and Clarke, 2014). Collins and Evans suggest that the highest form of expertise (contributory) is achieved through a *competent performance*, perhaps easier said than done since it is rare that surgery is ever a 'calm and rational appliance of science' (Marsh, 2014), a view not widely publicised in veterinary learning.  We suggest that rational-linear scientific models are part of the problem, rather than the solution for those practising veterinary (or human) medicine (Gawande, 2014; Marsh, 2014),

> … undergraduate learning is black and white. It's this and that. Come out
> to the real world and then it's just grey and … you struggle with things …
> and as you go through your career, then you realize that it never really was
> black and white. It's just it was easier to digest if it was presented in that
> way, but it's a form of stress I think. Certainly for the types… that we
> select [for] veterinary graduates, that are slightly prone to perfectionism,
> it's quite hard to deal with sometime.  If things don't fit into the way that
> you're told it's going to happen, it's like mentally, 'how do you deal with
> that?' (SAV, 16yrs)

Many participants reported how notions of competence were inextricably bound up with an omniscient view of (scientific) knowledge, often rendered fragile and precarious when translated into practice

> it's never black or white but [Vet school] aren't very good at giving you that realistic picture (LAV, 8yrs)

Backgrounds of historical success were often (but not always) present, as were tendencies to reflect and reinforce dualistic simplifications,

> It attracts people who are perfectionists, perhaps a bit obsessive, none of which are necessarily healthy characteristics (SAV, 7yrs).

> We view ourselves as high achievers…I think we like to be right, don't we? I don't like being wrong…when it doesn't go well, you see it as a mini failure, don't you? (EV, 19yrs)

Here while displaying elements of self-doubt in twice asking for confirmation, the participant reflects and reproduces discourses of omniscience and omnipotence, as well as a reification of objective reality. In her terms, the world is divided into dualistic representations of right and wrong that are partly rooted in subjects that privilege 'fact' based solutions,

> I like numbers; I love the notion of doing an exam where there is a right or wrong answer

> vets always want to solve the puzzles and they need the answers (SAV, 18yrs)

When the image of the world fails to coincide with their everyday experience, vets tend to turn in on themselves, questioning their own competence, rather than challenging

their ontological presumptions of a reality where 'correct' solutions to problems are always available,

> I came out from vet school anticipating that everything should always go right and when things went wrong it was very traumatic (LAV, 6yrs)

> you get good spells, everything works…then a few where you doubt yourself; "is it because I'm not good enough to find out what's wrong with this animal and fix it?" (EV, 5yrs)

Such concerns partly reflect and reproduce hegemonic notions of neo-liberalism where individual success is narcissistic and self-aggrandizing (Pullen & Rhodes, 2008), and failure inevitably means 'I am not good enough' (Sennett, 1998, p.118),

> It's only when they first arrive at vet school they realise other people in the world are perhaps equally as fantastic … who've worked blooming hard, been told how wonderful they are, and who've never failed at anything. Yet, the first dog that dies, they view it as being a failure. Absolutely I think that's a real problem (SAP, 28 years)

These ideas about the world and themselves can lead to misplaced quests for omniscience, certainty and even omnipotence,

> I know things can't be perfect, but…you just don't want things to go wrong. When they do you're still hard on yourself even though you know, *I suppose*, that they can go wrong… a real conflict; it's probably the root of everything (SAV, 6yrs)

> it's very frustrating the amount of uncertainty that we've got, and it would be nice to be *more right* (EV, 8yrs)

Like medics, competence for most veterinary surgeons is predicated on imperfect knowledge, so amassing technical and clinical information is no safeguard against 'being a chump' (Herriot, 2010), making iatrogenic mistakes, or from the vagaries of either no diagnosis or misdiagnosis.

> I think the biggest problem we have is that we are making educated guesses 99% of the time ... the more you read and do these advanced qualifications, the more you realise *how hopelessly limited we are* (EV, 8yrs)

There is an implicit assumption here of a 'lack' in the vets knowledge, for the 'appeal' of science rests on being a 'refuge from uncertainty' (Gray, 2002, p.19), but he recognises that seeking anti-dotes through 'advanced qualifications' is self-defeating. As our title is intended to convey, vetting is not an exact science and certainty is a fantasy/illusion so all decisions must be a leap of faith (Derrida, 1995). Despite this, vets often collude with clients' expectations of predictability, but the 'stress of not knowing what is going on' (SAV, 15yrs) coupled with the responsibility of making life and death decisions can be experienced as burdensome,

> you're always doubting yourself (EV 5yrs)

> I feel a bit adrift… I don't feel as though I am particularly good at anything (SAV, 30yrs)

These participants strive to 'find ways of getting validation for intellectual competence' (Clance & Imes, 1978, p.243), but this can lead to insecurities,

> I continuously need approval, need to be rewarded, being told I'm doing a good job. And, I seek reinforcement of that (EP 25yrs)

> some vets slip into a cycle of worry and self-doubt. That's a real problem in a profession that has easy access to drugs that you can very easily kill yourself with (SAV, 30yrs)

This 'lack' of certainty can provide the conditions for ruminations and mental post-mortems, especially in terms of iatrogenic mistakes,

> Lying awake at night and questioning and going through things again and again (LAV, 6yrs)

> I've made many many cock-ups and [occasionally] something died because of it. It's painful even now to remember (LAV, 31yrs)

Fallibility was a hard lesson, and many vets reported times with depression and stress, perhaps unsurprising given the 'socially prescribed perfectionism' and concern about mistakes (Bartram & Baldwin, 2010, p.391; Platt, et al., 2012) that we have observed among vets,

> I still remember ... a couple of animals that died because I took too long with the surgery... (SAV, 17yrs)

> it was my own mistake. It was bravado. The cat deceased for a reason unknown to me. I know now what I did wrong, but it was very very shocking (SAV, 9yrs)

Stressful work has been said to include an attachment to 'outcomes' (Shupe, 2005) but also high levels of ambiguity and uncertainty (Mellanby & Herrtage 2004). Subscribing to ontologies of certainty thus becomes both a medium and outcome of insecurity, where a cocktail of doubt and fear means that 'perfection can turn tragic' (Hyde, 2010, p.6). Tragedy can extend beyond the death of the animal,

> when you can't do the job perfectly, it does really get you down. I can understand why people might commit suicide (Field Obs, SAV. 5yrs)

One girl in my year committed suicide quite soon after we qualified. I think it's probably the nature of the person who become vets: very high expectations…wanting everything to be perfect. And of course, it isn't (LAP. 43yrs)

In this section we have sought to illustrate how some vets tended towards perfectionism as an attempt to assert control over themselves and their 'surroundings' in order 'to get rid of the possibility of mistakes' (Watts, 1966, p.41). Clearly, any mission to find individual solutions to social or systemic problems (Bauman, 1995) or eradicate mistakes can never be other than futile, but when coupled with idealised notions of expertise and competence as a 'finished possession' (Collins & Evans, 2007), the conditions of possibility for doubt, rumination and insecurities become established.

We now turn to the data concerning client-vet relationships that appear to reinforce the impossible demands and expectations placed on vets, by themselves and others.

*Competence as an accomplished performance*

'Once you have graduated from veterinary school, your education just begins' (Nap, 2009, p.13)

Life as a veterinary surgeon involves a broad skill set, of which clinical expertise with animals represents only one part, but in seeking to become competent experts, our participants often raised fears that they would be found lacking in one (or several) respects, a form of 'imposter syndrome' (Knights & Clarke, 2014). The majority spoke of client-vet relations as a significant source of stress, surprised at the level of demands and expectations placed on them (Hansez et al, 2008). Moreover, ethical dilemmas (Batchelor & McKeegan, 2012) occurred frequently because of conflicts around, for example, matters of client financial hardship and euthanasia.

This section focuses on matters of 'interactional expertise'; the 'tacit knowledge-laden expertise in the language of a domain acquired through enculturation in the domain

language' (Collins & Evans, 2007, p.69).  In short, we are focusing on the ability to 'talk the talk' in the consultation room, to translate their knowledge effectively, and to reflect on their encounters.

Many said that the performance, or service encounter, must be skilfully accomplished and persuasive and clients were often privileged over patients,

> it's a real service industry; you really have to keep people happy an awful lot (EV, 9yrs)

> a cynic would say your job is to keep the client happy, regardless of whether the 'thing' is getting better or not (SAV, 15yrs)

Perhaps this reference to the 'thing' could be interpreted as an unusual description, since most vets declared a 'love of animals' as a reason for being a vet, although it could also be seen as an indication of the extent to which client-vet relations, rather than client-patient relations, have come to be seen as paramount.  The 'service' aspect of vetting involved further learning 'on the job', for many vets reported how their 'interactional expertise' was said to be insufficiently refined,

> The first five years, [it's] relentless…like a second university. A second training course. It's dealing with people (LAP, 19yrs)

Such comments infer that veterinary college equips vets with technical and clinical skills for human-animal interaction, while social and political skills involving vet-client relations receive less attention,

> we were essentially just taught clinical skills – that was all we were taught…we weren't taught anything at all about dealing with clients, or other people … suddenly you're thrown out into the real world and it's a hell of a shock (SAV, 32years)

Although in recent years graduates have received more 'communication skills' training at vet school, the political aspect of client-vet interactions is still reported as difficult. Partly this is because there must be an *appearance* of being attentive to ensure the encounter goes smoothly, reflecting a 'customer is always right' philosophy,

> I actually look on coming into work sometimes as like you're acting, a certain act for certain people. (SAV, 18yrs)

> No matter how you feel, the show must go on. If you've had a bad day you have to go out there smiling (SAV, 22years)

In common with service workers such as sales persons, 'security' or at least the illusion of it, meant that you are only as good as your last consultation. Like identity then, expertise can only be transitory and enacted rather than ever secured, but the effects

> can be quite wearing when you feel like you're always on a stage (LAV, 11yrs)

This imperative to perform may reflect the way in which veterinary surgeons, like medics (Chacko, 2009) are metamorphosing into being service providers,

> the expectation of what's achievable has gone up.  Individual respect for vets I think has gone down. (SAP, 22yrs)

There was some recognition that an accomplished performance should focus on clients' attachments to beliefs around predictability and calculability, and through learning how 'to communicate' from an 'authoritative angle' (Carr, 2010, p.19)

> Farmers like certainty.  You never display your thought processes in front of them, even when you are unsure (LAV, 21yrs)

> You have to be quite secure in your knowledge (SAV, 6yrs)

Arguably, displaying confidence is perhaps more important than knowledge itself, for a skilful performance 'allows the expert's competence [to be] transmuted into social authority' (de Certeau, 1984, p.7). Collins & Evans suggest that entirely credible client relationships are possible, so long as actors display interactional expertise rooted in the culture and language, as 'individuals may or may not possess expertise independently of whether others think they possess expertise' (2007, p.3). However, peers, in contrast, are not so readily persuaded by social skills alone,

> I've seen some really bad vets, and people love them. … but people can't tell, they just like the way that [s/he] interacts. And if they've got that, you really don't need to be any good at treating, or diagnosing anything. (SAP, 35yrs)

By contrast, a failure to convince, even where contributory expertise is present means interactional expertise is 'latent' (ibid), which can create the conditions for doubt, insecurities and even the inability to continue practicing,

> Breeders I find the worst pressure. I find I perform worse when they look at me and think, "oh, he's a young chap, he doesn't know what he's doing" it makes me falter a bit (EV, 6yrs)

> on a particularly bad day you start to worry about word-of-mouth and, other people's perceptions of you "are they right? Am I crap? Should I be doing this?" (LAV, 11yrs)

Vets reported the additional pressure of the pseudo knowledge clients gained from the internet, a parallel with so-called 'expert patients' visiting G.P.s, invited through 'empowerment' discourses to challenge the expertise of those whose advice they seek, (Fox, Ward & O'Rourke, 2005),

> just more a questioning of everything, people are more likely to go and ask
> for a second opinion and look on the Internet (SAP, 24yrs)

> The biggest challenge right now is 'Dr. Google'. He causes a lot of
> problems. We had a client who would accept nothing we said (SAV,
> 27yrs)

For vets 'Dr. Google' comprises ubiquitous tacit knowledge, gained either from 'popular' understandings or through 'primary sources' (Collins & Evans 2007, p.19-21). However, it may pose a potential obstacle in good client-vet relations because this knowledge is for 'a popular audience', and tends thereby to produce a brutal simplification of what are deeply complex 'scientific matters' (2007, p.21),

> Google is a nightmare for us…people will say "oh but I read on the
> internet". I've had people hysterical before on the phone (EV, 8yrs)

A very different pressure experienced during the encounter was when clients' imbued vets with magical healing powers; an ability to grant immortality to their pets or animals, or at the very least expectations that surgery or treatment should follow a linear path in restoring or maintaining health,

> I think all vets in general are put under quite a bit of pressure to deliver…
> if the animal doesn't get better there is a slight blame culture. (EV, 17yrs)

However, vets themselves sometimes colluded with these illusions of omnipotence, and when combined with a desire to satisfy and be liked, vetting could be experienced as pressurised and toxic,

> I suffer with depression and you're desperate to please people. When you
> don't, you feel bad. And you're also a high achiever…high achievement is
> very hard to sustain in a high-pressured job' (SAV, 15yrs)

Here, rather than viewing ideals of omnipotence and omniscience as unachievable distortions, she turns the inability to satisfy clients back onto herself, viewing it as a failure and departure from essentialised notions of 'being' a high achiever. However, by enacting 'expertise-in-practice' (Carr, 2010, p.19) this desire to please others is only another method of attempting to secure the self, as this vet insightfully observed,

> Although I rationalise it as needing the approval of others, what it really comes down to is approving of yourself. Proving to yourself that you're doing the right thing (EP, 27yrs)

In the final data section, we consider why veterinary surgeons are largely unable to assess their own competence, after which we shift our focus towards those who do not fully subscribe to conceptions of orderliness, control and certainty that appear firmly embedded in the power-knowledge relations of this profession.

*The Art of Imperfection*[xi]

So far we have argued that concerns with positivistic epistemologies, absolute ontologies and a continual preoccupation with competence/expertise contributes to feelings of failure and insecurity among vets, including constant negotiations in their enactments with clients. Our data also suggests that problems involving contributory and interactional expertise may be exacerbated by most vets' inability to determine whether they have mastered the art of vetting. Few participants were able to tell if they were good at their job, other than in terms of the animal recovering, or the absence of client/practice complaints,

> Obviously if you cure something or operate on it and it's a success, that's one way (SAV, 26yrs)

However, animal outcomes as a barometer for competence were not without problems since not all animals recover, a realisation that many articulated, at least on an intellectual level,

You can't go by your success rate, can you? (LAV, 11yrs)

A successful outcome. But even then, you might sometimes do the right treatment option, but it may not necessarily work for that particular animal. Or, unfortunately, the client hasn't followed the instructions (EV, 3yrs)

As we saw previously, client interaction played a major part in vets experiencing themselves as being competent,

I think there's probably at least as much skill in dealing with the clients themselves. If the owner is happy it's a massive measure (EP, 16yrs)

One of the major reasons why newly-minted graduates exit the profession early is a lack of support (Routly et al., 2002), especially in the absence of performance indicators. Growing older clearly intervenes as Marsh (2014: loc. 1279) points out, '[now] I am less frightened by failure',

Experience tells you that what you're doing is fine, and some animals get better, and some don't I guess (SAP, 26 yrs)

Its been a shock to the system since qualifying four years ago, getting used to the reality of the job… only in the last six months I've felt comfortable and more confident. [That's] experience. You grow in confidence the more experience you have, the more competent you become. (LAV, 4yrs)

However, returning to our title, it would be a simplification to suggest that practice really does make perfect, when clearly this is not always the case,

I find it immensely distressing, putting animals to sleep, still. I don't think I've become hardened to it. Quite the opposite. (SAV, 21yrs)

Similarly, it would be disingenuous to suggest that all participants searched for perfection or 'right' answers, for like any profession vets are not homogeneous. Some

articulated clearly how notions of 'objective truths' in practice were an unhelpful fiction,

> very rarely is there a single solitary route forward with a clinical case. …you try one thing first and if it doesn't respond, then try something else (E.P. 16yrs)

> You know, there are more questions out there than answers… it's the nature of our job to deal with uncertainties (L.A.P. 20yrs)

With experience, vets tended to be more sanguine about uncertainty and ambiguity, often harnessing it to develop and refine their practice,

> I definitely experience doubt. The moment I stop experiencing doubt is when I'm not effective. I need to be very truthful with myself and after … you [may] consider changing what you're doing (SAV, 15yrs)

> I don't think doubt ever disappears…I hope doubt never disappears because you should never presume (SAP, 24yrs)

These participants understood how expertise has to be worked at 'if they are to maintain their status' (Carr, 2010, p.21), accepting the dynamic, temporary, and negotiated processes of its accomplishment. However, many still aspired to notions of knowledge and expertise as a finished 'possession' to 'monopolize' (Reed, 1996, p.575), so when undermined the vet becomes vulnerable (Owens, 2015),

> The client's exact words to me were "there is no science behind you seeing my animal every three months for checking it over, just to give it more medication. I can do it myself". So I said, "okay, so you bring me down to just prescribing the medication for you. I'm nobody then". (SAV, 9yrs)

The client fails to provide the necessary confirmation of the vet as a scientific expert, transforming veterinary practice into a series of unskilled tasks, prompting the vet's declaration 'I'm nobody'. Of course not all vets were attached to knowledge in this way, for experience taught them that it was more about *mastering the art* of practicing, rather than living up to illusory ideals of science,

> If clients are coming back and asking to see you again they perceive you as a good vet. It's because you've mastered the *art*, if not the science (SAV, 30yrs)

A few were less self-aggrandizing about their achievements and appeared to resist the lure and illusion of their own power, removing their mask of 'glory' to become both vulnerable and capable (Deslandes, 2012),

> 75% of animals will get better on their own, or despite what you do (MAV, 25yrs)

> the thing that I've come to realise more and more, are the limitations of what we do. No matter how much we convince ourselves that it is us, and our magic treatment, would it have got better anyway? Well, probably. So, I think it's quite important not to overplay our role. In terms of the percentage of cases where we actually alter the outcome, it is small (EV, 9yrs)

Still, very few of our vet participants avoided the 'narcissistic pleasure of 'competence and accomplishment' (Roberts, 2005, p.624), so as to acknowledge the limitations of their profession.

In summary, our data suggests that practice does *not* make perfect, but experience may bring greater realisation that imperfection need not be seen as pathological. According to Hyde, perfection is 'a state of being that is both a benefit and a burden, life fulfilling and life threatening' (2010, p.4), but to take its constant attainment seriously such that our well-being depends on it, is to be exposed to the danger of 'becoming our own

worst enemy' (p.6). That said, there is an equal danger to ourselves, and others in becoming 'rotten with imperfection' (p.4), or slapdash, as our data also illustrated. We argue then that the art of vetting lies in the realisation and understanding of how rigid devotion to scientific principles of calculability and predictability are merely traps, and ideals of an illusory nature. Instead, expertise and competence can only ever be transitory and temporary enactments, based on the imperfections of applied knowledge.


## Discussion

Our study supports Collins and Evans' claim that 'there are many different ways of being an expert' (2007, p. 4), however, we disagree with their idea that you can ever 'be' an expert. In their work, there is a tendency to treat expertise and competence like personal property. By contrast, we identify expertise as continually under negotiation through relational enactments, thus always in process and just as likely to be undermined as confirmed, or to vanish at any moment. The term expertise is often deployed without critical interrogation, neglecting how it is 'inescapably ideological, [and] implicated in the evolving hierarchies of value that legitimate particular ways of knowing' (Carr, 2010, p.17). This is partly how professions claim an elite identity, where particular 'ways of knowing are organized and authorized' leading to a 'naturalization, or the essentialization of expert enactments' (Carr, 2010, p.17). Despite this, certificates and qualifications granting membership to the RCVS and even advanced credentials were insufficient to eradicate doubt, or for vets to feel secure about themselves as 'experts'. So, when 'expertise' was called into question, doubt was reinforced, reminding vets of how expertise was far more complex and fragile than is conveyed in textbooks and higher education, remaining 'slippery' and seemingly perpetually out of reach. We argue that because the 'canonical model' of science does 'not coincide with the practice itself' (Collins & Evans, 2007, p.1), vetting is as much an art as science. However, evidence that undermines or questions the epistemological and ontological assumptions underlying this knowledge tends to be ignored, discounted, or fails to be recognised, since it lies outside the interpretive paradigm of many vets.

The framework of expertise developed by Collins and Evans (2007) illuminates many aspects of veterinary practice, particularly by differentiating 'contributory' and 'interactional' expertise, as well as the 'primary source' knowledge that clients draw from during consultations.  The ability to talk the talk through 'interactional expertise' can create the *appearance* of expertise without the substance, for some vets excelled at 'successful' performance without necessarily demonstrating clinical competence.  In contrast, other vets appeared less than credible, despite good clinical skills because their contributory expertise was lost in translation; their interactional expertise remained 'latent'.  After all to 'be recognized publicly', experts need to 'perform as one, to act the part' (Lambek 1993, p87), so when beset by situations of indeterminacy clinical skills alone were insufficient.

While social skills are clearly necessary, vet training would seem to elevate the linear rational scientific model and therefore by default, demean or marginalize the non-clinical. This helps to understand why our participants complained that veterinary education tends to reduce complex matters to 'black and white' explanations. We agree with Hamilton and Taylor who assert that 'veterinarians remain in a precarious position due to their own training' (p.160/161) that leave them emotionally distant from their clients. Our findings, and those from the illuminating biographical accounts of the medical profession (Gawande, 2009; 2014; Marsh, 2014) complement this observation by showing that even when vets express reservations about the rigidity of the scientific model and its failure to recognize the random nature of many treatment outcomes, most cannot seem to set aside their perfectionism to believe at least the *possibility* of there being one correct solution or right answer to a problem.  These beliefs, partly rooted in ontological and epistemological training, and discursively crafted in ways that organize and naturalise expertise, can render vets vulnerable once in practice.  This is particularly the case in the transition after graduation, a period described by our participants as stressful, traumatic and a shock for which they were not adequately prepared (Hansez et al, 2008; Tomlin et al, 2010).

Although we acknowledge that doubt and insecurity is pervasive both inside and outside of work, vets seem to suffer more than their share of anxieties.  In managing the ethical, political and professional dilemmas they face every day (Batchelor & McKeegan, 2012;

2016), the departure from well-rehearsed rational-scientific models predicated largely on 'a logic that suppresses the possibility of failure' (Deslandes, 2016, p.20) renders their professional lives problematic. Arguably these epistemological and ontological assumptions underlying veterinary science are so taken for granted that vets end up projecting any shortfall in outcomes back on themselves. These ideals tend to be both a product of the comparatively elite process of entry to the profession and the omnipotence and omniscience that seems to derive from the certainty conveyed by positivist epistemologies and objectivist ontologies within veterinary pedagogy. Despite being frequently subject to challenge in everyday practice, we argue that science has legitimately secured a distinct place in the order of knowledge, apparently separated off from, and unfettered by, more interpretive epistemologies and ontologies that reflect the precariousness of lived 'socio-material practices' (Mol, 2002, p. 7).

When taught as a grounding for professionals, perhaps these contingent and precarious aspects of practice can be set aside as long as they are not exposed by philosophical and ethical reflections, largely eschewed or unacknowledged by science (Verrinda & Phillips, 2015), implying 'a body of truths that exist independently of any other truth or knowledge' (Cohn, 1987, p.712).  As such, matters of a complex nature regarding responsibility and decidability are silenced, even though they are highly pertinent (Derrida, 1995).  This lack of a broader education would appear to have the effect of rendering vets vulnerable to doubt and feelings of failure when their practices fall short of the ideals embedded in their scientific training or when iatrogenic mistakes are made (Mellanby & Herrtage, 2004). This manifests itself not just in a propensity for self-blame, but in high exit rates, tendencies towards anxiety, insecurity, mental illness and even suicide. Vets seem unable to abandon their quest for perfection even though it is based on the erroneous belief that uncertainty can be eradicated while they 'constantly run the risk of a decisive failure' (Bouilloud 2012, p. 11 cited in Deslandes, 2016).

Collins and Evans situate expertise as something that comes to be 'possessed' rather than a process where 'would-be experts must continuously work to authenticate themselves as experts' (Carr, 2010, p.21) and acknowledge this precarity. We view this as a significant shortcoming in interpreting our findings, since it was precisely these

insecurities of 'failing' to live up to ideals of professional expertise that were the most pressing concerns expressed by our participants. Collins and Evans (2007) have little to say about problems encountered through 'the performance of uncertainty' (Carr, 2010, p.23), or the challenges of *assessing one's own competence* or expertise. Arguably then, the major flaw in Collins and Evans (2007) framework of expertise lies in its tendency to produce disembodied accounts of expertise, and so it fails to acknowledge feelings, affect, anxieties, doubts, or the insecurities of those seeking to become professional experts. Despite including, in their framework, hoaxers or fraudsters who fake expertise, they overlook the potential for an imposter syndrome (Knights and Clarke, 2014) where regardless of enacted competence, professionals feel inadequate in relation to their expert knowledge.

Finally, we suggest that many of the problems confronted in this paper are fuelled by neo-liberal assumptions whereby institutions and organizations are able to displace/distribute responsibilities down the hierarchy (Newton, 1995). This results in individual subordinates being held responsible for organizational outcomes, such that their failure to deliver on imposed demands is at best perceived as a sign of weakness or a lack of resilience, and at worst demonized or pathologized. Yet, in their desire to establish and maintain expertise, the vets in our research displayed virtually no self-awareness of this problem, and how it invokes a constant source of guilt about not being adequate. Here we are reminded of the 'exemplary worker', a fictitious construct of management designed to push subordinates to continually strive while ensuring that they will never be quite 'good enough' to feel competent and secure (Ten Bos and Rhodes, 2003, p. 420). While vets tend to be anxiously ambivalent regarding their own competence, we suggest that only in being able to resist illusions about ourselves as infallible and having 'limitless potential' (Ekman, 2013) can we become both vulnerable and capable (Deslandes, 2012; Deslandes 2013), for it is only then that we may put aside any self-defeating desire for certainty.

**Conclusion**

It is perhaps an absence of hybridity and a presence of purification (Latour, 1993; Miller, 2005) in the training of medics (Marsh, 2014) and veterinary surgeons amongst others that pose a problem for those who go on to practice their craft, for as Gawande notes 'practice, it turned out, did not necessarily make perfect' (Gawande, 2003). Vets too, are inevitably confronted by the limitations of science when exposed to ambiguities, tensions, unequal power relations and the uncertainties that prevail, but which their practices are expected to eliminate in order to satisfy both clients and themselves. Certainly, our participants seemed preoccupied with 'getting it right' and we believe that a large part of what encourages this is an attachment to the scientific model of linear logic where a clinical intervention is expected to have a predictable causal effect (Gray, 2002). Moreover, much of the literature treats expertise as an 'end' that can be secured, thus eschewing any sense of doubt or uncertainty. From this point of view, even the novice vet graduate will have little reason for doubt until facing the raw experience of daily practice where much can go wrong. Consequently, they are not well prepared for the 'shock of the real' and their pursuit of a secure identity through an attachment to 'expertise' is precisely what makes them insecure.

Gawande (2014) acknowledges how 'not getting it right all the time' can bring a sense of shame and guilt, but reminds us of a 'necessary fallibility' that only omniscience could transcend, for in practice both patients and clients are highly unpredictable. The art of vetting is fragile and precarious, since it is subject to unforeseeable contingencies that collide with fantasies of perfection, predictability and a set of neo-liberal masculine assumptions concerning individual responsibility and control. It is therefore difficult to see how even the least sensitive among those in the profession can be immune to the slow and yet inevitable realisation that notions of competence, skill and expertise can only ever be temporal and transitory – repeatedly and routinely having to be negotiated, rather than ever secured.

While all these issues present serious limitations for the practice of vetting, they may also reflect a 'pathology of self-control' (Giddens, 1991) at work in other occupations

(Knights & Clarke, 2014). The combination of ideals of perfection, responsibility and constant striving to attain the unattainable, has great potential to become excessive and dysfunctional, forming the medium and outcome for doubt and insecurity. In liquid times (Bauman, 1995), regulatory discipline, routines, and ways of personally advancing are now utterly individualised and 'depend upon the acquisition, mastery, and augmentation of specialist skills over time' (Howard, p.118). This individualization of power and knowledge pushes individuals back on themselves as they struggle to find personal solutions to problems that are public in scope and intensity. Vets are no more able than any of us to render their world orderly and predictable but perhaps because of the knowledge and training, they feel more troubled by the outcome. While there are parallel resonances among academics (Knights and Clarke, 2014), we anticipate that further research of this nature within the professions more widely would enable us to establish the extent to which an *unadulterated* scientific logic can be almost as dangerous as the magic and myth that it has displaced.

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[i] Doctors by contrast are estimated at around 198, 000

[iiii] All 8 of these vet schools are in universities although the one in Surrey is still awaiting approval by the RCVS.

[iii] Veterinary medicine is highly competitive and demands excellent academic achievement both to gain entry to college and to secure the degree See http://www.ed.ac.uk/schools-departments/vet as an example of the entry requirements

[iv] This is not unique to the vet profession but is a model emulated from optometry (e.g. Specsavers) and pharmacy (e.g. Boots).

[v] In this survey 90% of vets reported experiencing stress although 80% expressed job satisfaction. Of course, these are not mutually incompatible but such attitude surveys reflect and reproduce comparatively superficial understandings of their respondents' experiences.

[vi] In a survey, 40% expressed uncertainty as to whether they would opt be a vet nowadays reflecting disaffection with the rates of pay, long hours and stress (Alpha Research, 2014, quoted in Williams & Jordan, 2015, p. 4).

[vii] An Iatrogenic mistake is one where there is any adverse condition in a patient resulting from the diagnosis, manner, or treatment provided by a physician or surgeon

[viii] This can mean increases in suicide occurring as a result of direct or indirect exposure to others' suicide.

[ix] James Herriot (real name James 'Alf' White) was a vet who wrote a number of semi-autobiographical books about his experiences of practicing as a vet in the Yorkshire Dales. Although partially fictionalised in terms of names, these stories about animals and their owners were based on actual experiences, the most famous being *All Creatures Great and Small* in 1972

[x] Speciesism is the assumption of human superiority leading to the exploitation of animals.

[xi] Even in the 19th century veterinary reformers' were concerned to 'improve the state and status of their art' (Woods & Matthews, 2010).