

## Social Closure and Veterinary Professionalization in Britain: A Self-Interested or Public Interested Endeavour?

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### Abstract

The professionalization of veterinary medicine in Britain has been little studied by sociologists, although as a classic instance of an occupation that has achieved exclusionary social closure it merits examination from a neo-Weberian perspective. Therefore, this paper explores how it has attained this position through state action in an historical and contemporary context using neo-Weberianism as a theoretical lens. In charting the different stages and forms of professional regulation in veterinary medicine, group self-interest is identified as a central driver, following the neo-Weberian idiom. However, contrary to the position adopted by some neo-Weberians, the professionalization process is seen as being more complex than simply being interest-based, with the public interest being upheld. As such, through the case of veterinary medicine, it is claimed professional self-interests and the public interest can be co-terminous and mutually achieve a dynamic equilibrium. They do not have to form part of a zero-sum game.

### Keywords

Neo-Weberianism, professionalization, public interest, self-interests, social closure, veterinary medicine

## Introduction

This article provides a macro-level discussion of veterinary professionalization in Britain. Although this has been interestingly addressed in other countries (e.g. Elvbakken, 2017; Kjæmpenes, 2018), the professionalization of veterinary medicine in Britain, focused on non-human animals, has been largely neglected by sociologists, with very few exceptions (e.g. Carr-Saunders & Wilson 1933; Hobson-West & Timmons, 2015). This is surprising as it was one of the first professions to gain formal government recognition in this country—and has latterly become a classic self-regulated profession like law and human medicine (see e.g. Burrage, 2006; Saks, 2015). This paper examines the various stages of the state-sponsored professionalization of veterinary medicine in an historical and contemporary setting. The research question here is that of the balance between the self-interests of veterinarians and the public interest in this process. Although the analysis in this short article can only be indicative, it hopefully provides some theoretical and empirical illumination on this issue.

It is argued from a neo-Weberian perspective that a central driving force, amongst others, has been the collective self-interests of veterinarians. It is claimed here, though, that—in a manner that has implications for the wider study of the sociology of professions – the development of veterinary medicine as a profession is complex and can also be seen to have served the public interest as an important part of its legitimation. In considering the altruism of professional groups, many neo-Weberian sociologists have suggested that the pursuit of self-interests necessarily runs counter to the public interest (e.g. Elliott, 1972; Perucci, 1973). However, following Saks (1995) and based on the study of the professionalization of veterinary medicine, it is stressed that this may not always be the case; in other words, professional self-interest and the public interest need not be in tension and, even when they are, can be helpfully pursued in tandem.

## The early theoretical context: Taxonomy and its critics

Early approaches to understanding professionalization were based on the taxonomic approach highlighting the uniquely positive characteristics separating professions from other occupations (Cogan, 1995). The trait variant of this approach listed attributes, such as esoteric knowledge and high educational levels, in defining professions, which were used to justify the attainment of professional standing (Millerson, 1964). Critically, in this context, professional altruism—in which professional groups subordinate their self-interests to the public interest—was heavily emphasized (e.g. Greenwood, 1957). This was accentuated in the more theoretically sophisticated functionalist approach which explained professionalization largely in terms of the public interest. Here it was argued that a functional trade-off occurs; high socio-economic privileges were given to professions in return for ethical, non-exploitative control of knowledge of great importance to society (e.g. Goode, 1960). This is developed further by Wilensky (1964) who argued from the study of eighteen occupational groups in the United States that there was a “natural history” of professionalization. Such development begins with training schools increasingly associated

with universities and the creation of professional associations and ends with rules eliminating internal competition and formal codes of ethics.

The taxonomic approach, however, has been criticized for being ethnocentric and ahistorical (Johnson, 2016). As Abbott (1988) observed in his critique of Wilensky's "natural history" of professionalization, the regular sequence he outlined may empirically fit some American professions, but not organization-based occupations like the clergy and some British professional groups. In addition, such assumptions as unidirectionality, independent professional development and the homogeneity of professions can be challenged in a world made up of stakeholders with conflicting power and interests. The self-fulfilling sugar-coated image of professions that trait and functionalist contributors conveyed was also attacked. Indeed, Roth (1974) felt they were deceived by professions whose dominance they legitimated. More generally in the 1960s/70s, counter cultural critiques came from disparagers of professionally-inspired scientific progress (Roszak, 1995). Given the coalescence of the taxonomic approach and the public-facing ideologies of professions, such sociological contributors reflexively shored up the professional establishment (Saks, 1995)—unless employing the concept of a profession as an ideal type to judge reality (e.g. Parsons, 1949).

The resonance of such theorizing with professional ideologies was apparent across a range of such groups in the Anglo-American context—not least in relation to the service ideal central to most professional codes (Saks, 1995). In veterinary medicine in Britain, on which this paper is focused, a commitment to the public interest has remained embedded in its accountability through government, including in promoting the wellbeing of domestic companion and farmed animals. This has undergone several iterations historically driven by various social, economic, scientific and technological shifts (Woods, 2013), but is currently stated on the website of the professional body as follows:

As the Royal College of Veterinary Surgeons (RCVS), our role is to safeguard the health and welfare of animals committed to veterinary care through the regulation of the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses, thereby protecting the interests of those dependent on animals, and assuring public health. We also act as an impartial source of informed opinion on relevant veterinary matters. (RCVS, 2012a)

This is reinforced by the Code of Professional Conduct (RCVS, 2012b) which outlines the acceptable boundaries of professional behaviour in terms of the "public interest". There are many ways that the veterinary profession could be seen to have served the broader public interest—from fostering a safe and stable food supply to the control of infectious diseases (Woods, 2011). The public affected here span from human food consumers to farmers wanting efficient animal health care and companion animal owners seeking welfare enhancement for their pets (Whiting, 2016). However, as previously noted, a major flaw of

taxonomic work is that professions like veterinary medicine were usually assumed, rather than demonstrated, to perform this role, in accord with their professional ideologies. We argue here that this issue is better addressed through the currently more fashionable neo-Weberian approach.

## **The neo-Weberian approach and the veterinary profession**

As suggested above, professionalization may also be linked with the interplay of group as well as societal interests in veterinary and other professional fields. This may make a neo-Weberian approach more applicable. The neo-Weberian perspective on professionalization is based on groups gaining exclusionary social closure in a competitive marketplace, underpinned by the state (Saks, 2010). This is seen to result from professions exercising their interests in obtaining and maintaining monopolistic legal regulatory mechanisms excluding outsiders—leading to increased income, status and power. Here the outcome hinges on occupations convincing key state officials of the merits of supporting such closure in terms of public protection and other factors. While there are many forms of direct/indirect exclusionary social closure, it is typically based on market control, in which conditions are regulated in their favour, facilitating collective social mobility as exemplified by the case of medicine in Britain (Parry & Parry, 1976). As Parkin (1971) observes, social closure is founded on self-maintained, exclusive registers of qualified practitioners—entry to which is gained by obtaining specified credentials controlled by the profession.

The advantages of the neo-Weberian perspective over the taxonomic approach based on defining a profession in terms of exclusionary social closure are manifold. As Saks (2012) notes, it strips away in-built assumptions enabling the relationship between professions and society to be examined other than by the reflexive benevolence of trait and functionalist writers. It also enables a more systematic empirical analysis of the nature and role of professional groups without the strait jacket of taxonomy. This is not to say that a neo-Weberian approach is without problems in application. These include a frequent lack of empirical rigour in implementation and making overly denigratory claims about professions—in which the unsubstantiated positivity of taxonomic writers has been supplanted by unsupported negativity. However, these issues relate more to the operationalization of the framework than a fundamental flaw in approach in a fast-changing socio-political context (Saks, 2016).

This also applies to the way the state has been conceptualized in neo-Weberian work on the professions. As Adams and Saks (2018) note, although some neo-Weberians have a more subtle view of its operation, it is often presented as a black box passively influenced by self-seeking professional groups, in which state decision-making is not typically examined. As with other aspects of its application, neo-Weberianism centred on the abstracted notion of exclusionary social closure must be differentiated from Max Weber's own work (e.g. Weber 1968), which offers a more incisive and complex analysis of the values, interests and ideals

of actors in policy formation, including those linked to the state as a bureaucratic body strongly dependent on expert advice. This is illustrated by Saks and Adams (2019) in examining the passing of the 1858 Medical Act in the House of Commons in Britain that effected the social closure of the medical profession.

The concept of state-sanctioned social closure in the market certainly applies to veterinarians in Britain too. Veterinary medicine has won direct market control of almost all veterinary services, and is a self-governing profession. Moreover, its Codes of Professional Conduct underline the unequal power distribution between veterinarians and consumers, and the ability of the profession to offer services that professionals believe are in the clients' interest. MacDonald (1985) says the highest level of state-underwritten exclusionary social closure in Britain occurs with an Act of Parliament, within which the title to and/or membership of the professional occupation are described. Protection of work domains is gained by statutory governance, and services may only be provided by those on the register. This final stage is considered to be the ultimate step in social closure found only in professions of greatest significance to the public interest. This is precisely what veterinary medicine has achieved through its legal monopoly power to treat animals, powers which extend beyond those of medicine in treating human beings (Whiting, 2016).

The history of how the veterinary profession gained these powers in Britain through professionalization will now be documented from a neo-Weberian perspective—using published research that often draws on archival material, including parliamentary records. In so doing, we can penetrate further into the “black box” of state-profession relations. In charting the history that follows, particular attention will be paid to considering the role of the collective interests of veterinarians in bringing about such change. There are many different definitions of “interests” at a group level. As Saks (1995) has documented within a neo-Weberian framework, a number of attempts to operationalize this as an empirically contestable concept are flawed. For example, the positivist approach, linked to the earlier taxonomic analysis of professions, holds that interests equate to subjectively expressed preferences. However, this rules out, amongst other things, groups mistaking their interests and the influence of other sources of power (Lukes, 2005). To sidestep this difficulty, the paper defines group interests in terms of the balance of objectively assessed benefits, as opposed to costs, of an action or policy in terms of income, status and power in specific socio-historical circumstances.

This is contrasted with the wider “public interest”, an even more slippery concept that Rosenau (1968) believes should be simply viewed as an ideological datum to be examined in political debates. Following Saks (1995) again, in operationalizing this notion more objectively, we must avoid defining it in unnecessarily constraining unitary terms that do not allow conflict with other interests, as well as in terms of the rather too simplistic preponderance accounts based on the “greatest good of the greatest number” that prejudice the rights of minority groups. Recognizing the public interest is a normative

concept, it is argued that it can best be viewed as centred on outcomes according with the common values prevalent in a given place and time. Thus, over the past two or three centuries in Britain, the public interest may be seen as any action or policy advancing the particular configuration of three key principles of the liberal-democratic state—freedom, justice and the overall welfare. This definition also means that decisions made by government itself are open to scrutiny. In this framework the pursuit of group self-interests may or may not ally with the public interest, which opens up to empirical consideration the analysis of the professionalization of veterinary medicine. This is now discussed in each of the four watershed moments that have defined its development.

### ***The attainment of a Royal Charter for veterinary medicine by 1844***

The initial stage of the professionalization of veterinary medicine saw the establishment of a Royal Charter in 1844 that acted as a crucial stepping stone for the attainment of statutory regulation towards the end of the nineteenth century in Britain from a neo-Weberian perspective. Here it should be remembered that many occupations have had great difficulty in obtaining social closure. This included medicine itself for which several bills were put forward to Parliament before the 1858 Medical Act was passed (Waddington, 1984). The process is therefore complex, amplified by the need to battle with a range of protagonists in order to eventually gain a legal monopoly (Macdonald, 1985).

This was very true of the veterinary profession, which had to struggle to gain its Royal Charter on the path to social closure against a number of competing groups, as well as deal with the internal strife that threatened to derail its ambitions (Whiting, 2016). This underlines that understanding exclusionary social closure is not just about a particular occupation progressively carving out its unique identity and work domain, as suggested by Wilensky (1964). It is also a struggle which is both intra- and extra-professional that often leads to compromise and incorporation in a socio-political climate where regular shifts occur in such areas as the value placed on animals, technological capability and the political orientation of the state.

As Whiting (2016) documents, the origins of the veterinary profession in Britain began with the founding of the Veterinary College in London in 1791 (Cotchin, 1990) which was later to become, under Royal Charter, the Royal Veterinary College (RVC)—followed by the establishment of further schools in Edinburgh and elsewhere (Pattison, 1984). Although it is debatable whether the farriers or their employers had the first vision of a veterinary profession, the Odiham Society accelerated this process. The Society was founded in 1783 to encourage agriculture and industry and shortly afterwards extended its remit to enhancing the scientific study of anatomy, diseases and cure of animals—especially horses, cows and sheep.

The early evolution of the veterinary profession alongside medicine was far from being one of linear growth and progressive development as sometimes depicted—not least as their

paths socially, culturally and epistemologically fractured over the period 1815 to 1835 (Woods, 2017). In the first half of the nineteenth century as veterinarians sought an independent route to that of human medicine, those qualifying from the now Chartered Royal Veterinary College competed for professional standing against graduates from Edinburgh, as well as outsiders calling themselves animal doctors, farriers, and cow leeches (Woods & Matthews, 2010). The initial education arrangements were followed by growing university involvement, particularly from the first half of the twentieth century onwards. This battle in the marketplace between two sets of College-trained and untrained people treating animals ultimately led to the formation of an independent professional body, and the start of the social closure of the profession, which was finally completed in 1966.

In this respect, Whiting (2016) relates that the market for the public to choose who could treat their animals was open in the early nineteenth century. There were no specific regulations or laws regarding claims of medicinal powers over animals. Treatments of any sort could be administered by anyone without evidence of competence or information on associated harms. The public had to gamble their trust on the person they paid for successful outcomes based on their judgements about value for money and quality assurance. However, 1844 saw the start of a dramatic increase in professional regulation of veterinarians with the Royal Charter, which was pivotal in gaining statutory protection of the title of Veterinary Surgeon in 1881 (Pattison, 1984). Although several factors were involved in a shifting marketplace of reform and a variety of outcomes were possible in achieving wider professional goals (Woods & Mathews, 2010), the history of social closure of the veterinary profession at this time demonstrates how veterinarians fought for their rights to engage in commercial veterinary activities to enhance their interests in terms of income, status and power. At the same time, though, the government could be seen to be navigating a path aimed at protecting the public interest, in face of claims by the emerging profession that its competitors were “ignorant” and “incompetent”.

Perforce, the first Royal Charter for the veterinary profession was granted in 1844. Royal Charters tend to be reserved for organizations and regulatory bodies that are specifically held to work in the public interest. In order to gain a Royal Charter, granted by the reigning monarch under the authority of the Privy Council, an organization must demonstrate pre-eminence, stability and permanence in their particular field. Other historic examples of Royal Charters are found in professional regulatory bodies such as the Royal College of Physicians (1518) and the Law Society (1845).

As Hall (1994) recounts, the route to obtaining a Royal Charter to establish the self-regulating Royal College of Veterinary Surgeons (RCVS) was not straight forward. By the early nineteenth century those qualifying from the Veterinary College in London were at best described as of low standard, following the decision of the Principal to reduce training from three years to three months. By the 1830s, members and friends of the emerging profession were starting to criticize the quality of more recent College-trained veterinarians

in *The Veterinarian* and *The Lancet*. Some saw the need to uphold standards at the same time as distinguishing themselves as an educated elite.

This move for a Royal Charter to shift power away from the “autocratic and anachronistic” order of the Veterinary College in London was also encouraged by attempts by surgeons and apothecaries to unify training in medicine (Hall, 1994; Whiting, 2016). Petitioning began in 1839 for a Charter to protect the public from “illiterate and uneducated” practitioners and give veterinarians the same privileges and exemptions of other parallel occupational bodies. A long series of letters, meetings and dinners eventually led to the successful submission for a Royal Charter for the profession. This Charter united those qualifying from veterinary schools in gaining initial professional standing, with the RCVS granted a Coat of Arms with the appropriate motto *Vis Unita Fortior* (United, our strength is greater) (Porter, 1994).

This unity of veterinarians was vital in reaching this key staging post in the professionalization process which advanced their collective interests. But no sooner had the RCVS been established, the veterinary schools in London and Edinburgh were in disagreement (Whiting, 2016). The RCVS had limited powers at this point; it did not control education at the various schools, although it set its own membership examination—a tradition continuing as the “one portal” examination for non-degree-holding members of the profession until the 1948 Act. This examination allowed membership of the RCVS, granting insider standing in the profession.

However, as Porter (1994) observes, there were no provisions in the Charter to limit the practice of outsiders, and it was not unlawful for them to style themselves as veterinary surgeons—the professional name used in Britain that describes those labelled as veterinarians in most other countries. Nevertheless, for all its weaknesses and the bitter rivalry between London and Edinburgh, the 1844 Royal Charter was the start of the exclusionary social closure of the profession. The privileges of being a profession were associated with MRCVS standing, which was to be embellished further with the first Veterinary Surgeons Act in 1881 that represented the next watershed in proceedings in Britain.

### ***The social closure of the profession through the 1881 Veterinary Surgeons Act***

Before the 1881 Act there were many references in Hansard to veterinarians following the first use of this term in the mid-seventeenth century, particularly in providing advice to government. But, as Whiting (2016) observes, what was missing—despite the Royal Charter—was a defining criterion of what constituted a veterinarian. This did not appear until the first bill was introduced through the House of Lords in 1866. This controversially set its objective to limit the title “veterinary surgeon” to only those who had obtained the diploma in veterinary medicine from the RVC in London. In the Commons debate, though, it was proposed that the title of veterinary surgeon be linked with members of the RCVS more generally, rather than simply practitioners qualified from the RVC. The proposed bill was

cited as a means to promote and improve the veterinary education system, which had at the time done a great deal to resolve the problem of cattle plague.

There was a strong public interest in having only those who were properly qualified in identifying themselves as a trusted source of information. Although only one voice amongst many, Mr Newdegate illustrates this well when he stated in the debate:

No obstacle had interposed more constantly, or tended more directly to defeat this attempt [to raise the standard of education] than the fact that the education after it was completed brought with it no distinction, so that the uneducated as well as the educated appeared before the public with equal claims so far as appearances were concerned, as many as chose, however unqualified, adopting the denomination of veterinary surgeons. (Hansard, 1866)

In terms of the public interest, though, other Members of Parliament felt that veterinary science was still too young to warrant protection of title and the regulatory structure was not sufficiently well established in terms of the knowledge base, especially given the problematic leadership of the RVC in London in the award of diplomas. The 1866 bill was therefore withdrawn.

However, parliamentary debate continued about the standing of the MRCVS. Further power was granted to the RCVS in 1878, when refining the wording of the Contagious Diseases of Cattle Bill which included the term “veterinary surgeons”. During a lengthy discussion, it was decided that rather than leaving the qualifying criterion of an inspector as a graduate from the various schools, all veterinary surgeons should be members of the RCVS (Hansard, 1878). The first legislation to protect the title of veterinary surgeon was finally passed in 1881 through the Veterinary Surgeons Act which was strongly linked to raising the standing of the veterinary profession (Pattison, 1984). As such, it advanced the interests of veterinary surgeons in driving up their income, status and power, while increasing the number of trained veterinarians to help address the supply issues surrounding the Contagious Diseases (Animals) Act 1866.

This 1881 Act therefore promoted the public interest, as well as professional self-interests, by enhancing the general welfare. The public interest aspects of professionalization were reinforced by the recognition that many other persons were practising who were “utterly unfitted” to do so and were inflicting an “immense amount” of cruelty on animals, while the educational standards of veterinarians were rising. Although this did not yet fully protect their domain of work—others could still perform work on animals, but could not claim to be veterinarians or be paid for their labours—it did enable the public helpfully to distinguish between formally qualified and unqualified veterinarians in a de facto form of closure in neo-Weberian terms. At the same time, the public could still choose to receive animal

treatment from non-veterinarians, even if only insiders were allowed to say they were qualified in veterinary medicine.

### ***The establishment of full exclusionary social closure by 1966***

This brings us on to the third watershed stage of development leading to the full exclusionary social closure of the profession in Britain. The main contours of a further dynamic, turbulent and complex period of professionalization facilitated by the wider socio-political context are set out below. As Pattison (1984) relates, the 85 years following the 1881 Act saw ten further major amendments or new Acts relating to veterinarians. These resulted in the full social closure of the veterinary profession in both title and deed by 1966.

Throughout this period, the public could continue to diagnose, treat and advise on the health and welfare of animals. However, minor legislative limitations were gradually imposed that restricted who may undertake certain actions as “veterinary surgeons”. For example, the Veterinary Surgeons (Amendment) Act 1900 refined when the term “veterinary” could be legitimately used, by preventing its employment by outsiders in conducting operations, giving advice and/or attending animals. Although the RCVS could still not prohibit non-veterinarians from practising, they did encourage all qualified veterinarians to place themselves under its regulatory structure. The RCVS also gained the power to regulate veterinary businesses, as well as individual members. This allowed it to discipline and bring action against businesses illegitimately undertaking acts of veterinary surgery or claiming to do so. However, this power was short lived, as it was rescinded in the Veterinary Surgeons Act of 1948.

From 1948 onwards, as Whiting (2016) observes, the RCVS could only regulate individual members of the profession, and not their employers nor any businesses that may undertake veterinary surgery. The 1948 Act also began the process of social closure of veterinary actions. This included all operations and treatment, except minor procedures. In addition, like the 1881 Act before it, the 1948 Act opened up a second supplementary register of “veterinary practitioners” held at the RCVS containing the names of people “grand parented” into the veterinary profession who had been practising for at least seven out of ten years previously. Those who were on the Supplementary Register were given the same rights as veterinarians, such as prescribing rights. However, it was formally possible to refuse entry to the Supplementary Register, if ascribing rights to the individual practitioner would be prejudicial to the public interest.

Any member of either register who was disciplined or refused entry was able to appeal, albeit with a shift from the Judiciary Committee of the Privy Council to the High Court until the 1966 Act. Prior to the 1966 Act, the Minister for Agriculture, Food and Fisheries could also delegate powers of veterinary surgery to any practitioner in a charity, if there were not enough qualified veterinary surgeons to treat the number of animals owned by people of diminished means. This meant that the process of gaining social closure through the state

was again dovetailed with both the interests of the profession and to some degree those of the wider public.

As documented by Hobson-West and Timmons (2015), the fully-fledged social closure of the veterinary profession finally occurred in 1966, with the latest iteration of the Veterinary Surgeons Act. Whiting (2016) notes that this prevented further new admissions to the Supplementary Veterinary Register as only those with qualifying degrees and diplomas could become members of the RCVS. Nonetheless, practitioners already on the Supplementary Veterinary Register were allowed to continue to practise as full members.

All forms of diagnosis, advice and treatment of animals therefore became exclusively the remit of members of the RCVS and no veterinary actions could lawfully be undertaken by the public alone. There were exemptions relating to husbandry practices concerning agricultural animals and research undertaken on animals. The veterinarian could also empower certain people to undertake acts of veterinary surgery—for instance, a veterinary nurse, a veterinary student, a doctor or a dentist. This delegated power, though, was always under the direction of the veterinarian, whether involving simple direction or continuous supervision, with one exception—farm workers could undertake minor surgery themselves, as long as they did not enter body cavities. Crucially, the 1966 Act closed down the ability of outsiders to undertake acts of veterinary surgery, unless delegated by a veterinarian. The general public was henceforth dependent upon the monopoly power held by the veterinary profession.

This was very significant because the monopoly gained over work as well as title gave the profession a stronger form of exclusionary social closure than that gained by the medical profession in Britain—even at the height of that profession’s self-regulatory powers (Hobson-West & Timmons, 2015). As Whiting (2016) relates, this was achieved following ideological skirmishes through much of the first half of the twentieth century with the People’s Dispensary for Sick Animals (PDSA) en route to the passing of the 1966 Act. In this period the PDSA and certain other animal charities came close to developing an alternative veterinary occupation for the poor so that small domestic animals in their care could be helped, most of which was lawful. However, this was a fundamental challenge to the group interests of veterinarians in ensuring a good livelihood, when times were often financially tight, especially in poorer parts of the country. Given the scale of the threat, this led veterinary surgeons to engage their non-veterinary adversaries in vitriolic debate, in which the latter were labelled as “quacks” and “charlatans”, who were “parasites of the misinformed and gullible” (Wall, 1926).

In view of the generally lesser state of knowledge of those working under the umbrella of the PDSA (Gardiner, 2010) and the rise of university degrees in veterinary medicine with a greater amount of scientific content, further development of the RCVS-led veterinary profession could be seen as in the public interest. Even organizations like the Royal Society

for the Prevention of Cruelty to Animals (RSPCA) threw their weight behind restricting animal care to the qualified on general welfare grounds. This was backed by the Ministry of Agriculture and Fisheries (MAFF) and the Department of Agriculture for Scotland (1945) Report of the Committee on Veterinary Practice by Unregistered Persons which stated that, for all their experience, the increasing numbers of unqualified practitioners had inadequate training, far short of veterinary students. It was therefore concluded that the practice of unqualified persons should be ended.

However, the shortage of veterinary surgeons at this time muddied the water in meeting public need in terms of the overall welfare (Holmes & MacClean, 1926). Questions could also be raised about other aspects of the public interest—justice in relation to access to veterinary medicine and the freedom of people to choose who attended to their animals in what remained of an open market. Whether the public were in a position to make an informed choice, though, was a moot point since, as Whiting (2016) comments, the PDSA technicians often misleadingly looked and behaved like veterinary surgeons. Their presence in a competitive marketplace also reduced the number of more fully trained veterinary surgeons coming through. The MAFF Committee, though, felt that the ring could be held given post-war shortages by putting more highly skilled but unqualified people through an exam regulated by the RCVS and under the guidance of qualified veterinarians.

### ***The 1966 Veterinary Surgeons Act and beyond***

The final watershed period in the development of the veterinary profession in Britain was the 1966 Act and its aftermath. The previously outlined limitations of the social closure legislation provided a forward path through the 1948 Act and led increasingly to the restriction of veterinary practice to only those who were qualified in the public interest. The position of full exclusionary closure was sealed with the passing of the 1966 Act, when “grand parenting” also ended following the growth in numbers of qualified veterinary surgeons. This Act defines veterinary surgery and medicine as including the diagnoses of diseases in, and injuries to, animals; the giving of advice based on such diagnoses; the medical or surgical treatment of animals; and the performance of surgical operations on animals (Hobson-West & Timmons 2015).

As Whiting (2016) notes, three registers were prescribed—those for qualified veterinarians and members of the RCVS, the Supplementary Veterinary Register of unqualified practitioners, and a temporary register of those under limited licence, including foreign qualified veterinarians, from countries without mutual recognition of qualifications, who were allowed to practice in Britain under the supervision of a MRCVS. The Act also established a statutory Disciplinary Committee, with set rules and procedures, overseen by the Privy Council, with a judicial facility for appeals. There followed significant debates in the House of Lords about the composition of the RCVS Council and the number of members necessary for the self-regulating profession—not least in light of developments in the

parallel sphere of medicine. In this latter respect, it was decided that most members of the Council should be practising veterinarians.

Much has remained constant in terms of professional regulation in Britain since the 1966 Act. However, since that time government views have changed about the viability of self-regulating professions. This has particularly applied to medicine in the wake of the mass serial killing general practitioner Dr Harold Shipman and other medical scandals over the past twenty or thirty years (Roche, 2018). Accordingly, successive governments of different political colour have attempted to increase the role of state regulation and to modernize professions. Medicine, for example, has seen the recent introduction of regular appraisals, periodic re-accreditation by peers, more independent adjudication of complaints, greater lay representation on an ever more streamlined General Medical Council (GMC), and a meta-regulator overseeing its operation (Saks, 2014).

This has triggered responses from the veterinary profession, albeit on a more limited scale. In 2013, for instance, a Legislative Reform Order (LRO) was passed that changed the composition of the Disciplinary Committee so that it was no longer constituted from members of the RCVS Council, but was independent, with a higher proportion of lay input. This separated the legislative branch (standard setting) from the judiciary branch (disciplinary), as reflected in contemporary health and care professions. A further LRO in 2018 reduced the composition of RCVS Council from a comparatively large 42-strong body, predominantly elected by the profession and nominated by veterinary schools, to a smaller Council of 24, including thirteen elected veterinarians, six appointed lay members, three veterinary school appointees and two appointed associate members (veterinary nurses), with the Chief Veterinary Officer attending as an observer.

The relative lag in reforming veterinary medicine in the direction of what has become known in human medicine as “regulated self-regulation” (Chamberlain, 2015), with the only reforms that have occurred being led by the RCVS itself, has been explained in various ways. Hobson-West & Timmons (2015) put forward three possible reasons, with some caveats. The first is the declining role of farming in the economy leading to a shift of focus in veterinary work towards companion animals, which is less central to protecting human health. The second is the lack of a Nationalized Health Service for animals as most veterinarians do not work in state bureaucracies, but in the private sector—where there have been relatively few large-scale scandals involving non-human animals. The third is the lower moral status of animals and animal health, as compared to human beings. Allied to this, veterinary medicine is a much smaller profession than that of human medicine—with some 24,000 practitioners, as compared to close to 200,000 doctors, overseen by a Council currently presiding over graduates of only seven veterinary schools in Britain.

It could be argued that the limited change in the regulation of the veterinary profession since the 1966 Act is not in the public interest, in light of the extensive reform of medicine

and other health and social care professions, which some have argued renders the 1966 Veterinary Surgeons Act no longer fit for purpose (Fox, 2012). However, the relative lack of reform of veterinary medicine cannot wholly be laid at the door of the veterinary profession, parts of which have been pushing for thoroughgoing change. The government must also bear some responsibility. Currently, it has lost its veterinary focus with Brexit and other political distractions—including the economic recession following the financial crash in 2008 (Saluja, 2011). But even before this, the government department responsible for veterinary regulation, the Department for Environment, Food and Rural Affairs, was unenthusiastic about reforming the 1966 Act. This was ostensibly because of “the lack of parliamentary time”, despite the support of legislators (Hobson-West & Timmons, 2015).

The loss of momentum in an age of more generic professional modernization therefore may have largely been because it was a low government priority, exacerbated by internal differences in the veterinary profession on the aims of any new legislation (Vet Record, 2009). The relatively slow present regulatory development of veterinary medicine may be in the interests of much of the profession in terms of the balance of costs and benefits. This is accentuated by the impact that regulatory reform has had on the parallel power and status, if not the income, of medical doctors—notwithstanding the restratification of hospital specialist and general practitioners (Saks, 2015).

## Conclusion

Having conducted a helicopter analysis of the professionalization of veterinary medicine in Britain from a neo-Weberian perspective, other competing contemporary macro theories of professionalization should be noted—in particular Marxism and Foucauldianism—which have also been widely applied to health care, not least in Britain (e.g. Navarro 1978; Nettleton 1992). However, as Saks (2016) relates, these can be overly rigid in their approach to the relationship between professions and the state—and therefore may not fit as well with the examination of the veterinary case. In the former instance, Marxist contributors tend tautologically to view the state as primarily operating in the interests of the capitalist class, or fragments thereof. This gives less flexibility in interpretation than in a neo-Weberian analysis. Meanwhile Foucauldians, aside from frequently being less rigorous in their use of empirical data (Jones & Porter, 1994), tend analytically to conflate the state and professions in the concept of governmentality, which is seen to pervade modern societies. This makes it more difficult systematically to examine the interrelationship between the two in the process of professionalization in veterinary medicine and other occupational groups.

It is argued here that, while there may well be aspects of co-production in the veterinary field, these cannot be assumed and need to be more closely empirically investigated. This may be best undertaken from a neo-Weberian viewpoint. An exemplary analysis of the intricate relationship between the profession and the state from this perspective in Sweden has been undertaken by Hellberg (1990). In her classic sociological account she underlines

how veterinarians have assumed different roles over time both generally and in their interrelationship with the state. As such, they historically had very different knowledge, practice and client groups, as well as shifting relationships with the state. Initially, veterinarians in Sweden directly served the state through the military, before becoming more involved in animal husbandry for farmers and local authorities with the agricultural revolution, and later gravitated to small animal care for domestic pet owners alongside animal production.

In the parallel British case, where similar shifts occurred (Saks, 2016)—notwithstanding differences between veterinary medicine in Britain and on the continent (Carr-Saunders and Wilson, 1933)—the veterinary profession also had distinctive roles, relations and authority with the state over time, including in relation to state sponsorship. This is illustrated in the contemporary health arena where the state has intervened in response to illnesses like BSE and e-coli that can spread from animals to people (Hobson-West and Timmons, 2015)—despite having earlier removed animal considerations from human public health programmes after the mid-twentieth century (Hardy, 2003). This underscores the complexity of the more open neo-Weberian analysis of the development of exclusionary social closure and the professionalization of veterinary medicine in Britain. Although more detailed work is required in each of the various stages involved, the self-interests of the veterinary profession, or at least significant parts of it, seem usually—if not always—to have gone hand in hand with the public interest. This concept therefore has been more than a legitimacy ideology.

It is also an important methodological wake-up call for the sociology of the professions given the tendency of neo-Weberians simply to juxtapose the two notions in a zero-sum game. There are some exceptions to the rule (e.g., Halliday, 1987), but it is vital that interests and the public interest are satisfactorily conceptualized and operationalized in any analysis of professionalization if their interrelated role in facilitating professional exclusionary social closure is to be properly understood (Saks, 1995). Otherwise contributors to the critical neo-Weberian approach will fall into a similar trap to proponents of the earlier more deferential taxonomic perspective—in reaching preordained views about the operation of professional groups, without appropriately considering empirical evidence. In this respect, more detailed neo-Weberian sociological research is certainly needed on the fascinating and much neglected case of veterinary professionalization in Britain, which has been outlined in this paper.

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