Rhetoric and Reality:

The Development of Professional Identity

In UK Veterinary Medicine

Hannah Charmaine Perrin

Thesis submitted to the University of Kent

for the degree of Doctor of Philosophy

February 2016

Word count: 85,891

Rhetoric and Reality:

The Development of Professional Identity

in UK Veterinary Medicine

Hannah Charmaine Perrin

To my family

ACKNOWLEDGEMENTS

My thanks firstly to my supervisors, Professor Sarah Vickerstaff and Professor Michael Calnan, for their guidance and encouragement during this process, and for somehow turning a scientist into a doctor of philosophy.

I am very grateful to all the veterinary students and newly-qualified vets who found some precious free time to talk to me about their experiences. The future of the profession is in safe hands. Also to veterinary colleagues and friends for encouraging the interest, debates and discussions, thank you for your enthusiasm.

Finally, to my wonderful family, without whose love and support I would not have dreamt of starting, let alone finishing. Thank you.

CONTENTS

ACRONYMS AND TERMINOLOGY

AHEMS	Animal Husbandry/Handling Extra-Mural Studies
AVS	Association of Veterinary Students
BSAVA	British Small Animal Veterinary Association
BVA	British Veterinary Association
CEMS	Clinical Extra-Mural Studies
CoPC	Code of Professional Conduct
CPD	Continuing Professional Development
DOCs	Day One Competences
EAEVE	European Association of Establishments for Veterinary Education
EMS	Extra-Mural Studies
GP	General Practitioner
GtPC	Guide to Professional Conduct
HEI	Higher Education Institution
IES	Institute for Employment Studies
IVSA	International Veterinary Students' Association
LVS	London Vet Show
MRCVS	Member of the Royal College of Veterinary Surgeons
PCEMS	Pre-Clinical Extra-Mural Studies
PDP	Professional Development Phase
PSS	Practice Standards Scheme
QAA	Quality Assurance Agency for Higher Education
RCVS	Royal College of Veterinary Surgeons
RVC	Royal Veterinary College (University of London)
RVN	Registered Veterinary Nurse
SPVS	Society of Practicing Veterinary Surgeons
UCAS	Universities and Colleges Admissions Service
YOCs	Year One Competences

Note on terminology: "Veterinary Medicine" encompasses the whole field of animal medicine including diagnostics, medical treatment, preventative care, surgery, animal welfare and public health. "Veterinary Surgeon" is the official term for a practitioner of veterinary medicine in the UK. Europe and the USA use "Veterinarian", and both are shortened to "Vet". The three main branches of veterinary work are "small animal", working with pets, mainly dogs and cats; "large animal", working on farms with food-producing animals; and "equine", working with horses. "Companion animal" practices work with pets and horses; and "mixed" practices have all three groups. "Exotics" are any species not covered by these categories, usually the more unusual pets such as reptiles, birds, amphibians and small mammals; wildlife; and zoo work.

CHAPTER ONE: INTRODUCTION

There can be few professions which are so readily identified by small children as what they want to be when they grow up as that of the veterinary surgeon. Theirs is a world of caring for animals, whose presence on the high street or on the farm is a reminder of the significance of our pets and our livestock to a nation of animal lovers. Yet, despite the importance of the veterinary profession to the lives of a significant proportion of the population, the world and the work of the veterinary surgeon remain under-examined.

This lack of interest becomes more profound when compared with their colleagues in (human) medicine. While the field of medical sociology is well-established, veterinary medicine does not have a history of social research, and very little literature exists on the lives and work of British (or indeed global) vets. Over the last couple of decades, the emerging discipline of veterinary education research has developed from within the veterinary schools, focusing mainly on issues of teaching and learning. This naturally has the broad goal of understanding and improving the training process and the practice readiness of new veterinary graduates; but is almost exclusively studied from within the veterinary schools by those who have themselves undergone the same training. The profession is undergoing rapid change, with advances in medicine and technology, the opening of new veterinary schools, and increasing division between farm, equine and companion animal work, with associated occupational framework changes and expansion of professional development provision in terms of post-qualification career structures. Given the obvious parallels with many other professions, the social significance of veterinary work, and the distinctions drawn between the traditional rural profession and the modern clinician, it is surprising that vets have received so little interest from social scientists.

As a result, existing literature on the work of the veterinary profession is extremely limited. Theoretical approaches must therefore be borrowed from analogous fields – generally medicine and allied professions - with interesting comparisons to be drawn.

There are a number of acknowledged problems within the veterinary workforce. Some of the most commonly-cited are poor wellbeing and high levels of mental illness. The Royal College of Veterinary Surgeons (RCVS), the governing and regulatory body for UK vets, has responded to these concerns with various initiatives including new procedures for dealing with vets who are struggling professionally due to mental illness, and support for various wellbeing initiatives and support services such as the Veterinary Benevolent Fund's Vetlife helpline and support system. More recently, the British Veterinary Association in conjunction with the RCVS launched the *Vet Futures* project specifically to "consider the issues that will face the veterinary team in the future" (British Veterinary Association/Royal College of Veterinary Surgeons 2014). That the veterinary profession is currently undergoing change is not contested. The character of that change, however, and its implications, are currently poorly understood and potentially of significant interest, with sociological examination bringing the possibility of yielding useful insights in to the nature of the contemporary veterinary profession.

Despite the growth of education research in the veterinary schools, the social and relational aspects of veterinary training and practice are under-examined. For this thesis, it is particularly relevant that the development of and influences on professional identity in veterinary students and early-career veterinary surgeons are still poorly understood. This lack of attention is significant on two levels. Firstly, for the profession itself: a better understanding of what makes a successful vet will aid in developing future support systems, along with informing decision-making for several aspects of early-career

veterinary medicine, from selection of students to improving practice placements during training to providing career advice to new veterinary graduates entering the profession. Secondly, for wider areas of research where studies in this field can shed light on phenomena encountered in other clinical occupations, as well as the academic fields of work and employment, higher education research, studies of the professions and their function in society, and organisational culture more generally.

This thesis aims to contribute to existing research on professional identity and occupational socialisation, particularly in terms of the medical and related fields, in order to develop these themes. Specifically, this study will explore the ideals of becoming and being a veterinary surgeon that are presented by veterinary organisations and how effectively these are adhered to by veterinary students and newly-qualified veterinary surgeons. To achieve this, a policy examination of how higher education institutions and veterinary organisations influence the non-formalised process of becoming a vet was undertaken; combined with an investigation of the mechanisms by which student and newly-qualified vets both envisage and experience their roles within the veterinary profession to be.

1.1 Overview and thesis structure

An outline of the history and structures of veterinary training and regulation, along with the situating of veterinary education within the contemporary higher education framework in the UK, forms the first part of Chapter Two. The second part examines pertinent issues in contemporary veterinary medicine, their context and history, and the potential for addressing them. This includes an examination of the data surrounding mental health in

the veterinary profession, the links with elite-entry degree courses and protective factors that have been identified in previous work.

Chapter Three presents the theoretical framework for this project. There is barely any history of the social sciences in veterinary medicine equivalent to the established field of medical sociology, so the literature review draws from several related fields in order to situate this thesis as applied to veterinary medicine, while also acknowledging work from the young research area of veterinary education. The parallel work employed includes various models of group socialisation (particularly socialisation into clinical occupations), an examination of the sociology of the professions and how it relates to veterinary medicine, and discussion of how work-role transitions have been theorised in the management and human resources literature. The development of the three specific research questions follows directly, at the end of Chapter Three.

Empirical work was designed to explore the issues from two angles. Narrative interviews with veterinary students and early-career vets forms Part I, providing a picture of the lived experiences of those undertaking veterinary training. Part II examines the cultural discourse of veterinary medicine as presented by its organisations – i.e. how is the ideal of veterinary training presented and what is it that the veterinary schools are aiming to produce? Chapter Four explains and justifies this research design and methodology, along with consideration of my position as a researcher in a familiar field.

Research findings and discussion of their implications are split into two chapters. Firstly, Chapter Five presents the results from the student interviews, following the broad themes that emerged from analysis of the transcripts. Chapter Six presents the results of the policy analysis, outlining how the official face of veterinary medicine is presented by its

organisations and how this could be interpreted in terms of influences on newcomers to the profession.

Finally, Chapter Seven brings the two strands of empirical research together in order to answer the research questions developed in Chapter Three and explore the consequences of the results. It explains the findings in terms of motivations for studying veterinary medicine and its occupational culture; situating this thesis in terms of its contribution to our understanding of several interrelated areas of social and employment theory. The limitations of this thesis are addressed along with identification of potential practical and policy implications. Lastly, suggestions for future research based in this area are offered.

CHAPTER TWO: HISTORY, CONTEXT, AND RATIONALE

2.1 History of veterinary training

Traditions of caring for and medically treating animals have been recorded for millennia. Records exist of people identifying their occupation as "an expert in healing animals" in ancient Mesopotamia as early as 3000BC. In the UK, books were published on "horsemanshippe" and "the breeding of foles" (including "the order of curing horses diseases") in the mid-16th century and the library of the Royal College of Veterinary Surgeons holds archive material dating from 1514. As suggested by these early publications, the modern discipline of veterinary medicine arose from the craft of farriery and the economic importance of equine foot care, developing from there into the treatment of military horses and eventually onto a scientific basis more aligned to human medicine. Knowledge and skills were passed on by oral tradition and demonstration of skills, largely following a traditional apprenticeship model, with generally no academic requirement. Gradually, however, veterinary medicine became recognised as a discipline in its own right, with associated requirements for formal training.

The first veterinary school was opened in Lyon, France, in 1761; followed by the London Veterinary College in 1785. Practice was then still exclusive to horses, with an increasing emphasis on farm work - the care of herds and flocks kept commercially - which continued to dominate until well into the 1950s, when the treatment of dogs and subsequently other pet animals first became a legitimate career option for a veterinary surgeon. (This is the period covering the career of the fictional James Herriott.) Anyone could set themselves up as a vet in practice until as late as 1948, when the second Veterinary Surgeons Act restricted practice, and the title "Veterinary Surgeon", to those with a recognised

veterinary degree who were properly registered (Royal College of Veterinary Surgeons 2015a). The Act was updated 18 years later, largely on procedural and governance matters, and the Veterinary Surgeons Act 1966 still regulates practice today.

The Royal College of Veterinary Surgeons (RCVS) was incorporated by Royal Charter in 1844, recognising the "veterinary art" as a profession, and granting the power to administer examinations to "those wishing to be styled veterinary surgeon and have the privileges of members of a profession" (Royal College of Veterinary Surgeons 2015a). The RCVS is still the profession's governing body, charged with maintaining the Register of Veterinary Surgeons, the official list of those permitted to practice veterinary medicine in the UK; as well as setting standards for undergraduate veterinary education, and regulating the professional conduct of qualified vets. Admission to the Register is via a recognised veterinary degree from one of the accredited UK, EU or Commonwealth Universities; or, if an applicant holds a listed veterinary degree from a non-accredited university, by a gruelling set of written and practical examinations. Those registered are admitted to Membership of the Royal College of Veterinary Surgeons, with the oath

> "*I PROMISE AND SOLEMNLY DECLARE that my constant endeavour will be to ensure the welfare of animals committed to my care and that I will pursue the work of my profession with integrity and accept my responsibilities to my clients, the public, the profession and the Royal College of Veterinary Surgeons*."

The oath is usually taken at graduation, after which qualified vets are entitled to use the postnominals "MRCVS" (Member of the Royal College of Veterinary Surgeons).

There are currently just under 20,000 practicing vets, and 4,800 veterinary students, in the UK (Royal College of Veterinary Surgeons 2015b). The Association of Veterinary Students in conjunction with the British Veterinary Association collects demographic data every few years which gives a picture of the current cohort of veterinary students. One in six are overseas students, half of whom are from the USA. One-fifth have done another degree prior to their veterinary studies. A-levels (or their equivalent) were gained at a non-selective state school for just over a third of vet students, at a fee-paying school for just over one-quarter, with the remainder split equally between academically selective state schools and colleges of further education (British Veterinary Association/Association of Veterinary Students 2012). Historically, both the numbers and proportion of women graduating have risen steadily, overtaking their male counterparts in 1989 (Figure 2.1). The most recent data (for 2014) show that female veterinary graduates now outnumber male by more than three to one: 23% of current vet students are male, 77% female (Royal College of Veterinary Surgeons 2014a). Although this is not the focus of this study, it is important to acknowledge such significant feminisation of the veterinary profession as a key part of the context in which this investigation was undertaken.
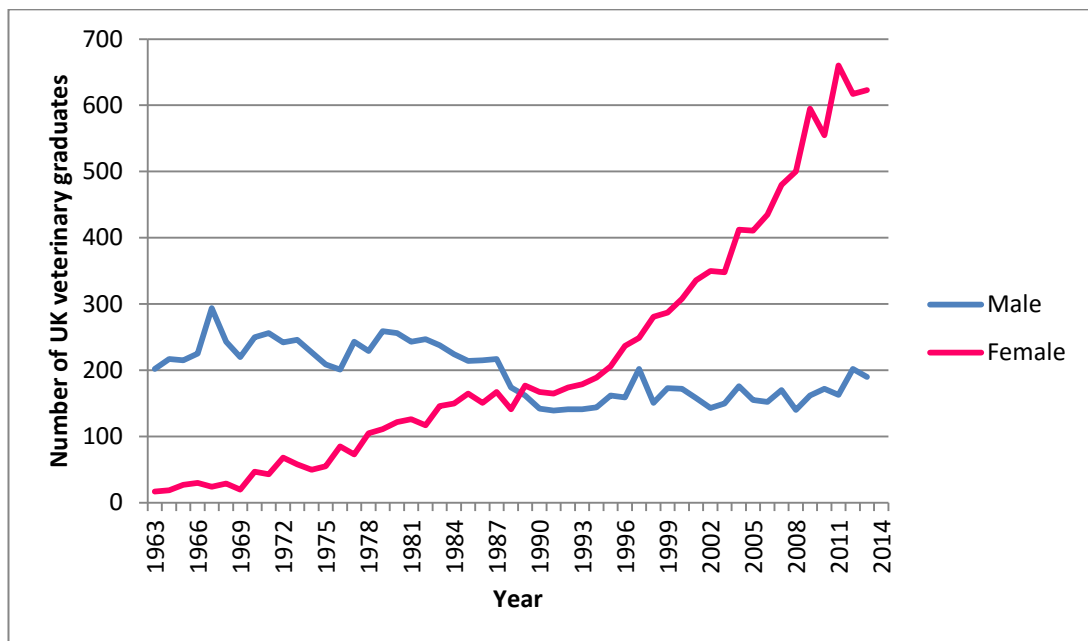
Figure 2.1: *UK veterinary graduates 1963 - 2013*

2.2 Veterinary medicine in higher education

The standard UK veterinary degree is five years long, and currently offered at only eight British universities: Bristol, Cambridge, Edinburgh, Glasgow, Liverpool, Nottingham (opened 2006), Surrey (opened 2014) and the Royal Veterinary College (RVC), London.   Around 800 new vets graduate every year (compared with 8,000 doctors and 1,500 dentists annually). A new veterinary school at the University of Surrey admitted its first cohort of veterinary students in September 2014 who will therefore join the veterinary workforce in 2019.

As well as their veterinary-specific education and training, veterinary students have the option to intercalate between their second and third years (this is compulsory at Cambridge, hence their six-year course) and obtain an additional science degree. Two of the schools (Edinburgh and RVC London) offer an accelerated veterinary course for science graduates which combines the first and second years into one, forming a four-year 'second undergraduate' veterinary degree. Widening Participation options are rare. Nottingham offers a preliminary year enabling those with high-level but non-science qualifications to be admitted to the course with a 'pre-veterinary' year of biological sciences.   Bristol, Nottingham and the RVC offer a Gateway year to a handful of students who can demonstrate unreached potential: these students are admitted for a year of initial science teaching to A-level standard before joining the first year of the five-year veterinary degree.

The veterinary course structure and content is broadly analogous to that of human medicine: the first two years consist of instruction in the pre-clinical sciences and animal husbandry; followed by two years of clinical training in medicine, diagnostics, therapeutics and surgery (figure 2.2).   Overarching themes of public health, professional studies, animal welfare and global health are generally run longitudinally throughout the course.

Year 1	Year 2	Year 3	Year 4	Year 5
Anatomy and Physiology	Mechanisms of Drug Action	Pathology	Cardiology	Clinical Rotations:
Molecules in Medical Science	Biology of Disease	Alimentary System	Endocrinology	Equine Medicine and Surgery
Homeostasis	Reproductive Biology	Respiratory System	Neurology	
Histology	Neurobiology and Animal Behaviour	Anaesthesia	Critical Care	Farm Animal Practice
Principles of Animal Management	Comparative Vertebrate Biology	Diagnostic Imaging	Practice and Business Management	Small Animal Medicine and Surgery
Scientific Basis of Medicine	Preparing for the Veterinary Profession	Public Health		

Year 1	Year 2	Year 3	Year 4	Year 5
Musculoskeletal System 1	Gastrointestinal System 1	Principles of Clinical Veterinary Science	Cardiorespiratory System 2	Clinical Rotations:
Cardiorespiratory System 1	Endocrine and Integument Systems 1	Practical Techniques	Endocrine and Integument Systems 2	Equine Clinical Practice
Lymphoreticular Cell Biology 1	Reproduction 1	Research Project	Gastrointestinal System 2	Small Animal Clinical Practice
Neuroscience 1	Urinary System 1	Personal and Professional Skills 3	Lymphoreticular Cell Biology 2	Farm Animal, Public Health, Zoo and Wildlife Clinical Practice
Animal Health and Welfare 1	Animal Health and Welfare 2		Musculoskeletal System 2	
Personal and Professional Skills 1	Personal and Professional Skills 2		Neuroscience 2	
			Reproduction 2	
			Urinary System 2	
			Public Health	
			Personal and Professional Skills 4	

Figure 2.2: *Example veterinary degree course structures*
(based on the Cambridge VetMB (top) and Nottingham BVM BVS (bottom))

The final year consists of "rotations" – small clinical training groups which rotate around the various disciplines or species areas in the clinical vet school or veterinary hospitals – and one or more electives, where students can choose a particular subject to study in depth for a short period (for example, soft tissue surgery, ophthalmology, or dairy cattle reproduction). All students, however, qualify fully in veterinary medicine as a whole, and are entitled to practice on all species.

In addition to the formal curriculum, the veterinary degree also requires a significant amount of extra-mural studies (EMS) to be completed in external veterinary practices outside of term time, arranged by the student, with minimum periods (12 weeks preclinical and 26 weeks clinical) to be completed during university vacations in a range of practices: small animal, large animal, equine and exotic; and other fields such as government or charity work, pathology labs and abattoirs. The ostensible purpose of EMS is to allow students to put their training into practice in a controlled way, "under the direct and continuous supervision of an MRCVS" (Royal College of Veterinary Surgeons 2015d).

2.3 Problems in the veterinary profession

It is generally acknowledged that completing a veterinary degree is an intensely stressful process. However, the public image of the qualified veterinary profession is generally that of a caring, dedicated, compassionate and highly-trained group of people who love their jobs (Royal College of Veterinary Surgeons/British Veterinary Association 2014). Veterinary medicine as an occupation is widely considered by the general public (and by prospective veterinary applicants) to have high job satisfaction (Mellanby 2008). Recent surveys have indicated that vets are one of the most highly-trusted professions, with 94% of people surveyed stating that they trusted their vet (second only to pharmacists at 97% and opticians at 95%, and significantly higher than GPs, dentists and teachers) (Royal College of Veterinary Surgeons/British Veterinary Association 2014). 92% of people in a joint Canada-UK survey reported having a "great deal of respect" for the veterinary profession (Angus Reid 2012).

Inside the profession, however, there are significant concerns over job satisfaction, working conditions and employee turnover – particularly among early-career vets - that have been largely unexamined by those outside veterinary medicine itself, and relatively rarely within it other than general survey studies and a handful of editorials in the profession's weekly journal, the *Veterinary Record* (e.g. Mellanby 2013, Tötemeyer 2013, Meehan 2014, Allister 2015). A few occupational health studies have been carried out with groups of veterinary surgeons but these are rare (a reflection of how generally unknown any problems are) and, again, tend to use simple survey statistics. Some data have been gathered by and from within the veterinary profession (e.g. Bartram et al 2009a), although there are still some very significant gaps. However, the overall picture of the wellbeing of the veterinary workforce makes fairly sobering reading.

2.3.1 Mental health and wellbeing

The headline statistic is usually that veterinary surgeons have a suicide rate that is four times higher than the general population, and twice as high as in comparative fields such as (human) medicine, dentistry or pharmacy, even when demographic factors are controlled, and this finding has been repeatedly confirmed by several studies (Miller and Beaumont 1995, Kelly and Bunting 1998, Hem et al 2005, Stark et al 2006, Jones-Fairnie et al 2008, Meltzer et al 2008). This figure should be interpreted with some caution, as the relatively small absolute numbers involved mean that direct comparisons are not always appropriate, and the Proportional Mortality Ratios used to describe this relationship are additionally affected by the relative frequency of other causes of death within a population (Mellanby 2005). However, the consistency of this finding over several studies, and the resonance that it has gained among the veterinary profession, implies that there is a significant issue.

Aside from specific instances of attempted or completed suicide, standards of wellbeing and levels of mental illness in the veterinary population are also a cause for concern. Starting at the earliest stage, of first year students at vet school, and continuing until retirement, repeated findings indicate that a significant proportion of the veterinary population experiences clinical levels of anxiety and/or depression, excessive levels of stress, and increased use of both legal and illegal stimulants including alcohol. One study found that 32% of first year veterinary students reported clinical levels of depressive symptoms and elevated anxiety scores, and this remained at a consistent level throughout their training (Siqueira Drake et al 2012). A similar study in Canada found that over half of veterinary students' depression levels were above the clinical threshold; and that this increased in subsequent semesters from 49% of students in their first term at veterinary school, to 65% at the end of the first year and 69% in the second. Further comparative studies have found substantially higher levels of depression in veterinary students than in human medicine (23% of students), undergraduate students overall (23.7%), and the general population (21.5%), using the same survey instrument (Reisbig et al 2012).

These statistics found in students so early on lead to a fear that veterinary students may develop unhealthy coping mechanisms that could become habits that they carry forward into veterinary practice. These habits could potentially include substance abuse: the most common among veterinary surgeons being alcohol, ketamine, benzodiazepines and opiates before street drugs (Bartram and Baldwin 2010b). The pharmaceuticals listed here are in common use in veterinary practice. Alcohol consumption has also been found to be higher in vets than in the general population, and markedly elevated in female vets (Bartram and Baldwin 2010a), which will be of increasing concern given the ongoing feminisation of the profession.

As well as recorded rates of measurable conditions, there is a growing body of evidence demonstrating that a significant proportion of UK vets are disenchanted with their choice of career. For example, a 2002 study of vets ten years after qualification found that only 55% would choose the career again, and one-quarter felt that it had not lived up to their expectations (Heath 2002a). A 2006 study repeated these results, finding that barely over half of vets (53%) would choose it again, 20% would not, and 27% were unsure (Robinson and Hooker 2006), worrying figures in terms of workforce wellbeing. Staff turnover is high, particularly early in a veterinary career, with a majority of newly-qualified vets staying in their first job for a year or less (Reisbig et al 2012). However, there is very little data on vets leaving the profession entirely. Registration is maintained by membership of the RCVS, but if membership is not renewed annually there is no follow-up of 'lost' members and it is almost impossible to distinguish between previous members who have left the profession entirely and those who have, for example, moved abroad, or taken a career break due to illness or family commitments. An informal straw poll of colleagues suggested that approximately half a dozen of those in each graduating class were no longer practicing as vets around five years later. Registration statistics for those who remain in contact with the RCVS suggest that around 400 vets temporarily suspend their registration every year (usually due to parental leave or a period of overseas travel), with the intention of returning to veterinary work at a later stage. In addition, 14% of those currently RCVS-registered are in the "non-practicing" category (half of whom are recorded as being over 70 years old) (Royal College of Veterinary Surgeons 2015b).

2.3.2 Factors relevant to veterinary medicine

The question can therefore be asked: Why, given that veterinary medicine has such a positive public profile, does the profession have such a high incidence of unhappiness, mental illness, substance abuse and suicide? A number of theories have been advanced.

Suicide in particular is considered to be a response to a stressful situation where environmental cues (i.e. the occupational environment) create feelings of defeat, loss or humiliation; leading to an overwhelming need to escape, feeling unable to escape, and that this will continue indefinitely (Bartram 2010a and 2010b). Psychological stresses at work are an established risk factor for a poor psychological state and predictive of depressive symptoms (Harling et al 2009). This situation can readily be demonstrated to apply to veterinary medicine as well as other populations, so, other than the need to balance human and animal interests, what is unique to veterinary medicine that could specifically account for the difference in mental health in the veterinary profession?

A commonly-cited factor is perceived to be that vets have easy access to lethal means such as barbiturates or firearms (Mellanby 2008, Bartram and Baldwin 2010a). It has been shown that members of occupations with access to such means - in particular doctors and farmers - are significantly more likely to use means of suicide obtained through their work than those in the general population (Platt et al 2010). Related to this, the second veterinary-specific factor derives from attitudes towards euthanasia, and its influence on attitudes towards the value and quality of life. Vets routinely discuss, justify the legitimacy of, and administer euthanasia (Bartram et al 2009b), and this can have an impact on attitudes towards the expendability of life (Mellanby 2008). Euthanasia can represent a contradiction between an ideal occupational self as a protector of animals and the reality of veterinary work, and how much of a stressor this is will depend on an individual's personal resources (Reeve et al 2005). Members of occupations dealing with end-of-life and death (palliative care nurses, mortuary workers, etc.) tend to have a more favourable view of human euthanasia and assisted suicide than the general population (Reisbig et al 2012). In veterinary practice, perceiving euthanasia as a positive outcome can therefore

justify lowering inhibitions towards suicide as a solution to problems (Bartram and Baldwin 2010a). The relatively small size of the veterinary profession could also lead to the phenomenon of 'suicide contagion,' where exposure to suicidal behaviour can increase an individual's vulnerability. As a relatively small and very well-connected profession, knowledge of individual suicides travels readily and rapidly through the networks, and is likely that an individual will be known through a very small number of links in the chain (Reisbig et al 2012).

The nature of veterinary work itself can have a significant impact on occupational stress. Karasek's Demand-Control-Support model encompasses three dimensions of such stress: job demands, job decision latitude and job social support. According to the model, workers with jobs characterised by high demands, low decision latitude and low social support have a higher risk of poor psychological well-being (Karasek 1979). More specifically, work-related stressors such as the demands of long working hours, lack of control, lack of participation in decision-making, poor social support, and unclear management are all risk factors for common mental disorders (Bartram and Baldwin 2010a) and these factors are recognisable in veterinary medicine. Professional burnout can result in emotional exhaustion, depersonalisation (a negative, cynical attitude coupled with impersonal feelings towards others), and reduced personal accomplishment in a persistent negative cycle (Chigerwe et al 2014).

The supply of new veterinary graduates is not controlled according to demand as in the medical profession, and finding a position suitable for a newly-qualified vet is becoming increasingly difficult, especially in over-subscribed fields such as equine practice (British Equine Veterinary Association 2013). The most recent new graduate survey undertaken by the Institute of Employment Studies found that the average time for a newly-qualified vet

to find their first job once they started actively looking was three months, a situation that can be predicted to worsen as the number of graduates increases and competition for veterinary jobs suitable for new graduates becomes more intense (Institute for Employment Studies 2013). Again unlike human medicine, veterinary graduates do not have a clearly-defined career path. There is no compulsory first year of supervised practice analogous to the medics' foundation year. Vets do not follow a prescribed training programme to become GPs or specialists in a particular field, with the associated support of fellow trainees and a clear route to a desired career. Although there are prescribed minimum annual requirements for Continuing Professional Development for vets, the content of this is free choice and therefore the context in which vets work changes dramatically on graduation from veterinary school: i.e. rather than moving from "training to be a doctor" to "training to be a cardiologist", new veterinary graduates move from "training to be a vet" directly into autonomous and independent practice with no compulsory framework for a specific training path or career route to follow. Coming directly from the highly structured and goal-oriented environment of veterinary school, this is a significant change. In this sense, veterinary graduates move abruptly from a university environment to the professional, social and often geographical isolation of practice with no transition stage. Many of the factors discussed above will be particularly acute at the start of a veterinary career, where major life changes occur: starting a new job, moving house, and moving away from established support networks, all of which are known 'transitional stressors' (Reisbig et al 2012).

New veterinary graduates can often work with little supervision or support (Mellanby 2008) and that drop can be extremely abrupt. In direct contrast to human medicine, the small size and independent nature of the veterinary profession mean that isolation factors will be uniquely intense for vets as newly-qualified veterinary graduates will move into a new job,

area, etc., alone; a significant difference from the start of a medical career where a cohort of newly-qualified doctors will start (and complete) their Foundation Year 1 in a hospital together. Some factors, however, will be more significant at an even earlier stage, and will particularly affect veterinary students during their training.

Several stressors have been identified as being not unique, but particularly acute during a veterinary degree, including strain on family and personal relationships; debts and lack of financial self-sufficiency; excessive workload including time demands and chronic sleep deprivation; lack of time for recreational or social activities; constant evaluation, ethical conundrums; homesickness; academic concerns; and difficulty fitting in with peers (Siqueira Drake et al 2012).

The risk of making clinical mistakes is a significant stressor for early-career vets (Mellanby 2008). The likelihood of iatrogenic injury is higher in vets than in human medics (Mellanby and Herrtage 2004); proposed to be again because vets have no compulsory first year of highly supervised practice analogous to the medics' Foundation Year to function as a buffer against such risks. A single mistake made by a new veterinary graduate can easily lead to a significant loss of confidence, guilt, and questioning whether they should continue to work as vet (Mellanby and Herrtage 2004).

Another factor that may come into sharp focus on beginning veterinary work is a poor fit between the person and the job, particularly in terms of conflicting values, which can cause significant distress (Hatch et al 2011). The feeling of being trapped - as part of the definition of risk factors for suicide - is compounded by the extreme competition for places at veterinary school and the amount of work and effort required to both secure a place and complete the course. Given such a vast investment of time and effort, the fact that places

are so highly sought-after, and the perceived image of veterinary medicine as highly vocationally-motivated, a subsequent decision by a qualified vet who has gone through the gruelling training process to leave veterinary work will be exceptionally difficult to make. It is easy to understand the feeling of being trapped.

There is also the increasing burden of student debts. With a veterinary degree lasting at least five years, the average new veterinary graduate started their working life with a debt of £34,500 in 2012 (British Veterinary Association/Association of Veterinary Students 2012). It should be noted that veterinary degrees are included in the standard fee structure for UK higher education (as opposed to human medical degrees where students are funded by NHS bursaries). Having large amounts of university vacations taken up by EMS placements means that veterinary students are less able to carry out paid work (as well as the costs involved in travelling for placements), another factor that distinguishes vets from analogous professions. The British Veterinary Association/Association of Veterinary Students Survey (2012) also found that over 40% of final year veterinary students rated the difficulties caused by financial problems to be "difficult" or "severe"; not a pleasant starting place for a professional career.

Another potential consideration is that individuals with a tendency towards mental illness, or for suicidal behaviours, could be attracted to veterinary medicine as an occupation in the first place (Bartram and Baldwin 2010a). Cognitive and personality factors (i.e. the relationship between personality traits and vocational interests) are already known to be significant; for example, there are known associations between personality and choice of speciality in the field of human medicine (e.g. Borges and Savickas 2002, Duffy et al 2009), and it could be that those who put excessive pressure on themselves to succeed are therefore attracted to apply for a competitive degree. The admission requirements of such

a highly academically-selective programme mean that undergraduate cohorts of students who are used to outperforming their peers are suddenly grouped together. In a group of high-performing students who base their self-worth on feedback on academic performance, this can lead to a questioning of abilities and the distress of imposter syndrome. Such high-flying students often subconsciously try to conform to a socially-prescribed perfectionism - a belief that others hold unrealistic or exaggerated expectations of them that must be met to gain acceptance or approval - and this is known to be associated with suicidality (Reisbig 2012).

Reisbig (2012) found that veterinary school admission criteria select a greater proportion of students with lower than average emotional intelligence - i.e. veterinary students have less ability to perceive emotions in themselves and others, integrate emotions into thought processes, and understand and moderate emotions. Emotional intelligence as a construct is only recently filtering into the field of veterinary education and it remains to be established whether it is an innate trait or learned ability. It is starting to be used as a selection criterion in terms of situational judgements (as in the Multiple Mini-Interview system at Nottingham veterinary school, where interviewees are asked to respond to a hypothetical scenario). Whether or not this is a filter in the selection process, it has also been proposed that a veterinary degree can stifle communication skills and emotional intelligence as the volume of academic work required crowds out any time for reflection or self-care (Hatch et al 2011). However, this is being addressed by the vet schools with increasing provision of not only voluntary pastoral support systems for vet students, but required components of the curriculum addressing issues of social and personal significance.

Mental illness can be particularly stigmatising in elite professions where vulnerabilities are not readily tolerated. This could easily lead to a reduction in help-seeking behaviour and the subsequent exacerbation or non-resolution of a problem (Reisbig 2012). At a non-clinical level, there remains a perceived need amongst the veterinary profession to maintain - at least in public - the illusion of dedication and job satisfaction among veterinary staff; again leading to a reluctance to admit to any sense of unhappiness or the raising of concerns. Systems are in place to support those affected: the Veterinary Benevolent Fund, Vet Helpline, and RCVS Mind Matters Veterinary Health Support Programme have been running for some years providing a range of practical and emotional support measures. There have been some signs that the profession has been addressing the reluctance to talk about issues; more recently (anonymous) letters in the *Veterinary Times* have been telling people's stories, raising awareness of suffering, and asking for more awareness in order to decrease the perceived stigma of discussing mental health problems in the profession (e.g. Anonymous 2015a and 2015b, Gripper 2015).

Hatch et al (2011) observed two main phases of increased anxiety in veterinary surgeons based around periods of increased responsibility in two separate domains: In the first five years following qualification (where there may be significant uncertainty of skills or the application of theoretical knowledge, along with the other stressors discussed above); and a second phase 10-15 years post-qualification (where the responsibilities of practice ownership and family life - especially for female vets - will be at their most significant).

Is this an increasing problem in the veterinary profession or has there simply been an increase in help-seeking behaviours? The changing demographics of the veterinary profession towards more women may be a factor, as it is established that women are more likely to report problems and seek help for emotional or mental health problems. There is

also the potential for wider generational cultural influence - generations born after 1990 have greater expectations in terms of emotional support, expecting frequent positive feedback, to have their needs prioritised, and to be confident in themselves and their future (Howe and Strauss 2003); and a loss or lack of meeting these needs could have a negative impact on mental health, wellbeing or job satisfaction.

2.3.3 Protective factors

There is an established causal relationship between stress (especially chronic stress) and depression; but only a minority of people experiencing same stressors will become depressed (Hafen et al 2008), indicating that protective factors and mechanisms are also at work. What, then, could potentially support wellbeing and good mental health and lead to more positive working experiences? Vets who grew up on farms or with rural backgrounds consistently report lower stress levels (Reisbig et al 2012), possibly due to having a clearer understanding of life cycles and established coping skills for adverse case outcomes. Interestingly, large animal (farm) work has also been shown to be lower stress than small animal (Gardner and Hini 2006); thought to be due to the different type of client relationships prevalent in farm practice where vets spend more time on-farm, and often develop lasting friendships with their clients (Hatch et al 2011). Experiencing good clinical outcomes, positive relationships with colleagues, and intellectual challenge have been shown to be sources of satisfaction for early-career vets (Bartram et al 2009a). As previously discussed, younger vets have been shown to have higher stress levels; with those more experienced or more mature having better coping strategies (Gardner and Hini 2006), and it must be acknowledged that learning to deal with stress is important preparation for subsequent professional practice (van Hell et al 2008). Does this therefore mean that early practice is just something to be endured while these coping strategies are developed; or that those who can't cope simply leave the profession at an earlier stage? As

discussed earlier, very little is known about those who do leave the profession; and there remains a large amount of scope for in-depth study of the transition from veterinary student to work in practice.

2.4 Summary of Chapter Two

Almost all vet students do go on to graduate and practice - so it is clearly possible to maintain sufficient (academic) performance despite high levels of stress during veterinary school (Reisbig et al 2012). Identity is rarely mentioned in the existing work on veterinary mental health or job satisfaction, and I would like to suggest that this is a crucial, and underexamined, factor in understanding how vets are made. Vets become vets partly by learning the theory and skills required to practice, but also by learning "how to be" a vet. Various processes have been alleged to be taking place here as part of a socialisation process into the norms of the veterinary community: identifying desired behaviours; learning the group culture; conforming to a standard; negotiating membership of a community of practice; and balancing professional and other roles. Mastery of these will have a significant impact on the novice vet's transition from applicant to student to practitioner, and warrant further examination. To this end, three broad fields of theory have been explored: processes of socialisation; the sociology of the professions and professional/occupational identity; and work transition theory (drawn largely from the management and human resources literature).

CHAPTER 3: LITERATURE REVIEW

3.1 Theoretical background

Examining how clinical professionals become so yields two concurrent threads. The first is the broadly familiar training pattern of learning the required medical knowledge and practical clinical skills, both within a Higher Education Institution (HEI) and on placements in practice. This is obviously fundamental to the requirements for training in these fields. However, there is a second mechanism at work which is less overt: that of learning "how to be" a member of a particular clinical profession or occupation. Various processes have been alleged to be taking place here as part of a socialisation process into the norms of a clinical community: identifying desired behaviours; learning the group culture; conforming to a standard; negotiating membership of a community of practice; and balancing professional and other roles. These have been widely explored in (human) medicine and nursing; and to a lesser extent in allied fields such as dentistry, physiotherapy and pharmacy; but are largely unexplored in veterinary medicine. To begin to address this, three broad fields of theory have been explored: processes of socialisation; the sociology of the professions and professional/occupational identity; and work transition theory (drawn largely from the management and human resources literature); in order to evaluate how these theories could potentially be applied to the veterinary profession and its training framework.

3.1.1 Socialisation theory

Traditional explorations of socialisation into clinical occupations became popular around the late 1950s and early 1960s, and primarily focussed on the medical profession. The most-lauded of these was Howard Becker and colleagues' ethnographic study "Boys in

White," published in 1961, in which they followed the progress of three cohorts of medical students at different levels at the University of Kansas during one year of their training; and is still cited as one of the seminal works on clinical socialisation fifty years later. Since then, several theoretical perspectives have been proposed, with significant meaningful common components: identifying a model for an ideal professional self (whether theoretical or an actual role model); identification of cultural norms; some version of role rehearsal where practices are tested; and internalisation of the values of the new role. Several studies have examined this process in other professions but there is a lack of data exploring these themes within veterinary medicine and its training framework. Acknowledged problems generally centre on the challenges of reconciling an ideal taught role with the messier, real life experience of everyday practice. Identity work is required to achieve resolution of this conflict and allow the individual to balance the two strands of theory and practice, which may involve a loss-making process of desensitisation. More concretely, practice will also include learning the use of ritual and symbols to determine group customs, and distinguishers of status. Some aspect of mutual evaluation will also be a factor in this process with any new group member, and the more prescriptive models will only be truly applicable to specific organisational settings rather than an occupation as a whole. The characteristics of the groups encountered during placements and on starting work will also be significant – but, although career paths can be diverse, I believe that there is still a common pathway to be negotiated during the early entry stages of a veterinary career, and that much can therefore be learnt from socialisation theory to apply to veterinary medicine.

The process of socialisation was traditionally defined in terms of value acquisition, such as Merton et al's (1957) "process by which people selectively acquire the values and attitudes, the interests, skills and knowledge – in short the culture – current in groups to which they

are, or seek to become, a member". Socialisation was viewed as a filling-up of empty vessels, without taking into account the prior experiences, personal qualities, values and motivations of the individuals concerned. The structure of clinical professions was also such that members were almost exclusively of similar demographic background, when compared with the far more diverse medical and nursing professions today - interesting in terms of the modern veterinary profession's increasing feminisation as seen in the previous chapter. However, other research findings from the 1970s and 80s still resonate today – medical and nursing students reported the conflict of theoretical teaching compared with actual practice; were unsure about the occupational status of skilled colleagues; and stressed the importance of having role models or mentors during the early stages of their careers (e.g. Kramer 1974; Davis 1975). Work on role models in medical practice has identified desirable characteristics including attitude towards students, enthusiasm for work, and communication skills as the most valued in a clinical role model; and found that 87% of medical students identified a role model during the clinical years of their training (Wright et al 1997). Maudsley (2001) found that students pick and choose traits from various role models, internalising an amalgam of values and increasingly developing their own criteria for judging appropriate values and behaviour.

More recently, several more nuanced theoretical models of socialisation into occupations have been proposed. Some focus on attitudinal changes in the neophyte, others more on criteria observable to others that the initiate is becoming more socialised to the workplace or work group. Davis' doctrinal conversion theory identifies six stages in the transition: initial innocence (idealistic preconceived images); labelled recognition of incongruity (identification and sharing of concerns); psyching out (the feeling of 'playing' at the new role); role simulation (practicing the desired behaviours); provisional internalisation (increasing ability to use professional language and perform professional behaviours) and

stable internalisation (behaviour reflects the educationally-approved model) (Davis 1975).

Despite Davis' emphasis on the attitude of the initiate, his model still requires interaction with the work group in sharing concerns in the early stages, and emulating perceived desired behaviours as socialisation progresses. However, the model does not take into account individuals' pre-existing values, experiences and motivations which will have a significant bearing on the initiate's initial attitudinal route into the profession, even if they are expected to reach a very similar place. He also asserts that initiates will ultimately reach a stage where their behaviour exemplifies what they have been taught; whereas subsequent studies have found that this is not only extremely difficult to achieve, but is the source of significant conflict for the newly-qualified professional (Feldman 1989).

Simpson's and Hinshaw et al's models are similar in emphasising the relational aspects of joining a group: Simpson suggests that the first stage is becoming proficient in specific work tasks, followed by attaching to others in a societal group, then internalising the values of the group and adopting its behaviours (Simpson 1967). Like Davis, Hinshaw et al include an acknowledgement of initial inadequacy in their model, where the initiate alters their standards from their own anticipated image to match the expectations of those setting the standard (i.e. the senior members of the group), followed by attaching to others and recognising the differences between their own self-image in an occupational role and that of other members. Finally the initiate internalises the values and standards that the role requires (Hinshaw et al 1977). Both of these models hold strong echoes of Wenger's theory of communities of practice – emphasising the role of a group of practitioners setting (unacknowledged or unofficial) standards and acting as a desirable group that the initiate wishes to join (Wenger 1996). It is interesting to ask how this compares with the official standard that is communicated as part of a veterinary student's training; as each of these

models requires that the neophyte models themselves on a perceived ideal professional self in order to gain acceptance and progress to full membership of the group.

The cognitive development model developed by Cohen (1981) compresses the stages of learning technical skills and adopting the values of the group into the early phases, following them with a period of "modifying" the professional role to one that is both personally and professionally acceptable. Finally, the initiate learns to balance their professional role with other roles (as a parent, for example, or a faith-based role). This is a rare example of a theoretical model acknowledging differences in incoming attitudes of initiates and allowing a process of reconciliation to take place, although a significant amount of adjustment on the part of the new entrant is still required, and it is debateable to what extent this is realistically possible. The common theme among the models of occupational socialisation is an attempt at mapping the attitudinal shift from idealistic to pragmatic approach. Most also agree that the process comprises a process of becoming, culminating in an individual developing a previously absent professional identity in themselves; what Simpson terms a "willingness to shift a self-identity from general humanity to an occupationally-specific viewpoint" (Simpson 1967).

Several theorists have framed the process of socialisation in the specific terms of career development – mapping the progress an initiate makes from novice to advanced practitioner. Dalton et al's model of career stages is one of the simplest, suggesting that the newcomer will begin by performing routine duties under direction, develop into independent work, then begin to teach others, and finally influence the direction of the entire organisation or section within it – i.e. taking on a management or "innovator" role (Dalton et al 1977). Van Maanen and Schein (1979) took a similar view, proposing a simple three-stage model of survival, mastery, and impact. It must be acknowledged that, in the

case of veterinary medicine, new entrants may not progress (or wish to progress) beyond "competent practitioner" stage – although new skills will be learnt, and continuing professional development undertaken, there will not necessarily be a desire to move into a management or organisational leadership role. This is reflected more pragmatically in Benner's expertise model, which breaks down the first two of Dalton et al's career stages into novice, advanced beginner, competent, proficient, and expert practitioner (Dalton et al 1977). She defines his stages partly in terms of characteristics (e.g. the expert is "intuitive and analytical"); however, she structures her model in terms of years of experience rather than changes in commonly-held values or attitudes and does not take into account the occupational context or changing setting in which the progression takes place. This raises interesting questions in terms of chronology – how could the process synchronise with early-career veterinary progression? The aim of veterinary courses is to produce capable practitioners from day one, but does this correspond with Benner's stages, with students progressing through the "novice" and "advanced beginner" stages, arriving at "competent" by the time they graduate? Or does the novice stage apply to the whole of training, only progressing on starting work as a qualified vet?

Kramer's (1974) postgraduate resocialisation model takes a more psychological approach, according prominence to the initiate's resolution of conflicts between their ideal, taught role and that experienced in practice once qualified work has started. As is common, Kramer's first stage is mastery of the skills and routines of the workplace, followed by social integration as the initiate's competence is recognised and accepted by members of the occupational group. Again, this fits with communities of practice theory. However, Kramer develops the model further to include a more significant element of rebellion (that she terms "moral outrage") as the initiate recognises incongruences between their professional role and the conflicting expectations of compassion and bureaucracy; followed by resolving

such conflict by either surrendering certain values or learning to work the system and use those values in a politically-aware manner. This type of resolution is acknowledged in most of the other models but is usually postulated to occur much earlier in the transition, often as a requirement of acceptance by the occupational group. Her study of nursing found that true resolution occurred much later than expected and often not at all - particularly in those who did not stay in the profession. This also chimes with Cohen's model whereby new entrants not only become accepted into the group, but also includes an element of external influence in balancing the conflicting demands of their professional role (Cohen 1981). The manner in which the ideal professional role is presented will still have significant influence.

Kath Melia (1987) has argued that a profession can be so diverse, and contain such a variety of work roles, that establishing a common theory of socialisation is impossible. In veterinary medicine, however, although interests may be followed, the widening diversity of roles generally occurs later in a career, certainly after vet school is completed, and there remains a common route delineated by the Royal College of Veterinary Surgeons and training institutions that those wishing to practice must follow. Once qualified, a greater range of influences will come into play, depending on the newly-qualified vet's work area (whether functional or geographical), ongoing training, work patterns, colleagues, etc. Indeed, many authors focus more on socialisation into a particular workplace or organisation, rather than the occupation as a whole. Moreland and Levine (1982) proposed a model of group socialisation mapping the progress of individuals through groups, and the questions they posed are easily relatable to the sphere of veterinary medicine: Why are individuals attracted to the group? How does the group instil commitment? How does commitment affect individuals' behaviour? Their model mapped the affective, cognitive and behavioural changes that groups and individuals induced in one

another through time; concluding that the three underlying psychological processes (on both sides) were evaluation (each assessing the other's potential value), commitment (a decision of worth) and role transition (redefining the relationship and thereby inducing re-evaluation) (Moreland and Levine 1982). The former two stages provide an interesting extension of the approach of the other career development models, emphasising a considered approach from both sides of the process, and a judgement of the worth of making the link. In practice, problems with this process – such as a negative assessment on either side – would have significantly damaging consequences for the recruitment of both new veterinary students to universities and newly-qualified vets to their first jobs; as well as for each making a successful transition into a new role.

This bilateral approach is interesting in terms of theories of communities of practice, as it relies more heavily on the group reaching a consensus on whether to admit a particular individual. While this can be readily imagined in terms of, for example, the working staff in a particular practice, Wenger's suggestion is that a community of practice is a more fluid concept and may include members physically distant but in some form of contact, forming a loose collective of individuals working in a particular field or with a common aim (Wenger 1996). This type of group will also be less able to take corrective action should an individual fail to meet the group's expectations. Therefore, Moreland and Levine's (1982) type of reciprocal acceptance process is perhaps more suited to specific organisational settings than the broader occupational context implicit in communities of practice. However, in applying their model to wider theories of group culture, Levine and Moreland (1994) point out that it is in the interest of established members of a group to assimilate newcomers quickly and effectively as both group and individual outcomes will depend on their colleagues' performance. As with communities of practice, this has interesting implications in terms of interrelational network dynamics, as most empirical work considers

a one-way process of students learning their new role and fitting in to the system in order to gain acceptance. Situated learning is always context-bound, and is achieved through participation and interaction with others (Lave and Wenger 1991). The role of teacher - especially on clinical placements - is therefore to facilitate access for learners to participate in meaningful activities that will support learning. Extra-Mural Studies is a textbook example of legitimate peripheral participation: legitimate, as veterinary students are permitted to work in a practice and have a reason to be there; and peripheral, as their presence is not required in order for the practice to function effectively (Scholz et al 2013). Greenwood's cognitive theory of students' desensitisation also asserts that the role of qualified professionals in this process is not overt; that students learn incidentally and unconsciously from more senior colleagues, who implicitly require and reward behaviours perceived as appropriate (Greenwood 1993). 'Teachers' in this sense may not be officially designated as such - members of a community of practice can learn from any other member (Boud and Middleton 2003). Therefore, the reward model, where approved behaviour is subconsciously sanctioned and encouraged, is another mechanism by which a model for an ideal professional self is presented and transferred.

Levine and Moreland's (1994) discussions of group socialisation characterise commitment as having important consequences for behaviour, and describe the phases of group socialisation as being active processes on both sides. Highly committed individuals and groups will be more likely to accept the other's goals and values, work to fulfil expectations, and seek to maintain group membership; i.e. will be more likely to progress to the higher levels of socialisation as described by the models above. During a veterinary degree, early clinical exposure is aimed at supporting enculturation into the profession, motivating students undertaking preclinical learning, and integrating classroom teaching with practice experience (Scholz et al 2013). The importance of a thorough, meaningful

induction into the group will be a crucial foundation upon which to build such commitment, with interesting implications if the entry point is not clear; i.e. does group membership begin on entry to vet school or on qualification or on entry to the workplace? The literature is not clear on this question although the consensus for doctors is that the first year of clinical training (i.e. mid-way through medical school) is the most significant in terms of socialisation into medical culture (Pitkala and Mantyranta 2003).

In general, socialisation theorists agree that what must be learned is exemplified in the group's culture, defined by Levine and Moreland (1994) as "a set of shared thoughts and a related set of customs". Customs, as outward expressions of values and attitudes, can include a variety of enacted behaviours including routines, storytelling, and the use of rituals and symbols (Feldman 1989). Veterinary medicine is easily recognisable as being highly routinized, with heavy use of ritual (e.g. scrubbing for theatre) and symbolism (e.g. the consulting tunic and stethoscope) in clinical practice. Fitzpatrick et al (1996) argue that it is by performing these rituals that a student learns to be a professional, what they term "role rehearsal". This echoes several socialisation theories, such as Davis' role simulation stage. The importance of ritual and symbol is also emphasised by Bradby (1990), who suggests that a professional's status is ascribed by their uniform and title. The use of distinguishers such as uniform is also acknowledged as a source of differentiation for newly-qualified practitioners to represent their changed status. Gray and Smith's (1999) longitudinal study of student nurses found that such distinctions held great importance for trainees learning skills "which only staff nurses deliver… the emphasis is on learning skills that distinguish them from auxiliaries". Hogg (1987) also argued that group cohesion depends on individuals' matching a theoretical ideal, a kind of "prototype" group member. The source of this prototype is, however, harder to determine. Veterinary medicine is a hierarchical profession; members learn from senior colleagues, each other, patients, as well

as formal training, throughout a career. However, the newly-qualified vet will take time to develop the ability to assimilate and filter these practices and, at the early stages, may be more focussed on conforming to the organisational model as presented during training.

Applications of these theories of socialisation and professional development have been widespread in human healthcare and those applicable directly to the veterinary profession are surprisingly comparable. Empirical work is generally qualitative, aiming to identify the common experiences of newcomers entering a profession, with some longitudinal studies looking at changes in attitudes during the early part of a career.

Several theorists model professional socialisation as a loss-incurring process rather than a gain. For example, Bradby's theories of status passage claim that occupational socialisation is actually a process of "divestiture", resulting in a loss of personal identity (i.e. occupational identity is gained at the cost of personal identity, implying that there is a finite amount of identity to be shared out and balanced between the personal and professional). She proposes that the initiate then seeks confirmation of such personal change through interactions with patients (who confirm the new identity by responding to them as a member of the profession) and also outside of their training institution. Bradby is unsure whether this ultimately constitutes an overall negative outcome for the individual (i.e. the degradation of personal identity) or a positive one (i.e. increases in self-esteem as feeling "part of the team" and establishing professional competence) (Bradby 1990); although this again includes the identification of, and efforts towards, a perceived organisational or occupational ideal.

Mackintosh (2006) also highlights the negative consequences of the socialisation process in her study, identifying potential pitfalls such as a lack of critical awareness; loss of idealism; continuance of ritualised practice or unhelpful traditional views; and desensitisation to human need - overall, a loss of compassion - that can be developed or reinforced during a clinical education. However, she asserts that such consequences are both inevitable and necessary as a means of self-defence, limiting students' emotional involvement and enabling them to cope with the pressures of clinical practice. It has been established in the previous chapter that vet students are generally not good at maintaining their own wellbeing, and a comparison with the protective strategies employed in human medicine would be useful. The management of stress is a common theme in the literature – Greenwood (1993) also highlights the importance of coping mechanisms such as categorisation of processes and events as a cognitive attempt to complete the required workload. Heath (2002b) found that new graduates' altruistic attitude to ethics, welfare, and out-of-hours work hardens when they encounter the professional workplace. A loss of empathy has been identified during the training process (Schoenfeld-Tacher et al 2015); similarly in medicine, disillusionment, waning of idealism and increased cynicism, even if students were initially enthusiastic and idealistic (Pitkala and Mantyranta 2003). How this correlates with students' developing identity as novice vet is less clear – these processes of coping are in part a conscious effort to conform to the pervading culture, another example of a loss of individual personhood and replacement with an occupationally-approved working attitude. Pitkala and Mantyranta align it with frustration due to the need to absorb such an enormous amount of knowledge, with the consequence that the material can only be skimmed in order to pass exams rather than learnt in detail (Pitkala and Mantyranta 2003).

Others have taken a different view, arguing that as students become more confident in the clinical environment, they are better able to identify "anti-models" displaying examples of behaviour to avoid (Fitzpatrick et al 1996). Greenwood also identifies this phenomenon as a component of the desensitisation of students, but comes to the opposite conclusion – that habituation occurs due to repeated exposure to poor practice, resulting in a failure to notice poor practice as the subconscious recognition of stimuli is no longer as acute (Greenwood 1993). This is an unintended consequence of the socialisation process, and potentially a dangerous one.

The dissonance between students' instruction and practice is highlighted as a problem in many of the empirical studies. Wilson and Startup (1991) found that students felt a significant sense of guilt as they were powerless to act in the "best practice" way that they had been taught, causing them to develop a sense of "inner deviance". Theirs was not, however, a longitudinal study so there were no data on whether this sense was maintained into qualified work or if the attitudes of more experienced staff prevailed and were more deeply internalised by the students (Wilson and Startup 1991). Other theorists assert that both states can be maintained concurrently, and qualified practitioners are able to simultaneously hold a clear concept of theoretical knowledge for the classroom, and a more "fuzzy" approach to actually working in practice (Greenwood 1993). Several studies conclude that most socialisation occurs during the rotations and work placements which all clinical students complete (e.g. Fitzpatrick et al 1996), and the extent to which socialisation theory can be applied in the occupational context will also depend on the cohesion of a particular group. The reconciliation of theory and practice is a crucial skill, and one which comes into sharp relief at the point of qualification, where the demands of the working environment may be very different from those of a training institution; even if the newly-

qualified vet is working in the same location as had been visited as a student, but is now occupying a very different role in it.

Within veterinary medicine, there therefore is scope for establishing what the "prototype", or ideal, newly-qualified vet might look like, and what the influences on this model are for new entrants to the veterinary community. Little progress has been made towards this, other than some small-scale studies on the ideal characteristics of veterinary educators and mentors. All of the models discussed focus on the newcomer adopting the behaviours of the group that they are joining. There is research potential in investigating the hierarchical knowledge relationships inherent in veterinary practice; as well as the fluid occupational boundaries between non-member, new entrant, and established member. In order to better understand the socialisation of new veterinary surgeons, there is a need to establish when the socialisation process begins, at what point these transitions occur, and what the influences on them are.

Self-classification into a social group is more salient if it is highly emotionally relevant (Tajfel and Turner 1986), and medical education as a socialisation process is characterised by very strong motivations of students to acquire the knowledge and skills of the professional role (Maudsley 2001). Despite this strong emotional component, studies of the socialisation of clinical professionals do not discuss individuals' personal values in terms of a vocational 'calling' and the general view is that this is an old-fashioned attitude as medicine becomes more scientific, and (at least in human medicine and nursing) more direct personal care is delegated to lower-qualified staff. With this in mind, the next section discusses the sociology of professions as it potentially relates to veterinary medicine and its position in the UK.

3.1.2 Professions

The concept of gatekeepers controlling access to certain forms of knowledge and skill has its roots in the literature on professions. There remains a pervasive lay view that a good vet (or healthcare worker more generally) can be identified purely by personality traits rather than technical skill. Related to this, some scholars have assessed the status of various professions in terms of perceived social value and an orientation towards public service (e.g. Lawlor et al 2009). Part of such value lies in the ability to perform activities different from others - a separation from the lay community which is a significant contributor towards the strong sense of collective professional community and occupational identity inherent in the clinical professions, and certainly includes veterinary medicine. In this context, there is an absolute point at which a trainee becomes independently responsible for their own practice, the significance of which in terms of gaining membership of an occupational community is debatable. More contemporary sociologies of occupation identify means of change and control as being central to the operationalisation of profession, with professional practice thought of as a subset of social practice, with some particular characteristics: an ethical core, a distinctive knowledge base that must be applied in specific situations, and organisation through the development of particular institutions (Scholz et al 2013). More specifically, the overt discourse of professionalisation will have profound influence on veterinary culture as expressed by its organisations; and there is scope for the study of whether, and to what extent, this is represented by the more everyday talk of veterinary students and newly-qualified vets currently on the receiving end - i.e. whether membership of the veterinary community relies on new entrants learning to use the prevailing professional discourse.

The situating of professionalism within individual occupations' ideologies means that definitions can be extremely fluid; a cluster of related concepts rather than a strict

classification. In turn, this can also allow different groups to appropriate the term for their own, often conflicting, means. Defining a profession traditionally consisted of producing a list of criteria against which an occupation was compared – the trait or attribute approach (e.g. Flexner 1915). Several have been proposed and continue to be developed despite losing favour as the most useful model. Howard Becker distilled previous work into six criteria for recognising a profession, that it should be: intellectual, with members holding personal responsibility; learned, consisting of non-routine knowledge; practical rather than theoretical or academic; teachable; strongly organised; and altruistically-motivated (Becker 1970). Freidson's approach was more structuralist, arguing that it is possible to distinguish between an individual adopting a professional identity; and locating a profession within a social structure, conferring a licence of functional autonomy (Freidson 1970 and 2001). However, such a structure only sets broad limits, and the details of an individual's routine would depend very much upon their everyday environment and employment context. Another criticism is that Freidson's view is overly American, and that in countries with a state-run healthcare system, limits to professional autonomy are inevitable (although the esteem with which the profession is held is still high) - a criticism that is interesting when applied to the (private) sphere of veterinary rather than human medicine. Freidson is, however, still following a trait-based definition, with his fundamental criterion being professional autonomy.

Opponents of trait-based approaches have criticised their lack of theoretical grounding and arbitrariness; as well as observing that an occupation's members will usually engage in some form of negotiation of such criteria to suit their circumstances, or claim (if excluded) that the proposed criteria do not apply to their field (Dingwall 1976). There is also the risk that those defining such criteria can be accused of elitism in acting as gatekeepers – allowing some members entry but excluding others through the selective defining of

professional characteristics – and of therefore controlling or restricting access to the profession's implied elite status. Others have dismissed such a trait approach as simply irrelevant, preferring instead to define a profession in terms of judgements made by communicative partners or employing organisations such as governments, employers or clients (Crompton 1990).

In terms of professional education, the concept of a gatekeeper to a profession could be more pragmatically applied to those who control access to the qualifications required for membership of a profession – the admissions tutors and Higher Education Institution (HEI) faculty members controlling student selection, admission and retention. It is often the case that some form of state or national licensing is the only criterion officially recognised as defining a profession; for example, the 1977 Royal Commission on the Press defined a profession as an occupation in which "only people licensed by a national body at national level may practice" (Royal Commission on the Press 1977). This includes veterinary medicine and would also fit with some of the attributes required by the trait theorists – that a profession must have competition and restrictions to entry controlled by senior members. However, Robert Dingwall in his study of health visitors found that the most common trait identified by such gatekeepers was to be the "right sort of person" (Dingwall 1976). This echoes most strongly in the commonly-held lay view (often reinforced by the media) that a "good vet" (newly-qualified or otherwise) is defined in terms of desired personality traits and characteristics rather than any form of technical or clinical skill (Mellanby et al 2011). Whether these can be taught - or at least encouraged - during a professional training process, or are even a criterion for admission, is a matter for considerable debate.

Despite being an advocate of trait theory, Flexner acknowledged that the greatest attribute defining a profession was an overarching "professional spirit", which was able to "lift above" all the trait-based distinctions he had previously discussed (Flexner 1915). This is echoed by Talcott Parsons, who argues that it is not simply in the provision of services that a professional is created, but that there is a charismatic element to a profession's authority and organisation (Parsons 1939). This personality aspect is often cited as a reason for failure to complete a clinical training course (McLoughlin et al 2010), where, as discussed earlier, occupational socialization is as important as learning the specific material knowledge and skills required. Such socialization into an occupation confers a sense of self and position which is reinforced by appropriate behaviours, decisions and choices; which in turn form a fundamental part of the discourse of a particular profession (Aldridge and Evetts 2003). Individuals choosing correct behaviours according to the standards of that profession are rewarded with career progression and higher status, continuing the cycle by which lower-status members are socialized into a profession (Fournier 1998). Self-motivation to continue this cycle is one of the primary factors identified by Grey (1994) in following a professional career. Again, there is a sequence of testing and reinforcement of appropriate practice by those representing the established profession.

In his studies on health visiting, Dingwall proposed a different approach to defining profession based on tradition and public perception: that an occupation could be defined as a profession if it has an "official history", particularly a history containing symbolic figures (such as Florence Nightingale in the case of nursing) (Dingwall 1976). Such a history confers a sense of dignity and public responsibility, and what Tunstall referred to as "some residue of social deference", utilising the traditionalist model of professional status whereby public recognition is cumulatively acquired, according to the perceived social value of the occupation (Tunstall 1996). Gouldner used a different criterion for the status

enjoyed by established professions – asserting that individuals will follow a professional's advice because their "superior technical expertise and service orientation… encourages the subordinate to feel that the rule or order is the best method for realizing some goal" (Gouldner 1954), an echo of Parsons' sick role. So, for example, a patient will do as instructed by their doctor because they believe that, firstly, the doctor has the knowledge to decide on what to do, and secondly, is willing to aid the patient in achieving this; in pursuit of the ultimate goal of making the patient better. This is a long-established pattern in terms of medicine in general but could be refuted in individual interactions if a patient did not have confidence in the professional capabilities of a particular doctor. There is scope for tracing firstly how this belief is communicated to patients via encounters with medical staff, and also how this skill is learned or developed by professionals both during and after training; applying equally well to the client interactions carried out in veterinary practice.

Models have been proposed in which the practitioner promotes the professionalisation of their occupation at least in part in their own career interest (Evetts 2003). Again, this can be seen demonstrated in the recent reviews of veterinary postgraduate training and career routes – reforming the framework for post-qualification specialism could be seen as an example – with the associated increases in status that could, for example, lead to an increase in salary demands. Conversely, Aldridge (2003) has suggested that such upheavals may lead to an "occupational crisis… emerging as discontent particularly on the part of older and more experienced groups of workers". Whether this will happen in the veterinary profession remains to be seen, but the changes have certainly generated a great deal of debate in the veterinary press (e.g. Davies 2014 and responses). In terms of a professional identity, such debates have also informed the flow of communications from veterinary organisations – such as the Royal College of Veterinary Surgeons' booklet

"Veterinary Science: For All Walks Of Life" in 2008 and, in particular, the recent Vet Futures project in conjunction with the British Veterinary Association.

Differences in approaching the definition and analysis of professions also exist between disciplines. Adam Smith's analysis was based on an economic scrutiny of service provision, and he asserts that a profession can be defined in terms of the "informational asymmetry" between a member of a profession and their client (Smith 1976). This analysis was also extended into the social realm, concluding that a service transaction was not sufficient to define a profession; and that the professional service provided must be "highly consequential" for any user (Carr-Saunders and Wilson 1933), implying a requirement for a high level of trust in placing valued facets of life in the hands of the professional. This is traditionally demonstrated by the legal and medical professions, and can easily accommodate veterinary medicine. Professionalization for Weber meant the adoption of a set code of ethics, and adhering to this code regardless of personal dissent (Weber 1919, Bendix 1977). The introduction (and subsequent reviews) of a formal code of conduct for the veterinary profession has not been without debate, but ultimately, vets wishing to remain registered with the Royal College of Veterinary Surgeons (and thus be able to practice) must agree to abide by the RCVS Code of Professional Conduct for Veterinary Surgeons. Spencer took a more sociological viewpoint, defining a professional role as a source of regulation at a distance from the state, and in supplying trust or confidence for users of the service (Spencer 1969). Again, medicine and the law are the most commonly-cited examples, both evoking a high sense of responsibility towards users of their services, and veterinary medicine is easily recognisable within this realm. That a sense of accountability must be conferred during training is debatable, as veterinary students ultimately always have at least some degree of supervision while on placements. The loss of this safety net undoubtedly contributes towards the sense of the "cliff edge" at the point

of qualification, when the student becomes independently responsible for their own practice.

In 1939, Talcott Parsons claimed that a profession's authority is based on "functional specificity", a restriction of its domain of power, and the application of impersonal standards on a universalistic basis. He also argues that the members of a profession have a shared orientation to success as judged by the group's own prevailing normative standards; rather than focusing on the economic aspects of professional status. He sets the capitalist, self-interested model against the professional, disinterested one, arguing that, while each is seeking success, the distinguishing feature is the motive. It has historically been argued that, in the case of veterinary medicine, this motive is altruistic, based on a strong sense of vocation. This shared vocational ambition is then translated into a professional code of ethics, another of the characteristics of a profession specified by Parsons. However, critics of the modern veterinary profession have argued that this altruistic motive has been lost as veterinary medicine becomes more corporate and less personal (correlating with equivalent debates in human medicine such as Daykin and Clarke (2000)), as has been seen in the literature on socialisation. It is interesting to note that these two characteristics of compassion and professionalism (certainly in the lay and media views) are generally seen as mutually exclusive.

This model of functional specificity also confers on members of a profession a sense of territory in terms of tasks they, and outsiders, are permitted to, or prevented from, carrying out. Parsons describes this in terms of resisting encroachment on a "technical core" – the fundamental aspects of being a member of that particular group. This has particular resonance in the veterinary field with the increasing training availability (in terms of the opening of two new veterinary schools in the last 10 years) and also the upskilling

(for example, in carrying out minor surgical procedures) of previously less regulated veterinary nurses; as well as the RCVS' efforts to introduce a more formal structure to post-qualification training, both in terms of specialism and also in recognising and evaluating experience and expertise in general practice. This has led to an ongoing attempt to redefine the role of the veterinary surgeon as each tier of professional attempts to create a niche distinct from all other tiers and therefore regain power and legitimacy. This is also an aspect of the recent review of post-qualification veterinary training and the introduction of Advanced Practitioner as well as Specialist status – a method of distinguishing those working in general practice who wish to have their skills recognised without necessarily devoting several years of their career to a formal Residency or other specific clinical training role. At an earlier stage, there is increasing recognition at the vet schools of the importance of training in consultation and communication skills, with the newer schools placing greater emphasis in their curricula on 'real life' practice rather than exclusively scientific and theoretical knowledge, especially in the early years of training. How this might sit with Fournier's (1998) model of occupational reproduction and identity reinforcement (where junior members receive the same information passed down to them by those more senior) is also unknown, as the new cohort of vets gradually replaces those traditionally-trained that they are still learning their profession from. Regardless of qualification route, the professional socialisation that occurs concurrently is still filtered via the same mechanisms – the official discourse of veterinary organisations; and the messier, everyday experiences encountered in practice.

Hughes takes part of Parsons' definition but gives it a more progressive emphasis. He agrees that an important factor in defining a profession is in performing specific tasks within a defined scope, but argues that such division of labour permits both an extension of freedom and a co-operative interdependence that contribute to the definition of the

profession itself (Hughes 1971). His arguments fall under two linked themes: licence, and mandate. He states that a defined profession has a license to carry out activities different from others, for reward. This separation from lay people confers a sense of community, which in turn grants a mandate to the profession to define characteristics such as proper conduct, technical content, and patterns of public demand and response that its members are expected to conform to (Hughes 1971). There is an implied contract between the professional and society to carry out the required tasks as only the professional can (Parsons 1951); the supposition that certain activities are sanctioned by a community and publicly accepted. If this is a prerequisite of professional status, then veterinary medicine certainly qualifies. This mandate to practice also allows members of a profession to delegate more routine tasks – as, increasingly, where qualified vets pass on such tasks to veterinary nurses – an example of such division of tasks as an opportunity to promote professionalism rather than a threat. Again, the privilege of this act is conferred at the point of qualification - a very definite element of professional differentiation.

Nass uses this distinction to differentiate between bureaucratic authority based on rules, and professional domination based on service orientation and credentials (Nass 1986). This is an extension of Carr-Saunders and Wilson's description of excluding factors, stating that non-professionals are "answerable to management and proprietor, rather than on their own account" (Carr-Saunders and Wilson 1933). Since the first Veterinary Surgeons Act, this factor of being accountable has held varying levels of importance in the veterinary profession. It remains the case that the majority of vets are employed by private organisations with management lines akin to any small or medium-sized business (Royal College of Veterinary Surgeons 2014b). However, an element of personal and occupational risk is involved in professional practice, regardless of how socially necessary that work may be. The implicit social contract to carry out that work confers the right to increased status,

occupational self-government, and (in theory) increased financial reward as a return on, and motivator for acquiring, the specialised knowledge and skills involved in carrying out the work of the veterinary profession (based on Parsons 1951). The conflict between the bureaucratically-organised workplace and professional autonomy remains an area for debate in veterinary medicine, where, ultimately, the local context and caseload dictate the work required and, in practice, there may be much less potential for autonomous occupational control than the ideology of professions may dictate, despite ostensibly shared ultimate goals. In this regard, however, vets certainly enjoy considerably greater clinical freedom than their human medical counterparts.

Hughes also picks up earlier definitions of knowledge asymmetry when he discusses professional membership in terms of the acquisition of "guilty knowledge"; or learning information which contributes to the "mystery of the professions" (Hughes 1971). For example, the lawyer must learn about crime, the priest must learn about sin, in order to deal with those that employ their professional services. He argues that such knowledge is an inducement to maintain a professional loyalty, as professions have a corporate social responsibility to conceal such aspects of society as sickness or deviance. How such knowledge is acquired and managed on a personal level is therefore a crucial aspect of the professionalisation of both an individual and an occupational group as a whole, particularly for those occupations which are not broadly recognised as fully professional. Hughes uses the phrase "occupational community" to describe such groups, which resonates with the broader concept of a community of practice overarching the rigidly hierarchical and interprofessional structures most associated with practice settings. Durkheim also characterised professionalism as a form of "moral community", again emphasising a communal responsibility easily identifiable in the veterinary profession (Durkheim 1964). Although such concepts are easily recognisable, they remain hard to define; and it is even

harder to determine their origin. One such source of communal responsibility is obviously the organisations responsible for the regulation and representation of veterinary medicine, but the phrase implies a much broader communal response across the entire workforce, sections of which will have very different means of representing themselves, and of communicating both within and outside the group.

Illich took a slightly different angle in defining a profession as a group with the sole aim of achieving the "mystification of a class interest" (Illich 1973), i.e. maintaining the "mystery of the professions" as described above. However, he has been criticised for relying solely on undefined labels (class, for example) without clarifying to whom they apply and from whose point of view. The concept of professional, or occupational, power can also be interpreted as conferring a requirement for self-discipline on members of that group, as a function of the trust placed on the profession as a whole to provide a service over which they have a monopoly. For example, a human patient cannot, in general, choose which nurses provide care during a stay in hospital, but must rely on the self-discipline, or conscience, of each nurse to carry out their duties with a responsibility reflecting the trust placed in them by virtue of their professional status. Indeed, the market protection enjoyed by practitioners is one aspect that contributes toward confirming their occupation's status as socially valuable. In this respect, the occupational closure of veterinary medicine remains relatively strong.

Professionalisation can be described in terms of "occupational control" of work; and this could be applied in opposition to the encroachment of allied workers into the veterinary domain (Freidson 1970). To this end, the "market" as applied to veterinary patient care is being redefined – veterinary nurses are becoming increasingly skilled, moving into specialisms and areas of clinical work previously occupied solely by vets (for example, nurse

radiographers and nurse theatre practitioners). Allied professions and complementary therapists such as chiropractors and physiotherapists are offering services to animal owners. Preventative treatments for pets can be bought online. These complex relationships and influences are another aspect of a professional network that the newly-qualified vet must learn to manage.

Newer models interpret professionalism as a means of occupational change and control. The classical trait- or attribute-based approach has been replaced by an understanding of professionalism as an ongoing discourse, with the potential for use as a tool for promoting occupational change and modernisation (Aldridge and Evetts 2003). Professional status is not conferred by legal status or institutional organisation, but as part of a discourse shared, and reinforced, by practitioners, institutions, service users and society as a whole. Julia Evetts asks how the discourse of professionalism is being used not only by workers themselves, but by managers to discipline workers and workforces via mechanisms of occupational identity and self-control (Evetts 2003). An example of this is in the use of professional codes of ethics or conduct, setting out the ideal of what a member of a particular profession looks and acts like; and then using this as a benchmark to discipline members of the profession who fail to meet the standard. In veterinary medicine as well as other healthcare professions, such professional codes are another means of presenting an occupational ideal by a regulatory organisation to a wider population, and there remains a lack of data on how such ideals are assimilated by their intended audience.

In a more positive context, discourses of professionalism can be used by governing bodies and recruiters to both promote their discipline as responsible and valuable to potential users, and also to encourage high-achieving university applicants into their discipline as an aspirational career. This can be seen increasingly in veterinary medicine with specific Royal

College of Veterinary Surgeons campaigns such as publicising the Practice Standards Scheme to the general and pet-owning public. In addition, publications by organisations such as the RCVS and British Veterinary Association place great emphasis on the professional manner in which modern veterinary practice is carried out (e.g. *"Who's Who In Your Veterinary Practice?"*, Royal College of Veterinary Surgeons 2015c). It is beneficial for workers to perceive themselves as professionals; the discourse of professionalism here is being used as a tool to increase cultural capital (Bourdieu 1990) and promote the status and occupational- and self-identity of the qualified vet, as well as others working in a practice team. In this manner, the discourse of professionalism acts as a framework conferring increased value to the work carried out and allowing vets to emphasise the importance of their role to colleagues and others. This is another example of the exploitation of discourses of professionalism from two opposing viewpoints – a vet who describes their occupation as a profession has a justification in, for example, raising salary expectations or negotiating better working conditions for themselves and their colleagues. Conversely, organisations employing vets can use the model of professional responsibility and service orientation to argue that the needs of patients (or students, colleagues, etc.) must (or would) be overriding to the vet if they were to be considered a true, ethical professional.

The concept of promoting profession and professional values can be, and often is, used on opposing sides of an argument. Gatekeepers to the veterinary profession are aware of calls to recruit students with the skills to succeed in practice, not just extreme academic ability; and this will need to be studied in conjunction with the associated upskilling of veterinary nurses who are able to carry out tasks traditionally exclusive to qualified vets. Traditionally, vets have been held in high regard by society – but more in recognition of the altruistic, vocational, self-sacrificing basis for their careers than out of deference for an

intellectual interpretation of professional status (e.g. Williams 2015). The modern interpretation of professionalism discourse has been used in the recent reviews of veterinary post-qualification training; those in support arguing that the new qualification framework would confer increased professional status; and those opposed arguing that the loss of vocation would reduce professional status. Both views acknowledge that whether or not an occupation is regarded as a profession is a matter of degree rather than absolutes. It remains to be seen which view will take precedence, and this dichotomy will provide an interesting framework in which to study veterinary education and veterinary medicine as a profession as the changes settle in. It is generally agreed that supporting the development of a professional identity should be a primary objective of a medical education, ensuring that all new entrants understand the cognitive base of professionalism, internalise the values of the medical profession, and demonstrate expected behaviours consistently. There is a socially-negotiated ideal of the 'good physician' and this ideal both guides and restricts behaviour as a function of medicine's social contract with society (Cruess et al 2004). Despite obvious parallels, this has yet to be explored in a veterinary context.

3.1.3 Work role transitions

From the previous discussions, the point of qualification can be identified as a crucial moment for the new entrant into veterinary medicine. Such work role transitions have been studied mostly from either a business management or a psychological perspective, and applying concepts from both of these fields can aid in understanding the transition process from student to qualified vet. Several theoretical models have been proposed which, in a similar way to the socialisation models, aim to map the experience of moving from one state to another; and to investigate both potential consequences, and ways in which the transition can be eased.

Similarly to the work on occupational socialisation, work transitions have been theorised largely in terms of a succession of stages through which a novice must pass in order to fully occupy a new role. Various processes have been put forward as necessary for a successful negotiation of this process, including a redefining of individual status, disengagement from a previous role, identifying a model for an ideal self, validation from the new community, and performing identity work to sustain authenticity; all of which have obvious connections with the socialisation literature. This is proposed to be achieved via active processes and identity work, most crucially involving role rehearsal, but also formal induction programmes, feedback from established members of the group, and the use of role models. It is easy to relate all four of these processes to the becoming of a newly-qualified vet; indeed, several are formalised in the training process, such as Extra-Mural Studies (EMS) allowing students to carry out role rehearsal; mentoring to provide role models and feedback; and the Professional Development Phase to encourage the initiate into their new role.

However, this is the ideal, and the failure of this process is well-documented both theoretically and empirically. Clinical placements are crucial for providing an authentic environment but placing students in a clinical setting does not guarantee learning. EMS experiences are highly variable: some students will see more practice and practice more skills than their peers (van der Hem-Stokroos et al 2003). Settings can differ widely and students do not always make the most of opportunities. In human hospital wards, logistic conflicts occur when the operational requirements of the working clinical environment interfere with learning (Deketelaere et al 2006, Scholz et al 2013), and this is easily applicable to a busy veterinary practice environment. For example, four potential outcomes will be discussed which have been identified as a consequence of a failure to

make a successful role transition: leaving the role entirely (contributing to the high turnover of newly-qualified staff); changing the role to better fit with expectations (a considerable challenge in an occupation as veterinary medicine); changing one's attitude to better fit with expectations (as discussed later); or remaining in the role as it is, with the inevitable negative psychological consequences that such a mismatch will entail. The contribution of this to a low occupational morale is easy to appreciate, and resonates with many of the problems in veterinary medicine identified in chapter two.

Nicholson's model of work role transitions predicts one of four adjustment mechanisms based on the novelty of the new role and the discretion an individual has in performing it (Nicholson 1984). He also identifies two potential responses to transition – either the individual will change in response to the new role demands (reactive personal development), or they will redefine the role in response to their own needs (active role development). These proposed modes of adjustment are also tempered by an individual's affective reactions which may be positive or negative – for example, someone may view stability as restriction or security; or experimentation as excitement or confusion. A work role transition is acknowledged as a source of stress, and the adjustment mode may be manifested in terms of affective state, coping responses, identity changes or behavioural adaptations which either reinforce or attempt to change elements of the workplace culture (Ashforth and Saks 1995). Perceptions of discretion or novelty will also vary between individuals depending on their role requirements, individual motivations, prior occupational socialisation, and organisational induction processes. Nicholson's hypothesis suggests that a formal process outlining induction and socialisation mechanisms involving cumulative learning and role models is more likely to result in personal development; whereas an informal induction that is more disjunctive will favour role development – a significant pattern in terms of veterinary medicine, where relatively little role development

is initially feasible – especially for the newly-qualified vet. This also reinforces the significance of a comprehensive induction process for new entrants to both the profession and the individual workplace. Interestingly, Nicholson also defines such a formal transition as involving divestiture – that is, a redefining of an individual's status – whereas an informal (or lack of) induction will be more likely to involve investiture, an affirmation of individual status or identity, reflecting the occupational socialisation patterns identified earlier.

There are a number of theoretical and operational problems in evaluating Nicholson's model. A significant challenge is how to assess either of his proposed outcomes – he suggests carrying out longitudinal studies to measure personal change and comparing role performance with previous incumbents but this would require a very large-scale study with high numbers of participants. Adjustment outcomes are also likely to be mediated by feedback on successes and failures in the early stages of learning and performing a role – i.e., early success is a powerful catalyst for increasing individual achievement motivation (Bartram et al 2009b). However, there is solid evidence that occupational experience cumulatively shapes psychological functioning (e.g. Kohn and Schooler 1981) and Nicholson suggests that the significant factor may not be the level of discretion permitted in performing the new role; but in whether the change has been to a role with higher or lower discretion than the previous role. This has interesting implications in terms of professional trainees becoming part of the qualified workforce: for example, while the transition is upward in terms of occupational status, a student has a high level of discretion over the manner in which their role is performed (i.e. how they learn), and a newly-qualified practitioner beginning work in a new setting will have low role discretion (West and Rushton 1989). There is also no consideration of the dynamics of collective work role transition, such as a cohort of trainees moving into new work roles together; and it would be interesting to investigate whether such groups of peers negotiate a common

understanding of or response to their new roles in such cases, despite their geographical dispersion. Social referents have been shown to have a significant influence on the interpretation of a role (Louis 1980) and this could easily be mapped onto the responses of such a group to evaluate common elements of their performance of new work roles.

Nicholson's model predicts that a mismatch between role requirements and personal characteristics will result in either a change in the person, a change in the role, an exit (itself a form of determination), or remaining in the role, with resultant negative psychological consequences. These are not explored by Nicholson but can reasonably be expected to include, for example, anxiety and frustration – and this tension can be a source of affective responses to work role transitions, such as the low morale and high early-career staff turnover responses acknowledged in veterinary medicine. It could also be suggested that the success of a work role transition will be a function of an individual's capacity to tolerate such responses, which has implications in terms of the type of person attracted to train as a vet in the first place. An alternative possible response to this type of mismatch could be a lessening of the centrality of the work role, leading an individual to seek the scope for personal development outside the occupational environment; again this could prove extremely challenging in a career which can easily include evening clinics, weekend work and 24-hour on-call provision. This theme of non-work referents also appears in seeking to evaluate an individual's prior work experience; where previously-held values, dispositions and personal meanings or motives can have a significant impact on the mode of response to a role transition. Along with socialisation theory, non-work influences can be significant – positively or negatively – particularly during the early stages of a career when a professional identity is still being worked out. To apply Ibarra and Barbulescu's (2010) model, this is the stage when individual "occupational narratives" are being tested against the prevailing culture, refined and verified.

Some of the limitations to Nicholson's theory have been addressed in refinements of the work role transition adjustment model. In contrast to Nicholson, Neale and Griffin's (2006) view was that the image (in terms of the evaluation of a role and associated role behaviours) of a particular work role is unique to an individual, even in a formally-structured organisation with highly prescribed tasks. They proposed that individuals create "role schemas", which define the behaviours generally typical of holders of that role. These schemas are constructed from their experience in organisations, job training, and observations of role holders; resulting in a set of behavioural expectations for a given role. If difference is observed, an individual will either modify their schema, or view the organisation as idiosyncratic in the way that the role is performed. The schema therefore conveys normative information, motivating the individual to conform to the norms if they wish to be accepted as a legitimate entrant into the role. This is potentially a mechanism by which organisations' ideals for newly-qualified vets are assimilated at the start of a veterinary career, along with a "set of ritual behaviours designed to facilitate the shift" into the new role (Ashforth and Saks 1995) - including the graduation and swearing-in ceremony where new veterinary graduates recite the oath and officially become Members of the Royal College of Veterinary Surgeons. Neale and Griffin also argue that, contrary to Nicholson's, their sequential change model applies to smaller-scale, everyday transitions as well as the macro-level role changes Nicholson studied. For example, they propose that a role-holder would be more motivated to adjust their self-concept if a small shift moved their role schema closer to an idealised possible self, for example, a veterinary student modifying the way they carry out a clinical examination based on a perceived notion of the ideal vet. The importance of prior experience is still acknowledged, noting that an individual with prior experience of an adjacent role or similar organisation will result in detailed beliefs and relational expectations of the role; whereas a novice new entrant's role

schema will be much broader and less detailed. It would therefore be extremely valuable to explore how these schemas are constructed, particularly prior to beginning a new role. It can be expected that schemas could be developed earlier if information on the attitudes, behaviours and values associated with the role is available - for example, if there is a family or geographical connection to a particular occupation - and how this may differ from a role schema constructed solely from encounters during the training process. Again, the presentation of the ideal will have a significant influence.

Neale and Griffin (2006) also make reference to the influence of the new organisation in adjusting role schemas. They argue that a new entrant to an organisation perceived to be of higher status will come under correspondingly more pressure to change their personal role schema. In a veterinary context, this could be demonstrated with, for example, new recruits to a prestigious veterinary referral hospital. It is also interesting to consider alternative ways in which individuals respond to negative experiences of transition – for example, when learning the rules of an organisation does not yield the expected psychological or material rewards. Neale and Griffin suggest that counterproductive or deviant behaviour may form a valid, although hidden, part of the role, but do not elaborate, and there is obviously the potential here for further study in terms of smaller-scale occupational culture relating to individual workplaces rather than a profession as a whole.

Ibarra and Barbulescu took a very different view of the transition process, framing their model in terms of the narratives recounted by role holders (Ibarra and Barbulescu 2010). They use the idea of narrative as a form of expressing and claiming identity, suggesting that self-narratives are both expressive of and constitute identity. As we have seen, work transitions require identity work to be carried out in order to sustain authenticity; to

promote continuity between prior and new roles; and to obtain validation from the new group or community. Applying this to contemporary work role transitions, they recognised that modern careers are increasingly "non-linear, discontinuous and boundaryless"; and asked how a work identity can be claimed if an individual follows a disjointed or deviant trajectory, posing an interesting question in the context of the veterinary profession's current concerns around the homogeneity of veterinary applicants and the need to encourage more diverse routes both into and through veterinary medicine as a career. Ibarra and Barbulescu proposed a model in which successful narratives (those 'life stories' or 'histories' which promote feelings of authenticity and are deemed valid) are retained and embellished in an iterative process of addition, subtraction and revision, producing a narrative repertoire which helps to internalise the new role identity and negotiate the inclusion boundaries of the new organisation (or potentially, occupational group). The effectiveness of narrative methods lies in the function of storytelling in distilling fragmented or contradictory experiences into a coherent portrait whereby the teller can articulate provisional selves, link past and future, and enlist others to lend a social reality to the narrative strands.

This notion of having an audience for a narrative is especially important when interacting with a new group – particularly one identified as a desirable to join, such as at a work transition to a new occupational setting - where narrative elements will be chosen according to the purpose and context of a particular interaction. Ibarra and Barbulescu argue that a credible and authentic story is critical both for convincing group gatekeepers; and for minimising the emotional discomfort of inauthenticity experienced if a coherent link cannot be drawn between old and new roles. They use the concept of sense-making, whereby role holders draw on past experience as part of a routine career progression. Again, if a non-normative route is followed, or one which is not seen as socially or culturally

desirable, there will be a proportional increase in the narrative identity work required. This will comprise refinements of narrative repertoire, testing provisional or equivocal constructions and learning competing interpretations until a common adherence is reached, resulting in the support of the community and internalisation of the new role identity. The increasingly fluent use of such common elements is an important source of evidence of joining or belonging to a group which has ownership of its own set of narrative resources; and questions can therefore be asked about how such organisational scripts emerge and develop, and how they become part of role holders' repertoires. It would also be useful to establish whether there is an end-point to this process – Ibarra argues that a role transition is complete when the holder's narrative repertoire has no conflicts.

The use of retrospective narrative can resolve contradictions and uncertainty once the end-point (or end-status) is known, and Ibarra and Barbulescu reason that these revisions are an important and valuable function of the process rather than a methodological weakness. Despite this, theirs is a model which does not take into account the organisation's responses or adjustments to the role made by the new holder, although in a veterinary context, as we have seen, this may not be a significant limitation as adjustments to the role are unlikely.

Empirical examination of work role transition models has attempted to address some of their criticisms and explore to what extent these theories can be applied in the occupational context. Ashforth and Saks' study of business school graduates took a career perspective, focussing, unusually, on the prior experience of role holders. They sought to illustrate how experience in low-discretion roles encourages the adoption of a passive, externally-controlled orientation whereby personal adjustment of an individual's

personality, values or motives is far more likely as there is no perceived point in trying to change the parameters of the new role (Ashforth and Saks 1995), with interesting potential applications in a veterinary context where veterinary students have to negotiate their training roles when visiting practices for work placements. However, Ashforth and Saks found that the length of prior work experience was positively related to role development, regardless of the perceived level of discretion in either role. In veterinary medicine, this could potentially mean that those with more veterinary experience prior to starting training - or more significant or meaningful practice experience during it - would be better placed to adapt a working role once qualified and therefore achieve better work satisfaction than someone with less cultural immersion and a lower level of real-world practice engagement during training. They concluded that responses to work role transitions were a complex function of dispositional and situational antecedents; and that such transitions may also prompt major adjustments outside of work, which are not acknowledged in Nicholson's model. However, limits still apply in that their measures of role discretion and novelty were based on self-reports, with the associated bias risks. This is also true of another study looking at the transition from employee to employer (Niessen et al 2010). Interestingly, Niessen and colleagues focussed on disengagement from a previous work role rather than engagement with the new one; suggesting that emotional ties to a prior role will hinder the adjustment process by distracting new role holders from exploration of the new work environment. Therefore, if the role of veterinary *student* is held too closely, transition to qualified vet will be much more difficult: again, the point of qualification is the crucial pivot point. Niessen et al based their study on the Minnesota theory of work adjustment (Dawis 2005) – a variant of Nicholson's model whereby adaptation is proposed to occur if there is a mismatch between the values of the individual and the requirements of the work; and reactive changes in the individual will be followed by active changes to the work environment to reduce the mismatch. Niessen et al

concluded that "active disengagement" was required – active efforts to suppress emotional attachment and behaviours from a previous role – in order to adapt to a new role. They also cited evidence that a successful adaptation will result in increased satisfaction, performance, and organisational tenure (Dawis 2005), likely goals for a newly-qualified vet beginning work.

Some studies have looked specifically at work role transitions in clinical professions, although few in veterinary medicine specifically. Graeme Currie and colleagues explored the transition of mid-career nurses into a newly-created specialism in genetics, but this was a very small-scale study (Currie et al 2010). They proposed that person-based and role-based adaptation will occur, except in "extremely strong situations", such as heavily-specialised settings. This can be linked the work to the current drive to raise the professional status of veterinary nursing, exemplified by the campaign to legally protect the title of "veterinary nurse", and the promotion of advanced qualifications for veterinary nurses. Similarly, Glen and Waddington's (1998) study used Wanous' (1992) model of organisational socialisation as their theoretical framework, which suggests that successful completion of the transition process occurs when there is a measurable increase in satisfaction, mutual acceptance and organisational dependability – contrasting with Ibarra and Barbulescu's views on continual narrative repertoire refinement and whether an end-point can be determined.

In this context, early experience of veterinary practice can be crucial. Studies have found that three-quarters of qualified vets agreed that their first job had played a major role in their subsequent career direction, and one-third found their first job to be unsupportive (Heath 2002b), a finding repeated by Routly et al (2002) who found that 45% of newly-qualified vets felt unsupported, specifically in terms of not receiving enough feedback on

their performance. Reinforcement of a legitimate professional identity in these situations is therefore dependent on individual feelings and the responses of clients - which may be the only external evidence of performance and may be too little to support a satisfying early professional life (Routly et al 2002). This is a period of crucial importance, with a move from passive student to being responsible for professional actions, becoming accustomed to the role of employee, and finding a place in the established hierarchy of the workplace (Heath 2002a). Veterinary practices are social, incorporating a network of relationships for the new entrant to negotiate and dynamic interactions of people, activities and discourses. A new entrant will need to adopt a position relative to both colleagues and clients among the existing power relationships of the practice (Routly et al 2002).

At the early end of the career pathway, West and Rushton tested predictions of adjustment method in new entrants to professional training. While using Nicholson's model as a base, they argued that new role holders' need for predictability during the transition period would mean that individuals would enact low levels of role development, regardless of whether their desire for control would normally be much higher; and that this would result in an unstable state (West and Rushton 1989). Again echoing Niessen, they also described the "surprise reaction" resulting from a difference between an individual's anticipation and subsequent experiences of factors such as the nature of the work or atmosphere of the workplace. This reaction then leads to a sense-making process whereby an individual interprets and develops the necessary behavioural responses to the mismatch – again, by either coping efforts: (environmental manipulation/role development) or sense-making (cognitive structure change/personal development). West and Rushton claim an improvement on previous operationalisations of need for control but their study was retrospective, and limited by significant differences in the historical experiences of their

subjects, which ranged in training stage from less than nine weeks to over two years. Perhaps inaccurately, they assume that clinical training is a very low discretion environment and that induction processes are an organisation's strategy to maintain such a culture of low-discretion work. This is structurally limited, as veterinary students do not train solely in a single university setting; and it can be argued that the variety of ways in which veterinary student accomplish their learning actually allows a reasonable amount of methodological control.

The initial career experiences of newly-qualified vets are highly variable, with significant and long-lasting professional and personal repercussions including attrition from the profession and emotional and psychological stress (Heath 2005, Gilling and Parkinson 2009). Challenges to the development of a professional identity include a lack of confidence in one's own knowledge, and fear of encountering demanding situations (Gude et al 2005), although the perceived difficulty of the transition to clinical work varies very little with actual performance in terms of knowledge or skill (van Hell 2008 et al). However, thoughts of dropping out, stress, and a lack of trust in one's own skills severely impede the process of identification with a professional role (Gude et al 2005).

3.2 Applying theories to veterinary medicine

Learning how to be a vet involves much more than simply learning the medicine and practicing the skills. Complex cultural socialisation processes are at work from a very early stage, starting before a new entrant even reaches veterinary school. Several models have been proposed, centring on a progression through stages of observation, practice, and assimilation of cultural norms, values, language and rituals. Very little mention is made of

the influence of motivations on this process, which will have a significant impact in terms of the values placed on work and the type of practice that would be desirable to carry out (and whether or not this is realistic or practical, with potential subsequent impact on job satisfaction). Demonstrating competence is another recurring theme, with a requirement to prove to senior group members that a newcomer is worthy of a place in the group, and gaining their acceptance as they implicitly reward compliance with the prevailing occupational culture.

Developing a secure sense of identification with a professional role by the end of the curriculum is an important goal of medical schools, eventually involving an awareness of being different from medical students and other health professionals (Gude et al 2005). This can absolutely be translated to the veterinary field. The early stages of socialisation rely heavily on the influence of role models displaying culturally-approved behaviours, with newcomers expected to emulate them and adjust their perceived occupational identity to one that aligns with this occupational model if there is a mismatch. This becomes problematic if the newcomer is unable to reconcile their own image of the ideal vet (potentially rooted in their theoretical knowledge gained as part of the training process) with what they subsequently encounter in real life practice. This may require surrendering or compromising individual values, potentially causing emotional unease which must be resolved in order to make a successful transition into working life. Socialisation is non-linear, involves negotiation and compromise, and potentially leads to identity dissonance, anxiety and stress. It is a process that moves students from 'doing' to 'being', and the crucial importance of Extra-Mural Studies in making provision for this adjustment process is fundamental and deserves further study.

Distinguishers from other professions and lay people are an important factor in developing a professional identity. The use of codes of ethics, professional autonomy, and designating functional territory that can only be entered by those qualified have strong functions in binding members of the profession together into a community, and in conferring social value on the work that they do. The transition from student to qualified professional is a highly significant one. It requires a redefining of status, disengagement from the previous role, validation from the new community and sustaining authenticity as a new member; all of which require significant identity work of the newcomer. A failure of this process will have significant negative consequences - requiring a change of values, altering or leaving the new role, leaving the profession altogether, or remaining but retaining significant internal conflict. Interestingly, a European study found that the highest level of role identification in medical students was found at the newest medical schools as compared to older, more traditional institutions (Gude et al 2005), with potential implications for veterinary training in terms of the new vet schools at the Universities of Nottingham and Surrey.

There is a severe lack of research on the socialisation and role transitions of modern veterinary students and early-career vets in the context of increasing professionalisation, particularly looking at the impact of becoming a qualified vet, the specific point of qualification, and to what extent any conflicts disrupt the biographical progression that was anticipated as a veterinary student or even earlier. Addressing this lack should provide an insight into a crucial period in a veterinary career which, if managed poorly, will have a significant impact on working lives.

3.3 Development of research questions

Scholz et al (2013) summarise the context of veterinary socialisation thus:

> *"Learning the discourses of the consultation room and the cattle yard, the*
> *backroom discussions about cases and clients, and the tone and language to break*
> *unexpected bad news or give an opinion with the correct amount of circumspection*
> *are all important tasks for those who wish to learn a practice… The central*
> *importance of learning the explicit, the implicit, and the tacit dimensions of*
> *communicating with clients and colleagues, and even of internal dialogue, is*
> *accepted in contemporary veterinary education."*

This suggests that there is, as well as the approved set of outward behaviours, values and attitudes, a culturally-approved "internal dialogue" - i.e. an (organisationally) approved way of thinking or approach to professional veterinary work. The literature and prior work on socialisation into clinical professions all suggest that such an ideal exists; similarly, the professions literature suggests that the group representing the established profession – which has the responsibility of setting and communicating the standards of the ideal – is embodied by its institutions. This leads to research question one:

> 1. **How is the ideal of veterinary training and the 'good new graduate vet'**
>   **presented by veterinary organisations?**

The manner and extent to which this ideal is communicated to and assimilated by new entrants to the profession will be dependent on a number of factors. Several of these from the literature are related to assessments of the values of potential applicants and to what extent they are influenced by their experiences of veterinary practice prior to, and during, their veterinary training. Personality factors (such as the ability to tolerate anxiety or

frustration) are thought to be key. It is suggested that the motivations of incoming students will have a significant influence on their responses to both applications to veterinary school, and subsequently the transition from veterinary student to practitioner. This therefore generates research question two:

> **2. What factors influence students to choose to study veterinary medicine?**

The final area of investigation concerns how veterinary students themselves develop a model for the type of vet they wish to become. As we have seen, the most significant influence here will be prior experiences in practice, in particular the impact of role models, as well as the quality of opportunities to carry out role rehearsal. The third and final research question is therefore:

> **3. How do veterinary students describe their experiences in veterinary practice during the training process, and how do they characterise influences on their professional development?**

Exploring answers to these three questions should provide a much better understanding of the process and influences that go into the making of a vet.

4.1 Research questions

Based on the problems identified in Chapter Two and the review of several areas of theoretical literature, three research questions were identified at the end of chapter three:

> 1. **How is the ideal of veterinary training and the 'good new graduate vet' presented by veterinary organisations?**
>
> 2. **What factors influence students to choose to study veterinary medicine?**
>
> 3. **How do veterinary students describe their experiences in veterinary practice during the training process, and how do they characterise influences on their professional development?**

This study aimed to explore how the processes of veterinary training and early-career practice are constructed by those experiencing it, and by those responsible for it; with the overarching goal of exploring the development of professional identity in veterinary students and early-career vets to see if a relationship could be identified between what veterinary organisations view as a good new graduate vet and what veterinary students both experience and aspire to.

Research question one required examination of the organisational discourses of veterinary institutions; questions two and three required exploration of the experiences of current veterinary students and newly-qualified vets. To represent these two occupational perspectives, two sets of data were collected. The first, representing actual reported experiences of undergraduate veterinary education, was a study of veterinary students moving from training into practice using narrative interviews. The second, representing the official/organisational public presentation of veterinary medicine as a profession, was an

analysis of formal documentation from governing bodies and representative organisations regarding occupational standards for the training and development of new veterinary surgeons. The purpose of this bilateral design was to examine the processes of veterinary training and education from two different angles - the experienced and the normative or ideal - and to permit assessment of the degree of congruence between these two perspectives.

4.2 Research design and methodology

4.2.1 The nature of narrative research

Narrative accounts are anecdotal, and often involve a preoccupation with detail and the particularities of one aspect of a story (Gotham and Staples 1996). The surface information gained by the narrative researcher or interviewer will be an understanding of the sequence of events; individual and collective actions; and some background context. Further details offered may include a reflexive analysis of causes and effects on the part of the narrator; practical deliberations; complications and consequences; or not, and the interviewer must balance between allowing the narrator to tell their own story, and providing direction in order to obtain valuable data. The order of storytelling may not be chronological or in real time, and will often include flash-forwards - implicating the present for the future and accounting for things - and flashbacks - using events or feelings from the past in their own right and as a guide to the future. Use of the 'but' construction is used to reflect on what might have been; an attempt to better understand the story by considering other possible ways in which it could have been experienced. Kintsch and Greene (1978) take structural analysis a step further, identifying underlying schemata consisting of a conventional structure that underlies a certain type of text, which is culturally-specific. The various

influences on such cultural schemata are a rich field for investigation. Lindsay (2006) builds on this with her model of how structures are perceived by a cumulative series of interactions. Such theories will have increased significance for analysing narrative data when broader cultural or occupational narratives are considered.

The constructivist approach to narrative methods holds that narrative is, in itself, "world-making": told stories do not simply happen, but are constructed by both the narrator and, crucially, the interviewer or listener. This is inherently subjective: the way the listener is addressed will naturally guide the impressions formed of the speaker. The content of stories naturally develops: our ways of telling about ourselves change, and our accounts become part of ongoing decision-making; a circular process of ongoing development, creating a personal autobiography of interwoven stories. As such, narrative can be defined as "the organisation of actions in sequential order that gives meaning to or explains each element and is also constituted by them," (Gotham and Staples 1996). Emden (1998b) also emphasises the function of narrative accounts and narrative telling in the *organisation* of stories, as a "structure that organises events and human activities into a whole". This is echoed by Paul Ricoeur (1984), who argues that narration is 'the activity that produces plots,' i.e. an active, dynamic process, rather than comprising the individual elements of the plot itself. This is interesting in terms of not only content (which can be readily imagined as subject to organisational influence) but in structuring and co-creating the narrative itself - how is the way of telling stories influenced by the organisational or official narrative? Lindsay (2006) asks how individuals approach inquiry into their own lives, and there will be a spectrum of consciousness illustrating how active (or unknowing) the process of narrative construction and revision is for each actor. Bruner (1987) asserts that there is no 'innocent eye' - instead there are hypotheses, versions, expected scenarios.

Gotham and Staples (1996) summarise that narrative accounts are constructions but not fiction.

As we have seen, personal narratives must also mesh with a community of others. Emden (1998b) describes this cultural narrative as a "collective stored wisdom" conveyed through individual stories; which accounts for the content of community narratives but not for the mode of construction of each individual's story nor the way of telling it. This has not yet been examined in terms of organisational influence - the influence of community (i.e. peers, immediate colleagues, superiors) narratives is demonstrable but what if the organisational narrative comes from an entity at some distance from the individual? What is the official narrative presenting at a local or individual level?

The role of place in narrative accounts is not just in terms of geography, landscape and architecture. Location shapes, and constrains, what stories are told and what stories are possible. The use of spatial metaphors, the direction of movement of the narrative (both temporal and spatial), and the significance accorded to special places all play important roles in constructing and conferring meaning on narrative accounts (Bruner 1987). Lindsay (2006) emphasises the importance of the physical context in which individuals live (in her example, nurses); and the significance of 'everydayness' within narrative accounts from a particular group. The difficulty will lie in making the familiar unfamiliar, seeing what is routine with a critical, or at least acknowledging, eye.

Narrative is inherently interpretive - it involves selective memory recall. It may be the only way to *describe* lived time, but is it sufficiently analytical? The reflexivity of narrative means that to describe a narrative as "correct" or not is inappropriate; and the listener or reader must consider their own relationship to the text. The facts alone lack interpretation

and meaning, a researcher should be interested not only in what is covered but what is omitted, which can, obviously, be inaccessible. This will also be a function of the narrative's scope - does it cover a single event or a lifetime? In practice, care must also be taken with the collection of narrative accounts - if a respondent is asked to tell their story in ten minutes it will be very different from the two hour version - both with interesting implications in terms of what is included or omitted, and how the story is constructed, and, therefore, how the narrator constructs themselves. One of Dollard's (1949) criteria for a life history was a "bounded temporal period" - several researchers have attempted to impose time markers on their narrators, with little success (Kelly and Howie, 2007).

4.2.2 Features of personal and cultural narratives

There are some features of narrative common to all stories told. Burke (1945) breaks down story structure into six components: the five that build structure (agent, action, goal, setting and instrument), plus "trouble" - what Turner (1982) defines as a "breach of cultural legitimacy" - some difficulty or obstruction that must be overcome to give the story its drive. Dollard (1949) identified seven criteria for components of a life history, including the central character's personal goals; and the choices and actions of each character. These criteria fit well into narrative research, with its aim of uncovering motive, reactions and justifications.

Narratives are inherently unstable. Although they are inseparable from the lives of their narrators, they are unfixed and subjective. On a secondary level, the narrative researcher must consider the double hermeneutic: the fact that the listener is interpreting an interpretation of a set of events. The researcher must determine to what degree the process of narrating is intertwined with living the same story; and what this adds to, or subtracts from, the depth of data. The conscious effort of the researcher to position

themselves in relation to the respondent will obviously have influence; the challenge of obtaining a story in itself must be balanced with the multiplicity of possible stories that the respondent could tell depending on their perceived audience - a factor that the researcher has a fairly significant amount of control over in the way they present themselves, how they are introduced, how they set up the interview, even the location in which the interview takes place.

As we have seen in the sections on socialisation, professions and work transitions, learning 'how to be' a member of the group is vital for new entrants to a profession. Meshing a personal narrative with a community of others runs the risk of following a script - a predetermined, accepted form of telling is common (even if component parts and individual experiences are very distinct); and may become overly prescriptive. It has been established that learning to use the language of a community is a crucial part of becoming socialised into it. Logically, a narrator may feel obliged to tell their story in a particular way or from a particular view and therefore restrict or even negate their own input. Conversely, recognising that one's personal narrative aligns with a cultural one (or deliberately steering one's story through it) may promote a positive feeling of belonging. Narrative accounts are highly susceptible to cultural, interpersonal and linguistic influence that must be taken into account - although this can be used as an advantage, the prevailing narratives characterise a particular culture and the 'possible lives' available within it (Bruner 1987). This will consist of what Bruner calls a "tool kit" of constituents with which to construct a narrative. Researchers can therefore interrogate this set - how is it used? How does it change? How does it control how lives are lived within it? There is a gap in the literature here for an examination of the tools with which a veterinary narrative is constructed. This also has interesting implications for Turner's crucial components of a narrative - the "trouble" that he requires could be common for members of a particular

community or a difficulty that must be overcome in order to become, or remain, aligned with that group's cultural narrative. The outcomes of a failure to mesh with the community of stories may result in alienation from the group (Bruner 1987). Kintsch and Greene's (1978) schemata theory states that knowledge of these community-derived conventions will aid in comprehension and later reproduction of such accounts, and found in their research with fictional narratives that stories are more readily recalled and summarised, and that there was greater inter-subject agreement, if the reader was culturally familiar with the schema. Such schemata also permit individuals to choose from culturally-selected possibilities in giving meaning to their own beliefs and actions – part of the connective value of broad contextual narratives. Each individual narrative will have meaning via reciprocal relationships with the whole – a holistic view advocated by Kelly and Howie (2007). The advantages of this can be seen in promoting membership of a particular group: "to understand one's own story in the light of others' is to be a full participant in a particular culture" (Personal Narratives Group 1989). Whether a common experience of 'trouble' is a reinforcer of such participation is an unexplored question in veterinary medicine. Common sense would appreciate that the shared overcoming of obstacles is certainly a bonding experience, but whether this extends into a temporal dimension is less clear. For example, all newly-qualified vets must pass through the process of qualification, the point of assuming responsibility, and the effect of this experience in disrupting one's professional narrative is at present unknown.

Mishler (1986) advocates the use of open-ended questions in narrative interview. While the "free-speaking" nature of such narrative accounts allows for creative freedom, it can be unwieldy, with poorly-defined story boundaries. Accounts can be contradictory and conflicting, and are subject to ongoing revision - which can alter the substance of the story in a positive or negative way - the process of alteration is refinement towards what the

narrator feels is relevant or has come to understand from social context as important to that particular environment or culture. The quality of the data obtained will also depend on the subject's narrative skill (Frid et al, 2000). Kelly and Howie (2007) define the narrative interview as a "conversation", Crawford et al (2008) refer to a "dialogue", which acknowledges the co-creation of meaning between interviewer and interviewee, but seems to go against the oral history model whereby the narrator is encouraged (or allowed) to talk freely with minimal input from the interviewer. This is a theme which recurs in the literature, with most empirical work advocating a compromise approach whereby a subject is asked to talk about the topic for the first section of the interview; followed by additional clarifying questions from the interviewer for the remainder. There are potential problems in stemming narrative flow resulting in a fractured account (Bleakley 2005) and what influence topics from previous participants has on prompts used by the interviewer (Crawford et al 2008). These problems seem to stem from a fundamental uncertainty over whether the process of narrative interviewing is generating or collecting data.

Sandelowski (1991) refers to the "human impulse to tell tales", and the telling of such tales imposes order and meaning on a sequence of events. The iterative process of telling and re-telling life stories forces questions of interpretation, and connection with larger cultural narratives, often employing culturally- or context-specific motifs to substantiate or legitimise a story. For example, narratives often involve the resolution of a disorientation or marginality, using reference points from a broader cultural context to make claims to the resolution of the problem (Emden 1998a). Narratives can also be used to link past, present and future; and to decide on a course of action. Such narratives can extend over time to promote a sense of continuity, anticipate change, and interpret subjective experience into a coherent life-story (Jonsson et al 1997). This same sense of convergence is echoed by Gotham and Staples, stating that narratives are the result of the cumulative consequences

of past policies, and as such can either constrain or facilitate future action (Gotham and Staples 1996). Again, there will be strong cultural and environmental context influences here.

Narrative accounts will naturally involve compressing series of lived experiences into a single account. The concentration of data so that no key meanings are lost allows for the analysis of events deemed significant and their social meaning. As accounts are designed to draw interest, the significance of unique or novel experiences can also be set against the prevailing cultural context; comparing a single narrative to a set of events common to all; as well as a set of plots used as markers for identifying the significance or role of individual events. The formation and re-formation of narrative can therefore be able to cast new light on that which has previously been experienced as familiar (Frid et al 2000), and the narrative researcher should consider this process as well as the methods employed by the narrator to consolidate multiple or complex activities into a coherent whole. This can be taken a step further with participant review of generated data (e.g. interview transcripts) – checking if a story (or the researcher's interpretation of it) 'rings true' is an additional layer of reflection and may generate additional responses. This same principle can be used in comparing individual or collective (cohort) narratives with an example of a prevailing cultural narrative - in this case, the ideal one as presented by veterinary organisations.

4.2.3 Use of narrative methods and analysis

Analysis of narrative accounts has its roots in literary criticism; in the unravelling of plot, character and motive from fiction and theatre. Current research using narrative methods generally analyses content and form separately, classifying sections of accounts, categorising and coding – at the risk of losing the holistic view, collapsing the story into

data with no historical or developmental dimension. Various frameworks have been proposed to aid in this type of process (e.g. Bleakley 2005).

It is arguable that the analysis of data must begin at the first meeting of narrator and interviewer, who must approach the interview with the intention of "hearing stories" (Emden 1998b). Gotham and Staples' definition of narrative is also literary-based, requiring historical elements to be arranged with reference to plot, setting and characterisation; as well as temporal ordering in order to answer questions of how and why. While the literary distinction may seem overly prescriptive, it does allow critical techniques to be borrowed from literary criticism and applied to narrative data including analysis of pace and trajectory (Gotham and Staples 1996). As well as an examination of the construction of the narrative, the content can be assessed not only in terms of selected events and relative importance, but also the choices not taken, the paths sustained and abandoned. Again, the act of narration has a function in consolidating and justifying such decisions - further evidence that narrative interviewing is the generation (rather than simply collection) of data. Individual events recounted can be assessed for significance and also isolated from their narrative context, how would the absence or modification of a particular event have changed the subsequent sequence of events and/or choices? Kelly and Howie (2007) also advocate analysis of data elements (phrases or sentences) for their contribution to or influence on a specific outcome. Bleakley (2005) suggests characterising sections of narrative according to their function (e.g. scene-setting) and using a structural approach to relations between characters and actions.

Analysis of the language used in narrative accounts can range from long metaphorical sections to micro-level analysis of units of speech. Gee's (1986) model emphasises the poetic value of 'free' speech. Other researchers have investigated the use of metaphor and

imagery in narrative accounts – particularly in health research, where patients' stories have been closely analysed at this linguistic level. Sequences, ambiguities and tensions can be identified; or themes and events either highlighted as significant by one participant, or mentioned by several. There is a challenge here in balancing the desire to maintain data integrity without collapsing it into generalisation, with the need to work with a manageable data set. The difficulty in analysing narrative data is in the volume of material generated – assessing and reporting it will necessarily involve an amount of distilling, editing and interpreting, at the risk of losing depth or the value of the single voice that may go against the majority. However, the value of narrative research lies not only in gaining deeper understanding of experience; but also in the ongoing debate and sharing of practice in how narrative studies are conducted, which is in itself part of building a narrative tradition in a particular discipline (Emden 1998b).

Narrative methods have been most commonly used in health research in terms of patient experience. They are seen as a way of "helping the suffering person to express experiences" (Frid et al 2000), and aligned with various talking therapies as having benefits for the subject beyond any research value (in, for example, promoting understanding and reflection, and to encourage the subject to become an agent rather than a victim of their condition). Bleakley (2005) describes her perceptions of empowering patients through her research. The role of the narrative interview as confessional is explored in some of her earlier work criticising some of this type of qualitative research as self-indulgent (Bleakley 2000). Running (1996) took a narrative perspective in investigating experiences of ageing, placing importance on meeting individual respondents and the significance of the personal in nursing research; echoing normal conversation in a caring relationship and concluding that the relationship sustained is an important factor in gaining access to the other's experience, although she does not go into detail about the positioning of the researcher –

in particular one from a non-medical background. Types of illness narrative have been classified by Frank (1995) into restitution, chaos and quest stories – although critics state that illness is too messy a state to be categorised so neatly. Patients may move between all three of these categories or occupy more than one at once – particularly during the course of a chronic illness.

Several studies have looked in more depth at the disruptive effects of illness on an individual's "life trajectory". Sanderson et al (2011) concluded that a diagnosis of a chronic illness (in this example, rheumatoid arthritis) "necessitates a fundamental rethink of a person's biography" as the damaged trajectory becomes "inwardly damaging" (Bury 1982). Their use of Williams' (1984) theory of narrative reconstruction uses the elements of telling and retelling as discussed above to describe in more detail the process of overcoming an obstacle: establishing points of reference for a sense of normality; reconstructing the past to give meaning to the present; and continuing to reconstruct in light of new symptoms, knowledge and reaction from others. Locock et al (2009) call this "biographical repair", building on Kelleher's (1998) work which concluded that following a significant adverse event, a cognitive process follows which either "brackets off" the problem or incorporates it into the individual's identity; what he terms "shifting normalities". This has interesting consequences in terms of my own work as I can apply these theories to career trajectories: one aspect of the work will be looking at what happens if a veterinary student's telling of their "life trajectory" does not mesh with the cultural norm – will the mismatch be bracketed off or incorporated? Do the challenges associated with veterinary training constitute or cause a significant enough shift in trajectory to be 'inwardly damaging' and require reconstruction of biography? Through the use of a comparison technique between experience and ideal, this is an area this study will seek to explore.

4.2.4 Researching work and occupations

Narrative methods have been used very effectively by researchers of work and occupations - their longitudinal form is an advantage for research into, for example, career choices and work transitions. Using participants' own understanding and the themes they allude to, Kathy Charmaz (2002) asserts that in-depth interviewing is capable of "capturing a narrative of professional identity". Jonsson et al's narrative study of retirees asked those nearing the end of their working lives for their personal thoughts on retirement in general; preparations made; expectations for spending their time; and values about their home or family life. They were looking for factors that would account for differences in how people formulated their narratives and found that, although many internal and external factors influenced narrative structure (for example, economic conditions or family situation), there was a common basis for the stories in achieving a satisfying occupational life outside of work (Jonsson et al 1997). This is a rare example of the use of *anticipatory* narratives rather than reflexive accounts of past experience and events: the advantage being that such anticipatory narratives do not suffer so much from revisions in telling and re-telling.

Other researchers have used narrative accounts to draw comparisons between occupations with shared characteristics; for example, Baguley and Brown (2009) studied narratives of 'critical incidents' from teachers and nurses, using Maher's (2003) theory that narratives originate in problematic situations (again echoing Turner's (1982) concept of "trouble" as a crucial component of a narrative account). They sought connections between the creative, practical and emotional aspects of their roles; emphasising the requirement for connecting personal values with professional purposes and practices that are shaped by interaction (Beattie 2006). Their use of written narratives, however, highlights the difference between a considered, consciously-edited account and a semi-spontaneous spoken one.

Few researchers have attempted to interrogate the broader cultural narrative of an occupation in general. Talking about the medical profession, Spenceley (2004) defined this broad narrative as "received practices and artefacts from 'practitioner-guardians' that have gone before," but defining who these guardians are poses a problem. The organisations and professional bodies that have control of the organisation of veterinary medicine as a profession, the Royal College of Veterinary Surgeons, the British Veterinary Association, the veterinary schools; all present their contribution to veterinary culture. Clandinin and Connelly (1995) conceptualise the 'professional landscape' as 'relationships among people, places and things'. There could also be tension in attempts to align the paradigm with other narratives – that of human medicine, for example – an attempt at professionalisation that will encounter problems if it is not possible to reconcile the two. On a more individual level, Spenceley (2004) suggests that there will be an element of personal defensiveness if a "highly structured, overarching metaparadigm is constructed that fills in too many of the interpretive gaps with prepositional statements and precise definitions." This contradicts the majority of interpreters who assert that it is the individual who must work to mesh their own narrative with the prevailing cultural one, with significant consequences for job satisfaction if this process fails.

Narrative accounts are generally retrospective, a 'life history' interpretation of past experience. Using theories of the permitted cultural narrative and Bury's (1982) model of biographical disruption – of "assumptions, behaviours, explanatory systems and use of resources" – should be very transferable to an occupational context. Crawford (2008), in her study of mental health nurses, suggests that it is the disruption of social links that is more significant when, for example, a department reorganises working patterns or the physical location changes; and this could be applied in the context of a cohort of veterinary students qualifying together, but dispersing immediately afterwards to start work in

separate locations – a universal but under-studied phenomenon that could be a useful future direction for this research.

In conducting narrative research, an interviewer must acknowledge the similarities and differences of their own professional profile and position themselves accordingly. The vast majority of veterinary research – including qualitative (usually education) research – is done by qualified veterinary surgeons. The nature of narrative research demands a level of tolerance for ambiguity on the part of the researcher, a challenge for someone coming from a hard science background. It must be acknowledged that narrative accounts will have different interpretations dependent on the assumptions, knowledge, and background of the reader – Crawford (2008) suggests that the priority should be to maintain "reflective awareness of our preconceptions" without diminishing the usefulness of a broad knowledge of our participants' situations.

The use of narrative methods affords the advantages of data depth and richness, exploration of experience, motive and explanation; and offers the opportunity of comparison between the expected and the experienced. This set of narratives can then be compared against an analysis of the prevailing organisational narrative as presented by veterinary organisations to assess to what extent this ideal is represented in the way that student and newly-qualified vets talk about their experiences either side of qualification.

4.2.5 Applying narrative methodology to this project

The aim of this project is to examine the level to which organisational ideals are recognisable in the experiences of junior members of the veterinary profession. This will be based on studying the progression of a cohort of initiates undergoing the same process

and influenced by the same organisational and institutional forces. 'Progression' implies change over time - lending itself not only to the telling of stories with their inherent chronology, but also their retelling and revision as a concurrent process with the experiences and events that form the core components of the story. There is also a link in narrative with the cast of characters that inhabit each actor's story, the way in which they influence it and the way the story is revised and retold in response to others' experiences and responses to its telling.

The way in which a professional narrative (such as that of training for a specific occupation, or the progression of a career) is constructed will be a function of the environment in which the events, characters and language employed are used as cues. Senior members will - consciously or otherwise - reward the use of occupationally-specific language, symbol, ritual and action; a reinforcing process that is encouraged by the surrounding institutional frameworks and environment, encouraging the development of an occupationally-specific (and institutionally-approved) professional identity. Such organisational frameworks consist of features deliberately designed to support the socialisation of new entrants such as work placements, individual reflexive tutorials within veterinary schools, organisational induction programmes, and formal mentoring of junior staff by those longer-qualified. These mechanisms are generally well-documented, and their study will allow an insight into the ideal process as envisaged by the document writers. Environmental factors are those identified as part of the occupational culture, including the rituals and symbols of the workplace, informal interactions with other actors (peers as well as those already established in the setting), etc., that will inform a new entrant's occupational identity. Therefore, narrative methods can be applied to this project to explore four domains: role rehearsal, modelling the good vet, maintaining a professional narrative, and communicating organisational ideals.

- *Importance of role rehearsal*

A crucial factor identified in the models of socialisation and role transition discussed is that of role rehearsal: the space to practice, in a safe environment, not only the practical skills required for the role but also to 'try out' occupying the role, being a group member, and enacting the norms of the community in a tentative way. As above, this trying-out is encouraged and subsequently assessed by senior members - whether consciously or not, those values, actions and behaviours deemed appropriate will be rewarded, and those less desirable will be discouraged. This is the mechanism by which acquired behaviours are tested by the novice and adopted or discarded as appropriate; a process of mutual evaluation by which the initiate tests their own professional progress against that approved by their occupation. Such role rehearsal is where individual occupational narratives are tested against the prevailing culture, refined, and verified.

- *The model for the good new graduate vet*

Following on from this, the question must be asked: where does the model for good practice, or a good story, come from? Who decides what is appropriate and which behaviours should be reinforced? What does the ideal member that training courses are aiming to produce look like? In the case of veterinary medicine, the official standard is specified by the Royal College of Veterinary Surgeons, which sets the standards for veterinary degrees, and standards of competency in terms of skills that should be acquired by graduation. Again, there exists a documented set of standards depicting the model to which initiates should aspire. The way in which new entrants talk about their career paths will be influenced by this - their talk will develop over time into a professional narrative, a story told that follows the arc of their development into an identifiable role, which will be particularly emergent during their training and early career. Overall, the collection of

influences exerted on initiates following a common pathway will cohere to form a prevailing cultural format for telling a professional story. Telling and retelling, interpretation and re-interpretation will eventually coalesce into an occupationally-approved narrative. Reconciling one's own story with the cultural one is a significant function of training processes. Those who adhere to the prevailing permitted narrative will have a successful transition into qualified work, while those who do not, or cannot, align their values, behaviours, etc. with the permitted narrative will experience the negative outcomes as discussed by Nicholson - either finding it necessary to adjust their values or practices in line with those permitted, leaving the environment, or remaining with negative psychological consequences - a significant contributor to the acknowledged wellbeing and mental health problems in the veterinary profession. Taking a broader view of problems within veterinary medicine, I suggest that a misalignment of individual with approved narrative, a failure of this process of reconciliation, is a major source of this fundamental problem.

Running parallel to this is the construction of an image of a particular work role that is unique to each individual. This role schema will be closer to the messier, everyday practice than the officially-sanctioned ideal, and is constructed from experience, training, observation; processed into a set of behavioural expectations for the role. Again, this is a means of conveying normative information and provides a powerful motivation to conform if the individual wishes to be accepted as a legitimate entrant to the role - another motivation to adjust one's self-concept if this will bring it closer to an idealised possible professional self. These schemas will depend heavily on previous experience (i.e. will be more detailed in those who have previous experience of the environment) and will again depend on negotiating a coherence between the ideal and possible negative experiences: such as a disjointed or deviant trajectory, contradictions of experience, or if adherence

does not yield the expected rewards. How individuals process and respond to such obstacles will determine how well they are able to integrate their personal occupational narrative into the organisational one. Ibarra and Barbulescu's model of narrative refinement is a useful lens through which to study these mechanisms.

Ibarra and Barbulescu's (2010) model proposes that successful stories (those that increase individual authenticity and are deemed valid) are retained and embellished by the teller. This iterative process of addition, subtraction and revision contributes towards a narrative repertoire that can then be called on by the individual as needed. The process functions to distil fragmented or contradictory experiences into a coherent portrait, an articulate professional self that links past and future into a longitudinal, chronological story. The mechanism of validation is then employed by enlisting others to confer social reality to this constructed professional portrait. It can be suggested that the choice of narrative elements is purposeful and directed, depending on the context of the interaction, but deliberate in order to construct a credible, authentic professional story. This will have the function of reducing the emotional discomfort of inauthenticity, acting as a process of sense-making. If such a coherent professional narrative is harder to construct, for example if the individual has taken a non-normative route into the role, then increased identity work will be required to align their story with the prevailing occupational one. Ibarra and Barbulescu ask the question of where the end-point of this process is - suggesting that it occurs when there are no conflicts within the holder's narrative repertoire - and this study will be an opportunity to establish whether this occurs within the training process, later in a career, or not at all.

- *Maintaining a professional narrative*

The interest in maintaining such a strict professional narrative is held by a number of groups. The regulatory and representative bodies of the group will obviously be at the forefront; in terms of the professional status of the occupation and the standards and behavioural expectations they hold their members accountable to. Veterinary schools will have an interest in maintaining a common standard for training processes, methods and outcomes. Veterinary practitioners will require a common standard of ability and attitude expected of new entrants recruited directly from training. Veterinary medicine has a significant social value, and there will be societal expectations of anyone holding a particular qualification in terms of both technical skill, and, perhaps more significantly in the lay view, personality traits. Such traits are also identified by gatekeepers to the profession - admissions tutors and veterinary school faculty members responsible for selection and retention of students - the common requirement being that they are the "right sort of person". This recognition of personal characteristics that are professionally-approved before training has even started is an early factor in the process of encouraging new entrants to mould their professional identity around the occupationally-set standard. The occupation as a whole has ownership of a set of narrative resources that contribute towards the organisational script which new entrants are expected to follow; i.e. socialisation models require that personal characteristics align with role requirements, and this should be reflected in individual occupational standards. This will be illustrated in this study using the parallel process of aligning a personal narrative with officially-prescribed narrative requirements.

This process of individuals' adopting a professional identity that resounds with the prevailing occupational narrative is cumulative, the sum of all these allows the profession to be located within a broader social structure. This ongoing discourse also contributes to

the profession's official history - individual narratives build into, and reinforce, this swell of historically-grounded values that constitutes the socially-situated occupational identity of veterinary medicine. The implied contract between the profession and society also confers privilege - certain activities are socially sanctioned, the right to increased status and self-government are conferred. For this reason, members of an occupation have a shared orientation to success, a mutual responsibility to continue the occupational standards and therefore dependence on one another to maintain those standards. As discussed above, the appropriate behaviours, decisions and choices are made according to the standards of the profession; and accepted use of these will be rewarded with acceptance by the group, career progression and increased status – and as these individuals become the definers of standards, the cycle is continued. This selective defining of professional characteristics controls access to the profession's implied elite status - and ensures that only those who overtly comply are allowed to become definers. Again, the importance of individual narrative meshing with occupational is key. Research has shown that this socialisation process is mediated by feedback on relative successes and failures early in learning and performing the role - another reason for focusing on training and early career development in this study.

- *Communicating organisational ideals*

How are professional norms communicated? There is an obvious hierarchy in terms of members of an organisation: those in positions of organisational power; those acting as gatekeepers to membership; those acting as educators, trainers or mentors; a management structure within the workplace, as well as less formal but generally-acknowledged seniority based on measures such as length of service or level of skill. Occupational socialisation is filtered via several mechanisms - the official discourse of responsible organisations, and the messier, everyday practice encountered in practice.

Ways of communicating within an occupation can take many forms, in terms of relative formality, scale of dissemination, and mode of communication: for example, two individuals could participate in an informal email discussion, or a formal assessment of a practical skill. Larger-scale communication can take the form of lectures, group meetings, published protocols, or direct mailings. Others have done ethnographic work into the interpersonal interactions involved in communicating standards in the context of human medicine and nursing, but even in these more-studied fields, the documentation setting out the official protocols for this has received little scrutiny. Therefore, the example I will use as exemplifying the dissemination of the occupational ideal is publications produced and disseminated by organisations - in this case, the RCVS, the national veterinary associations, and the veterinary schools. Taken together, this body of documents will be representative of the official benchmark of how a modern veterinary surgeon should be, the gold standard ideal that training courses are aiming to produce. Formal codes of conduct, for example, are a means of presenting an ideal to a large and diverse population, with minimal scope for change if one wishes to remain registered with the RCVS and able to practice.

Learning to use the prevailing occupational discourse is a fundamental part of the process of becoming part of a community, and will form the backbone of the role rehearsal mechanism as described above. In a restricted-access occupation, the specific language of that occupation is a significant signifier of separation from the lay community. On an individual level, such distinguishers of status are subsequently employed by individuals to establish a role, negotiating the authentic occupation of that role via rehearsal mechanisms as discussed above. In a similar way, sustaining such occupational authenticity will require ongoing identity work in order to maintain an approved professional role that is organisationally and institutionally acceptable - adhering to the permitted narrative.

This development should be traceable in the way that those undergoing the training process talk about the progress of their careers. Using the example of veterinary students training to become qualified vets, this project will aim to evaluate the use of occupationally-approved modes, descriptions and language to describe events, behaviours and emotions regarding the development of a career, and professional identity as a veterinary surgeon. Narrative is instantly relatable to everyday veterinary practice - the tea-break anecdote, the clinical history, the 'how was your day?' The human impulse to tell stories is inherent in all social interaction, and this is reflected in the use of narrative in this study - as a means of articulating a progression from novice to practitioner.

4.3 Research methods Part I: Interviews

The student study aimed to explore the training experiences of current veterinary students and newly-qualified vets and to evaluate how they characterised their chosen occupation; and to examine the influences on their professional development as they progressed from the first year of veterinary school to their first year in practice as qualified vets. The study design allowed the tracking of the development of these views during the training process and into the start of clinical work by recruiting students at all stages of training - from the first year at vet school to newly-qualified - at a particular point in time. Interviews took a narrative approach to the story of participants' career decisions, applications and progression; followed by more specific semi-structured questions about their professional values, role models, and EMS experiences. These interviews were carried out with veterinary students at, and new graduates from, the Universities of Cambridge, Liverpool and Nottingham veterinary schools (figure 4.1).

University	Department	Length	Degree(s) awarded
University of Cambridge	Department of Veterinary Medicine	6 years	Bachelor of Veterinary Medicine (BA VetMB)
University of Liverpool	School of Veterinary Science	5 years	Bachelor of Veterinary Science (BVSc)
University of Nottingham	School of Veterinary Medicine and Science	5 years	Bachelor of Veterinary Medicine and Bachelor of Veterinary Science (BVM BVS)

Figure 4.1: Selected UK Veterinary Schools and Qualifications

4.3.1 Selection of fieldwork sites

Three different veterinary schools were specifically selected as representing the maximum variation possible among the UK veterinary training system in order to access views from students at different schools as well as at different stages of training, with the aim of testing the interview questions against as varied a group as possible given the homogeneity of the population, and therefore building in a good level of variety. At the time of planning the study, all the UK vet schools (with the exception of the Royal Veterinary College, a constituent institution of the University of London), were housed within Russell Group universities. They compare in terms of academic standards, student satisfaction and class size as shown below (figure 4.2). Published results from the triennial British Veterinary Association/Association of Veterinary Students survey and the National Student Survey were also used to inform decision-making based on reported student satisfaction for each institution.

Average vet student UCAS tariff	(/5) Vet student satisfaction: (AVS)	HEI % Student satisfaction: (NSS)	No. admitted to 1st year (2013)
Cambridge (611)	Nottingham (4.7)	RVC London (98)	RVC London (201)
Glasgow (525)	Liverpool (4.6)	Cambridge= (90)	Liverpool (167)
Edinburgh= (522)	Bristol= (4.4)	Glasgow= (90)	Nottingham (132)
Bristol= (522)	Edinburgh= (4.4)	Nottingham (86)	Glasgow (128)
RVC London (499)	Cambridge= (4.3)	Liverpool (85)	Bristol (122)
Nottingham (466)	Glasgow= (4.3)	Bristol= (84)	Edinburgh (121)
Liverpool (462)	RVC London (4.2)	Edinburgh= (84)	Cambridge (75)

Figure 4.2: Sample statistics comparing veterinary degree-awarding institutions
(Hefce 2015, BVA/AVS 2012)

Veterinary education across Europe is governed by European Commission Directive 2005/36/EC on the recognition of professional qualifications (EEC 2005). This provides a

listing of subjects that must be covered in a veterinary curriculum; although no guidance as to the depth of study nor the minimum standards that must be attained - these standards are left to the veterinary governing bodies of each member state to define and implement. In the UK, the RCVS specifies the content that must be covered but not the structure or means of delivery of a veterinary curriculum, which each school determines for itself.

There does, however, remain a significant level of contact between the veterinary schools, their staff and students. The veterinary profession as a whole is small and well-connected, with those in leadership roles generally well-known. National conferences and CPD meetings provide plenty of opportunities to swap ideas and socialise, and more recently education-specific events have become more popular including the annual Veterinary Education Symposium for sharing resources and best practice. Opportunities for employment in veterinary education are limited to the few schools, so movement of academics in the field is almost exclusively between these seven institutions.

- *Fieldwork site 1: Cambridge University, Department of Veterinary Medicine*

Cambridge veterinary school was selected as a fieldwork site because of its academic tradition, reputation for research, unusual course structure (requiring a compulsory intercalation year) and collegiate teaching system.

Although Cambridge is one of the world's oldest universities, its veterinary school was only established in 1951. It has the highest academic entry requirements of all UK veterinary schools, usually requiring four A grades at A2 rather than the usual three, and the lowest requirements for work experience prior to entry. The six-year course is divided into two preclinical years and three clinical, with a compulsory intercalated year three in between during which all veterinary students must study a non-veterinary degree subject, usually

within the natural sciences tripos of the university - most commonly Zoology, Comparative Anatomy, or "PDN" (Physiology, Development and Neuroscience) - graduating with a Cambridge BA before embarking on the second (clinical) part of the veterinary course. The veterinary school has a reputation for high scientific standards and a higher than usual percentage of its veterinary graduates go on to further academic study, non-clinical careers in research or government work (Institute for Employment Studies 2013). The teaching structure comprises department-based lectures and practicals along with college supervisions of two or three students, an emphasis on personal tuition that the vet school promotes. Uniquely, much of its preclinical teaching in the basic sciences is shared with human medical students, a course structure which has prompted criticism of the relevance of this part of the course: only half of Cambridge vet students reported course relevance to be 'good' or 'excellent', compared with a national average of 78% (British Veterinary Association/Association of Veterinary Students 2012). It is the smallest UK veterinary school with around 70 graduates per year (Royal College of Veterinary Surgeons 2014a).

- *Fieldwork site 2: University of Liverpool, School of Veterinary Science*

Liverpool is the oldest, and second-largest (after the Royal Veterinary College), English university veterinary school. It was selected as a fieldwork site as representing a traditional veterinary course structure, as well as having a reputation for equine work.

The first full veterinary degree was offered by the University of Liverpool in 1905, with foundations in Williamsons' independent veterinary college founded in 1873 (Royal College of Veterinary Surgeons 2015a). Liverpool now accepts 170 veterinary students per year onto a traditional five-year course split 2:3 preclinical and clinical, with the option to intercalate if wished. Although it provides a complete veterinary degree, Liverpool is world-renowned for its equine work, both in terms of teaching and clinical referrals, and in

2011 opened a new £6 million equine intensive care unit. Its teaching style, while still comprising the usual lectures and practicals, places an emphasis on self-directed learning, aiming to encourage independent problem-solving skills in its vet students. Liverpool vet students report the highest quality scores for their practical sessions with 83% rated as 'good' or 'excellent', compared with a national average of 74%. Teaching in the preclinical years is also highly rated against the national average (British Veterinary Association/Association of Veterinary Students 2012).

- *Fieldwork site 3: University of Nottingham, School of Veterinary Medicine and Science*

The third fieldwork site is the University of Nottingham's veterinary school, chosen for its novel and innovative veterinary curriculum. Its youth means that its curriculum and structure were very recently designed from scratch.

Nottingham at the time of selection was the newest UK vet school, admitting its first students in 2006 who graduated in 2011 – there are therefore only four years' worth of Nottingham veterinary graduates currently practicing. It currently produces around 120 new vets per year, about average for the UK schools. Despite its youth, Nottingham has had the highest veterinary student satisfaction scores of UK vet schools for all four of its years (Unistats 2014), suggesting that the more traditional schools could learn from Nottingham's approach. The university had a long-established medical school but rather than sharing facilities, a new School of Veterinary Medicine and Science was built at the Sutton Bonnington campus approximately 10 miles from the city. A specific veterinary teaching hospital was not included, however, so Nottingham's clinical students complete their clinical rotations at local private veterinary hospitals and specialist referral practices. As a curriculum designed from scratch, the Nottingham five-year course was structured to

be different from the traditional veterinary schools'. Emphasis is placed on clinical skills from the beginning, with practice placements and clinical rotations starting in the first year; along with a focus on the teaching of professional skills (such as client communication) in small-group sessions as well as reflective assessments. During the third year, students complete a short research project and graduate with a BVMedSci before (usually) continuing the BVM BVS degree. The course was provisionally approved in 2009 and finally fully accredited by the Royal College of Veterinary Surgeons in February 2011, in time for Nottingham's first cohort of veterinary students to qualify. In the BVA/AVS survey, Nottingham vet students were more positive than the national average for vet students about every single aspect of their course; most notably in basic clinical skills teaching, practicals, and the balance between lectures and practicals (British Veterinary Associations/Association of Veterinary Students 2012).

- *Potential alternative fieldwork sites*

The other veterinary schools that could have been included were the Universities of Bristol, Edinburgh and Glasgow, and the Royal Veterinary College, London. The Scottish universities were excluded for practical reasons of distance and logistics. Bristol was excluded as a traditional veterinary school of comparable size and structure to Liverpool. If time had permitted a fourth fieldwork site it would therefore have been the RVC - it is the only veterinary-exclusive institution, as well as the largest, so would have added some interesting factors - and this will be an avenue for future work. The University of Surrey only admitted its first small cohort of veterinary students in 2014 so was too late to be included in this study. As the newest, and first non-Russell Group, veterinary school, it will be extremely interesting to see how it develops.

4.3.2 Sampling strategy and recruitment of participants

Participants for Part I of the study were veterinary students and early-career veterinary surgeons from each of the three selected veterinary schools. This was defined as either current students on a degree course leading to Membership of the Royal College of Veterinary Surgeons (MRCVS), or newly-qualified veterinary surgeons who graduated less than six months previously from one of these schools.

Participants were identified by three methods. Firstly, by direct contact with existing contacts within the veterinary field from my own work both in a veterinary practice offering Extra-Mural Studies (EMS) placements to veterinary students, and with one of the largest veterinary special interest groups, the British Small Animal Veterinary Association (BSAVA). Secondly, via veterinary student organisations both nationally and within each fieldwork site (figure 4.3).

National organisations	Cambridge	Liverpool	Nottingham
Association of Veterinary Students	Cambridge University Veterinary Society	Liverpool University Veterinary Society	Nottingham Veterinary Society
International Veterinary Students' Association, UK & Ireland Chapter	Cambridge Farm Animal Veterinary Society	Liverpool University Veterinary Zoological Society	Nottingham Farm Animal Veterinary Society
British Veterinary Association Young Vet Network	Cambridge University Veterinary Zoological Society		Nottingham Small Animal Veterinary Society
			Nottingham Equine Veterinary Society
			University of Nottingham Veterinary Zoological Society

Figure 4.3: *Student organisations contacted for recruitment of participants for Part I*

Contact was made with each organisation via email requesting circulation of the study details to group members; as well as direct requests for participation to suitable members whose details are publicly available (for example, most of the student organisations publish an email contact list for their committees). Thirdly, eligible respondents were identified via social networking – via an online search of personal blogs and, in particular, Twitter, where

employment and student status details are readily available in users' public profiles and contact can be made easily; as well as linking to further members of a successful contact's Twitter network. Regardless of initial contact method, all participants were asked to pass on details of the study to further relevant contacts if possible. Numbers of successful contacts via each method are shown in figure 4.4.

Contact method	Interviews	Proportion
Known respondents	2	5.0%
Organisations	13	32.5%
Online	16	40.0%
Snowballed	9	22.5%
TOTAL	40	100.0%

Figure 4.4: *Participants by initial contact method*

A spread across all stages of training was aimed for within each of the three fieldwork sites. A school/stage matrix was used to keep track of participants and provision made to fill in any gaps once the main fieldwork period was complete. Participants' stages were classified by a number (1-5) or the letter Q for newly-qualified, along with their vet school letter (C, L or N). Cambridge has a compulsory intercalation year between years 2 and 3 of their veterinary course. One participant was at this stage, and was included in data for year 2. This also means that a Cambridge student classified as, for example, C4, although in the fourth year of their veterinary course, will actually be in their fifth year overall at Cambridge, and will graduate after six years of study in total.

The aim was for a minimum of 40 participants representing a range of course stages within each of the study locations therefore a purposive sampling technique was used as described above. Sampling was an ongoing process so recruitment continued until three-quarters of the target number had been reached; following this point, discriminate sampling (Strauss and Corbin 1990) was employed to saturate the desired categories and complete this part of the study. One early interview had to be discarded following

recording failure. Three further participants made contact shortly after the main period of data collection so these three were interviewed and included in the final total of 42 participants for Part I (figure 4.5). The gender split of participants was 82% female, 18% male, reflecting the gender balance of the UK veterinary student population as a whole (Royal College of Veterinary Surgeons 2014a).

	1st year	2nd year	3rd year	4th year	5th year	New grad	Total
Cambridge	0	2	3	5	2	2	13
Liverpool	1	3	1	7	2	1	15
Nottingham	0	2	3	3	3	3	14
Total	1	7	7	15	7	5	42

Figure 4.5: Final breakdown of participants for Part I

Interviews were carried out in Spring (January to April) 2013, the middle term of the academic year. The majority were carried out face to face; either in participants' university residences (27), their parents' homes during university vacations (8), or in a practice while they were on practice placements (5) after the working day in order to minimise the potential effect of a participant being in 'work mode'. Due to scheduling difficulties, two interviews were done via Skype, including both video and audio in order to provide as close to a face-to-face interview scenario as possible. All interviews were carried out individually, and I was the sole interviewer.

4.3.3 Instrumentation and data quality

Interviews serve to focus discussion on the research questions in several ways. Firstly, gaining depth of data from talking to those actually involved. Secondly, by allowing free responses to questions, encouraging responses as to how the participants themselves characterise their professional development and also the characteristics of the veterinary profession as a whole. Interview questions were designed to allow respondents to both describe and subjectively reflect on their career choice and the influences that have shaped the image they held of themselves as (future) veterinary surgeons.

Interviews began with a prepared initial request scripted specifically to address research question two about motivation in a narrative format. A prepared opening question was used to ensure consistency and to identify what was common among the experiences of a group of individuals at different stages of their professional training; and allowed free responses without direction from the interviewer.

> 1. **"Tell me the story of how you got from the decision to become a vet to where you are now."**

The remaining seven interview questions were designed to explore participants' experiences of more specific aspects of their veterinary training and professional development, in order to address research question three exploring experiences in practice.

> 2. **"Tell me about what you have been doing on EMS/practice placements"**
>
> 3. **"What happened the first time you did {procedure mentioned in previous answer}?"**
>
> 4. **"How have your experiences in practice changed as you have gone from being a work experience student to vet school (and progressing through the course)?"**
>
> 5. **"Tell me about anyone you have identified as a role model. What is it about them you admire?"**
>
> 6. **"And the opposite - what happens if you encounter a situation where you think 'that's not how it should be done'?"**
>
> 7. **"What differences have you noticed between what you are taught in vet school and what happens in practice?**
>
> 8. **"What are the abilities or characteristics you think would stand you in good stead as a good new graduate vet?"**

Pilot interviews were carried out with two veterinary students who were on Extra-Mural Studies at the practice where I was employed at the beginning of the data collection

period. This was to ensure that the instrument was appropriate and to identify any adjustments to the interview guide required. One of the questions was slightly re-worded as a result, as per the box below. All interviews were audio-recorded and transcribed verbatim by the interviewer.

> Original question:
> **"What are the abilities or characteristics you think would stand you in good stead as a good new graduate vet?"**
> *Problem identified: Elicited answers describing the participant's own perceived strengths (to be highlighted when applying for jobs, for example), rather than the requirements for a generic 'good new graduate' entering the veterinary workforce.*
>
> Amended to:
> **"What are the abilities or characteristics you think would stand *someone* in good stead as a good new graduate vet?"**

Internal validity – i.e. the trustworthiness of the data - was supported by allowing sufficient time with participants to obtain meaningful data, audio recording to ensure fidelity of data, clarifying and checking responses during interviews, and offering the option of member checking (review of their scripts) to participants. Only two participants chose to do this and neither requested any amendments to their scripts. Using multiple data sources is another means of improving validity which is a function of the study design as a whole: the three study sites were deliberately chosen to maximise the limited possible variety in veterinary training while remaining within the scope of the study.

The target number of 40 interviews was arrived at as a compromise between obtaining adequate data and staying within the bounds of logistic possibility in terms of sufficient time for interviewing, transcription and data analysis. A robust audit trail was also maintained to support data quality in terms of a useful record of working processes, plus field notes recording my own experiences and initial reactions in a research journal. The

research journal recorded impressions and reactions during fieldwork, which proved a useful source of supplemental information; and also technical and logistic issues which were encountered and resolved during the data collection period.

Due to my existing knowledge of the veterinary profession, an internal form of triangulation was a natural part of the data collection and analysis, with certain things 'ringing true' from my own experience in practice. Keeping aware of this was a crucial aspect of maintaining research integrity. As above, the offer of script checking was made to all participants at the data collection stage (after transcription), but data were not cross-checked or corroborated by participants after analysis as this then became my interpretation of the data set as a whole rather than individual views. General findings did undergo a very informal version of peer review, with discussions with colleagues playing devil's advocate and questioning my early assumptions. A full discussion of my potential biases and how these might affect the research process forms part of Chapter Seven.

4.3.4 Ethical considerations

Participants were asked to explain their reasons for making some personal decisions and to describe their emotions regarding some potentially sensitive topics relating to their working lives and professional identities. The option of whether or not to participate and/or refuse to answer any question or part of question was emphasised both in the written consent form and verbally at the start of interviews. The minimum of personal data required was recorded - each participant's name, training institution and training stage. Audio mp3 files (interview recordings) and all documentation (including interview transcripts) were password-protected and stored on a fixed, password-protected desktop computer in a locked office. All data processed were anonymised and participants are referred to by an alphanumerical code. While individual participants' anonymity was

assured, it was decided that anonymising each individual fieldwork site was not practically possible - as a small profession with only seven training institutions in the UK, even basic information about the school would be enough to identify it to anyone within the veterinary field.

Options for further exploration of any issues identified were offered to participants if necessary including referral to their University or veterinary school's pastoral support system if appropriate (see Appendix A). All participants were either veterinary students or qualified veterinary surgeons therefore communication problems were not encountered. Individual participants' cultural or demographic backgrounds did not require changes to any aspect of the study methodology. The nature of the project was explained to interviewees at the start of the interview and informed consent was secured via the participant information and consent form at Appendix B. The concept of informed consent is long-established within the veterinary profession so was familiar to those taking part.

Ethical review of the project was carried out by the Faculty of Social Sciences Research Ethics Advisory Group for Human Participants at the University of Kent, and was approved in June 2012.

4.3.5 Data analysis

Audio recordings were transcribed verbatim by the interviewer using Express Scribe Pro and stored as a separate Word documents for each participant. Coding as described below was carried out manually using handwritten notes on each transcript, and cross-referenced using colour coding to consolidate each list of notes into coherent themes, building a richer

and more nuanced framework as each script was added to the overall analysis. Participants are referred to when quoted using a five-character reference:

- C, L or N for Cambridge, Liverpool or Nottingham Veterinary School

- A number (1 - 5) indicating their year of study, or a Q if newly-qualified

- M or F for Male or Female

- Their two-digit interview number.

Analytical techniques were based on the thematic analysis model of narrative research: an investigation of the content and events described; the language used and any contradictions; uses of tropes, metaphor, symbols and characterisation; the narrative chronology, structure, construction and attribution; and its relation to the narrator and audience, the positioning of interviewer and interviewee. Question one from the interviews was separated from the rest as the main data source for the second research question "What factors influence students to choose to study veterinary medicine?"; but the analytical method was the same for the whole of Part I. The remainder of the interview scripts (i.e. responses to interview questions two to eight) were used to answer the other research question for Part I: "How do veterinary students describe their experiences in veterinary practice during the training process, and how do they characterise influences on their professional development?"

The answers to interview question one from Part I acknowledge a series of connected events forming a longitudinal story as told by the participant. Analysis aimed to examine the content and structure of the stories told and to identify whether a cultural format can be identified with components common to all following any implied rules (for example, the use of tropes, emphases or symbols). Major themes were first categorised focusing on areas of interest – how school and exams were described, the influence of family and

teachers, etc. Initial codes were allocated from emergent perspectives as a natural

consequence of immersion in the data during fieldwork, from initial readings of the

transcripts, and from topics identified in the literature; subsequent close readings enabled

the development of a coding structure moving from simple description of the data to a

more conceptual reading as the data set became richer. Potential responses to each

thematic area are summarised in figure 4.6. Illustrative quotes were also identified at this

stage, representing responses that characterise or present interesting examples of

participants' narratives.

Primary decision	Academic experience	Work experience	Influence of others	Application to vet school
At what point decision made	Academically able or struggling	Treatment on placements	Support of school/teachers	Straightforward or complicated
Reasons for decision	Enjoyment of specific subjects	Enjoyment of environment	Family background in related field	Initial acceptance or rejection

Figure 4.6: Major themes and categories of responses to interview question one

Similarly, responses to interview questions two to eight of Part I were analysed via a coding

scheme developed through an iterative process of several close readings of the interview

transcripts. An initial reading was carried out to refamiliarise myself with the data and

identify broad themes, which were annotated in the margins of interview scripts and then

collated into an initial list. A second close reading served to refine the major themes and to

ascertain the crucial/fundamental components (that became the subthemes under each

major heading) (figure 4.7). Illustrative quotes for each subsection were identified during

these and a subsequent reading for final checking.

Role models	Self as future vet	Learning practical skills	Professional relations
Client care	Limitations	Gaining permission	Attitudes of practice staff
Confidence	Confidence	Benchmarking with peers	Attitudes of clients
Respect of peers	Client care	Tolerance of uncertainty	Changing status
Vocational motivation	Continued learning	Time pressure	Proving worth
High standards	Teamworking	Assertiveness	Shared experience

Figure 4.7: Major themes and subthemes arising from answers to interview questions 2-9

Further discussion of all of these themes, coding strategies and refinement of this initial analysis is in results Chapter Five.

4.3.6 Summary of methodological considerations

Narrative research aims to construct an "animating, evocative description of human actions, behaviours, intentions and behaviours as we meet them in the lifeworld" (van Maanen 1990). The aim is therefore to decipher meaning and understand experiences, rather than establish a definitive causal explanation for events. Narrative is generally defined as a story or set of stories; not necessarily a true record of what happened, but an interpretation and re-interpretation of experience.

Paul Ricoeur (1984) asserts that narrative is a means of forming identity; and it is through this means that the study will be framed. Narrative methods are not necessarily aimed at uncovering truth, but at investigating connected events by means of interpretation, experience and justification. Narrative is commonly used in qualitative human health research; it is usually, however, used to examine and understand the patient's experience. Such methods are also well-established in researching work and employment, for example, in research into career paths, work transitions and decision-making in terms of job changes. The popularity and comfort of use of narrative are rooted in the universality of the anecdote, the human impulse to tell stories, and the relatability to everyday practice: 'taking a history', the tea-break staff room anecdote, etc. The telling of a personal account is reasoned by the process of telling - forcing the speaker to think (Pitkala and Mantyranta 2003) with an element of performance in presenting a particular self. These reinforce the choice of narrative methods in this study. The richness of data generated by allowing participants to talk freely excluded alternative research methods such as surveys or more restrictive structured data collection.

Part I was completed entirely – including all interviews and data analysis – before embarking on Part II in order to avoid being influenced by the processes and findings from Part II.

4.4 Research methods Part II: Policy analysis

Part II of the study considered the content and structure of formal documentation, guidance and protocols from UK veterinary organisations and institutions regarding the training and early professional development of veterinary surgeons; aiming to answer research question one: "How is the ideal of veterinary training and the 'good new graduate' vet presented by veterinary organisations?". Although such organisational documents vary in scope and depth of detail, an exploration of components, themes and emphases can provide an insight into the ideals of contemporary veterinary professional training, conduct and early practice envisaged by the document writers in their role(s) as senior members, and representatives, of the veterinary profession.

4.4.1 Identification and selection of data sources

In order to examine the presentation of contemporary veterinary education, relevant documents were gathered both online and physically. Sources included the three veterinary schools from Part I, plus the University of Surrey whose new veterinary school opened in September 2014. Surrey was included at this stage because it was very new, and therefore representing what should be the cutting edge of curriculum design and the newest ideas about what the modern veterinary profession should look like. Documents were also gathered from national veterinary organisations, in particular, the Royal College

of Veterinary Surgeons, as well as other national veterinary organisations and associations (figure 4.8). From the document identification process, the Quality Assurance Agency (QAA) Subject Benchmark for Veterinary Science was also included as providing the benchmark for the content of a veterinary degree.

Organisation	Reason for inclusion
BEVA (British Equine Veterinary Association)	National association
BSAVA (British Small Animal Veterinary Association)	National association
BVA (British Veterinary Association) and its divisions	National association
BVHA (British Veterinary Hospitals Association)	National association
QAA (Quality Assurance Agency)	Publishes subject benchmark for degree
RCVS (Royal College of Veterinary Surgeons)	Regulatory body for veterinary medicine
SPVS (Society of Practicing Veterinary Surgeons)	National association
University of Cambridge	Vet school from Part I
University of Liverpool	Vet school from Part I
University of Nottingham	Vet school from Part I
University of Surrey	Newest UK vet school

Figure 4.8: *Sources of documents for analysis in Part II*

Suitable document sources were identified via keyword searches of each organisation's website (figure 4.9), and via direct contact at two large national veterinary conferences (the British Small Animal Veterinary Association Congress and the London Vet Show) where relevant organisations were in attendance as exhibitors and/or sponsors. Documents were sought relating to the recruitment and selection of veterinary students; veterinary school curricula and student handbooks; and published guidelines for professional conduct, veterinary education, extra-mural studies, early-career employment as a veterinary surgeon, and early-stage continuing professional development. The "Useful Links" or equivalent section of each organisation's website was also followed. Two organisations (BEVA and BVHA) did not publish any relevant documents, nor did 16 of the 20 other BVA Specialist Divisions, so these were excluded. Other exclusion criteria were any documents only intended for in-house use and those specifically published for the general public only (i.e. only documents pertaining to a veterinary (including veterinary student) audience were sought), and any documents relating to a wider geographical region (e.g. regarding veterinary training across the EU) were also excluded. Finally, documents had to be freely

available for consultation by veterinary students and surgeons; in some cases requiring membership of the relevant organisation, but not requiring additional purchase.

Veterinary school	Association/Organisation
Admission	Admission
Curriculum	Education
EMS/"Extra-Mural Studies"	EMS/"Extra-Mural Studies"
Guidance	Guidance
Handbook	PDP/"Professional Development Phase"
Prospectus	Student(s)
Support	Support

Figure 4.9: *Keyword searches to identify online documents for analysis for Part II*

Initial searches identified 62 documents potentially of interest. These were screened according to the predefined criteria listed above, aiming to extract those containing relevant themes pertinent to the study which were aimed at a veterinary audience. The majority of documents excluded at this stage were minutes of meetings where education was mentioned in passing, or documents relating to postgraduate and/or specialist qualifications in veterinary medicine that would be undertaken further into a veterinary career. In total, 27 documents met the inclusion criteria (Figure 4.10).

Organisation	Source document
RCVS (Royal College of Veterinary Surgeons)	Code of Professional Conduct for Veterinary Surgeons
	CPD Record Card and Guidance Notes
	Criteria and Guidance for Approval of Veterinary Degree Courses in the UK and Overseas
	EMS Recommendations, Policy and Guidance
	EMS Summary of Clinical Objectives for Vet Students
	Fitness to Practice - A Guide for UK Veterinary Schools and Veterinary Students
	Guidance on the Professional Development Phase
	Strategic Plan 2014-2016
	Student EMS Assessment Form
	Veterinary Science: For All Walks of Life
	Website EMS Pages
BSAVA (British Small Animal Vet. Assoc.)	Students in Clinical Years/New Grad Guidance
BVA (British Veterinary Association)	EMS Guide for Practitioners and Students
	Guide to Job Hunting
	Guide to PDP for Employers and New Graduates
QAA (Quality Assurance Agency)	Subject Benchmark for Veterinary Science
University of Cambridge	EMS Assessment Form
	Veterinary Student Handbook 2013
	Web pages on Veterinary Student Applications
University of Liverpool	Veterinary Science Course Brochure

	Guidance for Students Seeing Practice
University of Nottingham	Veterinary Medicine Course Brochure
	Guidelines for Clinical Extra-Mural Studies
University of Surrey	School of Veterinary Medicine Brochure
	School of Veterinary Medicine FAQ
	Veterinary Curriculum Overview
Collaboration between several vet schools (referenced by all study sites)	EMS Driving Licence

Figure 4.10: Documents analysed for Part II

4.4.2 Data analysis

Thematic analysis of documents identified and selected for Part II examined how the occupational world of the veterinary profession is represented through the choice of words and implicit associations made; i.e. how do the document authors and editors use particular words, phrases, terms of reference, rhetorical style and tone to construct the phenomenon of the professional veterinary surgeon at the start of a veterinary career?

The set of documents was read initially as a collection to gain an overview of the data set. Each of the source documents was then read closely and key terms and phrases highlighted. This first close reading identified 29 items which were collated for the whole document set and then grouped into six main themes: defining veterinary medicine, student selection and admission, taught curricula, EMS and practical skills, the 'good vet', and the veterinary community (figure 4.11). A subsequent reading refined and confirmed this model; and a last reading allowed for identification of illustrative quotations for each of the items (figure 4.12) and final checking.

Defining veterinary medicine	Student selection & admission	Taught curricula	EMS and practical skills	The 'good vet'	The veterinary community
Responsibilities	Exclusivity	Science	University role	Continued learning	Peer support
Comparison with human medicine	Prestige	Regulation	The 'real world'	Communication	Collective wisdom
Public image	Variety	Lifelong learning	Progression	Professional behaviour	Teaching
Individual benefits	Diversity	Progression	Day One Competences	Confidence	Public image
Status		Non-academic skills		Expectations and risks	
Vocation				Animal welfare/care	

Figure 4.11: Major themes and subthemes arising from document analysis

Theme	Illustrative quotation	Source
DEFINING VETERINARY MEDICINE		
Responsibilities	*"We must act as custodians for the standards of the profession"*	RCVS
Human medicine	*"…key role for members of the [veterinary] profession as guardians of human health"*	QAA
Public image	*"…a demanding course which will lead you to qualification in a highly respected profession"*	Cambridge
Individual benefits	*"…many diverse and stimulating career opportunities combined with the privilege of working with animals"*	Nottingham
Status	*"EMS constitutes an important component that helps to distinguish the qualification from other academic science degrees"*	RCVS
Vocation	*"…an introduction to ethical and animal welfare issues, and the social and professional responsibilities of the profession in society"*	Cambridge
STUDENT SELECTION & ADMISSION		
Exclusivity	*"The veterinary course is a rigorous one, and students admitted must have proven capabilities"*	RCVS
Prestige	*"…amongst the most popular degree programmes in the UK and arguably amongst the most exciting"*	Liverpool
Variety	*"A passport to a range of other careers, at home and abroad"*	RCVS
Diversity	*"The teaching model we are adopting will allow us to attract a wider portfolio of students who have a genuine passion for veterinary research"*	Surrey

Figure 4.12: Example illustrative quotes for each theme and subtheme

Full exploration of these analyses forms Chapter Six.

4.4.3 Methodological considerations

Language is not a neutral means of communication. The rhetorical work done by a text - how it seeks to persuade - and the way in which language is used in a certain context can reveal important information about the culture in which it was written and subsequently becomes a component of. As Prior (2008) states, documents are not merely containers for words or information – they can influence episodes of social interaction and schemes of

social organisation, which is particularly relevant for this work. Document analysis is useful

for identifying patterns of behaviour and social dynamics, capturing an aspect of culture –

its public social identity - grounded in organisational reality (Jung et al 2009).   These

organisations and institutions represent aspects of social reality in terms of decisions made,

actions taken and resources or penalties distributed (Jenkins 2000), which can then be

examined for what they can reveal about the culture in which they were created.

Institutions embody patterns of behaviour which become established over time as 'the way

things are done', leading to a habitual, patterned way of understanding and behaving that

helps to both generate and regulate practice (Goldie 2012).   Through this process,

institutions ascribe roles and status on individuals, providing them with scripts that inform

and provide the basis for evaluation of actions, in a similar manner to the role schemas

postulated in Chapter Three.   The outward manifestation of this is an organisation's

discourse, conveying unofficial rules, implicit values, benefits and attitudes that are

subsequently reinforced and reproduced in day to day interactions. Junior members (such

as students), as well as established figures, look to institutional norms and conventions to

structure and give meaning to their behaviour, so that the prevailing culture is transmitted

- what Giddens (1991) perceived as a mechanism of social control. Later interpretations

suggest that individuals make sense of institutions through their own unique backgrounds

and within their current context. Meaning is created rather than transmitted, leading to a

constant re-creation of culture (Tierney 1997). Whichever approach is preferred, it is clear

that an organisation's outputs reflect at least the public face of what they are trying to

represent; and it is this that will be interrogated for this section of the project.

Using official documents as data sources for qualitative research offer a number of

challenges.   While they are relatively non-reactive and certainly convenient, their

interpretation will naturally be subjective, impressionistic, and with no information on the process of their production or construction there is a risk of overly focussing purely on the content rather than the cultural context (Prior 2008). In this case, assessment must be made of how authentic a text is in representing the organisation that produced it and the wider community that it sits within. A further challenge is that, rather than seeking neutrality and objectiveness in documents, the research aim for this section was to examine the function of such biases in terms of what they reveal about the writers and the organisations they represent. For this project, all the sources were either veterinary schools (set within universities), or national organisations that are all well-established within the veterinary community, so the authenticity and credibility of the texts was determined in this way. All were clearly-written but, as they were aimed at an occupationally-specific audience, made extensive use of veterinary language, jargon and style that may have been impenetrable to someone outside of the profession - which could be in interesting future extension to this work.

Where document aims were stated, they were universally seeking solely to provide information. Although no agenda was acknowledged in the texts themselves, some were readily identifiable as 'advertising' either a specific veterinary school (in the case of prospectuses) or the profession in general (in the case of RVCS publications such as "The Veterinary Profession: For All Walks of Life"). In this way, the texts themselves could be seen as a distortion of the reality of veterinary practice, in that they present a sanitised, idealised version that is deliberately designed to display a version of practice that will be desirable to those interacting with it. The documents therefore act as active influencing agents, components in a dynamic network of influences on those entering the profession. They present the idealised version of veterinary medicine: one that may be distorted from reality but the version that senior members wish to portray. Official publications such as

brochures and annual reports typically reflect "only what teams of executives and PR people want to convey publicly" (Ott 1989); but, rather than being a methodological weakness, it is exactly this public portrayal that I wish to interrogate.

The interest for this study is in the official presentation of veterinary medicine as a profession and how this is communicated by its organisations; but there are obviously alternative depictions of the 'right' way to gain entry and begin a veterinary career. I could, for example, have conducted interviews with senior members of the veterinary profession and its constituent organisations in order to elicit views on this. However, I felt that this approach would be too disjointed - i.e. a series of only a few individuals' opinions - and as this section aimed at exploring the presentation of veterinary medicine from an organisational point of view (rather than Part I which sought to examine how it was experienced), it was decided to use official documents as the primary data source. A further extension to the work could be to return to my interviewees (or an analogous cohort of students and newly-qualified vets) in order to explore how such texts influence social interactions within the veterinary field, how they affect the working schemes of the organisations that produce them, and how they are responded to by those in the audience - i.e. do they recognise the model of veterinary education and training that is being presented? As a reader will confer meaning to each text, how are they positioned within each 'schema' depicting the path that each new entrant feels is appropriate for them to follow? In this aim, are the texts allies or enemies? Do they instigate further actions or responses? Does what is presented in each text instil a response of needing to live up to the image of veterinary medicine that is portrayed?

Alternatively, talking to the document authors about their explicit aims for each text would allow the overt meanings to be cross-checked against this analysis of their cultural

influence; and to establish how each text came to assume its present content and structure. The authors' intent is only one part of the relationship between a text and its use, and, again, such work should form part of the future of this study.

In human medicine, academic discourses predominate over those calling for greater representativeness. Applicants for medical degrees recognise the power relations inherent in student selection and admission, and use explicit strategies to fit themselves to what they perceive is required (such as a deliberate performance in an admissions interview). Foucault (1970) asserts that discourses help to construct versions of reality, in turn creating 'conditions of possibility' - processes that classify, categorise and separate individuals. Organisational discourses consequently imply the creation and maintenance of power relations and social boundaries; and can therefore be interrogated as to the boundaries they create and contain: how do these documents define the key concepts of professionalism, community and exclusivity?

4.5 Comparison of Parts I and II

Once the analysis of each part was complete, a two-page summary of findings for each part (the interviews for Part I, and the document analysis for Part II) was written as a starting point for cross-comparisons between the two. This became an exploration of common and contradictory components, themes, emphases and values.

The cultural context of a narrative will define what stories can legitimately be told in a given situation. The culture of veterinary medicine is extremely pervasive: possibly to the point that there is only one possible type of overarching story that can legitimately be told.

It is proposed that entry to and subsequent progression through veterinary training requires an approved credible, coherent professional story that does not allow for deviance from an officially-sanctioned route; and that one of the functions of veterinary training is specifically to socialise newcomers into using this approved means of describing their early veterinary career.

Part I examined the experiences of those currently progressing through training - veterinary students at all stages of vet school, plus new veterinary graduates embarking on their first jobs as qualified vets. For Part II, the model pathway was explored by an analysis of outputs from the organisations that stipulate this model pathway – veterinary organisations, veterinary schools and other groups with an interest in maintaining such a consistent professional narrative. The final part of the analysis examined to what extent these two versions of early professional development in a veterinary career cohere; and where any conflicts may lie.

4.6 Researching the familiar

4.6.1 Positioning as a researcher

As someone with a long-standing connection to (and employment in) the veterinary world I could well be said to be an "insider", part of the group that I am researching. However, although my career has been in veterinary practice, I have never been a veterinary student, a qualified veterinary surgeon, or a formal veterinary educator. This research cannot, therefore, be considered auto-ethnographic, and my insider status in this context can only ever be partial. However, depending on the definition, insider status is generally conferred on those with "some prior knowledge of the people, their culture and language, as well as

the ability to be accepted to some degree, or to pass as a native member" (Hockey 1993); and in this sense I am an insider in the relatively closed world of UK veterinary medicine.

Other researchers have categorised several types of insider in order to further examine this role. For example, Heilman (1980) proposed cognitive, affective, social and temporal insiders. Using his terms, I have a deep understanding of the research field in a knowledge-base sense (cognitive); I am familiar with the social structures of British veterinary medicine (social); and I am an ongoing part of that world (temporal). However, the "affective" category is harder to examine. Members of distinct communities such as veterinary medicine tend to have a strong emotional commitment and attachment to their chosen field. While most of my working life has been in veterinary practice, this could be the greatest distinction that exists between myself and the participants. However, further reflection brings this into question. From an ethnographic viewpoint, to genuinely "live" a culture requires growing up with, and being emotionally involved with, the cultural values. As I have been in practice since leaving school at 18, this could apply to me more strongly that first appears. I am emotionally involved in the veterinary world – for example, I feel a personal responsibility to defend the profession against accusations of, for example, overcharging clients – which implies that I do identify myself as part of the culture and such attacks on vets' professional standards do feel personal.

4.6.2 Advantages of insider research

The question of "degrees of insiderness" is one which I have had to carefully consider in light of my research plans and the influence that prior knowledge may have on the design, implementation and evaluation of my research. My position as a researcher – and how that position is perceived, interpreted and responded to by participants – may affect the whole research process, from site selection and sampling method to interview techniques

and how meaning is constructed from field data. On the positive side, I as a researcher possess an intimate familiarity with my participants' world, which will be of great value in examining the social processes and meanings of that world. However, there is considerable internal variation within organisations and groups. My work background is primarily in small animal veterinary work, with farming experience from my family. Equine work is less familiar although not completely alien – this dimension should be considered as an insider/outsider continuum with several axes.

Prior knowledge of the veterinary field means that there should be no sense of cultural shock or disorientation on entering the field. I am very at home in the working environment of practice, meaning that less time is required for familiarisation, allowing me to blend in to the situation, and being less likely to adversely alter the research setting; enabling a high degree of naturalness in interaction. Cultural competence in terms of linguistic and non-verbal communication also helps both researcher and respondent to gauge the legitimacy of each other as participants, being less likely to conceal or distort information if there is greater confidence. I hope that this effect will convey that I have more than simply an academic understanding of, and interest in, the study of veterinary work. This establishment of my own identity and social location should allow respondents to place me in a knowing-yet-curious role; so that even if they identify inferior knowledge on my part, they will appreciate the value of their own experiences and opinions to the work – whether in terms of testing their views against the perceived norm, or providing interest in terms of counter-examples and unusual experiences.

As an industry insider I have privileged access to research sites prior to starting fieldwork, based on existing relationships within the field and similarities of experience with potential participants. Such links mean that research is more economical, as I already possess a large

store of contextual information about the topic; and should also mean that I am more able to appreciate a fuller complexity of the social world in which vets operate, through a process of gaining trust and exposure to a greater level of detail from those involved. The result should be a more accurate portrayal rather than a simplistic caricature. Despite this, however, I need to guard against assuming that my orientation is more shared or representative than it is. A constant re-grounding and questioning of assumptions will be required, especially during the analytical stages.

4.6.3 Disadvantages of insider research

Perhaps the most significant disadvantage is the risk of over-familiarity. Prior knowledge of the structures and mechanisms of veterinary training and practice means that reported incidents or responses may be too familiar to be noticed, or to arouse the curiosity required for in-depth examination. My assumptions about the processes involved risk not recognising the significance of issues raised and ignoring commonplace but meaningful behaviour. The challenge is to develop self-conscious strategies to make the familiar problematic by questioning my taken-for-granted aspects of social processes in veterinary medicine.

Another danger is that of receiving an idealised version of reality rather than everyday life; especially when Part I respondents have been through significant barriers in order to reach vet school - they may not want negative experiences to reflect badly on their own decisions and the institutions they have deliberately made themselves part of. In interviews the opposite phenomenon was frequently encountered: respondents recalled their lowest points and worst experiences, presenting themselves as tough, determined, and able to overcome such obstacles. These respondents will naturally select the most significant events in their training, good or bad, and my knowledge should enable me to better judge

how respondents are positioning themselves in relation to these signal events. There is also the risk of respondents making assumptions about what information I am seeking – several examples of this occurred in early interviews, with respondents asking "is that what you want?" or "I hope I've answered properly". Participants have been very interested in the project, and it is important to maintain clarity about roles within the research encounter, and emphasise that it is the respondents' own words that I am interested in.

Personal costs became more apparent during early fieldwork. While I am no longer employed full-time in practice, I am effectively recreating an old self in order to obtain meaningful data. This has been particularly acute with mature students – especially following an interview with a vet student the same age as me who had had a previous career in academic science. The story had high emotional impact, particularly given our similarities, and this stayed with me long after the interview had finished. Having created this identity of insider, it was then harder to reverse the process and re-establish myself as a researcher with the need to maintain my position.

4.6.4 Addressing the risks

Part of my strategy in addressing these risks is obviously to consider researcher positioning when planning fieldwork and to carefully monitor the way in which I present myself to participants, both during the planning stages, during the research encounter and afterwards. A degree of impression management is therefore required – and in positioning myself as an insider I have to be aware that more will be expected of me than would be expected of a stranger to the field. I decided not to take a naïve approach and pretend to a lack of knowledge, as this could make participants uncomfortable if I ask questions to which they feel I should already have the answers as well as being an acutely self-conscious, and less economical, approach. Instead, I opened each interview by asking them

basic questions about their stage of study (making it clear that I understand the terminology e.g. preclinical/clinical stage, intercalation, etc.; leading into a request for an expressly personal story – their own training narrative - which by definition cannot belong to anyone else. My motivations for pursuing the research will also need to be examined – for example, vet students are often asked about their experiences by their own veterinary schools as part of feedback exercises, and questions asked from a more objective/outsider viewpoint for my own purposes may be perceived as less biased or threatening to their student status. Participants may have been unwilling to criticise a group which they have deliberately (and in most cases painstakingly) made themselves a part of, but the negative experiences recounted in early interviews suggests that this has not been a significant problem.

Medical education as a field of study is usually treated as part of the sociology of health and illness rather than the sociology of education. As a social scientist, I am expected to have been trained to look at phenomena in a particular way and through a particular lens: anthropological, sociological, educational, etc. However, as a relative latecomer to the field of social sciences, I hope that this lens will not be restricting in terms of what I am able to perceive through it. Despite a long-held interest, research questions and plans were formulated in an academic context well before entering the field for this purpose.

The relationship between interviewer and interviewee should be as balanced as possible – asking participants for their personal stories can therefore mean that some of the researcher's personal identity needs to be invested to maintain the balance. In my case, reciprocating anecdotes of practice life emphasised the shared experiences and attitudes between us, mentioning mutually-familiar people and using the technical language and acronyms of vets reinforced a common experience that encourages openness. This was

easier with interview participants as their early-career status meant they were in a similar situation to my own; for example, the last comment on a recording was often "good luck with the rest of fourth year", responded to with "good luck with the PhD", closing the interview with a nice sense of shared purpose and mutual respect. This type of interaction has the function of reducing the power differential between participants and gaining a very good rapport with someone in a very short space of time. In some cases I was aware there was a risk of this becoming over-confessional and needing to manage the relationship by not automatically offering agreement and making sure that statements and attitudes are challenged for fuller understanding. There were also a few instances in Part I where participants had less to say and consequently interviews were shorter (the shortest being 36 minutes); but this does at least demonstrate that participants were not simply those who were very keen to talk.

Prior to beginning fieldwork, I was interested to see how the project would be received as a social scientist studying a clinical field that has not received the scrutiny of, for example, colleagues in medical sociology. A negative image of the discipline may have created a barrier to developing a relationship with those who have spent their training studying the hard sciences. However, no hostility at all was encountered (perhaps aided by my prior knowledge) – on the contrary, participants were very interested in the project aims and outcomes and were very happy to talk about their own experiences, and I very much enjoyed the privilege of listening to people talk about a topic they were enthusiastic about.

The aim of this section was to investigate the identity work done by veterinary students and very early-career vets as they talked about their route into veterinary school and through their training; to ask whether there were common or distinct characteristics in the way that they presented themselves as novice veterinary surgeons; and to ask what the implications might be for their future professional development.

The initial narrative section sought to answer research question two: "What factors influence students to choose to study veterinary medicine?" in order to explore the meanings that veterinary students and newly-qualified veterinary surgeons ascribe to their (future) work.

The narratives of the 42 participants were analysed as described in Chapter Four for both structure and content, focussing on five major themes that emerged from initial readings of the scripts: (1) Primary decision to become a vet; (2) Academic experience; (3) Work experience; (4) Influence of others; and (5) Applying to veterinary school.

5.1 Narrative and motivation

The most striking initial finding was that, even though the majority of participants were in the later (fourth year and above) stages of the course, all narratives, without exception, stopped at the point at which they were accepted to, or arrived at, veterinary school: even those who were newly-qualified deliberately depicted *starting* a veterinary degree as the end-point of their narrative. Why might the narratives stop at admission? With no

prompting from the interviewer nor guidance as to how to respond to the initial query, participants choose their own story components and signal events. In all cases, admission to veterinary school is presented as not only a goal, but as an end point. This is very likely to be a consequence of the perceived structure of veterinary training - admission to vet school is extremely competitive, and once accepted, the schools provide significant support to ensure that those who arrive will eventually complete and qualify as vets. Although satisfactory progress must be made in terms of passing exams and evaluations, the major element of competition is removed as there is no longer a finite number of places available on the next stage. 'Getting in' is therefore presented as being the most significant challenge, rather than progressing through the veterinary course and achieving the degree.

Following this initial finding, thematic analysis of the narratives in terms of overall story and underlying motivation permitted a very distinct categorisation of the narrators into three discrete types: (1) the "Determined Planner", who has wanted to be a vet since childhood and persisted despite obstacles; (2) the "Confident Achiever", academically high-flying who had the choice of several elite professions; and (3) the "Accidental Developer", who did not always intend to study veterinary medicine but developed an interest later than usual. These three categories were defined based on the five themes (primary decision to become a vet; academic experience; work experience; influence of others; and applying to veterinary school) identified from the narratives as above (figure 5.1).

Theme	Determined Planners	Confident Achievers	Accidental Developers
Primary decision to become a vet	Made early and never doubted	Chosen from a variety of elite academic subjects and/or professional careers	Can be made early but revised if barriers encountered
Academic experience	Occasionally struggles, has to work hard to keep up. Keeps to subjects within entry requirements	Easy, confident, science-focussed although broader outside interests	Fairly confident, often incorporating non-science interests
Work experience	Extensive and varied, often has long-standing relationship with one specific practice	Met minimum requirements, may have tried out other careers	Incorporates broader life experience
Influence of others	Not as strong, mostly self-driven	Often family background in (clinical) professions	Strong, encouraged or persuaded by others to apply
Applying to veterinary school	Challenging and the focus of all efforts	Relatively straightforward	Stoic if initially rejected and revised plans. More assured if applied later.

Figure 5.1: *Relationship between major themes and narrative type*

These narrative types identified can be mapped onto understandings of the nature of veterinary medicine as an occupation or career. Broadly speaking, "Determined Planners" considered veterinary medicine as a vocation and felt a strong 'calling' to become a vet, motivated by a commitment to animal welfare. "Confident Achievers" considered veterinary medicine as a profession and were motivated by academic challenge and status. "Accidental Developers" were less well defined in this sense, but as latecomers were generally more reflective about their choice of career. Most participants chose to additionally tell the story of how the decision to pursue veterinary studies was reached and subsequently confirmed by further understanding, experience of life in practice and their own maturing attitudes. This will have implications for the admission of different types of student and should be identifiable in UCAS personal statements and in admissions interviews when the universal question "why do you want to be a vet?" is asked.

5.1.1 The Determined Planner (48% of participants)

The Determined Planner takes trouble to demonstrate that veterinary medicine has been a lifelong ambition by emphasising the duration of the desire and the obstacles they have overcome. They cannot identify a specific time when a career choice was made:

> *"To be honest, I don't even remember like making a decision"* [L2F22],
>
> *"I never remember not wanting to be a vet"* [L1F02],
>
> *"it's not a logical reason"* [NQF25]

and have persisted in pursuing this goal despite severe setbacks including inadequate academic qualifications for entry and early rejections (in some cases, several) by vet schools. From their early teens they have planned their academic and extra-curricular activities with the goal of veterinary medicine in mind:

> *"I've always had it in sight"* [L4F26],
>
> *"it was always working towards the goal of getting into vet school… It was all geared up to doing veterinary from about the age of 14, 15, I think"* [L4F24].

In this, Determined Planners are demonstrating both their determination, and also that their choices were considered and planned, and not taken lightly. There is an aspect of enhancing their own status by reporting how well they have managed the process and coped with rejection, demonstrating their worth and that they are deserving of their place at vet school. The determination is used as justification.

Determined Planners' narratives are characteristically single-minded and goal-driven, with no consideration of an alternative:

> *"I'm one of those people who's literally never wanted to do anything else"* [L5F26],
>
> *"as soon as I knew what one was, that was what I was going to be"* [L4F21]

and they are keen to present themselves as determined and to demonstrate their commitment to their chosen career by overcoming obstacles

> *"they told me I wouldn't be smart enough… so I did it anyway"* [L4F21].

Typically, they have received less support and encouragement from others, especially their secondary schools, who had either voiced doubts about their suitability for the veterinary course:

> "they [the school] *were really not very confident and positive"* [L5F31],
>
> "they *were very negative, 'it's very hard to get in,' I got all that kind of thing"* [L2M23],
>
> "vet *school's so hard to get into, in a sense don't bother trying"* [N5F10],
>
> "school *told me I had no chance of getting in"* [NQF06],

or were simply unaware of the requirements of a veterinary applicant:

> "I *don't think anyone in my school had ever been a vet, very few of them actually went into university"* [L4F26].

Again there is emphasis placed on the importance of independently persevering in spite of a lack of support, and this is an aspect of establishing that they have earned their place at vet school. In around half of these narratives, some blame was placed on others, especially their secondary school, for the initial failure to achieve an offer of a place at vet school. The remainder did not cite a specific reason, preferring to skip straight to the story of their successful application round.

Their overwhelming feeling at getting to vet school is therefore one of relief,

> "eventually, *got there in the end"* [L3F28],
>
> "I *was just so relieved to get a place that I [would]… quite happily go anywhere"* [N5F10]*.*

However, a unique characteristic of this group is that many Determined Planners voiced concerns at feeling like they did not deserve to be there, particularly in terms of academic ability,

"so I struggled through A-levels and didn't pass my first year" [L3F28],

being very aware that they are not in the group for whom achievement comes easily,

"it looked like it was fairly unlikely" [L2M20].

They were also the group who were the most satisfied with a passing grade rather than being top of the class:

"I kind of just kept working at it and eventually I got a B in chemistry, so

that was enough" [L4F16].

They tend to be grateful to their vet school for accepting them,

"they let me in, which was very nice of them" [NQF06].

However, their confidence grows through the course, and by the time they reach the clinical years they are generally more positive about their own abilities:

"I feel like, you get a bit more excited about it every day" [L4F26],

a demonstration of the fulfilment of a lifelong ambition.

Having gone straight through – however convoluted the route – with the unwavering goal of entry to vet school, Determined Planners are less reflective about their career decision. They demonstrate the most striking examples of the goal being 'admission to vet school' rather than 'becoming a vet' and in some cases only seem to realise very late in the course that admission does actually mean going into practice as a vet once qualified:

"It's a bit scary near now" [L5F31].

In this, Determined Planners could potentially be at comparatively high risk of burnout and disillusionment with veterinary medicine as a career – having been solely focussed on gaining entry, there is a risk that veterinary practice may not be all they imagined once they get there. Admitting this may pose a huge challenge that those in student support roles and employers of newly-qualified vets will need to be aware of. However, as the most

vocationally-motivated group, this issue may be offset by the level of satisfaction achieved on finally reaching such a long-held goal.

5.1.2 The Confident Achiever (29% of participants)

The Confident Achiever has a high degree of self-confidence and decided on veterinary medicine from a selection of potential alternative highly-competitive university courses; generally including (human) medicine:

> *"I went through a bit of a stage where I was going to go down the veterinary route or the medicine route"* [NQF17].

Although they may have had veterinary medicine as an option from a relatively young age, their motives are non-specific and do not explain the source of this desire, nor give concrete reasons for their career choice – a typical comment being

> *"it's just kind of always been a thing for me"* [C2M14].

Some do openly acknowledge that they are not as dedicated as some of their fellow students:

> *"I wasn't quite as fixed as I think a lot of vets are"* [C4F08],

although this is not framed as a negative attitude nor as impacting on their success as veterinary students and future veterinary surgeons.

They have been through stages of considering alternative professional careers – as academic high-fliers, they emphasise that they had many options available:

> *"it's not like there haven't been plenty of other things I'm interested in"*
> [C4F08],

and they play down long-held ambitions by diluting them with other options. The decision to pursue veterinary studies is generally not a lifelong ambition or a sudden epiphany, and is generally made almost by accident:

> *"I sort of thought, mmm, that would be a good thing to do actually, I'd quite enjoy that"* [N3M15].

There is some evidence of recognition that veterinary medicine requires commitment, but only up to a point; typified by such responses as

> *"I can't remember a time that it wasn't on the table"* [C2M14],

acknowledging that veterinary medicine has been a possibility since childhood but still allowing for alternative career choices, even as far ahead as after having qualified as a veterinary surgeon:

> *"I just felt like that* [a veterinary degree] *would leave me with the most options"* [N4F29].

Some admit that veterinary medicine was in fact not the best choice for them:

> *"I think if I started again I would be a doctor"* [C4F08],

but there is a certain amount of stubbornness evident – particularly for such a long degree course, the feeling that they've got so far so may as well continue is evident. This was particularly expressed by one participant:

> *"I've put so much work into the vet thing… even if I didn't enjoy it… I just wanted to do it because I'd started doing it"* [L4F07].

The Confident Achievers present themselves as almost effortlessly capable and well-rounded people, with several talking about their travel experiences and family background; often including parents or older siblings in medicine and related fields. With confidence in their academic abilities, they were not concerned about the level of work required to gain admission

> *"I was pretty chilled about like work experience and stuff"* [C4F08],
>
> *"I had a couple of prerequisite courses to complete, but I did that, and I applied, and I got in"* [N4F29],

and were accepted onto the course the first time they applied. Any difficulties mentioned were presented solely as a result of having too many choices available to them:

"It took me a long time to actually decide where I wanted to apply" [N2M09].

Their narratives are characterised by emphasis on academic achievement. This is especially prevalent in the sciences but also includes wider alternative topics to demonstrate a broad range of interests. They have a relaxed, almost dismissive attitude towards applying for university, as there was never a question of doing anything else. Narratives focused on achievements gained during adolescence and some details of their school and work experience placements; with the actual admission process relegated to a single sentence at the end of the story – a straightforward postscript of

"so I just applied, and got in" [C2F27], or

"so I… did the necessary placements, and applied, and luckily got in" [N3M15],

as they had expected. There is rarely acknowledgement of this almost lack of dedication – occasional comments such as

"I think a lot of us are quite similar in that sense" [L4F07]

are used to excuse a lack of a fundamental vocational drive by broadening it out to include a wider group and implying that this is a normal attitude to have. This group, therefore, while not actually embodying it themselves, do recognise that a vocational motivation for studying veterinary medicine is culturally desirable.

Confident Achievers are over-represented at the University of Cambridge veterinary school. It appears that in most cases, the highly academic institutional culture of Cambridge University actually overrides the professionally-specific veterinary culture. Institutional

norms in this case present approved attitudes – such extremely able students are not supposed to struggle academically and therefore Cambridge veterinary students could be less likely to admit to having had problems either in admission or during the course. However, this is not universal and Confident Achievers are found at all of the universities represented. Such Confident Achievers, secure in their academic abilities, however, could be at higher risk of disillusionment with veterinary medicine as a choice of career. Having made the choice to actively reject alternatives such as human medicine in their late teens, they can subsequently discover that it is not as well-rewarded as professional degrees or careers of equivalent academic status. However, this may be overcome by emphasis on the advantages of greater professional autonomy, and a smaller profession meaning that there are ample opportunities for advancement into, for example, practice ownership or leadership roles in veterinary organisations.

5.1.3 The Accidental Developer (26% of participants)

The Accidental Developer generally considered veterinary medicine in their teens but either decided not to pursue it at the time, attributing this to concerns about their academic ability, assuming that they would grow out of it, or personal characteristics making them, in their eyes, unsuitable for the profession:

> "I thought, 'well you can't be a vet if you're shy'" [C3F03];

or were unsuccessful at their first application. Their narratives are characterised by uncertainty and apology, and a lack of confidence and conviction in their early decisions:

> "I wasn't particularly aiming towards any career path at the time" [L5F30],

> "I think I got a bit scared of it and ran away" [N5F12].

They readily volunteer the less positive aspects of their admission stories, including prior rejections from other vet schools and subsequent loss of confidence. In this respect they

138

are similar to the Determined Planners, the difference being that the Accidental Developers initially accepted that veterinary medicine was not for them and made alternative career plans before returning.

They tend to be modest about their abilities, especially academically:

> *"I was a bit reluctant… I was a bit worried that I wouldn't be bright enough"* [C4F05],

> *"then got to [that] school stage when you had to start choosing subjects and things, and probably took the easy way out"* [N4F18],

> *"I had to do quite a bit before I could apply"* [C3F03],

and are therefore surprised to have made it to vet school:

> *"if you'd asked me ten years ago I wouldn't have imagined that I would be where I am now"* [L4M32].

Some are reluctant to admit that they even considered it:

> *"I guess I kind of thought about being a vet when I was a teenager"* [C3F03],

a reflection of their subsequent finding that they were not good enough if they applied directly from school.

With Accidental Developers there is a specific catalyst that triggers the (re)development of an ambition for a veterinary career. Often it is someone else suggesting that they would be suited to veterinary medicine, and encouraging them to apply:

> *"…and they were sort of saying, 'oh perhaps you should consider [veterinary medicine]'"* [C4F05],

> *"…a very enthusiastic and inspirational lady who kind of sowed the seed in my mind"* [L4M32].

They realise that they were unhappy in the degree subject or career that they have chosen:

"I… just kind of had a bit of an epiphany" [L5F30],

"I was walking along the street… one day and stopped to pet someone's dog and just thought, 'what am I doing? This is not what I want to do, I want to do veterinary'" [LQF11]

and the idea gradually grew on them:

"the more I looked into it, I don't know, the more I started to think 'yeah, maybe I could do this'" [C3F03],

"…and I thought, 'do you know what, I could do that, that sounds interesting'" [L4F04].

Having made the decision, they are almost apologetic in talking about their commitment and the fulfilment of an ambition that may have been long-held but has been somewhat suppressed:

"It sounds really clichéd, but it's always been one of those things where you see a parrot and get really excited, and it's really ridiculous" [L5F30].

This final year vet student is almost embarrassed by her enthusiasm for her subject, characterising her excitement as "ridiculous" and "clichéd" in order to distance herself from seeming overly keen. She is trying to emphasise the seriousness of veterinary medicine as a subject, and maintain a professional approach rather than becoming too outwardly emotional.

Like the Determined Planners, Accidental Developers generally display an element of gratitude for their offer of a place, attributing their success more to luck or accident than any special ability:

"I just put Cambridge as my first choice and ended up there, so, yeah" [C2F05],

playing down any additional requirements for entry:

> *"so went back, taught myself A-level biology, sat the exam and applied"*
>
> [LQF11],
>
> *"you have to do a lot of hard work to get there, and I could do that"* [L2F04],

and presenting a fairly straightforward process of application to and acceptance onto a veterinary degree once the decision had been made to reapply. They universally recognise the value of having had some time away from the veterinary application treadmill to carefully consider their options and also the benefits that previous qualifications and experience bring to their veterinary training.

Having had a break from attempting to gain entry (and in some cases having had an entirely different career), Accidental Developers are more reflective about the choice of veterinary medicine as their future path. They suggest the advantages of a more mature approach:

> *"So this time I just had a little bit of a think about what I felt really passionate about"* [L5F30],
>
> *"it was just kind of the right time to do it"* [C3F03].

They are much more able to articulate what it is about not just the course, but the future career, that attracts them. This means that they are potentially better prepared for the realities of practice life.

The narrative characteristics that categorise each participant's story were readily recognisable. However, the categories were not quite absolutely distinct. Although each sat comfortably within one of the three classifications, there were a few participants who displayed one or two characteristics that placed them a little further towards an overlap with one other, although not to the extent that they could be considered multi-narratives,

with more than one occurring at once. Although very small numbers, this did occur at all three overlap points (although none at the intersection of all three categories).

The principal factor in classifying admission narratives was the motivation for choosing the course: either the reason for it (vocational/altruistic vs professional/academic), or the level of determination in persevering in the face of rejection. There is little change - for example, Accidental Developers did not become Determined Planners after making the decision to pursue a veterinary career. Accidental Developers are characteristically more aligned to Confident Achievers as they are academically able – therefore was it simply 'accidental' that they chose a different path to veterinary medicine at 18 and subsequently came back to it; in the same way that Confident Achievers 'happened' to choose veterinary medicine? This is an interesting question that could be answered with earlier assessment of motive - to see if Confident Achievers and Accidental Developers would be distinguishable at the point of career decision or application; and whether, therefore, Accidental Developers are actually presenting change narratives that begin as Confident Achievers and progress into Accidental Developers when their anticipated trajectory is interrupted.

Further on in each interview, participants talked about how they viewed veterinary medicine as an occupation and their relationship with it. This was most commonly discussed in terms of vocation, profession or community. There was a striking association between narrative category (Determined Planners and Accidental Developers vs Confident Achievers) and the way in which veterinary medicine was described, split between vocation (usually described as a 'lifestyle' or 'way of life') and profession (figure 5.2). However, there was still appreciation among those who chose 'profession' as their primary description of a wider expectation that they should be more than 'just a day job'

professionals, that the work would have significant emotional demands, and that a robust

sense of vocational drive would be required in order to withstand such demands, despite

"profession" being the primary quality.

Determined Planners & Accidental Developers	Confident Achievers
"It does become your life, basically... I don't feel like there's any getting away from it, you know, it becomes you, it becomes your identity, because you're always known as, I'm always known as '{first name} the vet'" [N5F12] *"I think it normally does become a lifestyle as much as a job. Honestly, you've got to love it to do it."* [C5F08] *"I think for myself it is a vocation, it's something I feel that I should be doing and want to do and couldn't imagine doing anything else"* [L2M23]	*"It has a very professional image and standards to maintain. So I think perhaps once you've qualified it's perhaps more of a profession, I don't know, if that makes sense. So once you've got there, you're there, and then you work on making yourself more professional"* [C2F27] *"I think it's a profession in our eyes, it's a profession, that's what we've done the five years for and we have a professional obligation to do the job well"* [NQF17]

Figure 5.2: Association between narrative type and self-categorisation of veterinary medicine as an occupation.

Following the narrative section, the remainder of each interview was more structured, with

specific questions on participants' experiences of training both at their vet school and on

practice placements (see interview guide in section 4.3.3) aiming to answer research

question three: "How do veterinary students describe their experiences in veterinary

practice during the training process, and how do they characterise those who have

influenced their professional development?" Interview transcripts were coded under the

four main themes identified as per section 4.3.5: (1) identifying veterinary role models; (2)

envisioning themselves as future vets; (3) learning practical skills; and (4) progression and

professional relationships. The aim of this section was to explore participants' experiences

of both theoretical and practical learning as they progressed through the course.

5.2 Role models

How is the model of a "good vet" constructed by vet students? One of the questions participants were asked directly was whether there was anyone – or aspects of different people – who had become role models for them, and what it was about them that they particularly admired. Participants at all stages of their veterinary training were readily able to identify veterinary role models, with several specifically citing one particular person as the reason for their original choice of veterinary medicine as a career. Interestingly, when discussing the attributes of their role models, no-one cited clinical ability, knowledge or skill as a desirable characteristic; perhaps because this is simply assumed to be present, but potentially because other factors made a greater impact. The following factors are presented in order of importance as determined by how much emphasis participants gave to each quality.

5.2.1 Client care

The most common role model characteristic cited, being mentioned voluntarily by almost all participants answering this question, was a vet's way with clients, with an associated direct correlation with their professional reputation.

> "*His consults were always the first to be booked up; when he was on visits,*
>
> *everyone wanted a visit. And I was always quite intrigued, I thought, what's*
>
> *so amazing about him?*" [L4F16].

This student recognised the popularity of a vet among his clients and actively sought perceived positive qualities to emulate.

> "*He's just got, he's got a really nice way with people… he really pays*
>
> *attention to what's going on in their lives as well. It just makes that one*
>
> *client feel he actually cares about, he remembers me.*" [L4F16]

Similarly:

> "*He remembered every single one of his clients, he remembered all the animals, he could remember the whole animal history off the top of his head and whether the client had got married recently or if he's got kids… and considering the amount of people and animals that he obviously sees, I just thought that was amazing.*" [L1F02]

This student recognises that a specific skill translates directly into good client care. Other examples of client care qualities to emulate included the way in which practicing vets acted, and the way they spoke to clients, particularly in difficult situations:

> "*This particular girl… the way she did euthanasias and the way she was to clients and the animals, she was just lovely… how I would try to be. Lots of different times I've thought oh yeah, that was well said.*" [NQF17]

Participants were very able to give specific examples of when they had been impressed by their role model's communication with clients, demonstrating the level of impact this had had on their understanding of what it meant to be a good vet. Interestingly, this was not restricted to those who viewed veterinary medicine as a vocation, with the caring aspect of foremost significance, but was in fact prevalent across the range of occupational approaches; indicating the fundamental importance of good client care to functioning as a successful veterinary surgeon.

Participants were also able to justify the reasons for valuing good client care skills in a role model:

> "*I think if you come out of vet school you've got those* [clinical] *skills… everyone knows roughly how to do everything, but I think it* [people skills] *is something you can't learn*" [L4F16],

admitting that their medical skills may have reached a good level but not necessarily their communication or general consulting skills. Similarly,

"We get taught the skills, like the practical skills, but it's that one step further up when you're dealing with owners, and the way you interact with them, and things that you say that help them." [NQF17]

This newly-qualified vet acknowledges the same problem, compounded by the 'step up' from her student role to dealing independently with clients. An early clinical student turns this step into a positive process – that he already has the people skills and anticipates 'adding in' the clinical knowledge to become a fully competent vet:

"I don't have the clinical knowledge at the moment to make the decisions… that might change in a few years. But at the moment all I know about is the people skills." [N3M15]

Most pre-clinical students were cautiously optimistic about reaching the desired standard:

"He was the main person I looked up to and thought I want to be like him, yeah… I think that will come, fingers crossed." [N2M09]

This separation of technical, clinical skills and 'softer' people skills is interesting in terms of curricular content. Veterinary training is almost entirely learning scientific theory and clinical skills, with a small (but growing) part of the curriculum devoted to subjects such as teamworking or communication. It seems to have been assumed by veterinary schools that these softer skills are either already present in vet students, or will be naturally gained by observation and replication during the veterinary course, although this is changing. This obviously presents the problem of encountering poor practice before a student has developed the nuanced judgement sensitive enough to discern it.

5.2.2 Confidence

Another facet of client care valued by participants in their role models was the ability to project, and inspire, confidence:

> "*Some vets that I see have a real way with the clients, and you can sort of see that the clients trust them, and then afterwards they might be like, 'whoa, I was blagging that a little bit!'* [laughs] *And I'll be like, 'wow, really? I couldn't tell!'*" [C4F05]

This student is impressed not only by the vet's outward confidence but by the *projection* of confidence and competence even if they are not entirely sure of a diagnosis. The student finds this reassuring: an indication that as a practicing vet, you do not need to know everything all the time; a tolerance of imperfection that is welcomed. Another student describes the importance of maintaining an illusion of competence by

> "*having an outer confidence even if you don't feel it inwardly.*" [CQF13]

The characterisation of particularly consulting as a performance was a common theme among clinical stage students and newly-qualified vets. There was an emphasis on presenting themselves as capable and skilled, even when they were in fact unsure or had not encountered a situation previously. This is a function of the more autonomous nature of veterinary practice - an emphasis on independence and 'having a go', with less provision for supervision or practicing procedures in a controlled environment. A student may have placed several intravenous lines in the skills lab, but when required to complete the same task in a live animal in front of perceived critical observers, a projection of confidence is expected and confessions of nerves are implicitly discouraged.

5.2.3 Career paths and the respect of peers

Following on from this, more direct lessons were taken from role models in terms of career planning, especially where this led to the respect of veterinary colleagues:

"I would aspire to be like her in confidence and her superiority in her field."

[L4F21]

This is clearly aspirational, identifying career superiority as a desirable characteristic, particularly in an elite profession where all new entrants are by definition high-achieving. There is also recognition that achieving this status is a process:

"Things like that, it's an inspiration, because everyone has to start somewhere, and you think to yourself well actually, she was probably just as crap as me at some point." [L4F21]

This student acknowledges the distance between her own situation and her role model's, but is able to see the route to get there.

"Remembering the fact that they had to come from somewhere is what makes them inspiring to me." [L4F21]

This is motivating for many students:

"You see where people get through their careers and that's quite impressive." [N5F10]

"Because that's going to be me in a couple of years, I can very much look at them [newly qualified vets] *and think if they can do it, I can do it [laughs]"* [L4F24]

This provides reassurance, and a means of directly envisioning a future professional self based on the experience of others. The student laughs to encourage empathy, and to diffuse potential tension over doubts about their own ability.

"I just think it's really inspiring and gives me a bit of faith that I will get there." [L4F24]

As well as reaching a high level of skill in a particular field of veterinary medicine, some participants took encouragement from the fact that specialism is not necessarily required early for success:

> "*He's sort of shown me that you don't have to stick with what* [specialism] *you first think, which is good to know as well, because I think a lot of vets just pick one thing from the off and that's what they're going to do and they don't really think about anything else.*" [L4F24]

The diversity of career options and specialisms available was what attracted several participants to veterinary medicine in the first place.

As well as the working vets encountered on practice placements, veterinary school staff were often cited as role models in the context of both clinical teaching and student support:

> "*He's just so widely respected and he knows everything, and he'll like scare the bejeesus out of students, but at the same time, you'll wish you knew as much as he did.*" [L4F21]

This student again cites respect as a desirable characteristic, but this time the respect of professional peers rather than the general public or clients.

> "*She* [clinical lecturer] *was fantastic, very supportive… pushed you to do your own thing and make your own decisions.*" [LQF11]

The appeal in this case is in encouraging the development of the students' own autonomy, and having respect for students' opinions rather than simply demonstrating tasks or issuing instructions. This student was made to feel like a valued part of veterinary community by her role model, and therefore more vet-like in being responsible for her own clinical decisions.

As with the practicing vets, there were similarities drawn with vet school staff in terms of a general attitude towards work from participants at all levels of training. From a final year student:

> "*I think particularly at vet school there's a couple of people who have really kind of, I've been really inspired by, just their whole approach to things.*" [N5F12]

Rather than specific characteristics or examples of modelled behaviour, the ideal here is more holistic. Enthusiasm is also a desirable characteristic:

> "*Just seeing people who are really positive and really get up and go, and I'm like yeah, I can do that as well!*" [N5F10]

These types of role model provide participants with reassurance that the job will be enjoyable and a positive experience, especially given the arduous route to get there. Similarly from a first year student:

> "*The fact that his passion constantly was evident, like there was never a day or a case where he was like fed up with it or wasn't in the mood… I found that really inspiring… That's the kind of vet that I hope that one day I become.*" [L1F02]

Again, this demonstrates to the student (especially at such an early stage of the course) that veterinary medicine will be a rewarding and enjoyable career.

5.2.4 Vocational motivation

As well as enjoyment of their job, several participants valued as role models those who embodied a vocational motivation for doing their veterinary work:

> "*Just pride in their work… Showing that they actually care about what they do.*" [LQF11]

Similarly:

> *"You could tell that to him, the animal was most important and, the way all*
>
> *of the clients looked up to him and clearly really respected him and trusted*
>
> *him as well, was amazing."* [L1F02]

These examples demonstrate valuing compassion and a focus on the animal, as well as the respect of clients and conferred status as positive aspects of the work. Many participants took lessons from their role models in more holistic terms.

> *"Talking to people… and getting ideas of how I might be as a vet from other*
>
> *people."* [N4F18]

This student and several others used their role models' experience to 'try on' the veterinary role, actively seeking ideas for how they could be as a vet in very loosely-defined terms. Participants appreciated particular vets' approach to life and work, and approved of their general outlook when it chimed with their own, finding common ground in different practice situations depending on where their ambitions lay.

5.2.5 Perfectionism and high standards

Not all participants identified a specific role model. In general, participants set very high standards for themselves, although they recognised that achieving these may pose problems:

> *"Maybe it's the perfectionism characteristic of a vet student, but I think*
>
> *your role model is more just trying to be perfect, and any person being*
>
> *perfect is not capable, but you do the very best you can."* [N4F19]

This fourth year student is reflective, citing no single person as a role model but setting her own standards, even if they may be ultimately unachievable. It is an acknowledged problem that once students qualify, the clinical standards set by their vet school training become less achievable due to the practical (especially financial) constraints of real-life

practice. This can be difficult to reconcile, especially by early-stage students, but there are some examples where this is achieved:

> "*It's nice to see that a lot of the gold standard* [as taught at vet school] *can still be maintained even 20 years down the line in practice*." [N4F19]

Along with the challenge of high expectations is the need to allow oneself to be imperfect on occasion. The practical implications of this are described typically by a newly-qualified vet:

> "*The thing you need to learn so much is not just actually the job in hand; but how to deal with your brain, to turn off at the weekend. I may have done… fifty amazing consults in one day, but I will worry about the one that I'm unsure about, and that will ruin my weekend.*" [CQF13]

She recognises the need to learn to balance work and life, not to set herself such high standards, and not to expect complete perfection; and this is an occasion where a role model who is capable of managing this could have a positive influence. However, there is an acknowledged difficulty in handling a lack of certainty when these participants have always been extremely high achieving. This is also an illustration of the vocational model – where veterinary medicine is a 'way of life', not just a job, and the emotional impact of the work leaks into one's personal life outside the workplace.

As well as setting themselves high standards, two participants described why they did not have role models:

> "*I wouldn't say I have anyone that I'm trying to emulate.*" [N5F01]

> "*I'm not really a role model type person… the thing I like about vets is being, you're autonomous. You're your own vet, I think.*" [C2M14]

These participants did not see the need for a role model as they had their own standards and preferred to remain independent. This clinical autonomy was part of the attraction of the job, especially when, for both of these participants, a career in human medicine had been a viable alternative.

Participants depicted their construction of an ideal professional identity using role models as an active process, for example, as taking

"*bits from different vets that I'm trying to mesh to make a jigsaw.*" [L4F07]

Participants at all stages of the course are able to seek out aspects of different people, identifying individual positive characteristics while acknowledging that no single person will have a complete set of desirable attitudes or behaviours. This desire is summed up by a highly motivated second year student:

"*I'm constantly looking for little bits to steal from everyone,*" [L2M20]

that will all contribute to a model of the ideal vet that this student is trying to construct.

5.3 Anti-models

Running alongside the identification of role models is the increasing ability of participants to recognise poor practice in both clinical and non-clinical terms. Again, (lack of) client care skills featured heavily in these responses, but in identifying poor practice there were more balanced emphases on both clinical ability and on other aspects of practice life, including business management and relationships with colleagues.

5.3.1 Maintaining clinical standards

Veterinary students spend much of their time on Extra-Mural Studies observing and assisting in consultations with qualified vets, providing a rich source of critical anecdote.

> "*There's been times where I've kind of thought, when they're doing a clinical exam and they're asking questions, and I think oh they should have asked that, they definitely should have asked that question and they didn't.*"
>
> [L4F16]

As with positive role models, participants recognised the difficulty of maintaining clinical and also ethical standards in real life practice:

> "*They* [newly-qualified vets] *sometimes make short cuts to please the clients that might not necessarily be the correct way to go about things… You can then also see that in their position it's really hard, and with pushy clients or whatever, but you definitely come away from things and think well, would I have done that?*" [L4F07]

Again, this acknowledges the tension between client demands and best practice, and participants used this experience to anticipate future problems of their own. They are also able to use others' experience to reflect on their own hypothetical response to difficult situations, and practice their own reactions in a safe, risk-free environment.

> "*They don't seem as thorough in their consultations when they know it's busy, they're sort of quite keen to get that one out, get the next one in. Which isn't something I'd want to do… I'd like to think I'd be able to stay calm however busy it got. I wouldn't want that to influence how thorough my consultations are… but obviously I won't know until I get into that position.*" [N2M09]

Stories such as these demonstrate sympathy with a difficult situation, although there is an identified line beyond which clinical standards must be maintained.

"I felt the farmer had asked him for this drug, and he'd gone 'OK, that sounds fine, I'll just do that,' that kind of appeasing thing… that made me a bit frustrated as well because I was just like, you're not helping the cause, you know?" [NQF25]

This student feels that bowing to client demands reflects poorly on the profession, identifying 'the cause', i.e. the overarching goals of veterinary medicine in general, as something that she as a vet student is a part of and that all members of the profession are responsible for, feeling disappointed when a fellow group member undermines the group's authority.

5.3.2 Non-clinical standards

Participants generally expected very high standards of both themselves and their more senior colleagues, again using this to explore their own responses to hypothetical situations.

"There is one vet I know that is very nervous of horses… so that I know stables that have requested that he not come to see them. And I think, I'm not criticising him, it's not his fault that he's scared of horses, but I don't think I would work somewhere where I have to deal with something I'm not good at, because I feel I wouldn't be giving my best." [L4F16]

Although there is a reluctance to criticise, especially from a student perspective, there is a need to feel that vets are capable of omniscience, and 'giving their best' at all times. This is also reflected in a recognition that a career in veterinary medicine requires constant learning and re-learning:

"Some vets are perhaps a bit more old-fashioned and unwilling to take on new ideas and things, that's certainly not a way that I would like to be." [N4F18]

This student recognises an inappropriate attitude but her report is still couched in the qualifying terms of 'some', 'perhaps', 'a bit' – as a fourth year student, she is not confident in criticising a senior member of the profession, although she uses this example to make a judgement on what her own behaviour should be in the future.

A lack of confidence is also identified as undesirable among participants' peers, whom they are most comfortable with criticising:

> "*In everyday life I see people handle things and I think I wouldn't do that. For example this girl* [classmate]*… is terrified of horses, I think to myself well why is she here? Buck up your ideas*." [L4F21]

She worries that others' perceived lack of skill may reflect badly on the group:

> "*We are all tarred with the same brush, if someone has her the week before and then me the next week who's really keen, I bet the first day they'll look at me like I'm not that good because they've had someone terrified. They are influencing vets' opinions on Liverpool as a whole, maybe on vet students as a whole*." [L4F21]

This demonstrates some feelings of solidarity, of wanting everyone to be a good example, but there is criticism rather than sympathy for those who may be struggling. This could be a function of the competitiveness of vet school - as discussed in section 5.2.2, the ability to act like a capable vet (or vet student) is equally as important as the ability to actually do the work. Again, the emphasis is on proving one's worth, with disapproval for those who do not meet the expected standard and are seen as letting the side down.

Some participants were kinder to their peers, tempering criticism with phrases such as

> "*It's a bit mean to say…*" [L2F22],

acknowledging the awkwardness of criticising those who may be struggling but still not being prepared to lower their expectations. A lack of confidence is again identified as undesirable in this story told by a second year student:

> "*She* [a newly-qualified vet] *was really, really unsure of what she was doing. I'd quite like to be not like that, I guess. And then asking me lots of questions, like do you think I did that right? Would the other vet, would he have done it differently? It showed quite a lot of insecurity about what she was doing as she was asking the vet student if I thought it was OK.*" [L2F22]

This student is still in the pre-clinical phase, and considers that her own opinion is not worth consulting as she is unable to contribute to discussion. Interestingly, she does not acknowledge the validity of any insecurity in a newly-qualified vet looking for validation or support, and therefore expects full competence once qualified. This view is one that becomes more tolerant (or realistic) as students approach qualification. Another second year student is more circumspect:

> "*Perhaps there's times when you see people doing things that you would do a bit differently, but I think a lot of that is personality-based, a different way of handling things, so it's hard to distinguish between what's right and wrong rather than what's more an individual preference thing.*" [L2M23]

He acknowledges that there is no single best way, but again, a reluctance to criticise is demonstrated by the use of 'perhaps'. The difficulty he describes – how not everything is a clear-cut decision with a single right answer – is one that students become more tolerant of as they progress through the course. For example, nearer to qualification, veterinary students are much better able to reconcile ambiguities in what constitutes best practice.

> "*It's interesting, though, because I was speaking to several vets about that same case, everyone has a different, like one of them would have used ear cleaner, and was absolutely fine, another person was saying to me, not*

never use it, but use Surolan… I've written all those comments down, and

then I think I'll judge it on a case by case basis." [CQF13]

Typically, this new graduate has actively sought different approaches to the same case (a bouncy puppy needing ear cleaner without being able to visualise the tympanic membrane), and she has purposely developed a strategy for dealing with conflicts in advice on clinical practice.

5.3.3 Practice ethos and atmosphere

Having spent a large amount of time in various practices on Extra-Mural Studies, participants were able to identify the challenges of a veterinary practice as a business as examples of the type of vet they would not like to become:

"*It's just, the practice could be so much better, it could be running a lot*

smoother… and I think it would be quite frustrating and difficult to be in

that kind of practice." [N5F10]

This final year student has a keen awareness of the influence of practice culture and business decisions affecting the enjoyment of working life. Similarly, from a third year student:

"*I actually enjoyed myself at the practice, but I could never work there.*"

[C3F03]

Another final year student gave a specific example of a negative staff culture affecting work within a practice:

"*I've seen a lot of vets talk down to nurses, I don't like that.*" [NQF25]

Poor relationships with clinical support staff were cited by several of the participants interviewed, with no participant expressing expectations of professional superiority in a practice team. As seen in Chapter Three, viewing veterinary medicine as a community of

practice should allow for the inclusion of paraprofessionals working towards the same clinical goal.

As well as observations of interprofessional working relationships, participants discussed some of their own interactions with practice staff as examples of both good and poor practice:

> "*There's someone in particular who I remember… back when I was 15 doing work experience… he was very friendly towards me when some of the other vets were not that interested in interacting with me.*" [L4F24]

Taking an interest in someone at the bottom of the practice hierarchy is seen as a professional courtesy; and is particularly noticeable when it is omitted:

> "*Not doing the simple thing of introducing me* [the student] *in the consult, I think that takes two seconds… at least I would feel a bit more included.*"
> [C4F05]

These observed attitudes are indicative of a rigid clinical hierarchy in practice where interprofessional working is based on a defined set of tasks related to job title rather than genuine co-operation. However, such a structure is recognised by participants as being undesirable, indicating that a more integrated and inclusive approach is seen as more appropriate for effective veterinary practice.

Staff relations were often cited as a reason for being unsatisfied with practice life, especially coming across people unhappy in their jobs. Participants found this unsettling:

> "*I just thought OK, I'm just going to smile and nod and get what I can out of this placement*" [C3F03]

They seek reassurance about their choice of career, especially after such a long training, the expectation that it will be worth it eventually. Participants articulated concerns about the impact of unspecified factors:

> "*She'd* [vet] *just be really grumpy, and I just thought, is it the profession that's made her like that? Because if it is, I really hope it doesn't do that to me! [laughs]*" [C4F05]

For this fourth year student, laughter is used to diffuse the tension of a genuine concern. Similarly:

> "*That's probably the thing that I don't want to be, I don't ever want to lose my enthusiasm.*" [L4F21]

That this factor is given the same emphasis as clinical or staff issues in terms of 'how I do not want to be' is indicative of the level of concern participants had that their future careers may not live up to their expectations. This fear is particularly acute among Determined Planners, who have spent many years focussed on a singular goal, and their lack of reflexivity is a factor here.

5.3.4 Communication skills

As well as staff relations, communication with clients was a rich source of anecdotes about how not to behave.

> "*Quite often I find that if you're standing on one side of the consulting table, you've got the vet on one side and the client on the other side, you're in the middle, and you can see they're talking to each other and nothing is registering on either side. I'm standing there as a student like, I really don't ever want to get into this situation… Things like that I think are really useful for you as a student to see, and think about, and try and make sure that you don't end up being like that.*" [N5F12]

This final year student recognises the importance of reflecting on observed poor practice ('useful to… think about') to come up with strategies to avoid falling into same trap.

In the same way as with problems in clinical work, by the later stages of the course, students have developed an ability to identify a damaging interpersonal situation and can use the experience to their own advantage, learning from others' mistakes, such as:

> "*I'm not happy with the way they're doing that, but OK, so how would I use this and how would I, what would I do differently?*" [N5F12]

Participants were able to use these experiences as positive contributions to their own learning, building an increasingly nuanced picture of the type of vet they would like to become.

The identification and evaluation of anti-models is an active process, involving the development of sophisticated understandings of the realities of life in veterinary practice. The process is iterative, constantly refined based on new experiences and increasingly active membership of the veterinary community:

> "*That's always an awkward one… because obviously people approach things differently, and every case can be treated in many different ways, so it's hard to say what is not necessarily the best way to go about things, especially when these are vets with experience and you're still a student.*"
> [N4F19]

By the later clinical years, it is acknowledged that there is not always one single way to treat a particular case, and several approaches may be 'good enough', a concept that was not accepted as legitimate during the early preclinical phase of the course.

Participants acknowledged the power differentials between themselves and those they are learning from and are unwilling to criticise, although they are generally comfortable with questioning.

> "*I just try to find out the logic behind everything and find out why people choose what they do. It's all good, it's good to hear all the different ways of going about things.*" [N4F19]

Such participants actively sought understanding and gradually build their own personal evidence base for both clinical and career decisions. Similarly:

> "*I think everyone's going to have a slightly different way of doing it, and definitely talking to people it's, you know, what works best for you, and people have different tricks... being more experienced, from their cases that they've seen, they've worked out different ways of doing it which suits them.*" [N5F10]

Typically, this final year student uses clinical ambiguity as a positive opportunity to learn from others' experience. She can also see how she will further develop this skill in the future:

> "*When I get out in practice, and it's my decision, then I think I'll probably be trying to keep it to the book... but as I progress I might find ways that I want to do things that are different to other ways,*" [N5F10]

again emphasising the development of this skill, the ongoing process of finding her own version of best practice that she is happy with. Although this is a personal strategy, the underlying theme is one of learning from others.

> "*The more people I've spent time with I can see different flaws in other vets.*" [NQF06]

This participant is newly-qualified herself and now better able to identify those modelling best practice. She gives the most concrete example of the process of progressing through vet school changing her perspective from naïve to informed:

> "*I used to think he* [vet] *was fantastic, but then now, I'm like no, you're so dirty, biosecurity! Your view and your opinions do change… You learn more yourself about what maybe should be happening.*" [NQF06]

She still qualifies the example with 'maybe', but she is able to reflect on the way in which vet school has influenced her views of others, and to recognise her own maturing identity as a veterinary surgeon.

Another newly-qualified vet describes the balancing process required during the later stages of the course when the students' ability is approaching that of a qualified vet:

> "*I think it's a case of realising that OK, that's what they've done, it's not what I would do. But you also have to professionally respect their decisions, you know, without tramping on their toes or getting their back up about it.*"
> [LQF11]

She is able to identify poor practice while acknowledging that it is difficult to criticise from a junior perspective and that there is a way to handle different approaches to a case. Again, she has developed her own strategy for these situations:

> "*I'd ask their justification, you know, like why did you do that?*" [LQF11],

emphasising the professional courtesy of questioning rather than criticising. Her understanding of, and adherence to, respecting these courtesies places her as a legitimate member of the professional group.

5.4 Projecting oneself as a future vet

The second theme of this section of analysis sought to explore, rather than participants' perceptions of desirable qualities in role models, their own projections of the qualities they would themselves require as future new graduate vets. By far the three most commonly-reported characteristics were knowing one's limits and being able to ask for help; confidence without cockiness; and client care in terms of friendliness and communication skills. As with the positive role models, no mention at all was made of clinical ability.

5.4.1 Knowing limits

By far the most commonly-cited desirable characteristic for a newly-qualified vet, which was not mentioned at all in discussions of external role models, was that of knowing one's limits. Almost all participants stated that knowing when to ask for help would be the most important and useful skill that they could have when starting work in practice as a new graduate, for example:

> *"I think acknowledging that you've still got a lot to learn, I think is the main thing;"* [L1F02]

> *"An ability to know your limitations, seek help when you don't know what you're doing."* [C3F03]

This perception was most strongly linked with an aversion to risk in a clinical situation:

> *"*[The] *ability to say you don't know the answer to something, ask for help… it's kind of being aware of your own limitations, I suppose, rather than making a massive error"* [L2M23];

> *"I think it's best to have a bit of caution when you come out as a new grad, the ability to be able to ring someone and say 'I need a hand with this', before you even attempt to do it on your own"* [L4F04];

recognising the value of the skills of others more senior and/or experienced:

> *"Not being afraid to say you don't know or get a second opinion or get help*
>
> *from your senior partners, or even just another experienced vet"* [NQF06];

and having the ability to acknowledge one's own inexperience:

> *"Not being overconfident and actually having the confidence to put your*
>
> *hand up and say 'I need a bit of help here', or 'I need a bit of guidance', or 'I*
>
> *don't really know what I'm doing', and not being afraid to ask for help"*
>
> [C4F05].

This theme was also strongly linked with that of honesty and accountability, and being realistic in what is possible by a new graduate, particularly in the context of starting a new job:

> *"Be honest in your ability on the first day"* [L4F07];
>
> *"I think honesty is a big thing, if you're not sure… saying to someone"*
>
> [LQF11].

Respondents were clear and confident that they would have a basic level of skill, and anticipated that the main source of problems would be a lack of applied experience rather than knowledge per se:

> *"I think someone who… realises their position, like they're not experts, they*
>
> *have all this knowledge but they have no experience to back it up"* [N5F12];
>
> *"They equip you with day one skills, but as we're all finding out already, I've*
>
> *learned so much more on EMS than I did in my first three years of being at*
>
> *uni. But so I think remember that you still have a lot to learn"* [L4F21].

The prospect of not being fully capable on graduate was a source of considerable concern for respondents at all stages of training. As well as citing technical or practical limitations as the foremost worry, several did specifically state that reconciling this is a learned skill:

"One of the things I've kind of started to come to accept is that it's very tough to be able to know everything about everything" [L4F21]

"Being proactive and putting yourself in at the deep end in some respects but being aware of your own limitations as well" [NQF25]

Perhaps predictably, these concerns were much more profound among those in the last two years of the course and new graduates.

5.4.2 Confidence

Achieving an appropriate balance between confidence and over-confidence was the second most-cited quality required for success as a newly-qualified vet. Most mentioned the importance of trusting in their own ability in general:

"I think having confidence, like going with your gut instincts" [C4F05],

"Trusting in your own opinion, in your own knowledge of your own abilities... being humble enough to realise that that's something you need to do" [N4F18];

in practical terms:

"Obviously the confidence to approach animals... that kind of goes without saying I guess as a graduate vet, but to be sure of yourself around animals" [L1F02];

and in terms of applying their theoretical understanding:

"They send us out obviously not knowing everything but with some self-confidence to be able to go out and apply [our knowledge]*"* [C4F08].

Similarly to the qualities of role models identified, a major aspect of new graduate confidence was the ability to inspire confidence in their clients and give the outward impression of capability even if this is not fully felt:

"Being able to get your confidence over to them so that they have confidence in, that you know what you're doing" [N2M09];

"I think if you're able to inspire confidence in your clients it gets you a long way" [LQF11].

"I think confidence but not overconfidence, you don't want to appear cocky as the new grad, but you need to show that you know what you're doing, or even if you don't, you have to look like you know what you're doing! [laughs]" [L4F24].

The underlying issue in terms of knowing limits was the realisation that qualification means autonomy and therefore responsibility, with associated feelings of going 'in at the deep end' not only in terms of a new job, but in being by themselves, with particularly vivid images of the first experience of consulting solo:

"I think the thing which probably daunts people the most is that first time you're going to be in the consult room on your own, that it's all going to be on you" [N4F19];

"Having the confidence as well to apply your knowledge, which is something I hope I'll have, because you are going to be thrown in the deep end I think, and you'll have to deal with that" [L2M23].

Several respondents elaborated on why being confident in basic skills would be a distinct advantage once they started work:

"I'd like to be really confident in all the day to day things… I'd like to be properly confident and not be worried about those things, so I could care about the bigger things" [L2F22].

Another early-stage student explained that confidence follows from developing good relationships with clients:

"I think you need to have good social skills, I think being able to establish a

good relationship with your client straight away, being able to get your

confidence over to them so that they have confidence in, that you know

what you're doing" [N2M09],

a theme that overlaps the next most commonly-cited desirable characteristic.

5.4.3 Client care and communication

A comfortableness in talking to clients was considered the basic skill level by all who

offered this response:

"The ability to talk to people" [N5F01];

"An ability to communicate with clients well" [C3F03];

with several extending this into communication with diverse groups of people:

"Definitely interpersonal skills… being able to talk to such a wide range of

people" [L4F04],

"I think it's important… to communicate with them in the right way, and

without having to seem like you're talking down to your clients" [L1F02];

or in specific, often highly emotional, situations:

"Just the basic thing of being able to talk to people properly, and when

someone comes in who just starts crying uncontrollably and you don't know

what's wrong, you just have to kind of go right, well" [L4F04].

Several participants identified a specific reason why communication skills were such a

crucial aspect of being a good new graduate vet, best summarised by this fourth year

student:

"I think when they look at your academic attributes, everyone's going to be

very similar. You all have a veterinary degree… markedly you're all the

same. So I think the things they're going to be looking for is again, people

skills, how you come across as a person, because that's what the client sees

first of all" [L4F16].

5.4.4 Additional qualities

Following the three major themes, there was a subset of recommended qualities mentioned by around half of respondents as the next most important to be a good new graduate vet. The first of these was the importance of keeping up to date and relevant in terms of new knowledge:

> *"Just continuing your own learning… I'm never going to stop learning,*
>
> *there's going to be new stuff coming through the door every day that I*
>
> *probably haven't seen before, or haven't seen it that way before, and so just*
>
> *try and keep on top of key issues going on in the veterinary world"* [N5F10].

The aim for some participants was not only to stay up to date but explicitly to extend their knowledge in order to expand their capabilities:

> *"Ongoing learning, really… wanting to further what you know"* [N3M15].

However, this was also mentioned as a source of problems - with increasing volumes of knowledge as they progress through the course, participants realised that they needed to become increasingly selective about the advice they receive:

> *"My big problem is sorting out which information I need to take on board*
>
> *and which I need to flush"* [N5F01].

The importance of getting on well with professional colleagues was emphasised as a general requirement by several participants almost as a given:

> *"Getting on as a team, obviously"* [NQF06].

They were also able to elaborate on this to explain why this was a recommendation in terms of their own initial employment in practice:

"Involve yourself as opposed to just being like just around in the day, like if they're doing stuff, do stuff with them, I think that always goes down well. People are more willing to help you if you help them as well, like if nurses need a hand, be willing to help people out" [NQF06].

Forming and maintaining mutually supportive relationships with nursing staff in practice was specifically mentioned several times, for example:

"We're going to rely a lot on the nurses, I think, so being able to form good relationships with them and appreciate the work that they do, definitely" [N4F18].

Clinical students increasingly recognised the importance of this factor in applying for first jobs as newly-qualified vets:

"I think my idea of this has changed a bit over the years, to be honest. When you first go in you think a lot is on what class of degree have I got, what have I done extra-curricular? But then at the same time, I think a huge thing in veterinary practice is all the staff getting on" [N4F19].

Smaller factors were also mentioned as important by some participants. One that was repeated was the importance of maintaining enthusiasm for the work and a positive attitude:

"Just trying to enjoy it, really, making something of it, because I think that's a really, really important thing, because if you see it as a massive chore, then you're putting up a big hurdle in your own head… try and balance things and make it fun, we're here because we like it" [L4F07];

with one student specifically identifying this trait in himself:

> *"I'm keen, I'm keen, I just want to get as much experience as I can… what will be my strengths, probably my enthusiasm, being positive"* [C2M14].

The ability to keep calm under pressure was also recommended by several clinical students, slightly tongue-in-cheek but with serious intentions:

> *"I would say the ability not to panic, to take things in your stride"* [L4F07];

> *"Don't panic!* [laughs] *[is] probably the first one"* [L4F21].

Similarly, an element of resilience was deemed to be a very important and useful characteristic of the successful new graduate, particularly by those near the end of the course and those newly-qualified:

> *"If you end up beating yourself up about every single mistake you make, it's going to be even more stressful"* [N5F12];

> *"A thick skin, certainly, in the first few years, being able to take criticism, whether or not it's constructive! [laughs] Coping with little sleep."* [N4F18];

> *"I think resilience is quite a good one"* [NQF25].

Finally, several participants suggested that the ability to maintain a healthy work/life balance was crucial to success as a new veterinary graduate, linking this with issues of resilience and accepting limits, imperfections, failure or criticism:

> *"Keeping a life outside of veterinary, so you don't kind of allow it to get you down when it's going badly and things"* [N4F18].

Participants were less overtly concerned about the need for clinical skills on graduation. The only mention was in terms of a specific situation - this student refers to the RCVS' Day One Competences as a given:

> *"They have it all written out… basic surgical skills we should be able to do*
>
> *once we graduate"* [L4FO4]

but this is in the context of being on-call alone out-of-hours, emphasising the need to have backup available if required for cases that go beyond these basic requirements.

A couple of final year students and new graduates were more philosophical and reflective about the characteristics deemed desirable by the veterinary profession. One echoed the notion that clinical skills are assumed when applying for a first job in practice, and the distinguisher will be personal characteristics:

> *"I think the knowledge and practical skills are assumed, really, by that*
>
> *stage, obviously you need them to be a good new grad, but I think so much*
>
> *more of it is about your personality and your attitude towards what you're*
>
> *doing"* [N5F12].

Another took this further into criticism of selection processes for veterinary medicine where interpersonal skills are so crucial:

> *"Because it's so academically-driven as a degree, I wonder whether you*
>
> *always get the right type of person to be the vet"* [C5F13],

implying that personality is equally as important.

Participants were aware of a change in themselves, with several describing how their outlook had changed either in concrete terms (for example, starting veterinary school intending to become a purely equine vet but finding a first job in mixed practice); or in terms of a more subtle shift in their understanding of the requirements for making a successful transition from student to practicing vet. The image of the theoretical or model 'good vet' was based on participants' experiences in practice and on specific instances of

witnessing both good and poor practice; and these constructions reflect the concerns of participants regarding the challenges they will face on entering practice.

5.5 Learning practical skills in the workplace

Veterinary students spend a minimum of twelve weeks in their preclinical years (1-2) on animal husbandry placements (pre-clinical extra-mural studies), and 26 weeks in their clinical years (3-5) on practice placements (clinical extra-mural studies). The aim of EMS is *"to enable students to gain practical experience in as many aspects of veterinary work as possible, including the handling of animals, to achieve proficiency in routine techniques, and give students first-hand experience which will help them to develop as professionals"* (Royal College of Veterinary Surgeons 2015d). For this part of the study addressing research question three, participants were asked to describe their experiences of practical learning while on EMS placements and what had influenced the development of their skills, either in terms of encouragement of, or barriers to/prevention of progress.

Most participants characterised their development of practical skills during EMS placements as a steady process of gaining permission to participate in, and gradual allowance of access to, increasingly skilled tasks. In order to achieve this, the importance of demonstrating competence and building trust relationships with those more senior was emphasised, as well as the less well-defined skill of making social connections within the workplace to encourage a productive working relationship between the student and the clinical supervisor(s). Participants compared the extent of their own practical experience with that of their peers, and were readily able to identify barriers to gaining clinical experience in both their own situations and those of their classmates.

As they progressed through the course, the more senior students had a better tolerance of clinical ambiguity and could discuss the strategies they had developed to manage both this and their attitude towards clinical risk-taking. The practical issues of gaining competence were also discussed - some participants attributed their own success (or lack of it) to simply being lucky or unlucky in their choice or allocation of rotations, EMS placement settings, or supervisors; others cited logistic problems in trying to gain experience in the complex setting of a busy working veterinary practice. In describing poor or unhelpful placements, most participants took a pragmatic approach, viewing the experience as something that must be tolerated in order to complete the placement and move on. A common theme among participants was the recognition that a certain level of assertiveness was required by EMS students in order to gain the requisite amount of hands-on experience rather than simply observing others in the practice.

5.5.1 Permission to participate

The most common expression used by participants to describe how they began to learn clinical skills in practice placements was in terms of being permitted to carry out basic tasks, in phrases such as '*they let me*' or '*they allowed me*'. The ubiquity of being granted permission to participate was prevalent in all participants' discussions of beginning clinical experience, with common phrases including:

> "*…the ones that <u>let you</u> scrub in on the surgeries and things*" [L4F04];
>
> "*…I think that made her more relaxed about <u>allowing me</u> to carry on with doing something*" [N4F18]; or
>
> "*When I'm on placement I'm generally <u>allowed to</u> kind of help out, you know giving injections and IVs*" [LQF11].

The implication is that veterinary students do not have an automatic right of access to the practical aspects of their training outside of the vet school setting.

Instead, such permission had to be granted by someone of higher status in the clinical setting. Most commonly, this gatekeeper to clinical practice was a senior veterinary surgeon in the practice whom the student was shadowing: this would fit with theories of both professionalism and community where learning from senior members is a crucial part of the training model. Communities of practice theory also requires a reciprocal dialogue in which the access granted is part of a negotiation process between senior members and novices, which is indeed recognisable in the stories participants told of becoming more involved in hands-on practice work over a length of time.

In contrast, during the preclinical phase students have less contact with veterinary practice, being instead based in a variety of animal care environments including kennels, stables, and farms. Some participants, particularly those intending to work in farm practice, were grateful in acknowledging the support provided by non-veterinary-qualified agricultural staff who still had valuable knowledge to share; as well as providing access to a form of practice that is not veterinary-supervised but still requires clinical skill:

> "*My farmers were great in that they let me tube lambs, inject sheep, give subcutaneous calcium, things like that*" [C4F05].

In this case, the community of practice that the farmer belongs to, and is giving the student access to, is that of agricultural practice, a subgroup of veterinary medicine with a very distinct identity which includes non-veterinary-qualified farm workers as valid members. These members therefore have the authority to permit veterinary students to participate in their work. However, this fifth year student's superior professional self-identity is demonstrated by her use of the phrase 'my farmers' - while she acknowledges the usefulness of what the farm staff are teaching her, this construction implies that their function in this context is to provide opportunities for her to claim these skills.

5.5.2 Demonstrating competence

Permission to participate in clinical work was earned in three ways; the most prevalent of which was by demonstrating competence. Sometimes this was described as a specific barrier: some participants were expected to prove themselves worthy of participation by demonstrating not only knowledge and skill, but also dedication by returning to the same practice:

> "*One of the ones that I went to they sort of barely let you touch any animals or do anything, just watch and you know, maybe if you're good and you come back a few times we'll let you do stuff*" [L4F04];

requiring students to earn the right to fuller participation over time. However, more often the development of more sophisticated practical skills was characterised as a gradual progression from observation, to assisting, to supervised practice:

> "*I was allowed to do a bit of scrubbing up for surgery and prepping the site that we're going to cut… and then also scrubbing up myself and being allowed to do a few sutures in a cow*" [C4F05].

As well as practical skills, EMS supervisors also expected students to show appropriate non-clinical skills and behaviours in order to progress and to access the more highly-skilled procedures in practice:

> "*Because I was willing and because I, they'd let me do some of the IV things and because I had showed that I was capable, and especially under pressure, not panicking under pressure*" [L4F24].

However, rather than complaining or finding this a barrier to practice, participants relished the challenge of proving themselves capable and therefore worthy of participating,

suggesting that they would not value a placement if they were not given the opportunity to demonstrate their competence early on:

> "*I would find it quite, almost like careless of a vet if it was like your first day*
>
> *in that practice or your second day in that practice and they were saying, oh*
>
> *do you want to castrate this cat?*" [C4F05].

This is a reflection of the professional status of veterinary medicine - students actively seek to prove their worth and would feel devalued if performing these occupationally-specific tasks was available to anyone less able.

5.5.3 Building trust

The second means of gaining permission to participate in clinical work was by building a trust relationship with practice staff. This was regarded as a crucial aspect of EMS placements and those able to exploit it - such as this mature student - were aware that this conferred an advantage in terms of access to higher-skilled work:

> "*I wonder if I'm lucky because I'm older, maybe I come across as more*
>
> *trustworthy?*" [C4F03].

Although she ascribes the advantage to luck, she is able to identify her perceived maturity as an advantage, placing her fellow students at a disadvantage because they are immature and by implication less trustworthy. Her age alone places her closer to the status of qualified vet and therefore she perceives that she is permitted entry more readily. Another means of utilising these relationships was demonstrated by those who had returned to the same practice for EMS several times - often since they were teenagers on work experience before even applying to vet school:

> "*I've been going there since I was 15 so they know me and they sort of,*
>
> *build up the trust with them, and the more I go back there the more they let*
>
> *me do*" [L4F24];

although this could also occur over a shorter period within a single placement:

> "*As they get to know you… they're a lot more forward in saying oh, you can*
>
> *do this*" [L4F16].

As well as being required to demonstrate their technical competence, participants actively cultivated professional or teaching relationships with practices where they know that they are trusted to perform well. The converse was recognised by those who did not have this advantage:

> "*I've probably hopped a bit too much from practice to practice just seeing a*
>
> *variety rather than going back to the same place repeatedly so maybe build*
>
> *up a better rapport and they can get you going… they're like ah yes, I know*
>
> *you can do this*" [N5F10].

The variety of access provided by practices could therefore be ameliorated by getting to know the staff and building trust in a student's ability:

> "*I think when you're going to a practice for the first time it can be a bit sort*
>
> *of hit and miss whether you're allowed to do certain things, because they*
>
> *don't know you as well*" [NQF17];

until the EMS supervisor is happy that the student is capable:

> "*I said yes, I'm happy to do it, and he then left me to it. Now he was only in*
>
> *the next room and would pop in to check that everything was OK, but didn't*
>
> *stand over me*" [LQF11].

This gaining of clinical independence is one of the hallmarks of professional status, and this student was very grateful to have been awarded this status by the senior vet in not standing over her.

5.5.4 Making social connections

The third means of gaining access to clinical skills was to connect with EMS placement staff on a social level. In some cases this was slightly tongue-in-cheek:

"*Make people lots of cups of tea. I brought cheesecake and brownies into my practice and they loved me*" [L4F04];

although participants did realise that using social connections rather than practical skill, recognising the social norms of the environment and utilising these, could be an advantage in terms of 'fitting in' with the social group and therefore encouraging placement staff to view the student as part of the team and deserving of participation:

"*I think one of the things I've found, and to my knowledge I've always kind of done fairly well wherever I've gone, you learn to fit in. And that's not necessarily something you can put your finger on, it's not like learning to clean a kennel, or learning to muck out a horse or whatever, it's kind of being adaptable and watching what other people do and picking up on it, and going OK well, at 11 they normally have tea so perhaps if I take the initiative and go and make tea at five to 11. In a way it's kind of oh, then they'll like me… if they like you then they will be willing to give you a chance a lot of the time in doing things*" [L4F21].

This fourth year student consciously and deliberately employs this strategy in order to gain access to more advanced skills. Another factor is that competition for such access can be fierce, especially in larger practices where there may be several vet students, interns or trainee veterinary nurses competing for access to the same tasks. The same student acknowledges that being friends gives her an advantage over newcomers to the practice:

"*It definitely stood me in good stead, the fact that they all knew me, the fact that I knew what they all drank, I knew what cups they had. Little things like that*" [L4F21].

Another aspect of making social connections is in finding non-clinical common ground between the student and placement staff. Several participants identified more recently-qualified vets in practices as better EMS clinical supervisors because they are much closer in terms of shared experience, particularly in the later stages of the course. More junior qualified vets in practice therefore permit students on EMS to participate more fully in their practice routine:

> "*It's so nice to be allowed to do stuff, whereas the senior clinicians are like*
>
> *oh, another student, I've had thirty years of them* [laughs]" [C4F08].

The vocational aspect of veterinary medicine was rarely mentioned in terms of learning practical skills, although it was alluded to by a clinical student discussing shared values as a means of making connections with placement staff:

> "*It's kind of making friends like that, because they're all very much part of a*
>
> *very strong team, and you can come in as an outsider and you can stay as*
>
> *an outsider or you kind of get enveloped into the team, and I would like to*
>
> *think that I am the second*" [L4F21].

This sense of collegiality and shared purpose is a rare reference to the vocational aspects of veterinary medicine in terms of participating in the day-to-day routines of veterinary practice as a function of higher-level membership of the group – becoming '*enveloped into the team*' rather than remaining an '*outsider*'. These two states are both presented as options, with the social connections made being identified as the means by which a move between the two could be made.

5.5.5 Benchmarking with peers

When asked how they felt their clinical skills were progressing, participants usually compared their experience with their classmates in order to assess the progression of their ability, most often in terms of identifying poor progress in both themselves and in others:

> "*I've just been doing EMS with another student who's just going into her final year but I think she's virtually completed all her EMS weeks, and she seems to have no surgical experience whatsoever*" [C3F03].

This is an another illustration of the competitive nature of veterinary students; the initial competition for entry into vet school continuing well into the clinical years, but developing into competition for the prestige of carrying out advanced clinical skills. For example, if a student had participated in an unusual or highly specialised procedure, or worked with an unusual species, then this is the first example given when asked about their level of practical skill. Comparison of practical skill learning is subsequently made by means of absolute numbers of procedures rather than ability: for example, two cat spays, four hoof trims, regardless of how well or how easily a particular procedure was carried out.

The professional agenda was invoked by a few participants who, as well as making comparisons with their peers, referred to the RCVS' set of Day One Competencies (see Appendix C) as a benchmark for their progress in completing clinical tasks:

> "*I don't want to spend too long at one practice but it's great knowing I've got somewhere where I can actually go through all these skills and Day One Competencies before I graduate*" [N4F19].

This reference to externally-imposed standards was rare but interesting in terms of accountability for professional standards - rather than comparing herself to her peers, or aiming to be like a role model, this fourth year student is using the RCVS's published guidelines as the standard against which to set her professional self.

5.5.6 Tolerance of uncertainty and risk

The theme of clinical uncertainty has been identified as a contributing factor both in terms of role models and in vet students' projections of themselves as future practitioners. As discussed earlier, the awareness, and acceptance, of uncertainty in clinical practice was more sophisticated among participants in the later years of the veterinary course. More advanced students had also established systems for dealing with clinical ambiguity; and for reconciling the limits of their knowledge and ability with the desire to appear confident and capable as a clinical student. Participants became increasingly aware of the ambiguities of practice as they spent more time on EMS placements. They developed techniques which allowed them to perform as required by the EMS supervisor while acknowledging that there may be several methods of completing a practical task, such as suturing, that are considered equally correct:

> "S*ome will cringe if you put like a square knot or something, whereas some cringe if you put a surgeon's knot on it, so I just have to check with them what they're happy with*" [N4F19].

As previously, participants built a personal 'opinion base' which is not necessarily their own direct experience, but is instead generated from interactions with increasing numbers of clinical practitioners.

At the earlier stages of the course, preclinical and earlier clinical students described weighing up the potential risks and benefits of carrying out a new procedure for the first time on an actual patient rather than a cadaver or simulator:

> "*It depends, if it was something simple that you can't see yourself doing any harm by trying it, then I'd just do it. But if it's something that you could actually do some harm if you do it wrong, then I wouldn't want to do it*" [L2F22];

"*Because I hadn't done it before, I didn't want to mess it up…*" [N3M15].

They described the risk minimisation carried out by practice staff in not allowing junior students to participate fully in EMS:

"*I did my first two weeks of clinical, and I was just standing there watching practice, and maybe occasionally listening to a couple of dogs' heartbeats… it was very much, they do their thing and I watch*" [N3M15].

Participants further into their clinical training appreciated that risk minimisation could still permit them to carry out clinical procedures while maintaining patient safety:

"*It's a lot on them, because they kind of almost make it foolproof for you*" [L4F07].

This fourth year student identifies the crucial difference between herself and her EMS supervisor - that the supervisor is ultimately responsible for the student's practice, and it is up to them (the supervisor) to make the procedure safe for the student to carry out. This hierarchical structure of increasing responsibility is another function of veterinary medicine as a profession. In contrast with the gradual increase in participation experienced on EMS placements, the ultimate responsibility for a case remains with the supervising vet, and a student cannot by definition take this role until the moment of qualification.

Another clinical student considers the risks inherent in treating owned animals in practice rather than in the clinical skills lab at university:

"*It's not that I'm scared to make mistakes, but particularly if it has an owner, I wouldn't want to be held accountable; you don't want to do it wrong*" [L4F21].

There is a tension here between the desire to operate as an autonomous practitioner and the need to practice the skills required in order to reach this level. In learning to balance

these tensions a number of factors are considered: autonomy vs protection, competence vs need for support, and practice vs patient safety.

5.5.7 Other considerations

When asked directly what contributed to their learning practical skills, participants generally reported that the principal factors were external ones. Many attributed their success to luck, and any lack of success to the time constraints inherent in trying to learn in a busy working environment.

Several participants at all stages of their training declared themselves lucky in the quality of their EMS placements and the skills they developed as a result:

"*I'm quite lucky, I've grown quite a lot in that area*" [L2M20];

"*I think I've been lucky to find a few good farms*" [C2M14];

"*I mean I think I've been quite lucky, some of my placements, like on my first clinical EMS they got me to do half a cat castrate*" [C3F03];

"*I've been pretty lucky*" [LQF11].

It is difficult to allocate this to a particular training model - it is specifically presented as an external characteristic that the participants claim to have no control over. Attributing success (or the lack of it) to luck is, however, a means of disconnecting themselves from responsibility for their own practice, something that will be unavoidable once qualified, so it is perhaps surprising to find this attitude in late-stage students and new graduates. It could be a function of the imposter syndrome discussed in the earlier narrative section - that many participants, despite having been admitted and continued through veterinary school, still did not believe that they deserve to be there. This view is however held by participants from all the narrative classifications.

Almost all participants had experienced problems in gaining hands-on experience due to the pressures of a practice's working environment and daily schedule:

> "*Time constraints are probably massive… if they had too many animals to get through they just, they didn't have the time to help sort of teach you*" [L4F04];

> "*He kept saying 'right, we're going to get you to do this, I'd really like you to do this whole like surgery, and I'm going to tell you what to do,' but then it gets busy and they don't have time to let you do more, so it always gets pushed out. Which I totally understand because they've got a job to do, they can't spend all day teaching me for free, but, yeah, it is really hard to get experience on EMS*" [C3F03];

> "*It takes a student a lot longer to do things and they don't always have time to let you do things*" [LQF11].

EMS supervisors who removed this time pressure and provided the student with space to practice their clinical skills were rare and highly appreciated, with only one example volunteered:

> "*If they had a slow day they'd go, right, we've got three dog castrates that we've got to do, but we've got all morning so have a go! Take all morning if you want to*" [L4F04].

These were supervisors who valued teaching as part of normal practice and prioritised this over the efficient running of a theatre list, something that is uncommon in general practice (as opposed to teaching hospitals and referral centres) where teaching students or interns is a secondary activity. The value in this for participants was the opportunity to carry out the full range of functions of a veterinary surgeon, just at a slower pace; allowing them to rehearse their future role in a very real and meaningful way.

An instrumental attitude towards EMS placements was most often a response to a poor experience, either in terms of the student's lack of confidence:

"*I think through time, as I get more confident, I will be happier asking to do things, I think it's just a learning process, you just have to get on with it*" [L4F16];

or where the student's values or expectations did not fit with their experience of the practice:

"*You're not going to go 'oh, no no no,' because at the end of the day I wanted to be a vet and that is what I needed to do to be a vet*" [NQF25].

The participants' aim in these examples was to complete the placement with the minimum of fuss and achieve the required weeks' work. This could be interpreted as part of the professional structure of veterinary medicine, where students, even those in the advanced years of the course, are not willing to question those higher up the professional hierarchy than themselves, even when they witness poor practice.

5.5.8 Assertiveness

The degree of assertiveness in taking responsibility for their own learning while on clinical placements appeared higher in the male participants interviewed, even in the early stages of training, such as these two second years:

"*I'll always ask, if there's something I want to do I'll ask to do it*" [N2M09];

"*I'm generally quite confident, and I do volunteer myself to do things because I want to crack on and practice those sorts of things*" [L2M20].

However, female participants also recognised the importance of confidence in requesting participation during EMS placements, particularly in regard to concerns about personality aspects of their peers:

"*I was quite surprised as well by the different people that we have doing the course, I thought everyone would be quite outgoing and sort of enthusiastic, there's a lot of quite shy people in our year, and I do sometimes wonder what they do when they go to a practice and you have to ask to be able to do things, because they probably won't ever get round to doing it*" [L4F04].

Even into the clinical years, some participants were still unsure of their role on EMS placements and find it difficult to judge how assertive they should be in asking to practice their clinical skills:

"*It's quite hard when you're actually there, because great, if the vet offers, 'do you want to do this, I'll show you how?' That's great, but if they don't, you kind of think, 'well do I ask? Wait?'*" [C3F03];

"*I wouldn't want to say 'can I do this?' without someone saying 'do you want to do this?'*" [N3M15];

"*Particularly at a new placement, I do find it a bit hard to say 'oh, can I do that, can I do that?'*" [L4F16].

As well as recognising this in themselves, again, several participants criticised a lack of interaction in others:

"*So often if people have a bad placement it's because they've stood there and not interacted. On both sides, the nurses won't talk to them and they won't talk to the nurses, and they don't get anything out of it*" [L4F21];

"*I can imagine some people being like, 'can I do that? Can I do that?' And others just standing waiting*" [C4F08].

Again this demonstrates a respect for the hierarchies inherent in veterinary practice; although in criticising, the more assertive participants stated that EMS placements should be interactive, with much of the responsibility resting on the student to ask to be more

involved. There is a distinct divide here between the participants who pushed themselves forward and those who are reluctant, even once graduated:

> "*Generally I find if you ask, they'll let you, within reason… but you can't just walk into somewhere and be like, 'can I do this? Can I do that?'*" [LQF11].

The tension is between a desire to get closer to the ultimate goal of autonomous practice, set against a wish to become part of something collaborative. This nicely summarises the participants' views on learning clinical skills in the workplace - they viewed the process of developing their practical ability as moving them closer to membership of veterinary medicine as a profession in terms of autonomy and specialist knowledge; while simultaneously participating in the collective tradition of passing skills from senior to junior members of the group and increasing participation in the culture that makes up the veterinary community of practice.

5.6 Progression and professional relationships

The process of applying to, being admitted to, and progressing through veterinary school involves a number of changes in status for a student. Veterinary applicants are required to complete work experience in veterinary practices and other settings including farms and stables as part of their application to veterinary school, during which period they have the status of 'work experience student'. Following admission, their status changes to 'veterinary student', conferring on them the right under the Veterinary Surgeons Act 1966 to carry out veterinary procedures under a level of supervision commensurate with their stage of training. During the course they will also progress from 'pre-clinical student' to 'clinical student', with a special status reserved for 'final-year student'. Finally, on qualification, the biggest official step of all is that from student to 'veterinary surgeon'.

During this process, students will encounter many different groups of people as well as veterinary surgeons as part of their training, either directly or indirectly, deliberately or accidentally. The differing responses of all of these groups of people can be used as a measure of the changing professional status of the student as they progress through their training.

5.6.1 Work experience to vet student

The earliest encounters students will have with veterinary practice as potential future vets is when they start attending a practice for work experience, usually during school year 10, at around the age of 15. Participants reported that they were treated very differently as work experience students and were able to identify several reasons for this. The first was that work experience is mandatory for all school pupils at this stage, with the consequence that many 15-year-olds will go for work experience at their local vets simply because they have pets, or because they are attracted to a romanticised idea of working with animals; and not because they intend to apply for veterinary school or work with animals in any capacity in the future:

> "*I was definitely treated very differently… school students are either made to do it by their school or perhaps don't have the grades and therefore will not be able to get into veterinary, and so I think vets think school pupils are a bit of a waste of time*" [C4F05].

This difference means that veterinary staff are not always aware of which students are there to make up the time and which have serious intentions:

> "*When you're work experience they're sort of, they're still sort of sussing you out a bit, whether you're committed to this*" [NQF17].

This can mean that work experience students are not taken seriously by vets in practice and it can be common practice that other staff members look after them; a practice which

carries on even into the preclinical years of the veterinary course, as with this student describing her first placement as a first year vet student:

> "*The nurses were always really lovely to me, I think they sort of perhaps feel sorry for the lost souls that are just left… the nurses sort of take you under their wing, I think it's good to kind of, because they often have the time and the patience to teach you stuff, so I always think it's quite good to kind of just hang out with them and ask them to give you a hand with the IV stuff, or bandaging practice and stuff like that*" [C4F05].

She values the skills that the nurses have to teach her in terms of basic clinical procedures and uses this to her advantage to practice these skills. Veterinary nurses' responsibilities in terms of student supervision were also described by this fourth year student looking back on a work experience placement she undertook when she was 17:

> "*When you go with work experience, the vet in charge, he didn't really have anything to do with the work experience kids, they were sort of under the nurses' charge and the nurses would find them jobs, cleaning, to keep busy throughout the day, and they could come and watch the surgery if they were very quiet and didn't say anything to distract the vet*" [L4F24].

There is the definite sense that the work experience students at this practice, referred to as "kids", were not deemed worthy of the vets' time, a potential nuisance, and their supervision was therefore delegated to the nursing staff, tasked with simply keeping them busy until the end of the day, rather than any form of teaching role.

Further on in the course, participants could identify a shift in veterinary staff's attitudes towards them as students and what they are expected to do while on the placement:

> "*Stuff like mucking out stables or cleaning and things like, I'm happy to get on and do that but you just, when I go to vet practices now there's no*

question of me doing it, they're like no, you're not doing that, you're doing

this, whereas as a work experience I used to find it was a lot more to test

your attitude" [L4F07].

Again, there is an expectation by the staff that work experience students are not to be taken seriously as they have not yet proved that they are worthy of attention. Students' dedication is deliberately (although perhaps subconsciously) tested in the early stages, a tradition that is then passed on – new graduates subsequently offered anecdotes from their first jobs about students being required to prove themselves so this is clearly an ongoing phenomenon.

Many school students will carry out work experience at a veterinary practice; not all want, or will be able, to become vets. Once a veterinary student has been through rigorous filtering process of successfully applying to veterinary school, they do become part of the community, a community that recognises this achievement and gives it value as the community members themselves have all experienced the same process. Acknowledging the achievement of the new veterinary student therefore adds prestige to their own status.

While on both work experience and EMS placements, students inevitably come into contact with the 'end users' of veterinary services - pet owners and farmers. On pre-clinical EMS, students spend time away from veterinary practice on farms, stables, kennels and catteries, etc., learning animal husbandry and general care not from veterinary surgeons, but from those whose job it is to take general care of animals. Occasionally this caused some confusion in terms of the role the student was to play: while they had the quasi-professional status of veterinary student, their knowledge was limited to basic biomedical sciences and had not yet been applied to clinical practice. Pre-clinical participants often

needed to explain this to these supervisors who were less familiar with the stages of veterinary training:

> "*The farmers… initially I'd find them a lot less inclined to teach, because they'd almost be a bit like, 'oh well, you're the student, you're at university, you know a lot more than I do,' and I'd always have to reiterate 'well actually, this is why I'm here, because I don't know anything, practically I know nothing, so you're the one with all the years' experience and I need that teaching'*" [C4F05].

The farmers in this example automatically associate the status of vet student with clinical knowledge and skill, not realising that it is their own skills in animal handling that are actually more valuable at that early stage. The farmers defer to the student's assumed knowledge, regardless of their stage of training:

> "*On my husbandry placements, they'd, the farmers would ask me my opinion, like what I thought they should do, and before, when I was a work experience student, I don't think anyone ever asked me*" [L2F22].

In contrast to veterinary staff, clients' valuing the opinions of a veterinary student - even during the preclinical stage - also occurred during small animal placements in veterinary practices:

> "*I think the clients, when they find out you're a vet student, they're much more, they talk to you a lot more, and they ask your opinion on things as well, which is really nice*" [N2M09].

This second year student is pleased to be included as a part of the clinical environment of the consultation and to be recognised by the client as able to make a contribution to clinical discussions.

A third aspect of clients' placing veterinary students in with qualified vets is identified by a student talking about how farmers responded to him differently as a veterinary student during his time spent on a dairy farm:

> "*The only thing they do is the jokey stuff about vet bills, that's the only difference, I think, that I've noticed, the jibes! [laughs]*" [C2M14]

Again this is a function of the farmer placing the student - even at this early stage - clearly within the veterinary world and therefore as a target for good-natured teasing. Humour is used here as a binding mechanism and reinforces the student's position as a legitimate part of the veterinary community.

5.6.2 Through vet school

The transition from work experience to veterinary student was very clearly articulated by participants:

> "*I think when you do work experience you are the bottom of the rung… but I think once you've got the vet student status, I think people do take you more seriously*" [L4F16].

Participants spoke in terms of gaining respect from the community:

> "*It has definitely changed a lot. And the boss will now happily let me scrub in on operations and things, so there's definitely a great deal more respect there*" [L4F24];

and that once they were 'official' vet students, vets would make allowances in their daily practice to accommodate their teaching needs:

> "*Involving me in the consult, saying 'oh would you mind if she had a look in the eye, or if she listened to the heart?' So perhaps extending their consult time or their farm visit time by a certain amount, but not being afraid to do that*" [C4F05].

The overall outcome of this was a feeling of relief and pride among participants that they were finally able to make a contribution to the practice:

"*I felt I was a lot more useful when I was there as a vet student, I was able to get on and do things that the vet would otherwise have to do*" [N2M09];

a clear progression from the frustrations of simply observing as a work experience student. They characterised the factors contributing to this distinction in terms of others' acknowledgement of their changing status, having higher expectations, proving their capabilities, increasing their understanding, and having a shared experience with qualified veterinary surgeons.

The recognition of gaining the status of 'veterinary student' on starting the course was one that was somewhat abrupt; and a very real change for all participants:

"*Immediately they're kind of, the vet would acknowledge you more*" [C4F05];

"*I think they know I'm there for more than just helping to clean and things, I'm there for more than just being a kennel assistant*" [L2M23].

This reflects the very different functions of work experience placements and EMS placements:

"*Oh yeah, that's completely different… mop the floor, do the kennels, whereas now obviously you're there to learn;*" [C4F08]

"*It's more of an apprenticeship when you're a student, work experience you're more of a dogsbody.*" [L4F07]

The most important factor here is that the student's acceptance into vet school is acknowledged not only by their academic community; but also by the practitioner community who validate the legitimate membership of the novice entrant.

This change in status was something that was recognised not just by the vets but the entire practice staff, as described by this student talking about the nursing staff on a fourth year clinical placement:

> "*If they [the nurses] wanted to run something by the vet and they couldn't get hold of him, they would ask me what I knew about it, if they felt confident in my answer they would take my answer rather than the vet. So they now respect me, having done over half my training*" [L4F21].

She is pleased that the nurses value the part-knowledge of a veterinary student as valid and valuable, a precursor to when she is herself fully qualified and anticipating being able to offer advice to clinical support staff. This again is a form of professional validation, reinforcing and strengthening her position as a novice vet.

The prime consequence of this change in status, i.e. how this change was experienced in practice, was in terms of the expectations of EMS placement staff regarding the student's capabilities. Particularly in the clinical years, participants were very aware that they were expected to have reached a certain level of knowledge and skill, and that this should translate into an ability to make a more positive contribution to clinical cases:

> "*Certainly now in final year there's kind of an expectation that you can do things, and so you're allowed to do them more… When you say to people I'm in final year they're a lot happier for you to just do something*" [N5F12].

Occasionally this resulted in an increase in pressure to perform:

> "*I was reluctant to say I'm in fourth year because more would have been expected of me! [laughs]*" [N4F18];

but was usually welcomed as part of a two-way process, that the students should reach a certain level of ability and would be rewarded with more opportunities to progress:

> "*If they feel like, 'OK this one's not a complete divvy,' then they'll invest a bit*
>
> *of time in you*" [C4F05];
>
> "*They're expecting more of me, but giving me more in return... so I think it's*
>
> *very much a two-way thing, they trust me to do my end of the deal and they*
>
> *sort of reward me with teaching and things like that*" [L4F24].

This two-way process was also reflected in a perceived requirement to again demonstrate that they were worthy of the vet's time in terms of teaching or demonstrating:

> "*Now shadowing vets, I find that the majority of them are really good. I feel*
>
> *like some of them, they might ask you something, or something might*
>
> *happen and you kind of almost have to please them, or prove yourself to*
>
> *them a little bit first*" [C4F05].

Participants' levels of understanding and ability were tested by their EMS supervisors in order to gauge their responses and evaluate their ability. This second year student described how he was tested at each stage of preparing a cat for anaesthesia, with the result that he was allowed to deliver the anaesthetic injection, having 'passed' all the steps along the way:

> "*Now I'm a vet student they had me, as soon as I was there, straight away*
>
> *first morning they said to me 'have you done drug calculations in your first*
>
> *year?' Which we had, and said 'right, can you write down what you would*
>
> *draw up for this cat that's due in for a spay? Can you write down what you*
>
> *would draw up?' Wrote it down, vet checked it, he said 'yep that's right,' he*
>
> *said 'can you draw it up for me and call me once you've drawn it up? I'll just*
>
> *check everything's all right and you can go ahead and jab it'*" [N2M09].

The supervising vet here is maintaining a very tight control on the case but still allowing the student to try out making his own clinical decisions in a controlled environment. In

general, however, preclinical participants talked less about demonstrating clinical skill and more about demonstrating that they were the right sort of person, motivated and willing to work hard:

"*I think vets in general are more keen to get you involved and talk about things as long as you're prepared to muck in*" [L2M20],

"*I think as long as you're willing to learn and you're positive and you're interested, then they're happy to help you*" [C2M14];

and it was not until much later in the course that their technical skill was tested. Those in the earlier stages were recognised as being primarily learners; their ability levels may vary but there was a distinct attitude requirement that should be constant. This is another demonstration that there is a culturally-approved personality required of vet students in this context.

More than simply progressing through each stage of the veterinary course, participants described how their own increasing understanding of clinical problems developed during their placements:

"*I remember one time they were explaining something at the dairy and it was just way beyond me, I didn't really understand because I hadn't learnt about it at all yet, but I remember them explaining and a lot more showing you things, letting you put your hand in and stuff like that*" [C4F05].

This student describes how, despite not understanding all of the clinical subtleties of the case, the vet in charge demonstrated the practical aspects and allowed her to gain experience in handling, with the understanding that even without knowing the scientific, technical aspects of the disease, there was still an opportunity for the student to learn. Similarly, this final year student recognised this increasing understanding in herself, placing

a distinct divide between the first two preclinical years, and the third and fourth clinical years of the course:

> "*You sort of heard words before but they weren't quite clicking, whereas third and fourth year… I felt I could discuss cases as such a bit better, and have more of an idea what the general protocols were*" [N5F10].

Being increasingly able to participate in case discussions is a common theme:

> "*I think it helps that you can ask much more relevant questions, and you can bring up issues and things like that, and again it just sort of shows that you know what's going on, you're focussed on the whole veterinary sphere*" [L4F16].

Not only does this student recognise that she is able to pose more technically sophisticated questions, she also recognises a wider familiarisation with "*issues*", that she knows "*what's going on*", an approval that she is part of the wider culture of veterinary medicine.

Veterinary students are by definition highly academically able. Many participants relished the challenge of becoming more conversant with the technical aspects of cases:

> "*By this time next year we should have covered all the theory, so then I'd like to hope that I'd be treated not hugely differently, but maybe like, quizzed more, rather than 'don't worry, you won't know this'*" [C4F08],

expecting and looking forward to the point where their increasing knowledge is recognised and subsequently challenged and tested by those supervising them. A similar shift occurs when participants returned to practices they had previously visited earlier in the course:

> "*I've found when I was a vet student going back to places I'd been… you're more involved with the discussion and you'd be allowed to go into consultations, and I think probably because you're that bit older and you're not going to put your foot in it, you understand it all a bit more.*" [NQF17]

As with learning practical skills, the importance of gaining the trust of an EMS supervisor is vital. Participants also acknowledged the supervisor's viewpoint in terms of not just the usefulness of a vet student, but in terms of being able to question and teach more meaningfully once they had covered more of the course:

> *"I also found the vets, they were a lot more interested in you when you've done some training because they, that's when they can teach you something, they can say 'have you done pathology yet?' Or 'have you done this yet?' Or 'look at that bit of gut, what's that?'"* [L4F21].

During earlier stages, participants recognised the shift in attitude towards them from being school-age work experience students to preclinical veterinary students:

> *"Before I started [at vet school] they'd let me do a lot, but they were better at explaining exactly what was happening, like in the operations, before she'd just kind of show me, but now I'm a vet student she explains like exactly what it was, what this muscle layer was, and like why she was doing this, and just explained in a bit more depth"* [L2F22].

The increasing teachability of senior students makes them more enjoyable for EMS supervisors to have around. As they move through the course, students are more able to participate in clinical discussions, and engage with more sophisticated questions - both asking and responding - and become much more proficient in the use of technical veterinary language. They become more like those who are full members of the veterinary profession.

Following on from this, participants valued the fact that externally-accredited veterinary training means that all UK-qualified veterinary surgeons will have passed through a broadly

standardised training process and had very similar experiences. This was used to gain empathy:

> *"The vet knows that you're doing EMS because they've done EMS and know… certainly the younger vets will know exactly what you're doing, and they know what the score is"* [L4F07],

particularly when participants came across more recently-qualified vets while out on placements as the experience was much fresher in their minds:

> *"I think they can identify with you a lot more… they look back and think 'oh, I was in fourth year once,' you have a lot more common ground"* [L4F21].

The one interesting slight exception to this was pointed out by a student at Nottingham vet school, explaining that some of the nuances of his training will necessarily be less familiar to his placement supervisors:

> *"They don't know how much skill I've got in a certain thing, or what I can do, especially since Nottingham's a new school and none of them were at Nottingham, they didn't know where I'd be in terms of the course"* [N3M15].

This again emphasises that a shared history and shared experience is one of the criteria for bonding an occupational community such as veterinary medicine together.

5.6.3 Final year student to qualified vet

Final year students and newly-qualified vets recognised the oddity of an instant change in status on the day of graduation and the associated change in attitudes of the people they encounter in their professional work.

> *"You're still not, at the end of final year you're still not treated as a vet, do you see what I mean? I don't think you ever become treated as one until you actually have the certificate in your hand"* [NQF25].

In some cases, this was quite a stark, startling change:

> *"As soon as the farmers hear that you're a vet, they suddenly, from one day to the next, they expect a lot more of you... Suddenly, it's like a light switch has flicked, but really I'm absolutely no different"* [NQF06],

> *"I walked in on my first day and I was a vet, that was it"* [LQF11];

but they were readily able to identify the foundation of the shock - the immediate loss of their safety net and the corresponding arrival of professional accountability:

> *"It's kind of a bit more stressful doing practical stuff now because you're like the one... I had to sign to say I'd done it. This is me, if this goes wrong"* [NQF06].

5.3 Summary of Chapter Five

There were several surprising findings from the interview data that make up this chapter of results. Firstly, the finding that all of the student narratives ended at the point of acceptance into veterinary school - even for those who were in their fifth and final year or newly-qualified at the time of interview. This point is therefore extremely important in terms of role transition - the point at which an applicant becomes an accepted member of the veterinary community. Although this had been identified previously, the strength of this finding was unanticipated.

The first aim of this chapter was to investigate the identity work done by veterinary students and very early-career vets as they talked about their route into veterinary school and through their training, and to discover whether there were common or distinct features in the way they presented themselves as members of the veterinary community.

When exploring the motivations of participants for their chosen career, two distinct categories emerged - those that viewed veterinary medicine as a vocation and were motivated by a strong sense of animal welfare; and those that viewed it as a profession and were motivated by academic challenge and status. As a result of the extreme competition for places at veterinary school, two further sub-classifications can be appended to this, in terms of the response to rejection at first application: those who continued to re-apply, and those who changed their plans and only returned to veterinary medicine following the pursuit of an alternative degree or career path.

The second section explored participants' experiences of both theoretical and practical learning as they progressed through the course. This yielded three major themes. Firstly, the influence of role models - both positive and negative - on veterinary students is substantial. Participants were able to use the role model's experience to 'try on' the veterinary role and make decisions about their future embodiment of the title of veterinary surgeon. As they progress through the course, participants were increasingly able to identify poor practice in their role models; contributing more meaningfully to the active construction of the model of a 'good vet' that participants developed. Interestingly, in terms of experience in practice, role models were mostly identified in terms of client care and communication rather than any form of clinical ability - across all types of student, not just those who were vocationally-motivated.

Secondly, the potential conflict participants experienced between having confidence in their ability, set against the ability to perform the illusion of competence and present oneself as capable and skilled. This is especially important for newly-qualified vets - as all veterinary surgeons have an equivalent qualification, there is a pressure to maintain the image of the veterinary profession as presented to the general public. Initially there is

criticism of anyone - even while still training - perceived to be letting the side down, with no room for weakness. Such criticism is used to demonstrate membership of the group as it positions those criticising as superior and demonstrates criticism of anyone reflecting badly on the group they claim membership of. This did, however, wane among participants further on in the course, demonstrating that a tolerance of ambiguity is developed in the later years of training as more time is spent in 'real life' practice.

Thirdly, and related to the initial point about the significance of acceptance into veterinary school, is the strong sense among veterinary students and early-career vets of being given permission to join the veterinary community and participate in its activities. Access is not automatically granted - aside from the obvious barrier of admission to veterinary school, on an individual scale there is a need to prove worth and demonstrate competence and dedication while on practice placements; and a certain degree of assertiveness is sometimes needed in order to gain access to the required experience. The restriction of such activities increases their value, and also raises the value of the experience once gained. Dedication to the veterinary profession is tested by requirements to complete menial tasks prior to more clinically-relevant work in practice. The approved personality type for veterinary students is cheerful and enthusiastic, confident and able but aware of the risks involved in their own inexperience and the need for knowing their limits - particularly when newly-qualified. This factor is not identified as a desirable characteristic in role models. Participants also expected to be able to become more involved in clinical case management as they progress and ask more relevant questions; not only regarding their clinical veterinary knowledge but also encompassing wider issues relevant to the veterinary profession as a whole, demonstrating their awareness of such issues, and demonstrating that they are part of the wider culture of veterinary medicine with its strong sense of shared experience.

A potential veterinary student planning on moving towards membership of the profession by applying to veterinary school will be influenced in part by the descriptions, images and depictions of veterinary medicine which together contribute to the organisational culture of veterinary medicine. These organisations include the regulator, the Royal College of Veterinary Surgeons, representative organisations such as the British Veterinary Association, and the universities which offer the veterinary degree. The aim of this chapter is to examine the way in which veterinary medicine is presented by these organisations, and subsequently how this might be interpreted by aspiring, student, and early-career vets, in order to answer research question one: "How is the ideal of veterinary training and the 'good new graduate vet' presented by veterinary organisations?"

University	Course
University of Bristol	BVSc Veterinary Science
University of Cambridge	VetMB Veterinary Medicine
University of Edinburgh	BVM&S Veterinary Medicine & Surgery
University of Glasgow	BVMS Veterinary Medicine and Surgery
University of Liverpool	BVSc Veterinary Science
University of Nottingham (opened 2006)	BVM BVS Veterinary Medicine, Veterinary Surgery
Royal Veterinary College, London	BVetMed Veterinary Medicine
University of Surrey (opened 2014)	BVMSci Veterinary Medicine and Science

Figure 6.1: UK Veterinary Degrees

Each of the eight UK veterinary schools (figure 6.1) publishes a large amount of material in both print and online form. This invariably includes prospectuses and other promotional material aimed at attracting applicants, as well as course material providing information and advice to their current students. The other source of data for this analysis is the veterinary organisations – the RCVS (the profession's governing and regulatory body), and representative organisations including the British Veterinary Association (BVA) and British Small Animal Veterinary Association (BSAVA). From the document identification process

described in Chapter Four, the Quality Assurance Agency (QAA) Subject Benchmark for

Veterinary Science was also included as providing the standard for the content of a

veterinary degree. These organisations publish position statements and guidance on many

topics relevant to veterinary students and early-career vets including emotional wellbeing,

job-hunting, extra-mural studies, and Continuing Professional Development.   Taken

together, this collective set of documents constitute the official discourse of contemporary

veterinary medicine as presented in the UK. A full list of documents and sources is below

(figure 6.1).

Organisation	Source document
RCVS (Royal College of Veterinary Surgeons)	Code of Professional Conduct for Veterinary Surgeons
	CPD Record Card and Guidance Notes
	EMS at Cambridge University
	EMS at Liverpool University
	EMS at Nottingham University
	EMS Recommendations, Policy and Guidance
	EMS Summary of Clinical Objectives
	Fitness to Practice: A Guide for UK Veterinary Schools and Veterinary Students
	Guidance on the Professional Development Phase
	Strategic Plan 2014-2016
	Student EMS Assessment Form
	The Veterinary Profession: For All Walks of Life
	Website EMS Pages
BSAVA (British Small Animal Vet. Assoc.)	Students in Clinical Years/New Grad Guidance
BVA (British Veterinary Association)	EMS Guide for Practitioners
	EMS Guide for Students
	Guide to Job Hunting
	Guide to Offering Work Experience to School Students
	Guide to PDP for Employers
	Guide to PDP for New Graduates
QAA (Quality Assurance Agency)	Subject Benchmark for Veterinary Science
University of Cambridge	Preclinical EMS Assessment Form
	Veterinary Student Handbook 2013
	Web pages on Veterinary Student Applications
University of Liverpool	Veterinary Science Course Brochure
	Web pages on Undergraduate Course: Veterinary Science
University of Nottingham	Veterinary Medicine Course Brochure
	Web pages on Studying Veterinary Medicine
University of Surrey	School of Veterinary Medicine Brochure
	School of Veterinary Medicine FAQ
	Veterinary Curriculum Overview

Figure 6.1: Documents analysed for Part II

Relevant documents were identified by online searches of university and organisational websites as described in Chapter Four (section 4.4.1). Thematic analysis of the documents aimed to examine how the contextual world of the UK veterinary surgeon is constituted in language: through the choice of words and implicit associations made; i.e. how do the document authors and editors use particular words, phrases, terms of reference, rhetorical style and tone to construct the phenomenon of the professional veterinary surgeon at the start of a veterinary career?

Initial close reading of the documents identified key terms and phrases which were grouped according to topic and categorised into six major areas for more in-depth examination (figure 6.2):

Defining vet. medicine	Student selection & admission	Taught curricula	EMS and practical skills	The 'good vet'	The veterinary community
Responsibilities Comparison with human medicine Public image Individual benefits Status Vocation	Exclusivity Prestige Variety Diversity	Science Regulation Lifelong learning Progression Non-academic skills	University role The 'real world' Progression Day One Competences	Continued learning Communication Professional behaviour Confidence Expectations and risks Animal welfare/care	Peer support Collective wisdom Teaching Public image

Figure 6.2: Major themes and subthemes arising from document analysis

The full list of documents and sources is at Appendix D. Documents are referred to here by their reference number and source organisation.

6.1 Defining veterinary medicine

There are many ways of defining or interpreting what is meant by 'veterinary medicine'. The term will have different meanings for different groups, and also for different

individuals: those within the profession and those who come into contact with it will each have their own models for what veterinary medicine should constitute.   Within this set of documents, veterinary medicine is defined most strongly in terms of five main features: its responsibilities, public image, benefits, status, and its correlations or comparisons with human medicine. It is very rarely described in terms of vocation.

6.1.1 The responsibilities of veterinary medicine

One of the roles of the Royal College of Veterinary Surgeons is to 'define and shape the nature of the modern veterinary profession' (Royal College of Veterinary Surgeons 2014a). This role is apparent in their Strategic Plan for 2014-2016, which is explicit about its role and intentions in influencing behaviour:

> "*Although culture cannot be dictated, guiding principles and behaviours can*
>
> *be helpful in shaping how people behave*" [D15 RCVS].

That this is a fundamental responsibility is also expressly stated:

> "*We must act as custodians for the standards of the profession*" [D15
>
> RCVS].

The RCVS is taking very seriously its role as the voice of UK veterinary medicine – not only in terms of the standards of the profession (both clinical and in terms of professional behaviour), but also in 'guiding principles and behaviours'. The RCVS states that this is helpful in shaping behaviour – explicitly stating that the behaviour of members of the veterinary profession require 'shaping' and it is the RVCS' job to do this – to both set standards and ensure that they are met by influencing behaviour.

On a more individual level, the responsibilities of each veterinary surgeon are also specified by the British Veterinary Association (BVA), in particular in its advice to newly-qualified vets:

> *"The public (and indeed the RCVS) expects a professional person to act with total integrity, to be completely honest and upright in all of his or her dealings, and to maintain the reputation of the veterinary profession. Any lack of integrity reflects badly on the whole profession, letting down your colleagues as well as yourself and, of course, your client"* [D12 BVA].

It is interesting to note that there is no mention of patients in this depiction of what constitutes a "professional person". However, the notion of professional responsibility is highlighted by the word 'duty' in the heading to this section, conveying the suggestion of an element of self-sacrifice, and an altruistic motive in working primarily for others and not for personal gain (as exemplified by the emphasis on communal responsibility for maintaining a collective reputation). The key characteristic here is identified as being 'integrity' – suggesting fairness, honesty, strong moral principles, but also that this is the foundation of a unified, undivided whole.

This same emphasis also makes its way to students via the veterinary schools, whose student handbooks stress the significance of the new undergraduate's initiation into an exclusive group, with enticing hints of the professional autonomy that will eventually result:

> *"You will become a member of the Royal College of Veterinary Surgeons, and you will have to decide what sort of vet you wish to become"* [D14 Cambridge].

However, it is interesting to note the suggestion that the process of a student deciding "what sort of vet" they wish to become only occurs after qualification. From Chapter Five, this process has been seen to begin in some cases long before a student even arrives at vet school, with many beginning the course having already decided that they intend to become, for example, equine vets. Such early intentions and subsequent revisions were

very evident in the participants interviewed in Part I. A second interpretation of this is that 'what sort of vet' means not only the area of work, but also holds a suggestion of developing a moral position, a philosophical approach to veterinary work; and that making this decision is a responsibility of each new vet as they enter the profession. The implication is that there is an approved answer as influenced by these organisational positions.

6.1.2 Comparisons with human medicine

Another way in which 'veterinary medicine' is defined in the documents is in relation to its correlates in human medicine. The fairly recent concept of 'one health' ("the collaborative effort of multiple disciplines – working locally, nationally, and globally – to attain optimal health for people, animals and the environment" (American Veterinary Medical Association 2014)) is emphasised in terms of the responsibilities of the veterinary profession, with the Quality Assurance Agency's Subject Benchmark for degrees in veterinary medicine referring to the

> *"key role for members of the* [veterinary] *profession as guardians of human*
>
> *health"* [D01 QAA].

The word 'guardians' implies the holding of power, and having custodianship of a precious thing. There is also the suggestion of a nurturing role implying the exposure of a vulnerable group which has a need for protection, along with the veterinary profession's ability, and obligation, to provide that protection. This positions veterinary medicine as being in a position of power over vulnerable humans as well as its role in animal health.

Similarly, the RCVS' own set of publications aimed at attracting a wider diversity of applicants accentuates the link with, and responsibility for, human health in statements such as:

> *"Veterinary surgeons are effectively gatekeepers for human health"* [D02 RCVS].

As well as emphasising the strength of the link, this phrase – incorporating the similar term "gatekeepers" - again implies that veterinary medicine has a superiority over human medicine as one is responsible for the other. There is also the suggestion of the significance of veterinary science on a global scale, the shouldering of responsibility by veterinary surgeons with the emphasis on the human value of veterinary work - making it relevant for humanity in general, not just those with direct responsibility for animals. This positions veterinary medicine on a globally-significant scale, in direct contrast with a more traditional cosy, local 'village vet' image of the profession.

Linguistic correlations with human medicine are prevalent in many of the policy documents studied. This can be as direct as the form of terminology used to describe the nature of veterinary medicine as an occupation, e.g.

> *"Vets are healthcare professionals"* [D02 RCVS]

- the same phrase as used for a variety of roles within human medicine and allied professions. Most of these documents, however, place emphasis on distinguishing veterinary medicine from human medicine, potentially aiming to attract those good applicants who might otherwise decide to apply for a medical degree instead. The RCVS' Fitness to Practice Guide for Veterinary Students explicitly states that

> *"veterinary students have responsibilities and privileges beyond those of most other student bodies"* [D27 RCVS].

Veterinary medicine is explicitly distinguished from human medicine in several ways. For example, the RCVS' booklet 'Veterinary Science… For All Walks Of Life' states that

> *"one vet takes on roles carried out by many separate individuals in human medicine"* [D02 RCVS]

- marking out veterinary surgeons as different from - and specifically superior to - human doctors in terms of their range of abilities. The emphasis here is on the diversity of the role and the variety of veterinary work in order to attract high-flying applicants. The veterinary schools' prospectuses share this emphasis, offering potential veterinary students

> *"the chance not only to improve animal health and welfare, but to share the results of our pioneering work with our colleagues in human medicine"* [D04 Liverpool].

Again the link is made with human medicine: the term "colleagues" denotes equivalency, collegiality and equal status with medical doctors; but "pioneering" denotes exciting work, pushing boundaries and the academic challenge of working as a veterinary surgeon.

This focus on the equivalency and interchangeability of human and veterinary medicine is interesting in its suggestion that a vocational drive for veterinary medicine specifically is not necessarily a crucial characteristic in a potential veterinary applicant.

6.1.3 Public image

The third way in which veterinary medicine is defined is by its role in public life and the way in which the veterinary profession is viewed from outside the group. The QAA states that

> *"the veterinary profession and its work [are] held in high esteem by the general public"* [D01 QAA],

assuming a high status for veterinary medicine as a whole, although interestingly separating the "profession" and the "work" (a distinguisher between professional, elite image and the hands-on, dirty nature of the daily work). The significance of status is also

emphasised by the veterinary schools. Cambridge, for example, introduce their student handbook by reminding first year students that they are

> *"embarking on a demanding course which will lead you to qualification in a*
>
> *highly respected profession"* [D04 Cambridge].

As with the participants interviewed in Part I, public respect is presented as one of the attractive features of a career in veterinary medicine; and one that brings an obligation to uphold standards:

> *"remember that wherever you are, you are representing the veterinary*
>
> *profession and your university"* [D27 RCVS].

The QAA document also makes note of the inherent interest of the media in the work of the veterinary profession, describing it as

> *"a source of considerable interest, with unprecedented exposure of*
>
> *veterinary matters in the popular media"* [D01 QAA].

The term "exposure" implies a negative act; bringing to light that which should be kept secret; suggesting that the specialised knowledge acquired by veterinary surgeons that should not be accessible to lay people. This therefore confers on those within the profession access to such secret knowledge, a further distinguisher from the lay public. There is also a public interest in terms of popular culture and entertainment; i.e. there exists a general interest from the public not just in terms of an individual's relationship with their own vet, but in projecting an image of veterinary medicine as a whole in, for example, the variety of television series filmed in veterinary environments.

6.1.4 Personal/individual benefits

Several of the documents examined are written specifically with the aim of attracting good candidates to apply for veterinary degrees, and therefore emphasise the unique benefits of

choosing veterinary medicine as a career. This method of defining veterinary medicine will therefore be somewhat idealistic. The RCVS suggests the potential benefits for a prospective vet:

> *"thrive on problem-solving… be inspired by science… be your own boss… enjoy the outdoors… be a surgeon… enjoy meeting people… work with animals"* [D02 RCVS].

It is interesting that animals are placed last on the list. This does present somewhat unrealistic expectations, especially for a novice, and could more realistically be viewed as a list of potential future options to choose between rather than a complete collection. There are also some substantial assumptions here – for example, a newly-qualified vet cannot expect to own their own practice for a long time after qualifying; and only a small minority of vets now work '*outdoors*' in farm animal medicine (Institute for Employment Studies 2013). Performing surgery is (perhaps accurately) placed as an aspirational characteristic due to its extreme occupational restrictions. The RCVS booklet ends with

> *"You could call vets the medical superheroes!"* [D02 RCVS],

a somewhat ingenuous phrase which rather undermines its previous discussions on scientific foundations and public respect.

As mentioned under the correlations with human medicine, the diversity of job roles within veterinary medicine is regularly highlighted:

> *"It's a profession full of variety"* [D02 RCVS]

although again this is distorting, not acknowledging the potential for tedium within a veterinary post. Similarly, it lists various potential benefits of choosing a veterinary career:

> *"respect within the community… ability to make a real difference… combination of a caring profession and good earning potential"* [D02 RCVS]

– this is the first mention of a vocational aspect and the potential to "make a difference". The use of the term "caring" is unusual among the almost overwhelming picture of scientific advance and academic superiority, a small concession to those who may be vocationally-motivated. "Good earning potential" is also an odd phrase, and also potentially misleading as, while vets earn a good basic salary in general, they are not nearly at the level of their medical or dental equivalents (which are potential alternative choices for the clinically-oriented sixth-former): there is no government funding for animal healthcare in the UK. The University of Nottingham has a different balance:

> *"The veterinary profession itself offers many diverse and stimulating career opportunities combined with the privilege of working with animals"* [D06 Nottingham],

again highlighting the potential for a varied career; but also depicting the practice of veterinary medicine as a privilege. The group permitted to perform such work is therefore presented as an aspirational one to join.

The future benefits of a career in veterinary medicine are emphasised to students right through until graduation. For example, the British Veterinary Association offers a "Values Checklist" for final year veterinary students considering where they would like to start work:

> *"An awareness of what you value (qualities that are important and desirable) in a career will aid you in exploring career goals and attaining satisfaction in your work"* [D12 BVA].

The list includes: job security; working as part of a team; working independently with little supervision; making a contribution, professional status, mental challenge, being appreciated, pleasant surroundings, challenging, stimulating co-workers, different tasks to accomplish daily, financial rewards, creating something, and opportunity to advance; again

highlighting the benefits without mentioning any of the potential downsides of a veterinary career, presenting a very similar list to that published by the RCVS (and attracting the same criticisms).

Several of the documents include case studies or profiles of veterinary surgeons working in practice as models for a future career. For example, the University of Liverpool's Veterinary Science prospectus features a profile of a new graduate who took

> *"time to work with elephants in Sri Lanka, dogs and cats in Thailand and*
>
> *farm animals in India"* [D04 Liverpool].

This emphasis on travel stems from wanting to attract those with broad horizons, but also risks being accused of elitism – restricting access to the profession to those who can afford overseas study placements, and using foreign travel as a status symbol, something also raised by the participants interviewed in Part I. The RCVS' profile features an Indian vet in small animal practice:

> *"My parents wanted me to be a doctor but I thought a career as a vet*
>
> *offered me much more"* [D02 RCVS].

Fifteen years after qualification he now owns his own practice, and his pathway is used to emphasise how rewarding the career is and his role in the local community as positive aspects of the role. Again, this is presenting a direct and favourable comparison with human medicine.

6.1.5 Status

All of these documents place emphasis on the positive aspects of a career as a veterinary surgeon; and prospective applicants perhaps would be better served if the potential hazards and negative aspects were acknowledged more fully. Some documents do hint at this, but only ever with the implication of issuing a challenge to potential applicants:

"It can be a demanding career - physically, emotionally and mentally" [D02 RCVS].

Emphasising the difficulty and challenge of the work here is aiming to attract high-flying applicants to the course and also to raise the status of veterinary medicine by reinforcing that challenge and the difficulty of the demands. Specific aspects of the work are also singled out as conferring increased status. For example,

"performing surgery is a privilege as well as a skill" [D02 RCVS].

Surgery is the very definition of a privileged act - anyone is able to, for example, look up symptoms online, but surgery requires skilled direct touch and is unique to the medical professions, deliberately physically removed from the lay public in a highly specialised environment with restricted access (which is itself aspirational in terms of earning a right of entry). There is also another correlation drawn here with human medicine and the status of surgery within the spectrum of human medical specialities.

As well as distinguishing veterinary medicine from its human correlates as discussed previously, the RCVS also takes the trouble to elevate the veterinary degree above those which are pure science-based, emphasising the incorporation of the practical training required as part of a veterinary student's Extra-Mural Studies (EMS):

"As the veterinary degree is a professional qualification, EMS constitutes an important component that helps to distinguish the qualification from other academic science degrees" [D03 RCVS].

This highlights that veterinary medicine consists of not just theoretical knowledge, but that there is an absolute requirement for skilled doing as well as knowing. This distinguishes it from other courses, placing veterinary medicine above pure science degrees due to its immediate practical relevance, greater interest and variety of types of learning required.

The status of veterinary medicine as an occupation is also highlighted, as expected, by the veterinary schools; although they tend not to consider the public image of the profession. For example, the University of Nottingham's Veterinary Medicine brochure introduces

> *"an outstanding course which meets the expectations of our students, the demands from the veterinary profession and the requirements of the Royal College of Veterinary Surgeons"* [D06 Nottingham];

which seems curiously limited given the variety of other groups who also have 'expectations' of veterinary graduates - in particular the general public, animal owners, and potential users of veterinary services.

6.1.6 Vocation

The traditional understanding of veterinary medicine as a vocation cannot be identified in the majority of documents studied. The only minor mention was found in the University of Cambridge's Veterinary Student Handbook; where one of their required modules ("Preparing for the Veterinary Profession") gives detail of the course aims as

> *"to give you an introduction to ethical and animal welfare issues, and the social and professional responsibilities of the profession in society… A further main aim of the course is to introduce you to the current issues in veterinary medicine and the nature of the veterinary vocation"* [D14 Cambridge],

presenting vocation as an academic subject of study rather than a motivational factor. There are small hints at a vocational nature of a veterinary career but there are overwhelmingly overshadowed by the presentation of veterinary medicine as a science-based, academic, elite status career.

6.2 Admission to veterinary school

Admission to vet school is presented as one of the most momentous events of a potential vet's career. This event is used to illustrate several of the features already discussed, with particular emphases found on the exclusivity of veterinary medicine, its prestige, the variety of work, and (the lack of) academic diversity in admissions to veterinary school.

6.2.1 Exclusivity

The Quality Assurance Agency for Higher Education, in its subject benchmark for veterinary science, immediately designates veterinary medicine as a highly selective course:

> *"demand enables the schools to select strongly motivated, high achievers with entry qualifications among the highest in UK university courses"* [D01 QAA].

Their summary recognises a need for strong motivation from applicants but there is no suggestion of what motivates these high achievers to specifically choose veterinary medicine over other courses – i.e., what is unique about veterinary medicine as opposed to, for example, human medicine, or highly selective courses in the humanities, arts or social sciences.

The RCVS openly acknowledges that veterinary medicine has been criticised as being unfairly elitist due to the very high academic entry requirements. In their brochure 'Veterinary Science: For All Walks of Life', they state that

> *"getting on to the course requires high academic standards, but this isn't to make the profession elitist. The simple fact is that you need strong brain power to stay the course"* [D02 RCVS].

The purpose of this is ambiguous. It could potentially act as a deterrent for those with an overly- romanticised view of a veterinary career, but could also put off those from non-traditional backgrounds who would be very capable of succeeding as vets – there is no mention of the (admittedly few) alternative or widening participation routes into veterinary medicine here. The assertion that veterinary students require *"strong brain power to stay the course"* is also debatable – a more accurate depiction would be to say that veterinary students need emotional resilience or a strong motivational drive to stay the course; the 'brain power' is required to pass, or to retain the volumes of information, for example, not necessarily specifically for endurance over such a long degree.

The RCVS also highlights exclusivity in its advice to veterinary schools on selecting students for admission:

> *"University selection procedures must ensure that students admitted to the professional veterinary degree course have received (prior to their entry to the undergraduate course) not only a good grounding in appropriate science subjects but also a broad education in more general areas. This all-round capability should be nurtured throughout the course"* [D21 RCVS].

In this, the RCVS are positioning veterinary surgeons not just as scientists, but as well-rounded, capable, intelligent individuals right across the spectrum of academic achievement. Again the priority is for academic rigor and achievement:

> *"The veterinary course is a rigorous one, and students admitted must have proven capabilities"* [D21 RCVS];

with only a very glancing reference to any other admission criteria that could potentially be deemed relevant:

> *"Selection should be competitive; based upon academic achievements and on other criteria"* [D21 RCVS].

What these other criteria might be – vocation, aptitude, attitude, communication skills, experience - is not hinted at here.

6.2.2 Prestige and excitement

Several of the organisations' publications highlight the unique characteristics of veterinary medicine as a degree course and subsequent career. For example, the RCVS' recruitment brochure begins with the strapline *"Don't follow the herd"* [D02 RCVS], marking out veterinary medicine as different, exciting, and perhaps for those who do not conform (by, for example, choosing to apply for the far greater number of medical school places). The veterinary schools themselves also display an element of this. Liverpool, for example, describes its BVSc Veterinary Science as

> *"amongst the most popular degree programmes in the UK and arguably amongst the most exciting"* [D04 Liverpool].

There is no doubt that veterinary degrees are extremely popular, and this again emphasises the challenge of 'getting in', but the description of '*most exciting*' is, as previously, arguable. There are doubtless exciting moments, but, as seen in Chapter Five, there is a substantial element of earning the right to access this level, that only once dues have been paid can a student reach the 'exciting' level – weeks of observation, and years of studying preclinical basic sciences will be required first. This is also a threat in terms of a potential student's expectations of a career in veterinary medicine: the assumption is of excitement, a dynamic environment, constant stimulation and challenge; which, as mentioned previously, may leave the new graduate disillusioned with days of TB testing herds of cattle. Perhaps one exception to this is surgery - as identified by the participants from Part I - the first time a veterinary student takes a scalpel to a living animal is a highly significant moment.

6.2.3 Variety of work

Despite the risks outlined in the previous paragraph, one way in which the veterinary organisations try to attract potential applicants is by highlighting the variety inherent in veterinary work. The interesting thing here is that this is again used to distinguish veterinary medicine from human medicine, in some cases drawing direct comparisons. Again, the implication is that veterinary organisations are attempting to sell veterinary medicine to potential candidates who may otherwise decide on a career in human medicine. For example, the RCVS states that a veterinary degree is

"a passport to a range of other careers, at home and abroad" [D02 RCVS]

– emphasising the variety of veterinary work available and describing how, if the decision is made to choose a veterinary degree, an applicant would not necessarily be limiting themselves to a career in veterinary medicine; hinting at potential future unknown opportunities including exciting overseas ones for ambitious graduates. Similarly, the RCVS describes how

"Some veterinary graduates go on to forge inspiring careers in scientific research, often in human medicine" [D02 RCVS]

- again reinforcing the option that students would not be closing off opportunities by choosing veterinary medicine, and that they can still go into pure science or human medical research if they are considering a career in this area. This seems to be somewhat unusual given the tiny numbers of vets currently employed in these fields; but if the numbers of veterinary graduates are to continue to rise (with the opening of two new veterinary schools (Nottingham and Surrey) in the last ten years and another (Aberystwyth) currently in the planning stages), then logically a greater proportion of newly-qualified veterinary surgeons will be required to find work outside of primary practice.

6.2.4 Diversity

In direct contrast to the focus on pure academic excellence as discussed above, some of the organisations do acknowledge that other qualities are required in order to succeed as a veterinary surgeon. For example, the RCVS states that

"The profession is keen to recruit talented individuals, whatever their walk

of life" [D02 RCVS].

This is the first hint of any form of widening participation, recognising the importance of 'talents' rather than education, with the implied irrelevance of personal circumstances or background. Later in the brochure they state directly

"The profession welcomes diversity" [D02 RCVS].

However, this is not reflected by the surrounding discourses around academic achievement and cultural background, as evidenced by earlier discussion of the absolute superiority of the educational attainment of a veterinary applicant.

Some of the veterinary schools do aim to recruit from a broader applicant pool.   For example, the new veterinary school at the University of Surrey describes its pedagogical philosophy:

"The teaching model we are adopting will allow us to attract a wider

portfolio of students who have a genuine passion for veterinary research"

[D09 Surrey].

Similarly, the University of Nottingham's Veterinary Medicine brochure specifically outlines its commitment to widening participation and also explains the reasons why this is especially important in veterinary medicine:

"The University particularly wants to encourage people with ability and

commitment, but whose circumstances might make such study difficult, or

who would be less likely to apply to Nottingham. Enrolling a diverse group

of students enriches the learning environment for all students. It produces a

veterinary profession that better reflects the community it serves" [D06

Nottingham].

There is explicit reference here to the profession of veterinary medicine in its service role,

particularly in serving a local community, and in the value of diversity; with the associated

acknowledgement that veterinary medicine as a profession overall is currently very

homogenous, and that there is definite value in addressing this. It is noteworthy that the

two veterinary schools to expressly state this view are the two newest in the UK -

Nottingham (opened 2006) and Surrey (opened 2014) - implying that the more traditional

veterinary schools have some way to go to address the accusations of elitism.

When talking about employment interviews, the British Veterinary Association (BVA) states

that

"*Your goal is to persuade the employer that you have the skills, background*

and ability to do the job and that you can comfortably fit into the practice"

[D12 BVA].

This time, a vet's "background" is explicitly mentioned as needing to be suitable, rather

than simply alluded to, and this is surprising; suggesting that there is a certain employer-

approved background that is the only one that would enable a newly-qualified vet to

succeed in a particular practice.

6.3 The veterinary curriculum

The basic content of an undergraduate veterinary curriculum is laid down by supranational

bodies including the European Association of Establishments for Veterinary Education

(EAEVE) and the European Union (EU), which together set the EU-wide minimum training standards for veterinary surgeons. In the UK, the Royal College of Veterinary Surgeons (RCVS) is responsible for interpreting these standards and approving veterinary degrees, admitting their graduates as members and conferring the right to practice on graduation. In terms of higher education policy, the Quality Assurance Agency (QAA) publishes the Subject Benchmark for Veterinary Medicine setting out the minimum standards for material to be covered in a UK veterinary degree.

6.3.1 Science

One way to define veterinary medicine is in terms of what needs to be known. The course content of a veterinary degree is described by several veterinary organisations, both in terms of what is desirable and/or necessary to be taught as part of a veterinary degree, and in descriptions of individual vet schools' courses. In most cases, the fundamental importance of the basic sciences is emphasised:

> "*it is this understanding of the scientific basis of clinical medicine which underpins most veterinary activity*" [D01 QAA]

which is interesting: science is presented as the sole foundation of modern veterinary medicine. There is no mention of other factors that could also be important such as sound ethics, the promotion of animal welfare, caring for animals, altruism, or providing a socially-valued service.

As in the discourses around admission to veterinary school, the sections on course content highlight the superiority of the scientific knowledge acquired during a veterinary degree, with the RCVS stating that veterinary graduates will obtain

> "*An excellent broad knowledge that is well respected in the scientific community*" [D02 RCVS].

Again, the emphasis is on earning the respect of peers of equivalent status, as well as an element of superiority - gaining respect - to potential alternative careers that could be chosen by applicants. The implication is that veterinary medicine is science *plus* additional distinguishers - and that it is these distinguishers that elevate veterinary medicine above pure science degrees.

6.3.2 Regulation

A unique feature of this type of degree is external regulation for a professional qualification meaning that a certain degree of standardisation of veterinary courses is required. The QAA recognises this:

> "*the need for all veterinary degrees to meet the requirements of a statutory body leads to a greater degree of standardisation of course content between the schools than is the case with most degrees, and consequently the scope for undergraduates to select options and modules at their own discretion is more limited*" [D01 QAA].

In common with other clinical degrees, there is less potential for tailoring course content as a student of veterinary medicine than of other courses, but this is generally accepted as required to ensure that all veterinary students are prepared for practice and reach an equivalent standard on qualification. There are universally high expectations of veterinary students - all students must complete all the required courses without exception. However, this functions to band vet students together - not only within each university but also between them, as each veterinary student will have had a broadly similar academic experience regardless of their vet school. This is an important factor when considering influences on professional development - as found in the veterinary student interviews, students from the different schools cannot generally be distinguished by their veterinary school experiences.

6.3.3 Lifelong learning

Another factor that is presented as a crucial component of the veterinary course is the importance of it not only being an academically and scientifically rigorous undergraduate degree, but also its function in forming the foundation of a lifelong pursuit of knowledge and constant requirement to keep at the forefront of medical understanding. The QAA suggests that one of the functions of a veterinary degree is to

> "*enable students to develop as independent learners, actively engaged in the process of seeking to understand, thus preparing them for a lifetime of continuing professional development*" [D01 QAA].

Taken with the characteristics of extreme academic achievement in the sciences and a requirement for a well-rounded education as discussed earlier, the 'learning' factor becomes one of the most prominent in the whole collection. This is also the function of a profession in which advances are constant, and any practitioner will be required to constantly update their knowledge. The documents therefore aim to instil a desire for this in veterinary students at the earliest stage possible - or even select those applicants who already have it.

6.3.4 Progression

The impression from the documents is that students arrive at vet school as blank slates and acquire everything they require for a successful veterinary career during the course. For example, the QAA uses the phrase "*students acquire and develop…*" [D01 QAA] to introduce all manner of required skills. This implies that students arrive on the veterinary course with no prior knowledge, skills or understanding; or at least that any prior knowledge that they do have is not valuable or even required. This is an interesting finding given the emphasis on acquiring considerable work experience and cultural understanding prior to applying for a veterinary degree. There is an expectation that students will

gradually acquire the skills required of a veterinary surgeon through the course, until the final year, when the curriculum provides

> "*an increasing emphasis on students taking responsibility for their own learning and development, with case and client management under supervision*" [D14 Cambridge].

By this stage, in at least their fifth year of training, veterinary students are expected to be able to carry out the basic functions of a qualified veterinary surgeon, under close supervision. The requirement of veterinary students to be fully capable immediately on graduation is reinforced here:

> "*Veterinary training institutions are to provide adequate, ethical, research-based veterinary training that enables the new graduate to perform as a veterinary surgeon capable of entering all commonly recognised branches of the veterinary profession immediately on graduation*" [D21 RCVS].

This may not be entirely realistic, and the introduction of the year one Professional Development Phase in 2007 aimed to address a perceived need for increased support for newly-qualified vets.

6.3.5 Non-academic skills

Skills other than scientific/clinical or academic ones are very rarely acknowledged in the documents. There is a very brief mention in the RCVS' criteria for veterinary courses:

> "*Acquisition of generic competences such as skills in written and oral communication, problem-solving and professional attitudes at all stages of the curriculum are an important adjunct to practical and clinical skills*" [D21 RCVS];

and there is also a requirement that

> *"the establishment must provide or have a right of access to a system of routine and special guidance for students, especially those with social problems or those having difficulties with their studies. The guidance programme should also cover future career development and/or job selection"* [D21 RCVS].

However, this is presented as part of a specifically extra-curricular student support framework and deliberately positioned as separate from the taught course. This again serves to reinforce the perceived crucial importance of purely academic achievement, and is surprising given the requirement for excellent communication skills in order to function as an effective practicing vet.

6.4 Practical skills and Extra-Mural Studies

Extra-mural studies (EMS), the system of pre-clinical and clinical students spending periods of supervised practice with a variety of veterinary service providers, has a long tradition and is one of the hallmarks of a veterinary degree. The requirement is for 12 weeks pre-clinical and 26 weeks clinical EMS to be undertaken during university vacations. EMS aims to be deliberately real-world: expressly made distinct from intra-mural 'rotations' - periods spent working within the different disciplines at their veterinary school hospital. A unique feature of veterinary medicine as opposed to human medicine is that EMS placements can be undertaken in any and all veterinary practices across the country - reflecting the fact that the majority of newly-qualified vets will spend at least a year in general practice before deciding whether to specialise or remain a GP.

6.4.1 University role

The role of the university or veterinary school in providing or supporting Extra-Mural Studies is not absolutely clear from the documents. There is some confusion regarding the balance between universities providing clinical skills training, and students acquiring these skills on EMS placements; and also the balance between universities' own clinical facilities providing placements and students travelling away from campus in order to gain the required experience. The need to clarify this has become more acute in recent years with the new vet schools at the Universities of Nottingham (opened 2006) and Surrey (opened 2014) opting for a "distributed model" of clinical education, where they do not have their own veterinary hospitals or referral centres on site, instead sending their students to nearby private facilities to gain the required intra-mural experience, in addition to their vacation EMS placements.

There appears to be two conflicting approaches to the function of Extra-Mural Studies. The first places EMS as functionally separate from the taught course, expressly stating that the content and/or teaching function of EMS could not be covered fully in a university setting. This is a view endorsed by the QAA, whose subject benchmark for veterinary medicine states that the function of EMS is in

> "*enabling students to observe and participate in a wider range of veterinary activities than is possible within any course based solely in a university*" [D01 QAA].

The second view integrates the two more closely, stating that the requisite skills can and should be taught and learned as an integral part of the university course, and that only once they are acquired should they be practiced by students on EMS placements. This view states that students should not be specifically learning new skills while on placements; and is the one endorsed by the RCVS:

> "*It is on EMS placements that students can further practice the animal*
>
> *handling and clinical skills that they first learn at university*" [D03 RCVS].

This approach states that veterinary students are supposed to learn at university and practice at university, followed by further practice in a real-life clinical setting while on EMS. Given the extreme time pressure on veterinary curricula, this may not be a realistic view. The RCVS goes on to state in their EMS policy that

> "*universities are responsible for teaching the skills that students need to*
>
> *practise when they first graduate*" [D05 RCVS].

Again the emphasis is on the function of EMS placements for "further practice" rather than learning new skills. This ensures that the responsibility for teaching practical skills lies firmly with the university, and not EMS practices, or even the students themselves. This is in direct contrast to participants' actual experiences of clinical skills teaching as described in Chapter Five.

The RCVS' guidance states that EMS comprises

> "*complementary experience in contexts that cannot be replicated within the*
>
> *university… real-life commercial and other working environments… within*
>
> *the time constraints and financial pressures of everyday veterinary practice*
>
> *is seen as an invaluable part of the undergraduate course*" [D05 RCVS].

Again, the emphasis here is that EMS placements are supplementary to the taught university course rather than part of it, describing a separation of the two that could be interpreted as contributing to an elite status of the veterinary schools within veterinary medicine in general – the taught course is academic, scientific and highbrow; whereas 'everyday veterinary practice' is not so lofty. Again it is acknowledged that realistic experience of practice is not possible in the university environment - attracting the criticism

that universities do not adequately prepare students for general practice, and reinforcing the crucial importance of EMS.

Another related aspect of this is that of responsibility. The RCVS states that

> "*Universities must take primary responsibility for delivering the Day One Competences*" [D05 RCVS]

but this is not always the case. Students talk about the first time they carry out a procedure often being on an EMS placement rather than at university. This could perhaps be explained by students trying to do too much too early – a desire to get into the more interesting/exclusive practices of skills such as performing anaesthesia or surgery is understandable, especially during the long pre-clinical part of the course, where students can feel a long way removed from their veterinary ambitions; as well as the competitive nature of a highly challenging course. There is also considerable time pressure – as well as having a minimum number of weeks' EMS to complete, veterinary students now also have a prescribed list of procedures – the 'Day One Competences' – that they are expected to be proficient in when they graduate. If an opportunity to participate in a new procedure is offered to a student on an EMS placement, it is reasonable to suppose that it would be fairly impossible to turn down. However, the RCVS's view remains that

> "*EMS must be organised as an integral part of the degree course*" [D21 RCVS].

The specific role and responsibilities of the university in this are therefore not clearly outlined.

6.4.2 The 'real world'

Traditionally, the function of Extra-Mural Studies has been to allow students to experience the application of their veterinary knowledge in a real-world situation. As the RCVS states, EMS provides

> "*An unrivalled opportunity to gain real-life work experience that enhances their university-based studies*" [D03 RCVS].

Again, the emphasis is on 'real life', expressly positioning the university environment as *not* real life and therefore not representing what actually happens in practice. The use of the word "enhances" is interesting, implying that EMS is in fact not essential, but rather an add-on rather than crucial component of a veterinary degree. The RCVS goes on to further explain the objectives of EMS:

> "*The aim of EMS is to enable students to gain practical experience in as many aspects of veterinary work as possible, including the handling of animals, to achieve proficiency in routine techniques, and give students first-hand experience which will help them to develop as professionals*" [D03 RCVS].

The emphasis here is on practical clinical skills and animal handling. Students' development as professionals is mentioned but is not the most important factor – there is no mention of several factors identified as crucial in the student interviews: learning how to act in a clinical environment, or the importance of EMS for the identification of role models (and anti-models), for example.

The universities themselves also place importance on the role of EMS in practices in gaining hands-on experience. For example, the University of Liverpool's guidance to EMS practices states that

"Wherever possible, emphasis should be on 'doing' rather than 'seeing'"

[D08 Liverpool].

The EMS guidance developed by a collaboration of veterinary schools also advises,

"Don't just focus on specialist or referral practices" [D10]

and point out that

"First opinion practices may enable you to get more hands-on experience"

[D10].

The schools are aware that it is easy for students to want to stay in the relatively protected area of a university, academic or referral practice; and are recommending to students that they should not be scared of or shy away from the messier, 'real world' work of primary practice; as it would be to easier and safer to retain the protected status of student (or intern) for longer rather than progress to more independent work. The University of Surrey also describes EMS as

"preparation for real-life clinical practice"; a

"comprehensive, 'real world' professional experience for our students";

and that

"training will develop the students' confidence for real-world clinical placements" [D16 Surrey].

The confidence aspect is fundamental and is one that was identified by participants as being absolutely crucial for starting work in veterinary practice.

6.4.3 Progression and development

An important factor that is emphasised throughout the range of documents is the progression that a veterinary student will make from naïve novice to competent practitioner; and this is a clearly mapped process with defined stages through which all veterinary students must pass. There is some acknowledgement that students in the same

class or cohort will develop clinical skills at different rates. For example, the RCVS' guidance on EMS warns that

> "*The extent of supervision that individual students require to achieve competence will only become apparent with time. An adequate level of competence cannot be assumed from the outset… If a student is unknown to the practice, it is worth spending a short time to determine his/her current knowledge and experience*" [D03 RCVS].

Not all students will reach the same level at same time due to individual differences in learning style and differences in aptitude for the variety of skills, but the externally-regulated nature of veterinary training means that there is very little scope for making allowances. For EMS placements, the importance of a placement provider getting to know their student and the development of skills over time are crucial factors for the RCVS-approved development of skills in a gradual manner.

The universities' views on the progression of their students are more circumspect. For example, the University of Nottingham's guidelines for clinical EMS state that

> "*Each experience should be regarded as contributing towards the development of professional expertise, a process that will continue after qualification*" [D22 Nottingham].

This presents clinical EMS as a gradual (but non-linear) building process that does not stop at graduation. The term used is "professional expertise", explaining to students that the aim is to eventually become experts in their chosen field, but not immediately on graduation. Nottingham goes on to explain the processes surrounding EMS in more detail:

> "*As you progress through your EMS programme, you are capable of becoming more actively engaged in the work undertaking in practice. In simple terms, development follows three stages as you move from an early*

phase of observation, then assistance, and finally competence. This

development through these phases is not a step-by-step process, but a

gradual and continuous flow of learning" [D22 Nottingham].

An interesting omission here is that it is not explained from where or whom this continuous

flow of learning originates. Is it as a result of university teaching - in whatever format - or

from role models in practice or from other sources? However, this document does

demonstrate an appropriate understanding of the gradual acquisition of skills and

knowledge by veterinary students, following the communities of practice model of

legitimate peripheral participation and the gradual development of competence. It is

possible, however, argue against their use of the phrase "more actively engaged" -

veterinary students are "engaged" all the way through the course; it is just that they are

not as technically capable at the start and therefore cannot physically participate as fully as

they will be able to further on in the course.

Another aspect of a student's progression is made apparent in the same document: that

students will develop skills and understanding at different rates, and also that, while the

value of EMS is in gaining real-world experience, that same real-world environment will

naturally place limits on what can be achieved in terms of teaching and learning based in a

busy working environment. As the University of Nottingham explains:

"*A veterinarian's decision as to what can and cannot be done on a*

placement will be dependent not only on the individual student's apparent

skill level, but also on the particular animal, the veterinarian-client

relationship, and any time constraints on that particular day" [D22

Nottingham].

The problems alluded to here are those of finding time in a working practice; and also

hinted at is the issue of a student's "apparent" skill level. This is related to previous

discussions of performativity - students able to project competence are more likely to be those with higher levels of confidence, not necessarily actual ability, which is very strongly reflected in the students' accounts of their experiences of EMS and in interacting with their own peers in clinical environments. It is important for supervising clinicians to be aware of this.

The veterinary schools offer advice to students in order to support them on EMS in developing their skills as effectively as possible, particularly advising clinical students to

"*Try to build a rapport with a good practice and then spend several of your*

EMS weeks with them throughout 3rd, 4th and 5th year" [D10].

This is again based on theories of communities of practice, where a novice is gradually assimilated into a group. Contact time is required to build trust in the novice's abilities, in order to assess their competence and enable them to demonstrate their commitment. Repeat visits to the same practice should therefore result in a higher level of engagement and greater opportunities to participate more fully in the work of the practice. Similarly to the RCVS' advice, the veterinary schools also advise students not to stay in the relative safety of the academic environment, but to be proactive in seeking out the more challenging aspects of learning how to be a vet:

"*When you are comfortable in a practice, try to put yourself forward for the*

things you find most difficult" [D10].

Interestingly, this aspect of the veterinary training discourse changes once students are admitted - prior to this, the talk is all of accepting a challenge and the difficulty of the course; once on the course, the discourse is trying to encourage students to give themselves challenges that they are presented as reluctant to undertake. The need for this advice again implies that veterinary students would choose not to make these decisions -

an interesting contrast to the admission discourses where the overwhelming theme is of enticing students for whom the challenge is one of the main attractions of the course.

Being aware of students' limitations - both for EMS placement practices and for students themselves - is highlighted both by the RCVS and the veterinary schools. The RCVS advises practices that

"*students must be evaluated individually with respect to ability and experience*" [D13 RCVS].

Cambridge University advises its students while on placements:

"*Always make clear that you are a student and not a qualified vet; be aware of your limitations and do not exceed your ability when giving information*" [D14 Cambridge].

This emphasises the unique position of the veterinary student - especially in the clinical years - and most acutely when on practice placements and coming into contact with real cases, and dealing with animal owners. Veterinary students, as discussed previously, have a legitimate position in the veterinary community and are viewed as insiders by the general public, who may ask a student for advice (as described by several participants in Chapter Five). While considering oneself to be part of the clinical community is an important part of engaging with their professional development for students, the University is reminding them that, despite their increasing participation, there remains one crucial divide that means that they are not yet permitted to fully present themselves as (novice) veterinary surgeons to those outside the profession until the moment of qualification.

Another way of assessing the factors that the veterinary schools consider to be important in terms of the value of EMS placements to veterinary students is to examine how the placements are assessed. For example, the University of Cambridge's EMS evaluation form

(that students complete as part of a self-reflective exercise after each EMS placement) asks students to evaluate

> "*Experience gained from this placement: Learning opportunities: Opportunities to discuss cases, opportunities to examine animals, opportunities for practical experience, teaching/supervision/practice discussion, recommendation to other students*" [D18 Cambridge].

The term 'opportunities' is noteworthy, implying that someone is providing something or some situation that the student is obliged to participate in. However, the form that EMS placement practices complete and return to the student's tutor asks practitioners to

> "*Indicate the stage the student has reached in an area according to the year of study: Attitude (student's attitude and enthusiasm), professional appearance (cleanliness, tidiness, dress, etc.), communication skills (with placement staff and clients), animal handling abilities, relevant knowledge, problem solving abilities, manual skills, contribution to clinical discussion (organised and informal), understanding of practice management*" [D18 Cambridge].

This provides a more concrete indication of what the veterinary school values in veterinary students, and also that their progression framework is definitely linked to the student's year of study. Students evaluate their placements for the benefit of other students rather than assessing their own ability or progress; another community-bonding factor where students are expected to act for the good of the entire community. This sense of benign obligation is overtly stated by some vet schools, such as this from the University of Cambridge regarding module feedback:

> "*You owe it to those coming after you to respond to questionnaires*" [D14 Cambridge].

This has strong links with the theme of handing down knowledge as identified in Chapter Five.

6.4.4 Day One Competences

While featuring quite often in the participants' earlier discussions of their progression; Day One Competences are rarely mentioned in the policy documents except for a brief reference by Nottingham vet school in their EMS guidelines:

> "*The experiences gained whilst on placement should best reflect your learning needs as you progress towards your Day One Competences*" [D22 Nottingham].

Here, the Day One Competences are presented as the ultimate goal of a training in veterinary medicine. This is interesting as there is an implication of flexibility in this aspect of veterinary training, suggesting that veterinary students could - and should - tailor their placements to their particular clinical interests or career plans. This is in direct contrast with statements discussed earlier which advised students to deliberately seek out those aspects of practice that they were less familiar with or less enthusiastic about. There seems to be a conflict here between the autonomy of vets in planning own career path as well as daily work; set against the need for them to be omnicompetent on graduation. As the RCVS states,

> "*All students must have acquired "day one" competences by the time they graduate, including general academic and professional attributes and attitudes*" [D21 RCVS];

a rare but important reminder that the role of EMS is not just in teaching clinical skills, but also in developing appropriate culturally-approved "professional attributes and attitudes".

6.5 The 'good vet'

The participants interviewed for Part I described a very distinct model of what they considered to be the standard for a 'good vet'. The image constructed by the policy documents examined, however, is less well-defined. Overall "visions" are described, as in, for example, the University of Surrey veterinary school's published objective:

> "*To educate confident and compassionate veterinarians committed to animal welfare, who, through clinical and scientific excellence, contribute significantly to society with professionalism and integrity*" [D16 Surrey].

As Surrey is the newest veterinary school in the UK, admitting its first undergraduate veterinary students in 2014, it could be argued that this is the definition favoured by those at the very cutting edge of contemporary veterinary education. Certainly it does address some of the most substantial factors perceived by veterinary students - the importance of projecting confidence as a newly-qualified vet, a commitment to welfare and a contribution to society - although the underpinning "scientific excellence" was missing from participants' accounts.

The RCVS' specification for a good vet is laid out in its Code of Professional Conduct for Veterinary Surgeons, published since 1888 and most recently in 2013. The 'Principles of Practice' are specified as

> "*Professional competence, honesty and integrity, independence and impartiality, client confidentiality and trust, professional accountability*"
> [D17 RCVS],

an echo of Friedson's description of trait-based professionalism as discussed in Chapter Three. In general, however, the emphases across all the documents examined are based on three distinct qualities that the good vet should possess: academic achievement and

continued learning, good communication with clients and colleagues, and appropriate professional attitudes; and these will form the basis for further analysis in this section. There also emerged a number of secondary themes which, although not universal, were still sufficiently prominent as to warrant further discussion.

6.5.1 Continued learning

The QAA's Subject Benchmark for Veterinary Science as a degree subject places the foundation for veterinary study in

"*a spirit of intellectual curiosity and academic enquiry*" [D01 QAA],

emphasising the academic superiority of veterinary medicine and therefore the requirement for a good vet to possess these qualities. It also points out that a veterinary curriculum

"*embraces the practical skills required for a new graduate and the*

education necessary to promote reflective experiential learning throughout

a future professional career" [D01 QAA];

again highlighting that veterinary graduates must be prepared for a career of lifelong learning. The Benchmark goes on to explain that successful veterinary graduates must

"*be able to construct reasoned arguments to support their actions and*

positions on the ethical and social impact of veterinary science" [D01 QAA].

This is a rare instance that explicitly brings ethics and the social impact of veterinary work into the realm of (usually) purely scientific foundations that is presented. However, the emphasis on "reasoned arguments" implies that an altruistic motivation for non-clinical decision-making is not sufficient, and that all ethical and social decisions must have a logical, scientific backing: the reason for requiring veterinary graduates to become lifelong learners and apply the scientific method in all aspects of their professional lives - not just in

clinical decision-making. This may not always be achievable - or even desirable - in practice.

An emphasis on continued learning and constant striving for advancement is also found in the material published by the veterinary schools. For example, the University of Liverpool veterinary school's prospectus states that

> "*we have created a dynamic, forward-thinking environment to keep our School at the forefront of technology and research. We aim to produce graduates who are able to respond to the changing demands of the animal world*" [D04 Liverpool].

The purpose of this particular document is to sell the course to potential applicants - in this case, Liverpool are presenting the veterinary degree as being dynamic, exciting, progressive, and cutting edge; and therefore implying that a good future vet should embody these qualities. Using the phrase "*changing demands*" again implies intellectual flexibility and the importance of reactive problem solving in the good vet. Similarly, the University of Surrey paints a picture of worldwide ambition, set within a framework of purely academic achievement:

> "*Our… programme will train veterinary professionals with a global perspective and a spirit of scientific enquiry*" [D16 Surrey].

This additionally reflects the status of UK veterinary degrees within the international veterinary community, its global superiority underpinned by the long and continuous history of veterinary education within the UK (and Western Europe more widely); selling the course to prospective students by linking to the very foundations of the discipline. This is another allusion to the passing on of knowledge through generations.

The RCVS also lists continued learning as a characteristic of the good vet, especially in the years immediately following qualification, although their focus is on the more structured format of their Professional Development Phase (PDP) programme for newly-qualified vets introduced in 2007. The guidelines explain:

> "*The PDP is a self-assessment system that aims to instil a conscious and*
>
> *conscientious approach to professional learning*" [D11 RCVS].

It is interesting to note that by graduation, veterinary students have been at university for at least five years, and that they are generally very academically-oriented people. Given this information, it is reasonable to assume that the habits of continued learning are well engrained, so it is curious that the RCVS wants to "instil" rather than "maintain" such approaches to learning. What is the perceived lack in new graduates that the PDP system is trying to address?   The documents are not clear, and this becomes even more notable when compared with the much more structured Foundation Year 1 and 2 training path for newly-qualified junior doctors. The guidelines go on to explain how the good new graduate must address this deficit by following the PDP programme:

> "*The new graduate must keep a brief, accurate and honest record of their*
>
> *clinical cases against a list of clinical skills and procedures*" [D11 RCVS].

In contrast with earlier emphases on holistic approaches and real-world cases, this is very prescriptive, and the list format rather instrumental. This is a narrow presentation of the 'good vet' based purely on isolated individual clinical skills: placing an intravenous catheter, positioning for radiography, etc., taken entirely out of context. The RCVS does not include any non-clinical skills in the PDP scheme, perhaps because such aspects are so difficult to define and assess, and also because they allow for a greater range of individuality than the prescribed list of clinical skills. The RCVS remains firmly committed to the scheme:

"The RCVS considers the PDP to be the most appropriate form of continuing professional development for the initial period of clinical practice" [D11 RCVS];

which is compulsory for all new UK graduates and also for any vets who qualified overseas and wish to register to practice in the UK. Similarly to earlier documents, it does assume that a newly-qualified vet will automatically want to go directly into clinical practice - not taking into account the RCVS' own advice given elsewhere: that a veterinary degree can also be useful or appropriate for a wider range of potential employment.

As observed earlier, there is an increasing correlation here with human medics' preliminary provisional registration year - the underpinning principle being that a more formally-supervised first year in practice will aid the novice in becoming a successful practitioner. While the idea may have stemmed from human medicine - and veterinary medicine may be heading in that direction - there remain several substantial differences between the two. The veterinary PDP programme is carried out independently with no formal oversight - senior staff in the new graduate's practice are expected to provide general guidance but have no formal role other than to 'sign off' the portfolio once complete. Each new graduate is also assigned a Postgraduate Dean from their graduating university, who can choose to approve completion or not. However, all skills are self-reported: sign-off is required from a "more senior veterinary colleague who is familiar with their work", although no formal assessment of skills is required and these 'senior colleagues' have no training or official indication of the required standard. There are also obvious challenges to achieving consistent surveillance in a busy practice environment.

6.5.2 Communication

The crucial importance of effective communication skills in the good vet is universally prominent among all documents examined. This is usually described in one of two contexts: either in dealing with clients, or in terms of professional relationships within a workplace. Occasionally a hint is made about communicating with 'the general public' as separate from clients and/or animal owners specifically, but very rarely. Despite stating that community status is a positive attribute of veterinary medicine as discussed earlier, communication with the general public is not identified as an important skill for the new graduate vet. The QAA, again, sets out very precisely which communication skills a good veterinary surgeon is expected to have:

"*communication skills with staff, colleagues and the general public*" [D01

QAA],

which echoes the view of participants from Part I; along with

"*interpersonal skills and team-working ability*" [D01 QAA],

again as per earlier participants; and in addition goes into more detail about what exactly this should entail: an ability to

"*communicate their views, advice and decisions clearly*" [D01 QAA].

This requirement aims to address a perceived problem - in common with human medicine - that explaining complex medical concepts to a lay audience is difficult for medical professionals and common complaint from patients (or veterinary clients) when such communication is inadequate or fails entirely. The participants interviewed for Chapter Five were very able to identify failures in communication from their experiences in practice.

The universities emphasise this aspect of the curriculum in terms of the teaching of communication skills, such as this from the University of Surrey:

> "*We recognise the importance of core learning in not only practical skills, but also areas such as professionalism and communication, which is best learned in a practical environment*" [D09 Surrey],

emphasising that this should be a practical, applied skill, taught and learned in the same manner as, say, suture patterns and suturing technique. The guidance on Extra-Mural Studies for students from a collaboration of veterinary schools emphasises the importance of effective communication and maintaining good relationships with practice staff while on placements; especially in terms of learning from Veterinary Nurses and other ancillary staff as well as knowledgeable clients, and not just the veterinary surgeons in practice:

> "*Do treat all practice staff and clients with respect… they are all giving up their time for you free of charge… Respect and learn from the knowledge and skills of the nurses… respect and learn from the knowledge and skills of farmers and other experienced clients*" [D10].

There is an aspect here of wanting to counter the stereotypical image of the vet as intellectually superior by advising students to demonstrate humility in acknowledging the specific expertise of non-veterinary-qualified colleagues, including stock-keepers and farm workers. As the document goes on to state, such efforts will be rewarded:

> "*You will gain respect from offering to lend a hand*" [D10];

emphasising the value of hard work and enthusiasm in a veterinary student within a practice environment - an aspect of practice (a willingness to 'get stuck in') that is culturally valued throughout the veterinary profession. That this reminder is included suggests that there is still a need to address this.

6.5.3 Professional attitude and behaviour

Another aspect deemed universally crucial in becoming and being a good vet is summarised by the QAA as

> *"a good professional attitude and a high standard of professional*
>
> *behaviour"* [D01 QAA].

The document does not, however, define what is meant by professional behaviour or professional attitude, and there is no indication of what this might mean in practice. The emphasis is placed on maintaining high standards, and the wording here suggests that these standards should also apply to a vet's life in general and not just their professional life when working. The implication is of being a vet as an overall identity, i.e. that a qualified veterinary surgeon assumes this identity in their life in general, and is not just 'going to work' as a vet. In support of this, the document goes on to explain that

> *"the knowledge and skills outlined… should be applied within a framework*
>
> *of good personal and professional behaviour"* [D01 QAA]

before listing certain skills. This necessarily merges the personal and professional into a single identity, forming an officially- sanctioned framework within which sits the entire scope of not only the good vet's professional activities, but their entire existence. The RCVS' Fitness to Practice Guide also emphasises that appropriate behaviour includes that outside of a practice (or teaching) environment, that being a good novice vet requires

> *"students demonstrating, in both their professional and private life…*
>
> *respect for the trust and responsibility placed upon them"* [D27 RCVS].

Further on in the document, the QAA elaborates on the non-clinical skills required of a new veterinary graduate: to

> *"conduct themselves in a professional manner… communicate effectively…*
>
> *foster and maintain a good professional relationship with clients and*
>
> *colleagues, developing mutual trust and respecting their professional views*
>
> *and confidentiality… demonstrate an awareness of the role of veterinarians*

in the community, particularly in relation to ethical principles… recognise

their own limitations" [D01 QAA].

These are all factors providing greater insight into the requirement for "*good personal and*

professional behaviour" as identified above. Overall,

"*they require the ability to conduct all their affairs with integrity and in a*

professional manner which meets the high expectations of society" [D01

QAA].

Here we have a hint of the true aim of such detailed guidance: the need of a new entrant

into the veterinary profession to act as an ambassador for that profession in presenting

themselves and their work to society in general in an appropriate way at all times.

This aspect of newly-qualified vets embodying the good vet from the start is echoed by the

RCVS' own student recruitment literature:

"*One thing all vets share is being part of a profession. This brings benefits*

and also responsibilities. Vets are looked up to as respected members of

society and need to ensure they live up to this in the way they think, speak

and act" [D02 RCVS].

By referring specifically to "vets" rather than including veterinary students, this is

presenting an aspirational model for students - as future vets - to aspire to. This is speaking

to the respect of society in general, as well as the need to embody 'being a vet' in all parts

of life not just one's work. However, this is presented here as a shared obligation, with

collegiate responsibility for living up to public expectations accepted as an integral part of

community membership rather than a burden. There is however a slight suggestion that

vets ought to all be conforming to an approved attitude in a slightly more prescriptive way

than has been hinted at previously - referring to the need to *think* in a certain way.

The study handbook for undergraduate veterinary students at the University of Nottingham contains further guidance on acquiring and developing such approved professional attitudes as part of the veterinary degree. For example,

> "*The training is conducted in an environment that requires you to behave in ways that are consistent with the principles of veterinary professional practice. Some relate to behaviour and conduct expected from students from the outset while others will be acquired during the course*" [D06 Nottingham].

This again implies that these professional attitudes are taught and learned behaviours rather than innate personality characteristics. However, later in the same document, almost the opposite view is expressed; that prospective veterinary students require professional attitudes to be in place prior to application, and that this is one of the criteria on which a veterinary applicant will be judged:

> "*We will select students who we believe will demonstrate appropriate attitudes and behaviours from the start. The Nottingham curriculum also has specific objectives for professional attitudes and behaviours, together with opportunities to facilitate their achievement*" [D06 Nottingham].

It could easily be argued that this is an exclusionary practice for those for whom academic achievement and 'professional behaviour' have not been the cultural norm during their adolescence. The document also outlines the consequences of failing to maintain the expected appropriate professional standards, again both within and outside of the course:

> "*If your conduct falls below the high standards of honesty or behaviour that the public has a right to expect from the veterinary profession, you will be required to appear before the Faculty Fitness to Practice Committee and your course may be terminated*" [D06 Nottingham].

Although written for students, this very much reflects the RCVS' professional conduct requirements and sanctions from their Professional Conduct Department and disciplinary system, again directly aligning the student experience with a future professional one. Occasionally, hints explain the potential pitfalls that a new graduate may encounter in maintaining a professional attitude, and the consequences of slipping:

"*Never give in to pressure from clients or colleagues to break or bend the rules: it is your livelihood that is at stake*" [D12 BVA].

The RCVS' compulsory recording system for Continuing Professional Development requires all qualified vets to

"*demonstrate their commitment to maintaining the highest professional standards, in line with the promise made on admission to membership of RCVS to ensure the health and welfare of animals committed to their care*" [D07 RCVS].

There is more detail given here about the reasons why such professional standards are so crucial for the veterinary profession - and a rare mention that, fundamentally, the profession should make the health *and welfare* of animals their primary concern.

As we have seen, although there is a series of very well-defined stages of progression that veterinary students must pass through on their way to qualification, the vet schools still

"*expect all veterinary students to behave in a manner appropriate to their future role as veterinarians*" [D14 Cambridge].

However, the major official status change is the moment of qualification, and admission to membership of the RCVS as veterinary surgeons. All will swear an oath in exchange for the right to practice veterinary medicine in the UK:

"*I PROMISE AND SOLEMNLY DECLARE that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my*

clients, the Profession and the Royal College of Veterinary Surgeons, and

that, ABOVE ALL, my constant endeavour will be to ensure the health and

welfare of animals committed to my care" [D17 RCVS].

While veterinary students will have had expectations of their behaviour as students as outlined above, they will still have had at least some level of supervision and protection from accountability; and then, at the point of qualification, they become solely responsible for all matters concerning their professional life. The RCVS Code of Conduct again sets out the importance of appropriate behaviour in both personal and private life as well as professional and public:

"*Veterinary surgeons must not engage in any activity or behaviour that*

would be likely to bring the profession into disrepute or undermine public

confidence in the profession" [D17 RCVS].

There is also another mention of the importance of maintaining public confidence in the profession, this time using the example of mistreatment of practice staff:

"*Overtly poor relationships between veterinary surgeons and/or veterinary*

nurses undermine public confidence in the whole profession" [D17 RCVS].

Again this holds shades of maintaining a united front throughout the whole profession as presented to the public; and interestingly, this example brings Veterinary Nurses into this realm with the requirement that both branches of veterinary care are working towards the same goal of maintaining public confidence.

6.5.4 Confidence

As well as the three main characteristics of education, communication and attitude as discussed above, several secondary themes were identified as being required characteristics of the good vet. One of the characteristics presented by several of the policy documents is confidence. Whether genuinely felt or merely projected, the

importance of carrying out the work of a veterinary surgeon with confidence was often emphasised. This could well be an aspect of maintaining public confidence in the profession as encountered in the previous section. For example, the QAA asserts that vets should be able to

"*deal with complex issues, make informed and reliable judgements, in a professional manner, even in the absence of complete data*" [D01 QAA];

suggesting that vets, even those newly-qualified, should have the confidence to make treatment decisions based on factors other than complete clinical evidence. It can reasonably be assumed that these decision-influencing factors should include clinical experience, adding further weight to the vital importance of EMS in developing this skill in veterinary students during their training.

Confidence is also a characteristic that veterinary schools expect their students to possess on qualification. The University of Surrey, for example, cites this as a specific learning outcome of their veterinary curriculum:

"*The range and depth of the student practical experience will deliver competent and confident veterinary surgeons who are well equipped to meet the challenges of general clinical practice*" [D09 Surrey].

Confidence is also alluded to in their projected outcomes further into the future:

"*Our goal is to train students to become the leading veterinary surgeons of the future*" [D09 Surrey];

here the idea of producing "leading veterinary surgeons" - with implied confidence in their abilities - is a fundamental component of Surrey's picture of their veterinary training process.

The BVA considers this factor in a different context, highlighting the importance of confidence in its guidance to late-stage veterinary students seeking their first graduate jobs as newly-qualified veterinary surgeons:

"*Personality, confidence, enthusiasm, a positive outlook and good interpersonal and communication skills count heavily*" [D12 BVA],

although they do temper this with some additional advice:

"*Being overconfident can be as intimidating as being too shy*" [D12 BVA].

The difficulty of maintaining a balance between the two was discussed in detail by the participants from Part I. The result of this was a need to balance the levels of confidence projected with a newly-qualified vet's level of skill and ability. Managing this can be a significant challenge - especially as the balance point will be in different places as presented to, for example, a client who will expect competence, as compared to that presented to a practice employer or professional colleague from whom a newly-qualified vet may request help or guidance. Another occasion where a newly-qualified vet may be required to manage this dichotomy is in applying for jobs - when competence must be projected - set against actually starting work, when a high level of support may be required.

6.5.5 Expectations and risk management

A second theme identified from a subset of the documents is uncertainty around the level of expectation held of newly-qualified vets when they start work. Most documents present the expectation that veterinary students will have gained sufficient knowledge and skills during their degree and on EMS placements to be competent on qualification:

"*New graduates are therefore able to 'hit the ground running' having developed their Day One Competencies whilst on EMS placements*" [D03 RCVS].

The impression is therefore that newly-qualified vets should be practice-ready on day one, i.e. fully competent on graduation; although there is no mention here of the future development of skills or the importance of continued learning. This is also an all-or-nothing expectation - there is no acknowledgement of what happens if a student has not reached all the required competencies at day one - the expectation is absolute.

The RCVS goes on to explain this in more detail, describing the specific aims of the last three years of a veterinary degree:

> "*The overall objective is that in the first two clinical years* [i.e. years three and four of a five-year degree] *the student becomes so competent at everyday procedures that they become part of the job, rather than the job itself. At that stage, he/she should also be developing skills in recognising clinical signs and determining diagnoses and treatments, until by the end of the final year he/she should be able to carry out a practitioner's routine work under supervision. At graduation he/she should be capable of becoming a useful member of the practice team*" [D03 RCVS].

The ideal presented here is a gradual development, a refinement of the focus of a veterinary student from worrying about the small things such as isolated basic clinical tasks to the main concern of diagnosis and treatment; an increase in sophistication, and a shift from mechanical or rote learning and recall to the application of knowledge to novel situations and abstract reasoning. Again the word "useful" is used to describe a desirable characteristic of a newly-qualified vet; but interestingly, at this time that they should be "capable of becoming" useful (i.e. at some indeterminate point in the future), rather than actually *being* useful at that early point. The RVCS' Fitness to Practice guidance also allows that this will be a gradual process during veterinary training:

> *"a student is not a fully-fledged professional… allowances for learning and mistakes may be required"* [D27 RCVS],

a rare acknowledgement in the documents analysed.

An Extra-Mural Studies programme is the mechanism by which veterinary students are expected to make this transition from passive learner to active participant. The RCVS does attempt to clarify the status of veterinary students on EMS placements: while their legal status is clearly defined in terms of what level of supervision they must have in order to carry out clinical procedures, their role as quasi-members of the practice staff, or even as members of the veterinary profession more generally, is far more ambiguous. The RCVS advises that

> *"students must recognise that they have important responsibilities as 'nearly professionals' when undertaking EMS and that their attitudes and behaviour have an effect on their own career, and also reflect on their university and the veterinary student body more widely"* [D05 RCVS].

"*Nearly professionals*" is an interesting phrase, as veterinary students do have a specific legally-protected status, therefore does this "nearly" status refer to their standing within the veterinary community? Again this suggests the crucial importance from a very early stage of appropriate attitude and behaviour; of personal qualities and characteristics rather than simply skills and knowledge; outside of work as well as in practice. It is also noteworthy that representing wider groups is mentioned – as maintaining public trust in the profession is a very common theme in the documents, it is seen as important that veterinary students are able to act as ambassadors both for their own training institution and for veterinary students as a whole. This is especially important in, for example, a practice that accepts veterinary students for EMS placements: a negative experience with a student could easily mean that a practice will decide to no longer offer placements to

students, and with student numbers growing, it is very important for the veterinary schools to maintain good relationships with practitioners. The whole EMS system relies on the goodwill of those who have passed through it before.

The theme of upholding the reputation of the veterinary profession to the general public is also picked up by the universities in advice given to their veterinary students. For example, the EMS Driving Licence developed by a collaboration of veterinary schools offers advice on what a student should do if they witness poor practice while on an EMS placement:

> "*Do be prepared that you won't always see textbook, gold standard*
>
> *techniques in practice… Don't contradict a vet or offer an unsolicited opinion*
>
> *in front of the client*" [D10],

suggesting that a united front must be maintained by the two members of the veterinary community present (vet and vet student) against the lay client, and thus potentially preventing the client from recognising poor practice. The student role depicted here is very passive, in direct contrast to the dynamic, ambitious applicants the schools seek to attract. They advise students to be realistic about what they can achieve while on their placements:

> "*Don't have unrealistic or inappropriate goals for either the stage that you*
>
> *are at, or your existing skills*" [D10],

in a similar vein to earlier discussions of the balance between confidence and overconfidence.   This is perhaps in recognition of the official requirement as discussed earlier for EMS placements to be used as opportunities to *practice* skills, not for primary learning; i.e. a student should not carry out a procedure for the first time on EMS, it should be in a university setting. The reason for this is unclear – potentially to teach to a standard model and retain control of the students' learning, whereas practitioners are unsupervised and have different clinical and teaching methods. It could therefore be argued that a

significant part of the value of EMS is therefore fundamentally for students to be able to see things done differently and recognise them as such.

The RCVS also advises students not to expect too much on starting out in practice, an interesting contradiction when compared with other depictions of the omnicompetent new graduate vet:

> "*The veterinary degree equips graduates with the essential Day One Competences needed for safe practice immediately on graduation, but these are only a starting point. The new graduate's professional competence needs to be further developed in a structured manner during the first year or so in clinical practice, until they can perform confidently as a fully-effective professional in the work place*" [D11 RCVS].

Here the RCVS requires newly-qualified vets' work to be "safe" but not necessarily yet effective – an echo of the Hippocratic principle of doing no harm. The recurrent theme of being able to "*perform confidently*" is a repeated one that was echoed by participants from Part I: the importance of performativity and confidence in one's practice, even if one is not fully competent yet.

Incorporated into the theme of low expectations of the newly-qualified vet and the need to manage the risks of their potential incompetence are further parallels with human medicine - borrowing principles aimed at improving clinical practice and applying them to the veterinary field. For example, formal clinical governance is a relatively recent addition to the field of veterinary medicine; an even more recent phenomenon is the overt application of the philosophy of evidence-based medicine to veterinary clinical decision-making. The RVCS has now begun to include values from both of these approaches in its

advice to newly-qualified vets regarding their behaviour and standards during their first year of practice. For example, the RCVS recommends

> "*reflecting upon performance… and making appropriate changes to practice; reflecting upon any critical events and learning from the outcome and making appropriate changes to practice; critically analysing the evidence base for procedures used and making appropriate changes to practice*" [D11 RCVS].

There is a new emphasis on reflection, and subsequently on "making changes", a negative view of early practice - assuming a starting point of incompetence, errors and ignorance - at a period when a newly-qualified vet's professional identity will inevitably be fragile. There is no mention of the teaching value of successes, learning from the outcomes of these, and adding to a professional repertoire of positive, appropriate behaviours and courses of action that can be selected from with a high likelihood of a successful outcome. In a similarly negative manner, the RCVS also recommends

> "*assessing professional competence in consultation with more experienced or better qualified colleagues and limiting your practice appropriately*" [D11 RCVS].

This is the only reference to any form of external assessment or validation of a new graduate's practice by an observer. Again, the language used is negative – requiring limits to be applied rather than the identification of areas for improvement or for the senior person carrying out the assessment to focus on – or even simply mention – areas in which the assessee is doing well, rather than the very risk-focussed portrayal depicted here. This could also be useful in the identification of areas of interest or areas for improvement in terms of career planning, particularly as a new graduate comes to the end of their first, supposedly supervised, year in practice and should have become more independent.

Overall, the new veterinary graduate is positioned as risky and dangerous, requiring supervision and externally-imposed limitation, being portrayed as almost reckless in terms of needing to be reminded to remember their status and know their limits. This is at the extreme end of the RCVS' Code of Professional Conduct, which states, reasonably enough, that

> "*veterinary surgeons must keep within their own area of competence*" [D17
>
> RCVS].

The Professional Development Phase (PDP) aims to support the process of moving from novice to competent practitioner. However, this status of risky new graduate is not formally revoked by any change in status once the PDP is complete. As the RCVS explains,

> "*undertaking the PDP does not affect the membership status of the new*
>
> *graduate – new graduates undertaking their PDP are legally qualified to*
>
> *practice as veterinary surgeons as they are full members of the RCVS. It is,*
>
> *however, an acknowledgement of their relative inexperience and their need*
>
> *for support from more senior colleagues*" [D11 RCVS].

It is not explained what form this support should take, nor how it is enacted or enforced. There are hugely variable levels of support available in in first jobs in practice, and a lack of support is very commonly cited as a major source of disillusionment among new graduate vets in their first jobs (Institute of Employment Studies 2013).

At the end of a new graduate's first year in practice, they should have achieved their Year One Competences. As the RCVS explains:

> "*The expectation is that at the end of their PDP the graduate will be able to*
>
> *perform a range of common clinical procedures, or manage them without*
>
> *close supervision, in a reasonable period of time and with a high probability*
>
> *of a successful outcome. This is the standard the graduate is asked to apply*

when making a judgement about their competence. They must consider not only their clinical skills, but also their general professional skills and attributes" [D11 RCVS].

There is a mention of general attributes here but it remains vague, with no indication of what these attributes might be or how they might be 'considered' or assessed, only the allusion that an appropriate set of skills and attributes exists that the junior vet must measure themselves against. There is some reference to signing off the PDP as complete:

"*The PDP is based on the concept of self-assessment, and seeks to encourage the new graduate to have a realistic view of their professional competence*" [D11 RCVS].

Again this is portrayed in a negative light, with low expectations of what the new graduate will have achieved, implying that new graduates have a tendency to over-estimate their abilities in reminding them to be realistic. In direct comparison with the participants from Part I's descriptions of how they compare their own development with that of their class peers at vet school, this estimation of ability is formalised by the PDP programme:

"*The PG Dean will review their records and advise on any areas that look 'light' compared to the average*" [D11 RCVS].

This enables new graduates to continue to benchmark their progress and will naturally foster a competitive approach to the programme which may be counterproductive – especially if someone is, for example, working in a single-discipline environment or in a research or referral facility where there is less opportunity for the recommended breadth of hands-on clinical work.

In the British Veterinary Association's 'Guide to Job Hunting' for new graduate vets, the Association also emphasises the importance of demonstrating skill levels in absolute numbers in a very similar way to the PDP, advising students to

"*refer to actual experiences to demonstrate your skill level*" [D12 BVA]

when writing job applications. They also advise marketing themselves to potential employers with skills from outside the veterinary field that could be valuable:

"*some of the most marketable skills are those which are useful in a wide variety of work environments… These are valued skills in the private as well as public sectors. Even part-time jobs outside of the profession show the employer that you have the ability to commit to a position*" [D12 BVA].

A curious piece of BVA advice from this document is that

"*two years should be the minimum time you plan to stay in any job*" [D12 BVA],

implying that there is a problem with a high turnover of newly-qualified vets in practice, and that the junior vets themselves are to blame. No reasoning is expressly given for this, nor evidence that this is a requirement from veterinary employers. Such a prospect could place serious pressure on a new graduate who is unhappy in their job but feels tied by an unwarranted expectation that they should stick it out, regardless of how miserable they are, and some consideration of a new graduate's wellbeing would be useful here rather than advising vulnerable people to remain in a situation that is severely detrimental to their wellbeing (a major concern as identified in Chapter Two). This document suggests that durability and a thick skin is required and should be prioritised over individual wellbeing or welfare. This could be a function of the desirability of the course – as it is so hard to get in, those who are successful should be grateful that they get to do the work; and therefore it is very hard to subsequently admit that they are unhappy in the job.

6.5.6 Animal welfare and care

Throughout the entire set of documents studied, there is curiously little mention made of the fundamental function of veterinary medicine: the care of animals. Nor is there any

evidence of a requirement for, or expectation of, an altruistic motivation for veterinary work. The Subject Benchmark does mention a requirement for

> *"…a sense of care and responsibility to patients and their owners and a welfare ethic for animals in general*" [D01 QAA]

which is a rare mention of this, and, correctly but unusually, includes owners as well as their animals. The standard states that

> "*graduates require a knowledgeable, mature and compassionate approach*"
> [D01 QAA],

An unusual example of some of the professional attributes required of a newly-qualified vet being expressly stated. In other documents, the need to go above and beyond the call of duty is very much assumed to be automatic, using phrases such as

> "*Don't expect to leave at 5pm*" [D10];

and examples of situations where the work of a veterinary surgeon is likely to impact on everyday life:

> "*As veterinary surgeons you will have to make decisions not to go to places at the times you would like because of your clinical duties*" [D14 Cambridge].

The emphasis here is on the all-encompassing nature of the work, presented as normal and expected, and as a challenge to be relished rather than a negative feature.

6.6 The veterinary community

There are a number of factors that regularly arise in the documents that present veterinary medicine as a community. Several discuss the importance of peer support and mentoring from senior colleagues, both during training and once qualified. There is a very strong sense of the handing down of a collective veterinary wisdom collated, added to, and shared

from generation to generation, with an emphasis on the importance of teaching to the veterinary role as a whole – not only in a formal educational setting, but through everyday veterinary practice such as in training veterinary students on EMS and coaching more junior vets as early-career practitioners. Both of these contexts are seen as containing responsibilities shared by all qualified vets – to pass on their knowledge and skills to the next generation as their predecessors did for them. Several factors contribute to this.

6.6.1 Peer support and earning membership

Support from peers – those within and part of the veterinary community – is presented as crucial:

"*The support of your peers will help you cope with life as a vet*" [D02 RCVS].

This depicts the community of veterinary medicine to a prospective applicant, with the implication that someone would not be able to cope with veterinary life without help from those in senior positions who have had the same experience. Such shared experience – particularly a difficult or challenging one – is a strong mechanism for group bonding, and this also encompasses the requirement that persevering through adversity is a crucial part of becoming a successful practitioner. The vet schools themselves also emphasise the significance of becoming part of a community that begins on acceptance onto the veterinary course:

"*Student support is provided from the moment you accept a place with us*

and continues throughout the course" [D06 Nottingham].

The crucial importance of 'getting in' is fundamental here – accepted applicants become part of the community at that specific point and therefore have been deemed worthy of the support of the community they have joined. Again there is the sense of communal responsibility as a result of this from the very earliest stages of training:

> *"fellow professionals rely on their peers to uphold their profession's good*
>
> *reputation"* [D27 RCVS].

There are also some differences in how the course itself is presented to potential applicants. For example, most course brochures, as discussed earlier, place great emphasis on the scientific aspect and extreme academic nature of their courses. However, when describing extra-curricular characteristics, the tone changes. For example, Liverpool state that

> *"Veterinary Science provides a friendly, familiar base for our students… easy*
>
> *access to academic staff"* [D04 Liverpool].

The emphasis here is on friendliness, collegiality and accessibility; in marked contrast to earlier discussions of purely academic achievement and impersonal scientific advances. In this instance they are portraying the collectiveness of veterinary medicine and specifically inviting new applicants to join.

6.6.2 Collective wisdom

A vital aspect of support from more experienced members of the veterinary community is in sharing the knowledge gained from spending longer in practice. The RCVS presents this as a selling point for becoming a vet even to those who have not yet applied for the course:

> *"Nurturing the vets of the future… these can be priceless satisfactions"* [D02
>
> RCVS].

The emphasis is on the intrinsic teaching role of all qualified vets and handing down knowledge, implying that there is implicit value in the knowledge gained through a veterinary degree and that this is an importance distinguisher from those outside the profession. Sharing this knowledge – especially to novice members of such an elite group – is presented as a desirable aspect of a satisfying career where members of the group

possess valued knowledge rooted in a shared occupational history, wherever their starting point is. This sense of a collective shared history is also drawn upon by the veterinary schools in statements such as

> "*We offer over a century of excellence and innovation in teaching*" [D04 Liverpool].

They are emphasising the value of having a professional history to draw on, which confers credibility and status on both the institution and the degree course it is advertising.

Although each veterinary school organises their EMS programme slightly differently, the RCVS' advice is clear:

> "*The RCVS recommends that students select a 'base' practice to which they can return at different points during the later years of their course… The use of a 'base' practice enables the placement provider and the student to get to know each other over a longer period. Practices that operate as a 'base' practice for a student should be able to expect more of them over time; towards the end of the degree course, a student should be close to becoming a useful member of the practice team*" [D03 RCVS].

The vet schools have different policies on the relative merits of having a base practice in order to get to know a particular workplace, as set against the benefits of seeing a wider range or variety of practices. The RCVS prefers the former, prioritising the value of developing a relationship with a student in order to develop their skills in a progressive manner, building on their previous experiences, and expecting more from them as they progress through the course. The idea of being "*useful*" towards the end of a veterinary degree is interesting, as the RCVS suggests that by then the student is very close to becoming an autonomous practitioner. However, it can be argued that veterinary students on EMS should be "useful" much earlier: practices' expectations of students can

be very varied. A preclinical veterinary student in the first few years of their course is perfectly capable of being a "useful" temporary member of the practice staff - not necessarily with the specific skills of being a vet but still able to be a useful member of the team in terms of animal handling and husbandry, and basic animal nursing skills. There is a relationship here with the status of newly-qualified vets: are they a useful member of the team or a risk that needs managing?

The practical realities of handing down experience are explored by several veterinary organisations. For example, the RCVS states that

> "*The practitioner's contribution to EMS is of vital importance… The practitioner's aims should be to… encourage… provide experience… teach*" [D03 RCVS].

The expectation is that all veterinary practitioners – regardless of experience, skill level, type of practice or specialism – have valuable knowledge to pass on to veterinary students. As well as educating, the language used here also implies a mentoring or even nurturing role, where practitioners "encourage" the students that visit them. The RCVS also advises that practitioners supervising EMS placements should

> "*encourage students to relate to and communicate with clients where appropriate*" [D03 RCVS]

i.e., provide opportunities for veterinary students to try out the complete veterinary role in a safe, supervised manner. Real practice is the only place to do this with real clients, and this is the only opportunity students will have to interact with the general public while in a quasi-professional role that still has the safety net of secure supervision. Practitioners should also

> "*teach students the importance of the above in relation to professional behaviour*" [D03 RCVS].

This implies embodying the professional role in order to demonstrate the role of the vet, but does specifically say 'teach' rather than 'demonstrate'. This is an ambiguous definition – should qualified practitioners be teaching students (in spite of earlier advice that EMS is just for practicing, not for primary learning), or should they be demonstrating the veterinary role for students to imitate, and providing opportunities to carry out tasks that they have theoretically already been taught how to do? There is a distinct conflict here between the advice given and what actually happens – or may even be possible to achieve – in general practice.

The motivation for veterinary practitioners to engage with training veterinary students is universal and made extremely clear by all the organisations discussing EMS and veterinary education.

> "*It is a system that depends on the generosity of veterinary practices allowing students to spend time with them*" [D22 Nottingham].

The term "generosity" is meaningful: implying a selfless, altruistic motive, with practitioners repeating what was done for them in a longitudinal reciprocal arrangement, paying back the time that senior colleagues spent with them, and in a sense repaying their debt to the veterinary community. The whole process of training veterinary students is rooted in, and relies on, this underlying motive. The phrase "*allowing students*" also echoes many of the earlier discussions about a restricted community that new applicants are specifically permitted access to.

There is therefore an expectation, even a moral obligation, for practitioners to continue the tradition of handing down knowledge to veterinary students. The other side of this is that it subsequently imposes a reciprocal obligation on students to make the most of this provision. The RCVS advises students that they must

> *"Do justice to the enormous contribution provided by the rest of the profession through placements"* [D05 RCVS].

The phrase 'the rest of the profession' actively separates the universities from the profession as a whole, in this case implying that there is a fundamental difference between the teaching received at the veterinary schools and that received on EMS placements. This again reinforces the need to send students out into 'real life' practice in order to receive a complete veterinary education. Another facet of this reciprocal obligation is the social contract between the EMS placement providers and the universities, who are reminded that

> *"Practices receive no financial remuneration for their contribution to the training of veterinary students, universities should consider offering EMS providers discounted and/or preferential access to some services, facilities and/or CPD provided by the university"* [D05 RCVS].

This encourages universities to specifically value the contribution made by placement providers, although there is no mention of a financial incentive, as, as we have seen, practices are expected to provide placements as a service to the profession as a whole, and part of an ongoing tradition. This is presented as being a positive attribute of the profession, another part of the altruistic, collaborative nature of the veterinary community that promotes a strong group identity and student engagement with the profession as a whole. The RCVS is proud of this tradition and uses it to promote the status of veterinary medicine:

> *"This altruistic attitude to education is a great credit to the profession"* [D05 RCVS].

Anecdotally, those in practice generally enjoy teaching and like to have students around in order to pass on their knowledge, to repeat what happened to them in their own training

but this time from the senior position, with the corresponding positional gain in their own relative status as a now more senior member of a professional group.

This community aspect of veterinary medicine is also identified by the University of Surrey's veterinary school, which describes the lack of competition between the veterinary schools in terms of openness in curriculum development. They state:

> *"There is a growing culture of sharing expertise and best practice across the UK veterinary schools, especially in the areas of undergraduate education and pedagogical development"* [D09 Surrey].

This again reinforces the idea that veterinary schools, despite ostensibly competing for the best students, are still bound more strongly by the ties of 'veterinary profession', and are all aiming for the same goal – to train good vets. This is also presented as another aspect that distinguishes veterinary medicine, lifting it above other academic subjects. This is interesting in terms of the differences between some of the schools – particularly Cambridge, where results from the student interviews implied that the extreme academic culture of Cambridge University as a whole did, uniquely, actually override the ethos of veterinary medicine as a specific academic subject. This is a factor that warrants future study.

6.6.3 Teaching

The teaching role of practices reappears in a more formal sense for newly-qualified vets in the form of the Professional Development Phase (PDP). The RVCS describes the employers' role:

> *"New graduates must be supported and assisted by senior colleagues until they are confident of their own ability to provide a full professional service."*
>
> [D11 RCVS]

Although this applies specifically to the one-year PDP phase, it is difficult to define the limits of this supervisory relationship as it could potentially be continuous, particularly given the requirement for lifelong learning in veterinary medicine as discussed earlier in this chapter. In addition,

> *"Employers are not asked to formally examine or assess the graduate's year*
>
> *one competence for the purposes of PDP (although, of course they will want*
>
> *to make a judgement about a graduate's competence on a regular basis in*
>
> *order to decide the level of responsibility which they are prepared to allow*
>
> *them to have in the practice)."* [D11 RCVS]

This is an important distinction. Although the PDP scheme provides a formal structure within which to support new graduate vets, the processes required within it are long-standing components of the general teaching and guiding role of the veterinary profession. Some specific advice is provided for employers, for example:

> *"If graduates are having difficulty with some procedures, employers should*
>
> *try to be supportive and provide opportunities for more practice in carrying*
>
> *these out."* [D11 RCVS]

That this has become a mandatory, formalised part of the induction of a newly-qualified vet is a reflection of the variation in levels of support provided for new graduates which can vary hugely from practice to practice. The BVA also recognises the importance of this, offering advice for newly-qualified vets seeking employment:

> *"A good employer will encourage an employee to learn and become*
>
> *progressively independent.   They will promote a high standard of*
>
> *professional work, ethics and interpersonal interactions"* [D12 BVA].

In this context, 'promoting' is in terms of setting a standard and leading by example.

6.6.4 Public image

The final factor in the community aspect of veterinary medicine as identified in the documents is that of public image; the manner in which veterinary surgeons as a collective group present themselves and their work to the general public. This is recognised as being extremely valuable from the very first stages; for example, the QAA includes this aspect in their specification for the role of veterinary schools:

> "*Veterinary schools have a responsibility to continue to produce graduates*
>
> *in whom the public will have confidence*" [D01 QAA].

Similarly to several of the other factors discussed, the use of the word 'continue' emphasises the collective history of veterinary medicine as a profession and as an academic discipline, the need to maintain high standards (or more specifically, not to let standards slip - implying that this is a risk). The responsibility here is placed with the veterinary schools and not the profession as a whole, or even senior members within it, emphasising the importance of public confidence in veterinary medicine from the very earliest stages of training. Similarly, the RCVS' guidance on Fitness to Practice for veterinary schools and veterinary students highlights an overall goal of veterinary training, that it is

> "*not just about achieving academic qualifications; it is about being of good*
>
> *character, being responsible and being worthy of the trust and confidence*
>
> *of the public and peers*" [D27 RCVS].

The RCVS also works to raise the public status of veterinary medicine (and therefore those who are part of the professional group) by emphasising the superiority of UK veterinary training:

> "*The UK's system is often looked on with envy by veterinary colleagues in*
>
> *other countries… the UK's EMS system is an excellent example of how*

universities and practices can collaborate in the training of the next

generation of veterinary surgeons" [D05 RCVS].

This serves to reinforce the high international status of UK-qualified vets, with the emphasis again on collegiality and collaboration, the perpetuation of handing down knowledge and skills, and connecting contemporary veterinary medicine with a continuous professional history with all its associated expectations. This is also cited as a status-raising factor when compared with other professions and wider academic disciplines:

"*There is an increasing emphasis within UK higher education on work-based*

learning… The veterinary profession should be seen as an example for other

sectors of how employers and the universities can work together for mutual

benefit, and for the good of the profession at large" [D05 RCVS].

Veterinary training is presented as an example to other sectors (and therefore positioned as superior to them), with characteristics including respect and mutual learning specifically identified as features to be emulated.

6.7 Summary of chapter six

There were three surprising findings that emerged from the policy analysis. The first was the overwhelming presentation of the academic nature of veterinary medicine: at the expense of an almost complete lack of mention of any form of animal care or welfare, or vocational motivation. The second was the dichotomy between viewing newly-qualified vets as being omnicompetent on graduation, set against viewing them as almost dangerously inept and in need of serious supervision. The third was confusion over the role of EMS - whether its function was primary teaching of clinical skills, or for practice of skills already taught and learned in class; i.e. should clinical skills be learned in the clean,

approved, academic environment of the university, or on the messy, unpredictable, real-life environment of primary practice?

Overall, this chapter aimed to examine how veterinary medicine as an occupation is presented to those (considering) joining it by veterinary organisations. Firstly, there is a very strong collective responsibility and duty to uphold and maintain a shared professional reputation and high standards. The long occupational history of veterinary medicine as a discipline of study is used to confer credibility; as well as the motivation of having a public image, that the practice of veterinary medicine is a privilege, and that there is respect for the profession due to its restricted knowledge. Veterinary surgeons are required to act as ambassadors and set an example, modelling professional behaviours not only at work, but also in their personal lives, emphasising that veterinary medicine is a way of life, not just a job. Stemming from this, there does exist an approved philosophical approach towards veterinary medicine and the work of a veterinary surgeon, and conformity is expected; with sanctions if individual members do not conform to this approach or display approved behaviours. The external accreditation of veterinary degrees by the RCVS leads to a large degree of standardisation between the veterinary schools - meaning that all UK-qualified will have had a very similar training experience, further reinforcing the occupational bond.

Veterinary medicine is presented as an extreme academic challenge. One aspect of this is achieved by strongly contrasting veterinary with human medicine; where veterinary medicine is given the responsibility of guardianship of both animal and human health, and a leadership role in global medicine. The international status of UK veterinary medicine is also used to confer status and present a career in veterinary medicine as pioneering and exciting. The characteristics of an elite academic subject extend beyond the scientific - veterinary surgeons are expected to apply the scientific method even in moral or ethical

decisions, and as such must have the confidence to make decisions even in the absence of complete data. Another aspect of this is that members of the veterinary community are expected to be universally able - in both the academic and scientific aspects of the work, and in the technical and practical aspects. No mention is made of the emotional demands of veterinary practice and there is an expectation that weakness or unhappiness must not be confessed to.

There is an ongoing theme of service to the community running through the entire output. Most meaningfully in terms of veterinary training, the entire system of Extra-Mural Studies relies on the goodwill and generosity of the entire veterinary community in terms of handing down knowledge from senior to junior members - again emphasising the value of a continuous occupational history. This also links into the sense of duty and obligation that pervades - that aspiring vets must pay their dues in terms of work experience and EMS, and that once they are qualified and in a position to, they should repay the generosity of previous generations by providing placements, supervising, and teaching students and junior members of the profession.

Finally, there is a very clear set of stages that aspiring vets are required to pass through to complete the approved way of joining the veterinary community. The applicant to a veterinary degree is portrayed as highly academically able, but a blank slate in terms of knowledge of the veterinary community. They are dynamic, ambitious people who are seeking intellectual challenge. The significance of 'getting in' to veterinary school is crucial, and is presented in terms of the veterinary community 'allowing' an applicant to join, which they do on acceptance onto the course. Once at vet school, however, veterinary students need pushing to accept challenges. Their expected characteristics include hard work and enthusiasm, but also variability and uncertainty, with a danger of overconfidence

and a need to know limits. The newly-qualified veterinary surgeon is passive, with a need to limit their practice. They may be safe practitioners but not necessarily effective, and require significant supervision. This is in direct contrast to the regulatory structure of veterinary medicine, which perceives newly-qualified veterinary surgeons as omnicompetent and autonomous from day one.

The overall aim of this thesis was to make a contribution to existing research on professional identity and occupational socialisation, particularly in terms of the medical and related fields. This was intended to be achieved by exploring the ways in which the processes of veterinary training and early-career practice were constructed by those experiencing it, and by those responsible for it; with the goal of exploring the development of professional identity in veterinary students and early-career vets to see if a relationship could be identified between what veterinary organisations view as a good new graduate vet and what veterinary students both experience and aspire to.

7.1 Answering the research questions

To summarise the empirical findings: a number of common features were identified between the interview participants' views and the organisational presentation, but there were several substantial areas of dissonance. Each of these is outlined in terms of answers to the three original research questions.

> 1. **How is the ideal of veterinary training and the 'good new graduate' vet presented by veterinary organisations?**
>
> 3. **How do veterinary students describe their experiences in veterinary practice during the training process, and how do they characterise influences on their professional development?**

The overwhelming depiction of veterinary medicine from the organisations that regulate and represent it is of a profession with very high standards - especially academically but also personally - comprising individual members who together have the responsibility to maintain an occupationally-specific public image. The students and newly-qualified vets

interviewed were extremely proud to be part of the veterinary community and valued the strong bonds that held them together, based on a long occupational history, shared experience, and collective responsibility to maintain the standards of the profession and present it appropriately to the general public.

There is a strong sense throughout of a collective responsibility to maintain standards and uphold the public image of veterinary medicine. A strong occupational history contributes to the overall professional identity, leading to a very bonded occupational group. The academic challenge is stressed on all sides, with the impression that one's place in the veterinary community is most definitely earned, and that applying for a veterinary degree, and progressing through veterinary school to ultimately join the profession, is a significant challenge both academically and personally.

The handing down of knowledge and passing on of skills to the next generation is fundamental to veterinary training. It acts as a mechanism by which veterinary surgeons are bonded to the group: veterinary students benefit from the experience of more senior members while on practice placements, then subsequently have a moral obligation to pay back what they owe once they reach the point of being able to teach more junior members. The sense of service to the veterinary community is very strongly ingrained and is valued by both the organisations and the students.

The idea of veterinary medicine not being a nine-to-five job is expressed in policy and the participants identified with it very strongly. The shared experience of a long training, providing a 24-hour service, etc., is another factor that bonds the profession together. However, the consistency of responses to such experience also resonates with a less positive characteristic of the profession - that there exists a very clear, organisationally-

sanctioned, officially-approved attitude towards veterinary life and work, with minimal deviation permitted. This has the subsequent effect that very little, if any, tolerance of weakness, unhappiness, or complaint is allowed; with the result being that members are potentially forced to either internalise their unhappiness or leave the profession entirely.

Despite these broad areas of common ground covered by both groups, several distinct differences emerged where the students' and newly-qualified vets' experience did not match with the organisational ideal.

The most substantial conflict identified from this whole project is the deep division over whether veterinary medicine is academic and professional, or altruistic and vocational. The overwhelming presentation of veterinary medicine from the veterinary organisations via their publications and policy documents is of an elite profession based on scientific knowledge and clinical skill. However, half of the students and newly-qualified vets interviewed did not embody this model of veterinary medicine; instead describing their choice of career as vocational, based on care, and the promotion of animal welfare. All groups, however, played down this aspect of their route into veterinary medicine, choosing to primarily emphasise their scientific interests. Despite this, participants still valued these characteristics in those they identified as role models.

The second major conflict surrounds the question of whether newly-qualified veterinary surgeons are able to be autonomous on graduation or require significant supervision and support or restriction. Related to this are students' and newly-qualified vets' individually-experienced conflicts over being competent and confident, set against the need to *perform* these characteristics when they are not truly felt; leading to a disruption in their self-image of themselves as future veterinary surgeons which is therefore a substantial threat to

maintaining a positive professional identity. This is strongly related to earlier ideas around maintaining and upholding the standards of veterinary medicine not only in one's work, but also in life in general, further reflecting the idea that veterinary medicine is a way of life rather than simply a job; and that a certain attitude towards it must be displayed.

Participants reported that their most profound learning throughout veterinary school occurs during their practice placements. The official line from the policy study is that veterinary schools are wholly responsible for students' learning for the duration of their degree, and that the role of EMS placements is to provide opportunities for students to practice that which they have already learned; which is not often the case. EMS placements are also a major source of veterinary role models, which participants made meaningful use of as examples of both how - and how not - to behave as a practicing veterinary surgeon. Although participants judged their placement supervisors and colleagues on their clinical ability (and were increasingly able to form judgements as they progressed through the course), it was client care and communication skills (or lack of either) that made the deepest impression. The crucial importance of EMS, while acknowledged by the veterinary organisations, is not emphasised in these terms.

These issues can therefore be a considerable source of problems or conflict for early-career vets. There is acceptance that certain aspects are simply 'how it is' in veterinary medicine, and the culture of non-complaint means that early career vets must simply grin and bear it, maintain face, and continue to be grateful for the place in the veterinary community that they worked so hard to gain. The division between the organisationally-approved model of the good new graduate vet and the welfare-driven manner in which a new graduate wishes to practice could be a substantial source of distress. From the explorations of current problems and wellbeing issues in veterinary medicine in Chapter Two, it is possible to

hypothesise a connection between such internal identity conflicts with poor levels of wellbeing and mental health.

<div style="border:1px solid">

2. What factors influence students to choose to study veterinary medicine?

</div>

Narrative accounts will naturally involve compressing a series of lived experiences into a single account. The concentration of data so that no key meanings are lost allows for the analysis of events deemed significant and their social meaning. As accounts are designed to draw interest, the significance of unique or novel experiences can also be set against the prevailing cultural context: comparing a single narrative to a set of events common to all; as well as a set of plots used as markers for identifying the significance or role of individual events. The advantages of a culturally-approved narrative can be seen in promoting membership of a particular group: "to understand one's story in the light of others' is to be a full participant in a particular culture" (Personal Narratives Group 1989).

Narrative is generally defined as a story or set of stories; not necessarily a 'true' record of what happened, but an interpretation and re-interpretation of lived experience. The content of stories naturally develops: our ways of telling about ourselves change, and our accounts become part of ongoing decision-making; a circular process of ongoing development, creating a personal autobiography of interwoven stories. Emden (1998a) emphasises the function of narrative accounts and narrative telling in the *organisation* of stories as a "structure that organises events and human activities into a whole". This is echoed by Paul Ricoeur (1984), who argues that narration is "the activity that produces plots," i.e. an active, dynamic process, rather than comprising the individual elements of the plot itself. Gotham and Staples (1996) conclude that narrative accounts are therefore constructions but not fiction. However, such personal narratives must also mesh with a

community of others. Emden (1998a) describes this 'cultural narrative' as a "collective stored wisdom" conveyed through individual stories; which accounts for the content of community narratives but not for the mode of construction of each individual's story or the way of telling it.

Even among first year students, these narratives will be well-rehearsed. The process of applying to veterinary school will have required the assistance of a number of people, all of whom will need to ask the potential applicant 'why do you want to be a vet?' in some form, e.g. school or college tutors, UCAS referees, work experience placement staff, university admissions staff and subsequently interviewers. Talking about their motivations for studying veterinary medicine will therefore be very familiar to those interviewed for this study.

The major difference between the three sets of narratives is in the underlying motive to pursue veterinary medicine as a career. This is manifested in a dichotomy between "quest" or "heroic" narrative (where the narrator is presented as tough and determined through a difficult experience) and an uncritical, positive narrative (where the narrator is presented as capable and competent). It is interesting to note how narrators manage disruptions to their planned trajectory. Particularly in the case of Determined Planners, obstacles such as rejection from the vet schools, or failure to gain the required entry grades, rather than being presented as diminishing their suitability for the course, are used to exemplify the determination that makes them more likely to become successful vets.

These findings have interesting implications both for the admission of new veterinary students and in the different types of support each group will require both through the course and on moving into practice. For example, similar analyses could be used in the

selection of potential veterinary undergraduates most likely to succeed and contribute to the field of veterinary medicine in a variety of ways. A deeper understanding of the potential differences in the motivation and expectations of veterinary students will also aid veterinary schools and senior practice staff in supporting students through their training and in preparing them more fully for life in practice.

As identified earlier, it would be interesting to study the narratives of those who were ultimately unsuccessful in gaining admission to veterinary school to further explore this typology and refine it to incorporate early career decision-making among potential veterinary students.

The value of narrative data generated from the interviews was in seeing patterns in the accounts which allowed division into the three categories. Those categorised as Confident Achievers in Chapter Five fit exactly with the depiction of the ideal veterinary applicant and student as presented by the veterinary organisations. They are academically excellent, with broad-ranging interests, strong leadership qualities, and a global outlook. Their admission narratives and learning experiences resonate very strongly with the culturally-preferred narrative of UK veterinary medicine. It is therefore significant that potentially half of veterinary students not fit this model.

It is curious that the representative organisational groups of the veterinary profession present veterinary medicine as almost exclusively academic, to the exclusion of any form of vocational motivation. There is no mention of just wanting to help animals. It is also strangely insular - the function of maintaining an emphasis on extreme academic achievement is to raise the status of the profession within a very small community related to veterinary medicine specifically – for example, if the general public are only aware of the

requirements of veterinary training in a very abstract sense (For example, the commonly-encountered notion that it takes seven years to train as a vet), why not present this more widely? It is easy to support the suggestion that the pet-owning or livestock-raising community would prefer a vet who cares to one who was top of the class with no empathy. Why, then, is there such an emphasis on the purely academic? Interestingly, the requirement for top entry grades has not always been the case – as late as the 1980s and early 1990s new veterinary students could start with a handful of B grades at A-level. This generation of vets are now those in leadership roles in the veterinary organisations, and the cultural shift that precipitated the need for extreme academic achievement for entry would be a valuable topic for future study.

Veterinary medicine remains one of the most over-subscribed university degree courses, and universities can therefore afford to be very selective over whom they admit. A vocational motivation for veterinary medicine provides the drive but does still require the same academic standards - those vocationally-motivated are still expected to be as academically able (although more work may be required to reach the required standard). The opposite also applies - there are plenty of highly-qualified applicants for veterinary degrees every year that meet the admission requirements but do not receive offers for veterinary training. What is it that those applicants are missing?

Academic achievement and motivation are not sufficient to gain entry to the veterinary profession. The implication is that it is not the vocational drive that is a necessary requirement, but that applicants must have a sufficient level of the culturally-approved attitude in order to succeed in a veterinary application. How realistic is it to expect this in potentially 17-year-old applicants? Although such applicants should have absorbed some of the culture during work experience, this requirement implies that it is not in fact the

responsibility of the vet schools to teach veterinary culture, as it is expected to be present in students already as a hidden entry requirement. This presupposes that veterinary applicants (and subsequently students) will have come from a very specific cultural background with the *potential* for a veterinary professional identity already present, leading to the propagation of an extremely homogenous veterinary population. Again, further exploration of this would yield important insights relevant to veterinary student recruitment, selection and admission.

The empirical findings here suggest that vocationally-motivated students run the risk of becoming disillusioned because the representative organisations of the profession neither depict nor encourage the type of welfare-based practice they wish to carry out. This will therefore lead to high levels of dissatisfaction, members leaving the profession, or poor mental wellbeing, levels of which, as discussed in Chapter Two, are already acknowledged to be dangerously high in the veterinary profession. Another contributory factor to this is that veterinary students nearing the end of the course, and indeed newly-qualified vets, do not know if they are supposed to be entirely capable on qualification or requiring high levels of supervision. They receive very different expectations from different sources concurrently; potentially leading to substantial internal conflicts and subsequent problems reconciling this aspect of their own professional identity. It is obviously helpful to be employed by a supportive first practice who can clarify their role and level of expectation from a practice point of view. As discussed in Chapter Two, early-career vets report that a lack of support is a major reason for leaving their first jobs, and the conflicts identified here could easily be the underlying cause. Given the potential for the compounding factor of professional isolation, there is also additional value in attending events, CPD courses, conferences, etc., where early-career vets can meet others in the same situation, re-affirm

their motivation (or even choice of career), and share the less positive experiences in a non-judgemental, non-public context.

Within this environment, it would be extremely difficult for veterinary students and early-career veterinary surgeons to admit that they are unhappy. They have endured a long training course, with extremely competitive entry, and there is very high pressure on them to therefore be grateful for their place on the veterinary course and their subsequent qualification. Also, criticising the profession that they have worked so hard to join would detract from their decision to become part of it in the first place. This is a function of the high professional status of veterinary medicine, where complaints or detractors from within the profession are very much discouraged and a positive public image must be maintained. This is a difficult and complex situation, given that problems with mental health within the profession are now openly acknowledged, if poorly understood. Having to project an identity (i.e. that of the professional, competent, confident veterinary surgeon) that one has not fully (or at all) internalised places huge mental strain on those new to the profession and beginning independent work as new graduates. Veterinary medicine is a publicly-performed identity, and needs to be performed daily, not just at work, with very little respite from this performance.

7.2 Contribution to theory

This thesis has contributed to our theoretical understanding in several related areas: firstly, in terms of socialisation theory. With very little previous work in this field relating directly to veterinary medicine, comparisons can be drawn with other analogous professions. The obvious comparator is human medicine, which has an established research base in medical

sociology, and a broadly comparable structure for training, and numerous parallels can be drawn between the two. Previous research on socialisation into clinical occupations has proposed several stages through which new entrants pass in order to reach the level of competent practitioner, several of which were identifiable in this study. The most profound of those supported here were the processes of role rehearsal or role simulation, and the identification of role models (both positive and negative) by those undergoing training. In both of these aspects, it was surprising to find how strongly these phenomena were related to the authenticity of the setting. Extra-Mural Studies (EMS), or practice placements, were deemed absolutely crucial for 'trying on' the future role in a controlled manner, while remaining within the safety net of supervised practice.

This work has provided evidence for prior criticisms of some socialisation models which fail to take into account new entrants' pre-existing values and experiences. In particular, the relevance of motivation for study has been very rarely explored in the socialisation literature, and this has been shown here to have a substantial impact on new entrants' experiences of the training process. This work has also confirmed the importance of role modelling for socialisation, and provided further evidence that students develop the ability to identify both good and poor practice as they progress through their training. However, findings from this study suggest that the characteristics students take from their role models are far more likely to be personality-based rather than valuing purely clinical skill, knowledge or ability.

Several theorists have framed occupational socialisation as a process of divestiture of a personal identity and gaining of a professional identity, and this was indeed recognisable in a veterinary context in terms of descriptions of working in the veterinary profession once qualified as a 'lifestyle' or 'way of life', with associated implications of a loss of 'life' outside

of the occupationally-defined. This work has provided more solid evidence for the mechanisms by which this occurs, especially in relational terms where new entrants are able to interact with real service users who respond to them as members of the group and thus confirm their developing occupational identity.

This type of training does follow the model of communities of practice, as new entrants engage in a form of legitimate peripheral participation as a formal part of their clinical education in order to join a desirable group. There is evidence here of a considerable requirement to demonstrate to members of the group that a newcomer has earned their place and is worthy of the group's efforts in admitting them, which aligns very strongly with the more bilateral models of socialisation into occupational groups such as Glen and Waddington's (1998). Further evidence is also supplied in support of theories of reward (e.g. Greenwood 1993, Boud and Middleton 2003, Dyrbye et al 2007) – i.e. that senior members of a group will implicitly require and reward behaviours perceived as appropriate in newcomers – although this work suggests that the ideal model for novice entrants' behaviour is in fact more pervasive than the theories would suggest in this context. It has been demonstrated that students are very aware of the existence of this model, and consciously make use of this knowledge while in practice in order to gain access to higher levels of socialisation and permission to participate in more sophisticated procedures.

These types of occupations, while having administrative changes in status as part of ongoing training, are characterised by a requirement for continued learning. The proposed status of "competent" as arrived at by the end of formal training is not necessarily recognised by those undergoing this process. Kramer's (1974) clinical socialisation model is particularly applicable here: she suggests that once social integration is achieved (i.e. acceptance of the newcomer by members of the occupational group), the initiate

recognises discrepancies between their professional role and the conflicting expectations of compassion and bureaucracy on entering the workplace. This work confirms the relevance of this model to veterinary medicine, but not Kramer's outcome: she states that such conflicts are resolved by either surrendering certain values or learning to work the system and becoming more politically aware. Neither of these processes were identified in findings here so it may be that such resolution occurs later than expected – or not at all - in this context.

Other socialisation theorists have concentrated more on socialisation into a particular workplace rather than an occupation as a whole (e.g. Moreland and Levine 1982, Gailliard et al 2010, Han et al 2014), and the questions they posed surrounding what attracts newcomers to the group and maintains their loyalty can be partly answered here. In this context, the group instils commitment by its presentation of the occupational community as elite, academic, scientific, and embodying very high standards both professionally and personally. The means of entry and admission requirements also function as mechanisms with which to instil commitment to the group by creating considerable barriers which must be overcome – and thus substantially raising the value of overcoming them and demonstrating worth to the group.

The negative aspects of socialisation into a clinical occupation as a loss of idealism or desensitisation to need (e.g. Pitkala and Mantyranta 2003, Mackintosh 2006, Schoenfeld-Tacher et al 2015) were not identified here. Although socialisation was characterised as conforming to an ideal, this empirical work demonstrated very strongly that for a substantial proportion of new entrants, vocational motivations and a wish to practice in a compassionate manner were sustained right through from the start of training to beginning qualified work, with no loss of critical awareness as predicted by studies in medical

sociology. In contrast, interview participants were increasingly able to identify poor practice as they progressed through their training, more aligned with Fitzpatrick et al (1996) and Hendelman and Byszewski's (2014) work suggesting that increasing confidence in a clinical environment is the crucial factor. However, previous findings that reconciling theoretical knowledge with actual practice is a major challenge (e.g. Wilson and Startup 1991, Greenwood 1993, Maudsley 2001, Luther and Crandall 2011, Bientzle et al 2013) were strongly represented here and therefore appear to be universal.

The second theoretical field this thesis engages with is the theory of professions. Contemporary sociologies of work and occupations suggest that membership of a profession relies on new entrants learning to use the prevailing professional discourse. Other theorists have defined a profession in relational terms – i.e. based on judgements made by others (e.g. Crompton 1990, Lindberg 2009, MacKenzie 2012). This latter model was confirmed in this case, where the most profound interactions for new entrants were those with clients (and their patients); and participants' being responded to as a member of the community by those outside it was a very meaningful influence on identifying themselves as part of the profession. The most substantial relational aspect in terms of access (both to the profession as a whole and to more profound engagement with it) was developing an occupationally-approved attitude toward the work of the profession – in keeping with much previous work identifying that 'being the right sort of person' is the most crucial factor for a successful entrance into a particular profession (e.g. Dingwall 1976, McLoughlin et al 2010, Mellanby et al 2011).

Again, there are interesting discrepancies between this work and that from the medical field around points of change. The medical literature generally asserts that new entrants

become members of the profession at the point of graduation, when they qualify as a doctor. While this may be the case in bureaucratic terms, and in terms of accountability for one's work, this thesis suggests that membership of a profession actually begins at a much earlier stage – the crucial point in this case being acceptance into training. Most of the current literature focuses on the changes that occur around qualification; and therefore it is suggested that the other end of training – the point of entry - warrants much closer examination.

Distinguishers from the lay population are used to demarcate the functional boundaries of a profession. The notion of a 'technical core' of professional knowledge that is handed down between the generations is readily identifiable here, although veterinary medicine is distinguishable from the human medical fields as a private industry. This means that rather than standardised practice placements being carried out in NHS settings, veterinary students have much more varied experiences of early clinical practice, and therefore have to do more work in order to reconcile the differences and variation encountered.

The Durkheimian concept of profession as a form of 'moral community' (Durkheim 1964) is most profoundly encountered here in the considerable pressure on members to conform to a particular occupationally-approved means of presenting themselves and a communal responsibility to maintain high academic and personal standards at all times. The power of the profession therefore lies in the requirement for self-regulation both individually and at an organisational level. There is another clear relationship here between work in the human field on mechanisms of professional identity and self-control (e.g. Evetts 2003), and findings such as the use of published professional guidelines (the RCVS Day One Competences, for example) in determining where a clinical graduate should be by the time they reach qualification.

The third area of theory that this thesis engages with is that of work-role transitions. Previous work has proposed models for role transition in terms of the stages a new entrant must pass through (similar to the socialisation models as discussed above), and also again in terms of the reactions and responses of the new entrant to the new role. Theorists such as Nicholson (1984) mapped the responses to work transitions, identifying two possible personal outcomes for newcomers if there is poor fit between their expectations of the work and their actual experiences (i.e. either altering the role to fit their values or altering their values to fit the role). However, neither of these appears to be the prevailing response from findings here: for a substantial proportion of participants, such reconciliation between their vocational ambitions and the academic presentation of the modern veterinary surgeon has not (yet) occurred. Further work is required in order to establish whether such resolution does in fact occur later in a veterinary career, or whether a damaging disparity remains.

This work provides further support for previous findings in both human medicine (Deketelaere et al 2006) and veterinary medicine (Scholz et al 2013) that major conflicts occur between the needs of the novice entrant and the operational needs of the clinical setting, with the result that new entrants to the profession will have very different levels of skill depending on their prior experience, also confirming prior findings from other clinical occupations (e.g. van der Hem-Stokroos et al 2003). The construction of "role schemas" as proposed by Neale and Griffin (2006) as conveying normative information was recognisable in the way interview participants constructed their models for what the good new graduate should look like from a variety of experiences. In exploring the process of construction of such schemas, findings here have proposed that the most important influence on this process is the identification of role models and the selection of pertinent characteristics to

add to the content and organisation of the schemas. These findings did not, however, find evidence of the counterproductive or deviant behaviour suggested by Neale and Griffin as a response to a negative experience of transition into a new role where such a schema is challenged.

Ibarra and Barbulescu (2010) proposed a model of role transition where successful narratives of entry and progression are those which are deemed valid by existing members of the social group. Similarly to the reward models of socialisation, it has been shown here that while some new entrants' narratives do conform to the occupational ideal, the majority do not. This thesis presents further evidence to support the theory that a credible and approved story is critical for minimising the emotional discomfort of inauthenticity experienced if a coherent link between old (student) and new (professional) roles cannot be drawn. Additional studies looking further into the early years of qualified work are needed to establish the mechanisms by which these narratives are refined and whether or not resolution is achieved. Niessen et al's (2010) work focussing on role transitions in terms of disengagement from previous roles suggested that holding on to the role of 'student' may have been significant in tempering the ability to fully engage with the role of 'practitioner', but this was not identified here. In contrast, the importance of early feedback on performance - in particular in terms of reactions from clients - was demonstrated in this work in terms of the value of interactions with clients and being treated as part of a profession by those outside it (i.e. service users). Routly et al (2002) identified the significance of this aspect of early practice life in newly-qualified vets and this work has taken this a step earlier into the realm of training as well as post-qualification practice experience. This also confirms the significance of the relational aspects of role rehearsal as identified by several authors in the medical field (e.g. Lingard et al 2003, Hilton and Slotnik 2005, Dornan et al 2006, Rees et al 2007, Benbassat 2014) and in working lives

more widely (e.g. Wrzesniewski and Dutton 2001, Sluss and Ashforth 2007). The challenges to identification with the role of 'doctor' as identified by Gude et al (2005) have been demonstrated here to be absolutely transferable to the veterinary field: a lack of confidence in one's own knowledge and a fear of encountering demanding situations being among the most meaningful.

Several authors have examined the significance of distinguishers from the lay population in developing a stable professional identity, such as the use of occupationally-specific language, rituals or symbols (e.g. Weaver et al (2011) in doctors, Vivekananda-Schmidt et al (2015) in doctors and dentists). The ritual most commonly discussed by participants in the first part of this study was the performance of surgery, access to which was valued the most highly of all the activities carried out in the clinical environment. Being permitted to carry out this extremely occupationally-restricted activity was a signifier of legitimate community membership and used as a benchmark to compare degrees of 'insiderness' with peers.

Overall, this thesis has demonstrated the applicability of several areas of medical sociological theory to the veterinary field; and also identified areas of disparity with considerable potential for ongoing study. The findings from this this thesis should therefore be of interest to researchers in the fields of higher education, work and employment, medical sociology, and health policy; for advancing theoretical knowledge and understanding of socialisation processes into occupations, the clinical professions, the use of narrative methods, and the emerging field of veterinary social sciences.

7.3 Practical and policy implications

This study adds to our understanding of motivation among veterinary students, the means by which they learn practical skills, and the effectiveness of organisational influence on occupational identity. As such, it will be of interest and use to several groups:

- *Veterinary organisations and policy-makers*

This work will be of interest to veterinary organisations and policy-makers for increasing understanding of what makes (and retains) a successful veterinary surgeon, and valuable exploration of the potential barriers to a successful transition to qualified work that could result in poor mental health. This work has helped to uncover some of the perhaps unwitting influences that originate from the presentation of veterinary medicine as a career, and serious consideration must be given as to the image of the profession that is presented both publicly, and internally, and how this may potentially affect those at the start of a veterinary career. At present, the veterinary community is highly homogenous, and there is definite scope to challenge the criteria with which veterinary students are selected in order to encourage and accommodate a more diverse population.

- *Practicing veterinary surgeons and veterinary practice managers*

Those working in practice and responsible for the recruitment of veterinary staff and the supervision of veterinary students away from their universities can use these findings for several purposes. Firstly, for a better understanding of the underlying processes of Extra-Mural Studies in practice, by providing insight into practitioners' crucial function as potential role models and anti-models, and in considering the potential means by which judgements on veterinary students' and early-career vets' abilities are made. Secondly, a better understanding of veterinary students' motivation allows improved provision of the support required for newly-qualified vets; thus improving the experience and effectiveness

of the student-to-work transition. This should subsequently translate into increased staff engagement and morale, and lower staff turnover.

- *Higher education providers of veterinary and related degrees*

These findings will be useful for veterinary schools and staff for improving the provision of student support and preparation for a successful transition to work (and subsequent career), and also in encouraging the early development of a veterinary identity and coherent professional narrative. For example, the early identification of which motivational category a student falls into will inform the nature of support they require as they progress through veterinary training. With further refinement, it may be possible to identify such categories in UCAS personal statements before students even arrive at veterinary school. At the other end of the training path, longitudinal work could also explore whether such categories could be used to predict future career paths and therefore the type of career advice that could be provided to differently-motivated students in terms of working location, practice type, or specialism, for example.

7.4 Limitations and future directions

Delimitations – i.e. deliberate restrictions to the study – were imposed to provide focus and maintain a manageable level of work required. Fieldwork was deliberately limited to three research sites, and this was imposed for reasons of feasibility within the scope of a PhD while still maintaining good variation in the study. If one more study site had been possible, this would have been the Royal Veterinary College, London, as the largest veterinary school and the only one that focuses on veterinary training, as explained in section 4.2.1. The University of Surrey's new veterinary school, which opened during the

period of study, will also provide a rich source of future educational and sociological study in the veterinary field.

Fieldwork was also restricted to current veterinary students and newly-qualified vets, again for feasibility, within the study aim of focussing on very early-career development and those for whom formal training is either current or very fresh in their memories. What the interview section of this study is missing is the voice of those who met the entry requirements, applied for veterinary school, and were rejected (and did not subsequently re-apply). It would further add to our understanding of motivation among veterinary students if it could be established what it was that enabled them to decide to leave the veterinary field and choose a different path rather than persist and re-apply for the course, as many of the participants in Chapter Five had done.

A further extension of this would be to follow up those who do in fact qualify as vets but subsequently leave the profession. At present only raw numbers are kept by the RCVS Registration department, but no further monitoring is carried out. These people would have interesting stories to tell about their decision to stop practicing – whether temporarily or permanently – and what this could tell us about the development (and potential subsequent loss) of a professional identity would be highly pertinent to the topics covered here.

Externally-imposed limitations – i.e. restrictions the researcher has no control over - included factors such as access to participants. The self-selection of participants means the risk that only those who consider that they have something meaningful to contribute will choose to respond and subsequently agree to be interviewed; although the differing depth of data generated between interviewees suggests that this section did include some more

circumspect participants and therefore represented a reasonable range of participants. The generation of data in this manner can run the risk of methodological limitations as the level of data richness depends very much on each participant. However, veterinary students are by definition highly educated and very articulate so were very able to convey their experiences in verbal form in an interview setting.

In any qualitative work there is a decision to be made about whether data saturation can occur, given that each new participant will have something to contribute. It is suggested that it is in fact the researcher that becomes saturated (Josselson and Lieblich 2003) which does ring true – as interviews continue, one does indeed get a feel for the amount of data required and whether each new participant is actually saying something not heard before, or just a different example or operationalization of the same phenomenon. Out of practical necessity, this study involved interviewing participants from different stages of the course at a single point in time – and revisiting the same cohort for future exploration would offer further insights into the development of professional identity and how it changes as the students progress through the course and into their first jobs. Some of the participants will now be two years into qualified work and would have valuable stories to tell.

Veterinary medicine is a relatively small and closed occupational world. Maintaining the anonymity of individual respondents is automatic, but investigating three sites out of seven nationally means that concealing locations was impractical – general anonymity could perhaps have been provided to outsiders but not to those with any knowledge of the veterinary world. There is also the implicit assumption that participants are socially isolated from each other but this is not the case – some of the participants had communicated with each other and in some cases assisted with the recruitment of

additional interviewees. I as a researcher have very little control over how participants respond to the research process and with whom they communicate.

When considering extensions to this work, an alternative approach would have been to include an ethnographic study as part of this project. Although there would have been potential problems with access and consent, as well as practical and logistical limitations, this type of immersive methodology would have added an extra dimension, permitting further comparison between the ways in which veterinary medicine is presented by its organisations, how it is described by students, and additionally how it is operationalised in practice. For the purposes of this project, I was more interested in how participants themselves characterised their professional development rather than how it is enacted in their day-to-day experience of the veterinary course and on practice placements. However, ethnography would be highly appropriate for observing students in training - either during practical sessions at veterinary school or on EMS placements - to see how they learn clinical skills in practice, and whether or how they mimic those more senior to them in the physical enactment of role modelling. I hope that this will form part of the future of this work.

To further explore the organisational presentation aspect of this work, an additional approach would be to seek the views of people in the veterinary organisations, formal veterinary educators (i.e. teaching staff in the vet schools), and informal veterinary educators (i.e. practitioners who supervise veterinary students on EMS placements in practice). The focus of this study was on the formal presentation of veterinary medicine, so it would be an interesting extension to firstly talk to those with responsibility for creating these documents and explore their understanding of the image they present, and secondly to explore the degree of compromise that goes into the writing and editing of such

documents representing the organisations which are necessarily created by a group of individuals. It would also be useful to examine the specific mechanisms by which the values from the policy documents filter into the student experience.

7.5 Conclusion: rhetoric vs reality

Veterinary Medicine does not have a history in the social sciences and is therefore a fascinating field of study. There does not appear to be any previous work on the organisational discourses of veterinary medicine and very little on any aspect of the sociology of veterinary medicine outside of topics expressly related to education from within the veterinary schools.

From interviewees' stories, a clear distinction could be drawn between the majority, who were vocationally-motivated, and a smaller group who were drawn to a veterinary career by the high academic standards required. All identified several influences on their own professional identity development: role models, the need to perform as competent and confident, and presenting an approved personality type in order to gain access to the practical experience required during training. The predominant story arc is that of becoming increasingly 'vetlike' as they progress through the course.

Animal welfare is a substantial silence in the organisational discourse of veterinary medicine. The discourse analysis revealed the overwhelming presentation of the elite academic nature of the profession, at the expense of any mention of animal care or welfare, or acknowledgement of vocational motivation. A compelling collective responsibility was also identifiable in terms of upholding a professional reputation and its

high standards. A strong occupational history contributes to this, leading to a very bonded occupational group. The idea of veterinary medicine not being a nine-to-five job is expressed in policy and resonated very strongly with interview participants. However, there exists a very clear, organisationally-sanctioned, officially-approved attitude towards veterinary life and work, allowing very little deviation. This has the subsequent effect that tolerance of weakness, unhappiness, or complaint is low; so that members are forced to either internalise their unhappiness or leave the profession entirely.

Veterinary medicine is perceived as a career with high job satisfaction and a positive public image. However, awareness is increasing of worryingly high levels of mental illness, stress, unhappiness and dissatisfaction with their work among the veterinary workforce. This thesis suggests that one factor that could underlie this is a mismatch between a new entrant's ideas of what a vet is and does, and the reality of a working life in veterinary practice. From the conclusions presented in this thesis - in particular the finding that, as a profession, veterinary medicine strives to distance itself from an animal care or animal welfare focus - I hypothesise that it is the confused messages received as part of the process of socialisation during training that could connect to many of the problems facing the modern entrant to the veterinary profession.

This research specifically focused on the development of occupational identity in veterinary students and newly-qualified veterinary surgeons in the UK and is the only current work to examine the processes, presentation and experiences of veterinary training in this comparative manner. As a relatively new, and very interdisciplinary, field of study, the capacity for future work in veterinary social sciences is considerable, with much to be learnt from allied fields as well as further explorations of just what makes veterinary

medicine unique, and such a valuable source of social inquiry given the significance of pets

and livestock to the lives of a nation of animal lovers. This is potentially a very rich field.

REFERENCES

Aldridge M, Evetts J (2003). Rethinking the concept of professionalism: the case of journalism. *British Journal of Sociology*, 54(4): 547-564

Allister R (2015). Questions of identity. *Veterinary Record*, 176: 431-432

American Veterinary Medical Association (2014). One Health. Online at www.avma.org/onehealth, accessed January 2015

Angus Reid (2012). Nurses, doctors are most respected jobs in Canada, US and Britain. Online at www.visioncritical.com/wp-content/uploads/2010/08/2010.08.10_Professions_BRI.pdf, accessed September 2014

Anonymous (2015a). Mental well-being not properly addressed. *Veterinary Times*, 6th April 2015.

Anonymous (2015b). Exploring mental health might benefit all of us. *Veterinary Times*, 22nd June 2015.

Apker J, Eggly S (2004). Communicating professional identity in medical socialization: considering the ideological discourse of morning report. *Qualitative Health Research*, 14(3): 411-429

Arnold RM (2007). Formal, informal and hidden curriculum in the clinical years: where is the problem? *Journal of Palliative Medicine*, 10(3): 646-648

Ashforth BE, Kreiner GE (1999). 'How can you do it?': Dirty work and the challenge of constructing a positive identity. *Academy of Management Review*, 24(3): 413-434

Ashforth BE, Saks AM (1995). Work-role transitions: A longitudinal examination of the Nicholson model. *Journal of Occupational and Organizational Psychology*, 68: 157-175

Baernstein A, Amies Oelschlager A-ME, Chang TA, Wenrich MD (2009). Learning professionalism: perspectives of preclinical medical students. *Academic Medicine*, 84(5): 574-581

Baguley J (2006). The role of final year extramural placements in the undergraduate veterinary curriculum. *Australian Veterinary Journal*, 84(5): 182-186

Baguley M, Brown A (2009). Critical friends: An investigation of shared narrative practice between education and nursing graduates. *Teaching in Higher Education*, 14(2): 195-207

Bartram DJ, Baldwin DS (2010a). Veterinary surgeons and suicide: A structured review of possible influences on increased risk. *Veterinary Record*, 166: 388-397

Bartram DJ, Baldwin DS (2010b). Veterinary surgeons and suicide: Influences, opportunities and research directions. *Veterinary Record*, 162: 36-40

Bartram DJ, Yadegarfar G, Baldwin DS (2009a). A cross-sectional study of mental health and well-being and their associations in the UK veterinary profession. *Social and Psychiatric Epidemiology*, 44: 1075-1085

Bartram DJ, Yadegarfar G, Baldwin DS (2009b). Psychosocial working conditions and work-related stressors among UK veterinary surgeons. *Occupational Medicine*, 59: 334-341

Beagan BL (2001). "Even if I don't know what I'm doing, I can make it look like I know what I'm doing": becoming a doctor in the 1990s. *Canadian Review of Sociology and Anthropology*, 38(3): 275-292

Beattie M (2006). *The Art of Learning to Teach: Creating Professional Narratives*. Harlow: Pearson Education

Becker HS (1970). The nature of a profession. In *Sociological Work*, Chicago: Aldine

Becker HS, Geer B, Hughes EC, Strauss AL (1961). *Boys in White*. Herndon: Transaction

Benbassat J (2014). Role modelling in medical education: the importance of reflective imitation. *Academic Medicine*, 89(4): 1-5

Bendix R (1977), *Max Weber: An Intellectual Portrait*. Berkeley: University of California Press

Bientzle M, Cress U, Kimmerle J (2013). How students deal with inconsistencies in health knowledge. *Medical Education*, 47: 683-690

Blanz M (1999). Accessibility and fit as determinants of the salience of social categorizations. *European Journal of Social Psychology*, 29: 43-74

Bleakley A (2000). Writing with invisible ink: Narrative, confessionalism and professional practice. *Reflective Practice*, 1: 11-24

Bleakley A (2005). Stories as data, data as stories: Making sense of narrative inquiry in clinical education. *Medical Education*, 39: 534-540

Borges NJ, Savickas ML (2002). Personality and medical specialty choice: a literature review and interrogation. *Journal of Career Assessment*, 10: 362-380

Boud D, Middleton H (2003). Learning from others at work: Communities of practice and informal learning. *Journal of Workplace Learning*, 15(5): 194-202

Bourdieu P (1990). *Reproduction in Education, Society and Culture*. London: Sage

Bradby M (1990). Status passage into nursing: Another view of the process of socialisation into nursing. *Journal of Advanced Nursing*. 15: 1220-1225

Bretz RD, Judge TA (1994). Person-organization fit and the theory of work adjustment: Implications for satisfaction, tenure and career success. *Journal of Vocational Behavior*, 44: 32-54

British Equine Veterinary Association (2013). Too many horse vets and not enough jobs. Online at www.beva.org.uk/news-and-events/news/view/440, accessed January 2015

British Veterinary Association/Association of Veterinary Students (2012). BVA/AVS Survey Results 2012. Online at www.bva.co.uk/uploadedFiles/BVA_AVS_Survey_results_2012.pdf, accessed January 2015

Bruner J (1987). Life as narrative. *Social Research*, 54(1): 11-32

Burke K (1945). *The Grammar of Motives*. New York: Prentice Hall

Bury M (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness*, 4(2):167-182

Carr-Saunders AM, Wilson PA (1933), *The Professions*. Oxford: Oxford University Press

Chari S (2008). Handling career role transitions with confidence. *The International Journal of Clinical Leadership*, 16: 109-114

Charmaz K (2002). Qualitative interviewing and grounded theory analysis. In: Gubrium J, Holstein JA (eds), *Handbook of Interview Research: Context and Method*. Thousand Oaks, CA: Sage

Chigerwe M, Boudreaux KA, Ilkiw JE (2014). Assessment of burnout in veterinary medical students using the Maslach Burnout Inventory-Educational Survey: a survey during two semesters. *BMC Medical Education*, 14: 255

Clandinin DJ, Connelly FM (1994). Personal experience methods. In: Denzin N, Lincoln Y (eds) *Handbook of Qualitative Research Methods*. Thousand Oaks, CA: Sage

Cohen H (1981). *The Nurse's Quest for Professional Identity.* Menlo Park: Addison-Wesley

Crawford P, Brown B, Majomi P (2008). Professional identity in community mental health nursing. *International Journal of Nursing Studies,* 45(7): 1055-1063

Crompton R (1990), Professions in the current context. *Work, Employment and Society*, Special Issue: 147-166

Cruess SR, Johnston S, Cruess RL (2004). "Profession": a working definition for medical educators. *Teaching and Learning in Medicine*, 16(1): 74-76

Cuesta-Briand B, Auret K, Johnson P, Playford D (2014). 'A world of difference': a qualitative study of medical students' views on professionalism and the 'good doctor'. *BMC Medical Education*, 14: 77-85

Currie G, Finn R, Martin G (2010). Role transition and the interaction of relational and social identity: new nursing roles in the English NHS. *Organization Studies*, 31(7): 941-961

Dalton G, Thompson P, Price R (1977). The four stages of professional careers: A new look at performance by professionals. *Organizational Dynamics,* 6(1): 19-42

Davies T (2014). Specialisation: Advanced practitioner status and old-style certificate holders. *Veterinary Record*, 174(18): 457

Davis F (1975). Professional socialisation as subjective experience: The process of doctrinal conversion of student nurses. In *A Sociology of Medical Practice* (ed. Cox C, Mead A), pp 116-131. Oxford: MacMillan

Dawis RV (2005). The Minnesota theory of work adjustment. In Brown SD, Lent RW (eds), *Career Development and Counselling: Putting Theory and Research to Work*. Hoboken: Wiley

Daykin N, Clarke B (2000), 'They'll still get bodily care'. Discourses of care and relationships between nurses and health care assistants in the NHS. *Sociology of Health & Illness*, 22(3): 349-363

Deketelaere A, Kelchtermans G, Struyf E, De Leyn P (2006). Disentangling clinical learning experiences: an exploratory study on the dynamic tensions in internship. *Medical Education*, 40: 908-915

Dingwall R (1976), Accomplishing profession. *Sociological Review*, 24(2): 331-349

Dollard J (1949). *Criteria For The Life History*, 2nd ed. New York: Peter Smith

Dornan T, Littlewood S, Margolis SA, Scherpbier A, Spencer J, Ypinazar V (2006). How can experience in clinical and community settings contribute to early medical education? A BEME systematic review. *Medical Teacher*, 28(1): 3-18

Duffy RD, Borges NJ, Hartung PJ (2009). Personality, vocational interests, and work values of medical students. *Journal of Career Assessment*, 17(2): 189-200

Durkheim E (1964). *The Division of Labour in Society*. New York: Free Press

Dyrbye LN, Harris I, Rohren CH (2007). Early clinical experiences from students' perspectives: a qualitative study of narratives. *Academic Medicine*, 82(10): 979-988

Emden C (1998a). Theoretical perspectives on narrative enquiry. *Collegian*, 5(2):30-35

Emden C (1998b). Conducting a narrative analysis. *Collegian*, 5(3):34-39

European Economic Community (2005). Directive 2005/36/EC on the recognition of professional qualifications, OJ L255/22

Evetts J (2003), The sociology of professional groups: new questions and different explanations. *Knowledge, Work and Society*, 1(1): 33-55

Feldman DC (1989). Socialization, resocialization, and training: Reframing the research agenda. In *Training and Development in Organizations* (ed Goldstein IL), pp 376-416. San Francisco: Jossey-Bass

Fitzpatrick JM, While AE, Roberts JD (1996). Key influences on the professional socialisation and practice of students undertaking different pre-registration nurse education programmes in the United Kingdom. *International Journal of Nursing Studies*, 33(5): 506-518

Flexner A (1915). Is social work a profession? In *Proceedings of the National Conference of Charities and Correction*, Chicago: Hildman

Foucault M (1970). The order of discourse. In Young R, *Untying the Text*, Boston: Routledge

Fournier V (1998). Stories of development and exploitation: militant voices in an enterprise culture. *Organization*, 5(1): 55-80

Frank A (1995). *The Wounded Storyteller*. Chicago: University of Chicago Press

Freidson E (1970), *Professional Dominance: The Social Structure of Medical Care*. New York: Atherton Press

Freidson E (2001), *Professionalism: The Third Logic*. Chicago: University of Chicago Press

Frid I, Öhlén J, Bergbom I (2000). On the use of narratives in nursing research. *Journal of Advanced Nursing*, 32(3): 695-703

Fuller A, Unwin L (2003). Learning as apprentices in the contemporary UK workplace: creating and managing expansive and restrictive participation. *Journal of Education and Work*, 16(4): 407-426

Gailliard BM, Myers KK, Seibold DR (2010). Organizational assimilation: A multidimensional reconceptualization and measure. *Management Communication Quarterly*, 24(4): 552-578

Gardner DH, Hini D (2006). Work-related stress in the veterinary profession in New Zealand. *New Zealand Veterinary Journal*, 54(3): 119-124

Gee JP (1986). Units on the production of narrative discourse. *Discourse Processes*, 9: 391-422

Giddens A (1991). *Modernity and Self-Identity: Self and Society in the Late Modern Age.* Cambridge: Polity Press

Gilling ML, Parkinson TJ (2009). The transition from veterinary student to practitioner: A 'make or break' period. *Journal of Veterinary Medical Education*, 36(2): 209-215

Glen S, Waddington K (1998). Role transition from staff nurse to clinical nurse specialist: A case study. *Journal of Clinical Nursing*, 7: 283-290

Goffman E (1959). *The Presentation of Self in Everyday Life*. New York: Anchor Books

Goldie J (2012). The formation of professional identity in medical students: Considerations for educators. *Medical Teacher*, 34: e641-e648

Gotham KF, Staples WG (1996). Narrative analysis and the new historical sociology. *The Sociological Quarterly*, 37(3):481-501

Gouldner A (1954). *Patterns of Industrial Bureaucracy*. New York: The Free Press

Gray M, Smith LN (1999). The professional socialisation of diploma of higher education in nursing students (Project 2000): A longitudinal qualitative study. *Journal of Advanced Nursing*. 29(3): 639 – 647

Greenwood J (1993). The apparent desensitisation of student nurses during their professional socialisation: A cognitive perspective. *Journal of Advanced Nursing*. 18: 1471-1479

Grey C (1994). Career as a project of the self and labour process discipline. *Sociology*, 28: 478-487

Gripper P (2015). Mentally interesting – today, I'll be brave. *Veterinary Times*, 20th July 2015

Gude T, Vaglum P, Tyssen R, Ekeberg Ø, Hem E, Røvik JO, Finset K, Grønvold NT (2005). Identification with the role of doctor at the end of medical school: a nationwide longitudinal study. *Medical Education*, 39: 66-74

Hafen M, Reisbig AMJ, White MB, Rush BR (2006). Predictors of depression and anxiety in first-year veterinary students: A preliminary report. *Journal of Veterinary Medical Education*, 33(3): 432-440

Hafen M, Reisbig AMJ, White MB, Rush BR (2008). The first-year veterinary student and mental health: The role of common stressors. *Journal of Veterinary Medical Education*, 35(1): 102-109

Han H, Roberts NK, Korte R (2014). Learning in the real place: medical students' learning and socialization in clerkships at one medical school. *Academic Medicine*, ePub ahead of print

Harling M, Strehmel P, Schablon A, Nienhaus A (2009). Psychosocial stress, demoralisation and the consumption of alcohol, tobacco and medical drugs by veterinarians. *Journal of Occupational Medicine and Toxicology*, 4(4)

Haslam SA, O'Brien A, Jetten J, Vordemal K, Penna S (2005). Taking the strain: social identity, social support, and the experience of stress. *British Journal of Social Psychology*, 44: 355-370

Hatch PH, Winefield HR, Christie BA, Lievaart JJ (2011). Workplace stress, mental health, and burnout of veterinarians in Australia. *Australian Veterinary Journal*, 89: 460-468

Heath TJ (2002a). Longitudinal study of veterinarians from entry to the veterinary course to ten years after graduation: Career paths. *Australian Veterinary Journal*, 80(8): 468-473

Heath TJ (2002b). Longitudinal study of veterinarians from entry to the veterinary course to ten years after graduation: Attitudes to work, career and progression. *Australian Veterinary Journal*, 80(8): 474-478

Heath TJ (2005). Recent veterinary graduates over the last five decades: initial career experiences. *Australian Veterinary Journal,* 83: 626–632

Heilman SC (1980). Jewish sociologist: Native as stranger. *American Sociologist*, 15(2): 100-108

Hem E, Haldorsen T, Aasland OG, Tyssen R, Vaglum P, Ekeberg O (2005). Suicide rates according to education with a particular focus on physicians in Norway 1960-2000. *Psychological Medicine*, 35: 873-880

Hendelman W, Byszewski A (2014). Formation of medical student professional identity: categorizing lapses of professionalism, and the learning environment. *BMC Medical Education*, 14: 139-148

Higher Education Funding Council for England (2015). National Student Survey Summary Data. Online at www.hefce.ac.uk/lt/nss/results/2015, accessed January 2015

Hilton SR, Slotnick HB (2005). Proto-professionalism: how professionalism occurs across the continuum of medical education. *Medical Education*, 39: 58-65

Hinshaw AS, Feetham SL, Shaver J (1977). *Handbook of Clinical Nursing Research*. Thousand Oaks: Sage

Hobson-West P, Timmons S (2015). Animals and anomalies: An analysis of the UK veterinary profession and the relative lack of state reform. *The Sociological Review*, DOI 10.1111/1467-954X.12254

Hockey DJ (1993). Research methods - researching peers and familiar surroundings. *Research Papers in Education*, 8(2): 199-225

Hogg MA (1987). Social identity and group cohesiveness. In *Rediscovering the Social Group: A Self-Categorization Theory* (ed. Turner JC, Hogg MA, Oakes PJ, Reicher SD, Wetherell MS), pp 89-116. Oxford: Blackwell

Hogg MA, Reid SA (2006). Social identity, self-categorization, and the communication of group norms. *Communication Theory*, 16: 7-30

Howe N, Strauss W (2003). *Millennials Go To College. Strategies for a new generation on campus: Recruiting and admissions, campus life, and the classroom*. American Association of Collegiate Registrars and Admissions Officers: Washington DC, USA

Hughes EC (1971). *The Sociological Eye.* Chicago: Aldine

Ibarra H, Barbulescu R (2010). Identity as narrative: Prevalence, effectiveness and consequences of narrative identity work in macro work role transitions. *Academy of Management Review*, 35(1): 135-154

Institute for Employment Studies (2013). Graduate jobs survey summary. Online at www.rcvs.org.uk/document-library/ies-graduate-jobs-survey-summary, accessed May 2015

Illich I (1973). The professions as a form of imperialism. *New Society*, 13th September 1973

Jenkins R (2000). Categorization: Identity, social process and epistemology. *Current Sociology*, 48(3): 7-25

Jones-Fairnie H, Ferroni P, Silburn S, Lawrence D (2008). Suicide in Australian veterinarians. *Australian Veterinary Journal*, 86: 114-116

Jonsson H, Kielhofner G, Borell L (1997). Anticipating retirement: The formation of narratives concerning an occupational transition. *The American Journal of Occupational Therapy*, 51(1):49-56

Josselson R, Lieblich A (2003). *Making Meaning of Narratives*. London: Sage

Jung T, Scott T, Davies HTO, Bower P, Whalley D, McNally R, Mannion R (2009). Instruments for exploring organizational culture: A review of the literature. *Public Administration Review*, 69(6): 1087-1096

Karani R, Fromme HB, Cayea D, Muller D, Schwartz A, Harris IB (2014). How medical students learn from residents in the workplace: a qualitative study. *Academic Medicine*, 89(3): 1-7

Karasek RA (1979). Job demands, job decision latitude and mental strain. Implications for job redesign. *Administrative Science Quarterly*, 24: 285-308

Kelleher D (1988). *Diabetes*. London: Routledge

Kelly S, Bunting J (1998). Trends in suicide in England and Wales, 1982-96. *Population Trends*, 92: 29-41

Kelly T, Howie L (2007). Working with stories in nursing research: Procedures used in narrative analysis. *International Journal of Mental Health Nursing*, 16:136-144

Kintsch W, Greene E (1978). The role of culture-specific schemata in the comprehension and recall of stories. *Discourse Processes*, 1:1-13

Kohn ML, Schooler C (1981). Job conditions and personality: A longitudinal assessment of their reciprocal effects. *American Journal of Sociology*, 87: 1257-1286

Korte RF (2009). How newcomers learn the social norms of an organization: a case study of the socialization of newly-hired engineers. *Human Resource Development Quarterly*, 20(3): 285-306

Kramer M (1974). *Reality Shock: Why Nurses Leave Nursing*. St Louis: Mosby

Lave J, Wenger E (1991). *Situated Learning: Legitimate Peripheral Participation*. Cambridge: Cambridge University Press

Lawlor E, Kersley H, Steed S (2009). *A Bit Rich: Calculating the Real Value to Society of Different Professions*. London: New Economics Foundation

Le Gallais T (2008). Wherever I go there I am: reflections on reflexivity and the research stance. *Reflective Practice*, 9(2): 145-155

Levine JM, Moreland RL (1994). Group socialization: Theory and research. *European Review of Social Psychology.* Vol. 5: 305-336

Lindberg O (2009). Undergraduate socialization in medical education: ideals of professional physicians' practice. *Learning in Health and Social Care,* 8(4): 241-249

Lindsay GM (2006). Experiencing nursing research: Narrative inquiry and interpretive phenomenology. *Nurse Researcher*, 13(4): 30-47

Lingard L, Garwood K, Schryer CF, Spafford MM (2003). A certain art of uncertainty: case presentation and the development of professional identity. *Social Science and Medicine*, 56: 603-616

Locock L, Dumelow C, Ziebland S (2009). Biographical disruption, abruption and repair in the context of motor neurone disease. *Sociology of Health and Illness*, 31(7): 1043-1058

Louis MR (1980). Surprise and sense making: What newcomers experience in entering unfamiliar organizational settings. *Administrative Science Quarterly*, 25: 226-251

Luther VP, Crandall SJ (2011). Ambiguity and uncertainty: neglected elements of medical education curricula? *Academic Medicine*, 86(7): 799-800

Mackintosh C (2006). Caring: the socialisation of pre-registration nurses. *International Journal of Nursing studies,* 43(8): 953-962.

Maher J (2003). The use of narratives in nursing. *Whitireia Nursing Journal*, 10: 1-15

Maudsley RF (2001). Role models and the learning environment: essential elements in effective medical education. *Academic Medicine*,

McLoughlin K, Muldoon OT, Moutray M (2010), Gender, gender role and completion of nursing education: a longitudinal study. *Nursing Education Today*, 30(4): 303-307

Meehan MP (2014). Psychological wellbeing of veterinary professionals. *Veterinary Record*, 174: 142-143

Melia K (1987). *Learning and Working: The Occupational Socialization of Nurses.* London: Tavistock

Mellanby RJ (2005). Incidence of suicide in the veterinary profession in England and Wales. *Veterinary Record*, 157: 415-416

Mellanby RJ (2008). Suicide and the veterinary profession. *European Journal of Companion Animal Practice*, 18(2): 203-205

Mellanby RJ (2013). Improving wellbeing in the veterinary profession: recent advances and future challenges. *Veterinary Record*, 173: 264-265

Mellanby RJ, Herrtage ME (2004). Survey of mistakes made by recent veterinary graduates. *Veterinary Record*, 155: 761-765

Mellanby RJ, Rhind SM, Bell C, Shaw DJ, Gifford J, Fennell D, Manser C, Spratt DP, Wright MJH, Zago S, Hudson NPH (2011). Perceptions of clients and veterinarians on what attributes constitute 'a good vet'. *Veterinary Record*, 168: 616-621

Meltzer H, Lader D, Corbin T, Singleton N, Jenkins R (2008). Patterns of suicide by occupation in England and Wales: 2001-2005. *British Journal of Psychiatry*, 193: 73-76

Merton RK, Reader GG, Kendall P (1957). *The Student-Physician. Introductory Studies in the Sociology of Medical Education*. Cambridge: Harvard University Press

Michalec B (2012). The pursuit of medical knowledge and the potential consequences of the hidden curriculum. *Health (London)*, 16(3): 267-281

Miller JM, Beaumont JJ (1995). Suicide, cancer, and other causes of death among California veterinarians, 1960-1992. *American Journal of Industrial Medicine*, 27: 37-49

Mishler EG (1995). Models of narrative analysis: A typology. *Journal of Narrative and Life History*, 5: 87-123

Monrouxe L, Poole G (2013). An onion? Conceptualising and researching identity. *Medical Education*, 47: 425-429

Monrouxe LV, Rees CE, Hu W (2011). Differences in medical students' explicit discourses of professionalism: acting, representing, becoming. *Medical Education*, 45: 585-602

Moreland RL, Levine JM (1982). Socialization in small groups: Temporal changes in individual-group relations. In *Role Transitions: Explorations and Explanations* (ed. Allen VL, van de Vliert E), pp 181-195. New York: Plenum

Nass CI (1986), Bureaucracy, technical expertise, and professionals: a Weberian approach. *Sociological Theory*, 4(1): 61-70

Neale M, Griffin MA (2006). A model of self-held work roles. *Human Performance*, 19(1): 23-41

Nicholson N (1984). A theory of work role transitions. *Administrative Science Quarterly*, 29: 172-191

Niessen C, Binnewies C, Rank J (2010). Disengagement in work-role transitions. *Journal of Occupational and Organizational Psychology*, 83: 695-715

Ott SJ (1989). *The Organizational Culture Perspective*. Belmont: Dorsey Press

Page-Jones S, Abbey G (2015). Career identity in the veterinary profession. *Veterinary Record*, DOI 10.1136/vr.102784

Parsons T (1939). The professions and social structure. *Social Forces*, 17(4): 457-467

Parsons T (1951). *The Social System*. Glencoe: Free Press

Personal Narratives Group (1989). *Interpreting Women's Lives: Feminist Theory and Personal Narratives*. Bloomington: Indiana University Press

Pitkala KH, Mantyranta T (2003). Professional socialization revised: medical students' own conceptions related to adoption of the future physician's role - a qualitative study. *Medical Teacher*, 25(2): 155-160

Platt B, Hawton K, Simkin S, Mellanby RJ (2010). Systematic review of the prevalence of suicide in veterinary surgeons. *Occupational Medicine*, 60: 436-446

Prior L (2008). Repositioning documents in social research. *Sociology*, 42(5): 821-836

Rees CE, Knight LV, Wilkinson CE (2007). Doctors being up there and we being down here: a metaphorical analysis of talk about student/doctor-patient relationships. *Social Science & Medicine*, 65: 725-737

Reeve CL, Rogelberg SG, Spitzmüller C, DiGiacomo N (2005). The caring-killing paradox: Euthanasia-related strain among animal-shelter workers. *Journal of Applied Social Psychology*, 35(1): 119-143

Reisbig AMJ, Danielson JA, Wu T-F, Hafen Jr M, Kreinert A, Girard D, Garlock J (2012). A study of depression and anxiety, general health, and academic performance in three cohorts of veterinary medical students across the first three semesters of veterinary school. *Journal of Veterinary Medical Education*, 39(4): 341-358

Rhind SM, Baillie S, Kinnison T, Shaw DJ, Bell CE, Mellanby RJ, Hammond J, Hudson NPH, Whittington RE, Donnelly R (2011). The transition into veterinary practice: opinions of recent graduates and final year students. *BMC Medical Education*, 11: 64-73

Ricoeur P (1984). *Time and Narrative*. Chicago: University of Chicago Press

Robinson D, Hooker H (2006). *The UK Veterinary Profession in 2006: The Findings of a Survey of the Profession Conducted by the Royal College of Veterinary Surgeons*. London: RCVS

Routly JE, Taylor IR, Turner R, McKernan EJ, Dobson H (2002). Support needs of veterinary surgeons during the first few years of practice: Perceptions of recent graduates and senior partners. *Veterinary Record*, 150: 167-171

Royal College of Veterinary Surgeons (2014a). RCVS Facts 2014: Facts and Figures from the Royal College of Veterinary Surgeons. Online at www.rcvs.org.uk/publications/rcvs-facts-2014, accessed January 2015

Royal College of Veterinary Surgeons (2014b). RCVS Survey of the Veterinary Profession 2014. Online at www.rcvs.org.uk/publications/rcvs-survey-of-the-veterinary-profession-2014/, accessed January 2015

Royal College of Veterinary Surgeons (2014c). Day One Competencies. Online at www.rcvs.org.uk/document-library/day-one-competences/, accessed September 2014

Royal College of Veterinary Surgeons (2015a). The history of the veterinary profession. Online at www.knowledge.rcvs.org.uk/heritage-and-history/history-of-the-rcvs/, accessed May 2015

Royal College of Veterinary Surgeons (2015c). Who's Who in your Veterinary Practice? Online at www.rcvs.org.uk/publications/whos-who-in-your-veterinary-practice/, accessed January 2015

Royal College of Veterinary Surgeons (2015b). Registration statistics. Online at www.rcvs.org.uk/registration/voluntary-removal-and-restoration, accessed March 2015

Royal College of Veterinary Surgeons (2015d). EMS Recommendations, Policy and Guidance. Online at www.rcvs.org.uk/document-library/ems-recommendations-policy-and-guidance, accessed March 2015

Royal College of Veterinary Surgeons/British Veterinary Association (2014). Public Trust in the Veterinary Profession. Online at www.vetfutures.org.uk/resource/public-trust-in-the-professions-may-2015/, accessed June 2015

Royal Commission on the Press (1977). *Royal Commission on the Press* (Final Report) (Cmnd. 6810). London: HMSO

Running AF (1996). "The measure of my days" critiqued by the oldest old. *Journal of Nursing Scholarship*, 28(1): 71-74

Russell V, Wyness LA, McAuliffe E, Fellenz M (2010). The social identity of hospital consultants as managers. *Journal of Health Organization and Management*, 24(3): 220-236

Sandelowski M (1991). Telling stories: Narrative approaches in qualitative research. *Journal of Nursing Scholarship*, 23(3): 161-166

Sanderson T, Calnan M, Morris M, Richards P, Hewlett S (2011). Shifting normalities: Interactions of changing conceptions of a normal life and the normalisation of symptoms in rheumatoid arthritis. *Sociology of Health and Illness*, 33(4): 618-633

Schoenfeld-Tacher RM, Kogan LR, Meyer-Parsons B, Royal KD, Shaw JR (2015). Changes in students' levels of empathy during the didactic portion of a veterinary program. *Journal of Veterinary Medical Education*, 42(3): 194

Scholz E, Trede F, Raidal SL (2013). Workplace learning in veterinary education: A sociocultural perspective. *Journal of Veterinary Medical Education*, 40(4): 355-362

Shacklady J, Holmes E, Mason G, Davies I, Dornan T (2009). Maturity and medical students' ease of transition into the clinical environment. *Medical Teacher*, 31: 621-626

Simpson IH (1967). Patterns of socialisation into professions: The case of student nurses. *Sociological Inquiry*, 37(1): 47-54

Siqueira Drake AA, Hafen Jr M, Rush BR, Reisbig AMJ (2012). Predictors of anxiety and depression in veterinary medicine students: A four-year cohort examination. *Journal of Veterinary Medical Education*, 39(4): 322-329

Sluss DM, Ashforth BE (2007). Relational identity and identification: defining ourselves through work relationships. *Academy of Management Review,* 32(1): 9-32

Smith A (1976). *An Inquiry into the Nature and Causes of the Wealth of Nations*. Chicago: University of Chicago Press

Spenceley S (2004). Out of fertile muck: The evolving narrative of nursing. *Nursing Philosophy*, 5: 201-207

Spencer H (1969). *The Principles of Sociology*. London: Macmillan

Stark C, Belbin A, Hopkins P, Gibbs D, Hay A, Gunnell D (2006). Male suicide and occupation in Scotland. *Health Statistics Quarterly*, 29: 26-29

Stern DT (1998). Practicing what we preach? An analysis of the curriculum values in medical education. *The American Journal of Medicine*, 104: 569-575

Strand EB, Zaparanick TL, Brace JJ (2005). Quality of life and stress factors for veterinary medical students. *Journal of Veterinary Medical Education*, 32(2): 182-192

Strauss A, Corbin J (1990). *Basics of Qualitative Research and Procedures for Developing Grounded Theory*. London: Sage

Tajfel H, Turner JC (1986). The social identity theory of intergroup behaviour. In Worchel S, Austin WG (Eds), *Psychology of Intergroup Relations*. Chicago: Nelson-Hall

Teunissen PW, Westerman M (2011). Opportunity or threat: the ambiguity of the consequences of transitions in medical education. *Medical Education*, 45: 51-59

Tierney WG (1997). Organisational socialisation in higher education. *Journal of Higher Education*, 66: 1-16

Tötemeyer S (2013). Selecting the right students. *Veterinary Record*, 173: 366-367

Trimpop R, Kirkcaldy B, Athanasou J, Cooper C (2000). Individual differences in working hours, work perceptions and accident rates in veterinary surgeries. *Work & Stress*, 14(2): 181-188

Tunstall J (1996). *Newspaper Power: The New National Press in Britain*. Oxford: Oxford University Press

Turner V (1982). *From Ritual to Theater*. New York: Performing Arts Publications

Unistats (2015). www.unistats.direct.gov.uk/course-assistant-results, accessed March 2015

Van der Hem-Stokroos HH, Daelmans HEM, Van der Vleuten CPM, Haarman HJTM, Scherpbier AJJA (2003). A qualitative study of constructive clinical learning experiences. *Medical Teacher*, 25(2): 120-126

Van Hell EA, Kuks JBM, Schönrock-Adema J, van Lohuizen MT, Cohen-Schotanus J (2008). Transition to clinical training: influence of pre-clinical knowledge and skills, and consequences for clinical performance. *Medical Education*, 42: 830-837

Van Maanen J, Schein EH (1979). Toward a theory of organizational socialization. *Research in Organizational Behaviour*, Vol. 1: 209-269

Vivekananda-Schmidt P, Crossley J, Murdoch-Eaton D (2015). A model of professional self-identity formation in student doctors and dentists: A mixed method study. *BMC Medical Education*, 15: 83-96

Wanous JP (1992). *Organizational Entry: Recruitment, Selection, Orientation and Socialization of Newcomers.* Reading: Addison-Wesley Publishing

Weaver R, Peters K, Koch J, Wilson I (2011). 'Part of the team': professional identity and social exclusivity in medical students. *Medical Education*, 45: 1220-1229

Weber M (1919). Politics as a Vocation. In Garth HH, Wright Mills C (Eds) *Essays in Sociology*, New York: Macmillan

Weissmann PF, Branch WT, Gracey CF, Haidet P, Frankel RM (2006). Role modelling humanistic behaviour: learning bedside manner from the experts. *Academic Medicine*, 81(7): 661-667

Wenger E (1996). Communities of practice: The social fabric of the learning organization. *Healthcare Forum Journal*, 39(4): 20-26

Wenger E (1998). *Communities of Practice: Learning, Meaning and Identity*. Cambridge: Cambridge University Press

Wenger E (2000). Communities of practice and social learning systems. *Organization*, 7(2): 225-246

West M, Rushton R (1989). Mismatches in the work-role transitions. *Journal of Occupational Psychology*, 62: 271-286

Williams GH (1984). The genesis of chronic illness: Narrative reconstruction. *Sociology of Health and Illness*, 6(2):175-200

Williams S (2015). Public trust in the veterinary profession. Online at www.vetfutures.org.uk/ download/surveys-filebase/Public_trust_in_the_professions.pdf, accessed June 2015

Wilson I, Harding D (2009). 'I will only work from 2.00 to 5.00…'. *Medical Education*, 43: 394-395

Wilson A, Startup R (1991). Nurse socialisation: issues and problems. *Journal of Advanced Nursing*, 16: 1478-1486

Wright S, Wong A, Newill C (1997). The impact of role models on medical students. *Journal of General Internal Medicine*, 12: 53-56

Wrzesniewski A, Dutton JE (2001). Crafting a job: Revisioning employees as active crafters of their work. *Academy of Management Review*, 26(2): 179-201

APPENDIX A: SUPPORT SERVICES FOR VETERINARY STUDENTS

General contacts:

Association of Veterinary Students http://www.avs-uk.org.uk/

British Veterinary Association http://www.bva.co.uk/ (includes Young Vet Network)

Vet Health Support Programme 07946 634220

VBF Vet Helpline 07659 811118

Veterinary School support services:

	Cambridge	Liverpool	Nottingham
Nightline	Linkline 01223 744444		Nottingham Nightline 0115 9514985
Counselling	University Counselling Service 01223 332865 reception@counselling.cam.ac.uk	University Counselling Service 0151 794 3304 counserv@liverpool.ac.uk Lindsay Pendleton mentalhealthadviser@liverpool.ac.uk	University Counselling Service 0115 9513695 counselling.service@nottingham.ac.uk Vet Student Welfare Officer 0115 9516116
Careers	Careers Advice enquiries@careers.cam.ac.uk	Careers & Employability Service 0151 794 4647 careers@liverpool.ac.uk	Careers & Employability Service 0115 9513680 careers-team@nottingham.ac.uk
Chaplaincy	Individual College Chaplains	0151 795 2227 faithexpress@liv.ac.uk Jon Clatworthy (Chaplain) 0151 724 3302 angchap@liv.ac.uk	Chaplaincy & Faith Support 0115 9513931 chaplains@nottingham.ac.uk
Disability	Disability Resource Centre 01223 332301 drc.online@admin.cam.ac.uk disability@admin.cam.ac.uk	Disability Support Team 0151 794 4714 disteam@liv.ac.uk	Disability Support 0115 9513710 disability-support@nottingham.ac.uk Dyslexia & Dyspraxia Support 0115 9513710 ssc@nottingham.ac.uk
Health	Cambridge Student Health www.camstudenthealth.co.uk Individual College Health Centres	Brownlow Medical 0151 285 4578 Student Health Advice Centre 0151 794 5820	Cripps Health Centre 0115 846 8888
Student Services	Veterinary Student Services 01223 337600	Student Support Services sscrec@liv.ac.uk 0151 794 5863 Student Services Centre 0151 794 2320	Sutton Bonnington Campus 0115 9516004 ssc-sb@nottingham.ac.uk Roshni Hume, Student Experience Officer roshni.hume@ed.ac.uk
Finance	College Bursar or bursaries@newtontrust.cam.ac.uk	Financial Support Team 0151 794 6673 fst@liverpool.ac.uk	Financial Support 0115 8232071 financialsupport@nottingham.ac.uk
Students' Union	Cambridge University Students' Union	Liverpool Guild of Students	University of Nottingham Students' Union

Professional Identity in Veterinary Medicine

INFORMATION – Part 1 (Early-career)

You are being asked to participate in a research study conducted by Hannah Perrin from the School of Social Policy, Sociology and Social Research at the University of Kent. This study is being conducted as part of a PhD in Social Policy. Your participation is entirely voluntary: please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

You have been asked to participate because you are either a Member of the Royal College of Veterinary Surgeons who qualified from a UK veterinary school in 2013; or a current student on a UK course leading to Membership of the RCVS. Approximately 40 people will be interviewed for this section of the project.

PURPOSE OF THE STUDY
This part of the study is designed to examine the professional development of early-career veterinary surgeons.

PROCEDURES
If you volunteer to participate in this study, you will be asked to talk to the researcher (one-to-one) about your experience of veterinary training and practice placements. The session will be audio-recorded and will last up to one hour.

POTENTIAL RISKS AND BENEFITS
No physical risks have been identified regarding this study. You may be asked to explain your reasons for making some decisions about your planned career and to describe choices you have made about your profession. If you are uncomfortable with any topics raised or questions asked, you can decline to answer any question (or part of a question), or stop the interview at any time.

You will not directly benefit from participating in this study. However, it is anticipated that the results from this research will inform practitioners, organisations and policy-makers within the veterinary profession and help to guide staff in improving professional development for early-career vets.

CONFIDENTIALITY
Any information that is obtained in connection with this study and that can be identified with you will be anonymised and will be disclosed only as described in this document or as required by law. Anonymity will be maintained by a coding procedure whereby you cannot be identified and will be referenced by a randomly-assigned reference number. Data (including transcripts of interviews) will be kept securely on a password-protected fixed data drive kept securely in a locked office. Audio mp3 files (interview recordings) will be destroyed once the project is completed.

PARTICIPATION AND WITHDRAWAL
You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer. There is no penalty if you withdraw from the study.

IDENTIFICATION OF INVESTIGATORS
If you have any questions about this research, please contact:
Primary researcher: Hannah Perrin, University of Kent, Canterbury CT2 7NF hcp20@kent.ac.uk
Supervising faculty: Professor Sarah Vickerstaff, University of Kent, Canterbury CT2 7NF

Professional Identity in
Veterinary Medicine

University of Kent | School of Social Policy, Sociology and Social Research

CONSENT – Part 1 (Early-career)

Please initial at the end of each line to state that you understand and agree to the statement, and sign below to give your consent to participate.

Initials

I have been given a copy of the information sheet and contact details for the study.   _____

I have read and understood the procedures described in the information sheet.   _____

My questions have been answered to my satisfaction.   _____

I understand that the session will be audio-recorded and that all information   _____
(personal data and recordings) and will be kept confidentially and referred to
anonymously.

I understand that my participation is voluntary and that I can withdraw at any   _____
time without giving a reason.

I agree to participate in this study:

Signature of participant   _____

Name of participant   _____

Date   _____

If you would like to, please provide your email address below and tick the appropriate box(es):

Email   _____

☐   I know someone else who would be willing to participate in the study

☐   I would like to see a copy of my transcript

APPENDIX C: RCVS DAY ONE COMPETENCES

1. General professional skills and attributes

- Be fully conversant with, and follow the RCVS Code of Professional Conduct.
- Understand the ethical and legal responsibilities of the veterinary surgeon in relation to patients, clients, society and the environment.
- Demonstrate knowledge of the organisation, management and legislation related to a veterinary business.
- Promote, monitor and maintain health and safety in the veterinary setting; demonstrate knowledge of systems of quality assurance; apply principles of risk management to their practice.
- Communicate effectively with clients, the public, professional colleagues and responsible authorities, using language appropriate to the audience concerned.
- Prepare accurate clinical and client records, and case reports when necessary, in a form satisfactory to colleagues and understandable by the public.
- Work effectively as a member of a multi-disciplinary team in the delivery of services.
- Understand the economic and emotional context in which the veterinary surgeon operates.
- Be able to review and evaluate literature and presentations critically.
- Understand and apply principles of clinical governance, and practise evidence-based veterinary medicine.
- Use their professional capabilities to contribute to the advancement of veterinary knowledge, in order to improve the quality of animal care and public health.
- Demonstrate ability to cope with incomplete information, deal with contingencies, and adapt to change.
- Demonstrate that they recognise personal and professional limits, and know how to seek professional advice, assistance and support when necessary.
- Demonstrate a commitment to learning and professional development, both personal and as a member of a profession actively engaged in work-based learning. This includes recording and reflecting on professional experience and taking measures to improve performance and competence.
- Take part in self-audit and peer-group review processes in order to improve performance.

2. Practical and clinical competences

- Obtain an accurate and relevant history of the individual animal or animal group, and its/their environment.
- Handle and restrain animal patients safely and humanely, and instruct others in helping the veterinary surgeon perform these techniques.
- Perform a complete clinical examination.
- Develop appropriate treatment plans and administer treatment in the interests of the patients and with regard to the resources available.
- Attend all species in an emergency and perform first aid.
- Assess the physical condition, welfare and nutritional status of an animal or group of animals and advise the client on principles of husbandry and feeding.
- Collect, preserve and transport samples, select appropriate diagnostic tests, interpret and understand the limitations of the test results.
- Communicate clearly and collaborate with referral and diagnostic services, including providing an appropriate history.

- Understand the contribution that imaging and other diagnostic techniques can make in achieving a diagnosis. Use basic imaging equipment and carry out an examination effectively as appropriate to the case, in accordance with good health and safety practice and current regulations.
- Recognise suspicious signs of possible notifiable, reportable and zoonotic diseases and take appropriate action, including notifying the relevant authorities.
- Apply the RCVS Twelve Principles of Certification.
- Access the appropriate sources of data on licensed medicines.
- Prescribe and dispense medicines correctly and responsibly in accordance with legislation and latest guidance.
- Report suspected adverse reactions.
- Apply principles of bio-security correctly, including sterilisation of equipment and disinfection of clothing.
- Perform aseptic surgery correctly.
- Safely perform sedation, and general and regional anaesthesia; implement chemical methods of restraint.
- Assess and manage pain.
- Recognise when euthanasia is appropriate and perform it humanely, using an appropriate method, whilst showing sensitivity to the feelings of owners and others, with due regard to the safety of those present; advise on disposal of the carcase.
- Perform a systematic gross post-mortem examination, record observations, sample tissues, store and transport them.
- Perform ante-mortem inspection of animals destined for the food-chain, including paying attention to welfare aspects; correctly identify conditions affecting the quality and safety of products of animal origin, to exclude those animals whose condition means their products are unsuitable for the food-chain.
- Advise on, and implement, preventative programmes appropriate to the species and in line with accepted animal health, welfare and public health standards.

Underpinning knowledge and understanding

- Understanding of, and competence in, the logical approaches to both scientific and clinical reasoning, the distinction between the two, and the strengths and limitations of each.
- Research methods and the contribution of basic and applied research to veterinary science.
- The structure, function and behaviour of animals and their physiological and welfare needs, including healthy domestic animals, captive wildlife and laboratory-housed animals.
- A knowledge of the businesses related to animal breeding, production and keeping.
- The aetiology, pathogenesis, clinical signs, diagnosis and treatment of the common diseases and disorders that occur in the common domestic species in the UK.
- Awareness of other diseases of international importance that pose a risk to national and international biosecurity.
- Legislation relating to animal care and welfare, animal movement, and notifiable and reportable diseases.
- Medicines legislation and guidelines on responsible use of medicines, including responsible use of antimicrobials and anthelmintics.
- The principles of disease prevention and the promotion of health and welfare.
- Veterinary public health issues, including epidemiology, transboundary epizootic diseases, zoonotic and food-borne diseases, emerging and re-emerging diseases, food hygiene and technology.

- Principles of effective interpersonal interaction, including communication, leadership, management and team working.
- The ethical framework within which veterinary surgeons should work, including important ethical theories that inform decision-making in professional and animal welfare-related ethics.

APPENDIX D: LIST OF POLICY DOCUMENTS

Ref	Document	Source	Date
D01	Subject Benchmark for Veterinary Science	Quality Assurance Agency for Higher Education	2002
D02	Veterinary Science… For All Walks Of Life	Royal College of Veterinary Surgeons	2008
D03	Web pages on Extra-Mural Studies	Royal College of Veterinary Surgeons	2014
D04	Veterinary Science Course Brochure	University of Liverpool	2013
D05	Extra-Mural Studies Recommendations, Policy and Guidance	Royal College of Veterinary Surgeons	2009
D06	Veterinary Medicine and Science Undergraduate Study Brochure	University of Nottingham	2013
D07	Continuing Professional Development Guidance Notes	Royal College of Veterinary Surgeons	2012
D08	Guidance for Students Seeing Practice	University of Liverpool	2013
D09	School of Veterinary Medicine Frequently Asked Questions	University of Surrey	2014
D10	Extra-Mural Studies Driving Licence	Collaboration between vet schools	2011
D11	Guidance on the Professional Development Phase	Royal College of Veterinary Surgeons	2012
D12	Guide to Job Hunting	British Veterinary Association	2012
D13	Summary of Clinical Objectives for Veterinary Students on Extra-Mural Studies	Royal College of Veterinary Surgeons	2008
D14	Veterinary Student Handbook	Cambridge University	2013
D15	Strategic Plan 2014-2016	Royal College of Veterinary Surgeons	2013
D16	School of Veterinary Medicine Brochure	University of Surrey	2013
D17	Code of Professional Conduct for Veterinary Surgeons	Royal College of Veterinary Surgeons	2013
D18	Extra-Mural Studies Assessment Form	Cambridge University	2013
D19	Extra-Mural Studies Student Assessment Form	Royal College of Veterinary Surgeons	2008
D20	A Guide to the Professional Development Phase for Employers	British Veterinary Association	2013
D21	Criteria and Guidance for Approval of Veterinary Degree Courses in the UK and Overseas	Royal College of Veterinary Surgeons	2011
D22	Guidelines for Clinical Extra-Mural Studies	University of Nottingham	2011
D23	Extra-Mural Studies Guide for Practitioners and Students	British Veterinary Association	2011
D24	Web pages on Undergraduate Course: Veterinary Science	University of Liverpool	2014
D25	Web pages on Studying Veterinary Medicine	University of Nottingham	2014
D26	Veterinary Curriculum Overview	University of Surrey	2014
D27	Fitness to Practice: A Guide for UK Veterinary Schools and Veterinary Students	Royal College of Veterinary Surgeons	2014