

1 **International Migration by Rural Professionals:**

2
3
4
5
6
7
8

9 **Professional subjectivity, disease ecology and veterinary migration from**
10 **the United Kingdom to New Zealand.**

11
12
13
14
15
16
17
18
19

20 Gareth Enticott

21
22

23 Corresponding Author. Email: enticottg@cardiff.ac.uk Tel: 029 2087 6243
24 School of Geography and Planning, Cardiff University, Cardiff, CF10 3WA

25
26
27
28
29

30 This is the author's post-print version of the article published in the Journal of
31 Rural Studies

32
33
34
35
36
37
38

39 **Acknowledgements:** This research was funded by the Cardiff University
40 Research leave scheme.

41
42
43

1 **Abstract**

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30

This paper analyses international rural migration by highly skilled professionals. Focusing on the migration of veterinary surgeons from the United Kingdom to New Zealand, migration is conceptualised as a response to disruptions to narratives of professional subjectivity that are set within a ‘disease ecology’ – the inter-woven social, economic, biological, environmental and institutional relations that shape the practice of animal disease management. Drawing on biographical interviews with 50 migrant vets, the paper outlines five narratives of migration that capture the relationships between the personal, professional and biological and inform vets’ decisions to migrate and remain in New Zealand. Firstly, the ‘first job’ narrative highlights the tensions between becoming a vet and the challenges of being a vet. Secondly, the narrative of the ‘anti-vet’ describes the rejection of dominant veterinary subjectivities and the search for alternatives. Thirdly, the narrative of ‘poverty farming’ describes the effects of incremental changes and disruptions to farming and veterinary identities. Fourthly, rationalisations of accidental migration are linked to historically embedded veterinary subjectivities. Finally, a narrative of recovery and therapy links traditional forms of country living and animal welfare in New Zealand to ontologically secure veterinary subjectivities. In conclusion, the paper calls for further research on the international rural migration of highly skilled professionals.

Keywords:

Skilled migration; Professional subjectivity; Rural; New Zealand; Veterinary; Disease Ecology.

1 Introduction

2
3 Writing about the impact of British colonialism on the New Zealand (NZ)
4 environment, [Brooking and Pawson \(2011\)](#) describe the circulations of experts
5 and expertise that led to the creation of its now taken for granted pastoral
6 agricultural landscape. The circulation of experts and expertise between
7 centres of agricultural knowledge in the United Kingdom (UK) and NZ
8 contributed to the development of specific varieties of grass seed and sheep
9 breeds, remaking the landscape. Missing from these accounts, however, is the
10 role of the British veterinary profession. This omission is surprising, not least
11 because of its role in assisting colonial expansion in NZ ([Nightingale, 1992](#)) and
12 elsewhere ([Mishra, 2011](#)). Moreover, these patterns of circulating veterinary
13 expertise continue today: NZ is a recognized world leader in animal disease
14 control, exporting its techniques and veterinary practices, and continuing to
15 attract British veterinarians despite fading colonial ties.

16
17 The aim of this paper is to examine the contemporary international migration of
18 veterinary experts from the UK to New Zealand. There is, of course, a rich
19 history of academic study of the causes of rural migration, reflecting economic
20 and people-led motivations, and the differences between structural causes and
21 migrants' own agency ([Halfacree, 2008](#); [Woods, 2016](#)). Despite calls for a
22 greater focus on international migration as a means to 'disrupt conventional
23 conceptualisations' of rural migration ([Smith, 2007: 279](#)), much of this literature
24 is focused on migration between European countries ([but see Preibisch, 2010](#)).
25 Studies have therefore focused on low-skilled agricultural labour ([Lever and](#)
26 [Milbourne, 2015](#); [Sporton, 2013](#); [Hoggart and Mendoza, 1999](#)), retirement
27 migration ([Buller and Hoggart, 1994](#)) or return migration ([Ní Laoire, 2007](#)).
28 Whilst a parallel literature on the geography and mobility of science ([Mahroum,](#)
29 [2000](#); [Powell, 2007](#)), students ([Findlay et al., 2016](#); [Findlay et al., 2012](#)), experts
30 and expertise ([Larner and Laurie, 2010](#)), and global professions ([Beaverstock,](#)
31 [1996](#); [Faulconbridge et al., 2009](#)) exists, this has not permeated discussions of
32 rural migration or professions such as the veterinary profession.

33
34 Combining studies of professional subjectivity ([Thomson and Jones, 2016](#)) and
35 rural migration ([Stockdale and Catney, 2014](#)), this paper identifies the reasons
36 for international veterinary migration. The paper argues for a conceptualization
37 of international veterinary migration as a response to disruptions to narratives
38 of professional subjectivity that are set within a 'disease ecology' – the inter-
39 woven social, economic, biological, environmental and institutional relations
40 that shape the practice of animal disease management. The paper identifies
41 three related aspects of disease ecology that contributes to veterinary
42 migration: veterinary subjectivity and identity anxiety, disease transmission and
43 the professional lifecycle. In tracing the biographies of veterinary surgeons
44 (hereafter vets) that have moved from the UK to NZ, the paper shows how their
45 decisions to move are framed by the relationships between veterinary
46 subjectivities and ideas of what counts as appropriate veterinary work;
47 circulations of disease; and personal and family circumstances.

48
49 To do this, the paper draws on in-depth biographical interviews with UK vets
50 working in NZ. It begins by reviewing the literature on international migration

1 and professional subjectivity, linking them to the concept of disease ecology.
2 Secondly, the paper outlines the methodological approach adopted. Thirdly, the
3 paper describes narratives of moving to and staying in New Zealand, showing
4 how different elements of the disease ecology contribute to international
5 migration.

8 **International Migration to Rural Areas**

10 [Halfacree \(2008: 486\)](#) argues that migration to European rural areas has
11 'largely been seen as an 'internal migration' phenomenon' dominated by
12 studies of lifestyle-led voluntary movements of middle-class groups to rural
13 areas and analyses of their socio-cultural and housing impacts ([Milbourne,](#)
14 [2007](#)). International studies of rural migration, however, have helped challenge
15 the dualistic and stereotypical rendering of rural migration as a conflict between
16 the fixed identities of locals and newcomers, tradition and modernity, and
17 economic versus lifestyle motivations ([see for example Ní Laoire, 2007](#)). At the
18 same time, accounts of international rural migration also challenge the
19 significance of the rural idyll and middle-classes. Whilst some accounts stress
20 the role of people-led explanations ([Buller and Hoggart, 1994](#)) others take a
21 darker turn. Significant here are those migration studies that examine the
22 changing demands of agricultural labour and food processing. Here, [Hoggart](#)
23 [and Mendoza \(1999\)](#) describe how agricultural 'occupational niches' are
24 created for immigrant labour, whilst [Sporton \(2013\)](#) and [Lever and Milbourne](#)
25 [\(2015\)](#) argue that international migrant workers have become essential to the
26 meat-processing industry, whose precarious lives are facilitated by employment
27 regulations, employment agencies and zero hour contracts.

29 For [Halfacree \(2008\)](#), the story of European migrant labour reflects at least one
30 way in which the binaries of rural migration research remain unchallenged: that
31 of the difference between economic and people-led explanations, suggesting
32 that these migration patterns reflect 'economic' explanations of migration in
33 which cultural notions of rurality or the rural idyll are absent. However, more
34 recent analyses also stress the extent to which these forms of labour-based
35 international migration reflect the 'messiness' of migration categorisation
36 ([Stockdale, 2016](#)). Thus, synthesizing recent studies of migrant labour, [Woods](#)
37 [\(2016\)](#) argues that 'patterns and processes of contemporary migration are more
38 fluid and dynamic than often imagined, providing 'mixed messages' about the
39 agency of migrants. Whilst some accounts demonstrate their structural
40 disempowerment, others highlight their own agency to construct their own
41 identities and futures, and re-shape the places in which they live ([Lever and](#)
42 [Milbourne, 2014](#)).

44 As [Woods \(2016\)](#) suggests, international migration might be better seen as
45 patterned by heterogeneity: the origins and types of migrant workers varies in
46 different places; that international migrants exhibit different motivations,
47 experiences and aspirations; that trigger points and catalysts are social,
48 economic and regulatory; and that migrants' integration with local communities
49 can vary between localities. In this messiness, international labour migration is
50 shaped by economic factors and personal factors – such as marriage or family

1 reunification ([Sporton, 2013](#); [Jirovsky et al., 2015](#); [Hedberg and Haandrikman,](#)
2 [2014](#)). Equally, the ease of stereotyping the kind of agency work performed by
3 migrant workers as low-paid and unskilled in which migrants' agency is
4 captured by a globalized corporate food system is also misplaced. Rather,
5 international rural migration can involve all social classes and employment
6 types in which motivations combine the economic, social and personal
7 ([Eimermann et al., 2012](#)). Indeed, many migrant workers working in poorly paid
8 and unskilled jobs are educated and skilled but working in occupations that do
9 not match their qualifications ([Hoggart and Mendoza, 1999](#)).

10 11 *Subjectivity, Professionalism and Migration*

12
13 Missing from these studies are accounts of the international migration of highly
14 skilled professionals to rural areas. Instead, the migration of highly skilled
15 professionals is associated with the rise of the 'global city' in which the
16 expansion of transnational corporations result in flows of professional labour
17 between world cities ([Smith, 2003](#); [Faulconbridge et al., 2009](#)). Whilst the global
18 nature of rural space is increasingly recognized ([Woods, 2011](#)), these studies
19 focus on lifestyle and tourism. In some senses, professional migration may be
20 no different to other international rural migration: professional migrants can rely
21 on (and be let down by) employment agencies ([Connell and Walton-Roberts,](#)
22 [2016](#)) whilst motivations may include economic and cultural factors
23 ([Beaverstock, 1994](#)). Indeed, drawing on Giddens' ([1984](#)) structuration theory,
24 [Robinson and Carey \(2000\)](#) distinguish between practical and discursive
25 consciousness to describe the mixed reasons for international migration by
26 doctors. Belying their discursive economic reasoning for migration, are a series
27 of taken for granted historical cultural links that not only shape their destinations
28 but also help them navigate bureaucratic barriers to migration ([see also Kōu et](#)
29 [al., 2015](#)).

30
31 Studies of highly skilled professions have shown how the growth of globalised
32 professions and flexible labour markets contribute to international migration to
33 service seasonal demands ([Beaverstock, 1996](#)). Equally, others have shown
34 how governments and institutions make possible the conditions for international
35 migration by adapting employment laws ([Raghuram and Kofman, 2002](#)).
36 However, professional international migration may also be encouraged through
37 the creation of professional subjectivities and identities in which mobility is
38 normalised. This is particularly the case amongst scientific professions in which
39 expectations of mobility are part and parcel of how science works and how
40 scientists behave ([Ackers, 2005](#)). Moreover, academic mobility is also
41 normalised amongst students ([Findlay et al., 2016](#)). Thus, [Heffernan and Jöns](#)
42 [\(2013\)](#) describe how scientific subjectivities and disciplinary identities are
43 created through institutional infrastructure – such as sabbatical programs –
44 which contribute to the movement of highly skilled professionals as a means of
45 doing 'good science' through the exchange and circulation of ideas ([Jöns,](#)
46 [2015](#)). In short, scientific mobility is essential not just to 'doing good science'
47 but being a 'good scientist', strengthening the credibility of the scientist and the
48 legitimacy of their institution as a 'centre of gravity' ([Mahroum, 2000](#)).

1 Elsewhere, management studies emphasise how professionalism is thought of
2 and constructed as a mode of conduct rather than simply a matter of technical
3 expertise ([Grey, 1998](#)). Discursive regimes ([Gill, 2015](#)) and 'master narratives'
4 ([Nelson, 2001](#)) prescribe the limits of professional identity, regulate
5 professional behaviour and determine professional status. These master
6 narratives serve to reinforce dominant professional identities: those on the
7 margins are not recognised as legitimate or valuable, are less able to intervene
8 or voice concerns, and may ultimately come to accept the dominant view of
9 their roles through what [Nelson \(2001: 21\)](#) calls 'infiltrated consciousness'.
10 Master narratives may be created within professions themselves, or through
11 the activities of international recruitment agencies that define ideal types of
12 migrant worker ([Findlay and Cranston, 2015](#); [Findlay et al., 2013](#)). Whilst these
13 dominant elite identities may confer status and provide a form of professional
14 ontological security ([Giddens, 1991](#)), the pressure to continually conform and
15 worries over losing identity can lead to 'status anxiety' ([Burke, 1991](#)). As a
16 result, [Gill \(2015\)](#) argues that alternative counter-identities are developed in
17 'spaces of action' as sources of personal meaning. Other responses may
18 include 'survival practices' ([Collinson, 2003](#)) in which alternative subjectivities
19 are constructed to challenge dominant professional narratives. Another
20 response is to leave the organisation or profession altogether. For example,
21 studies in healthcare connect the promotion of new managerial subjectivities
22 that are divorced from notions of appropriate care to professional exit and
23 escape by international migration ([Humphries et al., 2015](#); [Gauld and](#)
24 [Horsburgh, 2015](#); [Sharma et al., 2012](#)).

25
26 Master narratives of professionalism also reveal the geographical dimensions
27 of professional identity. Whilst the skills and characteristics of the prototypical
28 professional may vary between countries, colonialism and the globalisation of
29 professions can spread particular master narratives that seek to establish
30 universal versions of professional conduct ([Spence et al., 2015](#)). In a
31 neocolonial context, these master narratives also serve as a protection against
32 competing forms of professionalism from marginal, non-elite countries. Thus,
33 as [Thomson and Jones \(2016\)](#) show, professional migration from the margins
34 to colonial centres may precipitate identity anxieties: career success, autonomy
35 and security is dependent on the extent to which migrants are able to conform
36 to prototypical colonial ideals.

37 38 39 *Veterinary Migration in Global Disease Ecologies*

40
41 How might professional subjectivity and identity anxieties relate to the
42 international migration of vets? On the one hand, the veterinary profession was
43 integral to colonial expansion ([Mishra, 2011](#)), establishing universal
44 professional standards, practices and identities across the world. This historical
45 depositing of veterinary ideals creates topologies of veterinary professionalism,
46 making and drawing similar places together, and facilitating movement between
47 them. The development and style of the NZ veterinary profession, for instance,
48 was dependent on the arrival of British vets to conduct disease control functions
49 and the recognition of membership of the UK's Royal College of Veterinary
50 Surgeons as the sole accreditation qualification ([Burns, 2010](#)). The first of these

1 vets, J.A. Gilruth, arrived from Scotland in 1892 and came to play a major role
2 in the development in the veterinary profession in NZ ([Nightingale, 1992](#)). By
3 encouraging further veterinary migration from the UK, Gilruth ensured that they
4 dominated the Department of Agriculture and the profession itself ([Burns,
5 2007](#)). Thus, during the 20th Century, a cadre of Scottish vets shaped NZs
6 approach to animal disease management, such as eradicating bovine
7 Tuberculosis ([Enticott, 2017](#)). Whilst these activities established the importance
8 of government veterinary work, these vets also contributed to a hierarchical
9 structure to animal health care by establishing the use of para-professionals,
10 and developing the unique 'club' structure in which farmers cooperatively
11 supported private veterinary services ensuring their availability in remote rural
12 areas ([Burns, 2015](#)). Such global topologies of veterinary professionalism are
13 likely to promote and sustain patterns of migration by veterinary experts.

14
15 However, whilst these activities may have helped embed ideal forms of
16 veterinary subjectivity, other experiences show the importance of
17 understanding how they relate to the disease environment in which vets work.
18 Thus, whilst the veterinary profession may have been integral to colonialism, in
19 practice, different ideal veterinary subjectivities emerged in different places due
20 to different colonial regimes and the localised nature and severity of disease
21 ([Gilfoyle, 2003](#); [Mishra, 2011](#)). Whilst not explicitly referring to veterinary
22 subjectivity, [Davis \(2008\)](#) refers to these variations as the outcome of the social
23 and biological relational field through which disease management is organized.
24 Referring to localised 'disease ecologies' examines how differences in the
25 presence/absence of animals and diseases contributed to different roles for
26 veterinary medicine in environmental policy in colonial India and North Africa.
27 However, what is also clear from Davis' work ([2008](#)) is that local disease
28 ecologies and veterinary roles are shaped by more than disease itself. Rather,
29 Davis shows how the contribution of veterinary medicine to environmental
30 policy is shaped by the relationships between pathogens, animals, approaches
31 to veterinary education and styles of colonial administration.

32
33 Developing the concept of disease ecology further, this paper suggests that
34 veterinary subjectivities are shaped within disease ecologies, in which the
35 social (such as institutional discursive regimes) and natural (such as disease
36 outbreaks) define but also disrupt prototypical veterinary subjectivities. These
37 disruptions challenge vet subjectivities and provide moments in which other
38 elements of personal lifecycle can prompt the decision to migrate. A disease
39 ecology therefore encompasses professional 'master narratives' of identity and
40 practice, the governance and institutional management of the veterinary
41 profession and other related disciplines such as farming, personal and lifecycle
42 aspects of veterinarians, and biological and environmental factors relating to
43 disease transmission. The remainder of this paper explores how veterinary
44 lives are shaped within and by disease ecologies, and how disruptions to
45 established veterinary ideals and identities contributes to international
46 migration.

47 48 49 **Methodology** 50

1 *Context*

2
3 The focus of this study is on the migration of UK vets. New Zealand was chosen
4 as the migration destination for three reasons. Firstly, there is currently great
5 interest in the biosecurity and disease management practices developed in NZ
6 within the UK government to manage diseases such as bovine Tuberculosis
7 (bTB). Recent eradication strategies for bTB in the UK make extensive
8 reference to the NZ experience ([Defra, 2014](#)) and veterinary experts from NZ
9 are routinely invited to comment on UK plans. Secondly, there is a long history
10 of migration and cultural connection between NZ and the UK. As indicated in
11 the previous section, the structure of the NZ veterinary profession was
12 developed by UK vets, and NZ remains heavily reliant on veterinary labour.
13 According to the NZ register of veterinary surgeons, there were 2765 vets
14 practising in NZ in June 2016: 30% qualified at an overseas university whilst
15 11% (294) were from the UK. Of these, 59% moved to NZ within 4yrs of
16 graduating, the average time since arriving in NZ was 10.5 years and 60% or
17 migrant vets are female. Thirdly, whilst there are studies of medical migration
18 to NZ ([Gauld and Horsburgh, 2015](#); [Sharma et al., 2012](#)), there has been no
19 attempt to account for veterinary migration to NZ.
20

21 *Biographical Interviews*

22
23 Existing studies of international migration to NZ are overly quantitative and
24 reduce reasons for migration to simple categories such as 'lifestyle'. For
25 [Stockdale \(2014\)](#), these approaches are unable to describe how decisions to
26 migrate are made, or the capture the kinds of practical consciousness
27 implicated in migration decisions. Rather, as [Halfacree and Boyle \(1993\)](#) argue,
28 biographical methods are required to go beyond the façade of simplistic
29 'economic' or 'lifestyle' explanations in order to fully tease out migration
30 motivations.
31

32 For this study, interviews with vets were conducted based on Wengraf's ([2001](#))
33 Biographical Narrative Interpretive Method (BNIM). The BNIM follows a three-
34 stage procedure: first, a 'Single Question for Inducing Narrative' (SQUIN) is
35 posed to the interviewee. The SQUIN directs the participant to the subject
36 matter but is deliberately broad enough to allow participants to talk through their
37 experiences. The participant is encouraged to talk for as long as possible
38 without interruption until they can offer no more insight. For this study, the
39 SQUIN was: "*I'd like you to tell me the story of your veterinary career, from*
40 *when you first realised what you wanted to become a vet through to now.*
41 *Please talk about all the significant events, experiences you've had that have*
42 *lead you to move to move to New Zealand and that you think have kept you*
43 *here as well".* Secondly, whilst the participant is describing their story, extensive
44 notes are taken to identify 'Particular Incident Narratives' (PINs) which are then
45 explored in the order raised by the participant. Finally, nonnarrative questions
46 are asked. In this case, questions about returning home and feelings of home
47 were posed where they had not already been raised in participants' migration
48 narratives.
49

1 In total 50 vets were interviewed in New Zealand (20 in December 2015, 27 in
2 June 2016, and 3 in the UK who had recently returned from NZ). Vets were
3 identified using the Veterinary Council of New Zealand's online veterinary
4 register (<http://www.vetcouncil.org.nz/onlineReg.php>). Vets were randomly
5 selected and through snowball sampling and were based in the North and
6 South islands. Of these, 27 identified as farm vets, 10 worked for the Ministry
7 of Primary Industries (MPI), 6 were small animal vets, 4 academic, 2 equine
8 and 1 in mixed practice. 52% of vets interviewed were female. All but one
9 graduated from a UK veterinary school: the remainder qualified in Ireland but
10 was a UK national. 76% of vets interviewed had migrated since 2000; 48% had
11 migrated within 5 years of qualifying; and on average they had been in NZ for
12 11.9 years when interviewed. These characteristics broadly represented the
13 overall population of UK vets in NZ. Two interviews were with vets based in
14 Wellington. However, they have been retained within this analysis because
15 their original migration destinations were rural.

16
17 Wengraf outlines a formal method of analyzing BNIM interviews in which
18 objective life events are presented to an independent panel to iteratively
19 develop interpretive hypotheses about the experience of life events. This was
20 not possible in this study and instead analysis relied on an ongoing inductive
21 analysis of interview data made possible by the interview procedures itself and
22 the concentrated time period in which a large number of interviews were
23 conducted. As a result, theoretical saturation of core migration narratives was
24 reached during the interviews themselves. Nevertheless, all interviews were
25 fully transcribed and entered into Nvivo to preserve a record of the narratives
26 uncovered during the interviews. In what follows, the paper describes these
27 narratives and how they are connected to international veterinary migration.

31 **Narratives of Veterinary Professionalism and International Migration**

32
33 This section describes five related narratives of veterinary migration. Taken
34 together, the narratives highlight how local disease ecologies influence the
35 decision to migrate to and stay in NZ. All research participants are anonymised,
36 but gender and the date of moving to NZ is provided alongside quotes.

39 *The First Job*

40
41 Recounting the beginnings of their veterinary careers, UK vets in NZ told one
42 of two stories: either their career was the culmination of a realization of a dream
43 held since childhood, or the fulfillment of a self-imposed academic challenge.
44 For those growing up on a farm or in the countryside, the transition to a
45 veterinary career was portrayed as a natural consequence. For others, the
46 challenge of getting into veterinary school was motivation enough:

47
48 "I was used to being like one of the top kids at school, and I quite like being challenged, oh, vet
49 school's one of the hardest things to do, I'm going to get in just because I can try and get in;
50 it'll be a challenge for me, so I... I... and I think from that moment, probably like 15/16, I'd
51 got almost like tunnel vision" (C4, Female, 2015).

1
2 The challenge of *becoming* a vet was not always simple but dedication to the
3 challenge was a consistent theme. At this life-stage, the challenge of becoming
4 a vet had little impact upon where they wanted to practice, unlike their next
5 career stage: the challenge of *being* a vet. Just as [Lave and Wenger \(1991\)](#)
6 distinguish between learning to practice and learning to be a practitioner, the
7 reality of veterinary work – of being a vet – came to fundamentally alter their
8 view of the profession and their identity. The ‘first job narrative’ captured these
9 work experiences and existential challenges of being a vet. This narrative was
10 not simply connected to the first job: it began forming during work experience
11 at University and could cover a number of different early career moves. Broadly,
12 the first job narrative characterized a realization that a veterinary career
13 involved accepting substandard working practices, long hours, overwork, and
14 a lack of support. Typically, vets stories of moving to New Zealand were
15 prefaced by accounts of over-work leading to mental and physical exhaustion:

16
17 “I knew I couldn’t stay there for much longer without burning out, or at least without changing
18 my role slightly, because... it was so busy, and the out of hours were very bad, and there was a
19 lot of injuries, and it was quite, um... it was quite a tough job...I think physically and mentally
20 hard, um, draining. I was... you're just never home... so my first job was long, busy days...I
21 think we did one in five on-call, and one in five weekends, but a night on call would be at least
22 one dog Caesarean, probably two. Um, I've done four in a night before. If it was lambing season,
23 you'd have four or five sheep Caesareans through the night as well, plus there'd be calvings
24 pretty much every night that you were on call, so on-call meant that you weren't at home. You
25 didn't go home from that day that you were working until the end of the next day that you were
26 working, or if it was the weekend, sort of four days straight, really, without... I had one full
27 weekend where I didn't go home or sleep for the four days, which is not safe” (L3, Female,
28 2013)

29
30 Having met the challenge of becoming a vet, there was little or no intellectual
31 challenge to being a vet. Treatments were routine and reactive and required
32 little thought, either because the ‘thinking’ jobs were jealously guarded by
33 senior colleagues or because pet insurance required ‘interesting’ cases to be
34 referred to specialist clinics. If the narrative of veterinary subjectivity was all
35 about long hours and hard work, the marginality of new vets meant that they
36 were ‘grateful’ for their opportunity, accepting that these working conditions
37 were a rite of passage learning experience ([cf. Thomson and Jones, 2016](#)).
38 However, the first job was also strongly connected to disillusionment with the
39 veterinary profession followed by professional exit or escape following different
40 trigger events. Vets recalled how their physical and mental exhaustion suddenly
41 culminated into a decision that ‘they had had enough’ following specific events,
42 such as difficult clients, accidents, personal relationship breakdowns. For
43 example:

44
45 “the guy was drunk, he was obnoxious, and wanted his dog put down, and I went out to do a
46 house call, and there was nothing wrong with his dog, so I said there's nothing wrong with your
47 dog, I'm not going to put it down, and he said to me, if you don't put it down, I'm going to kick
48 your head in, and then his mate turned up, and you know, it was just a whole unpleasant night,
49 and I bumped... euthanized his dog, and sort of ran back to the car, and he chased me back to
50 the car, and I just... you know, and I just thought, I don't need this shit! I just sort, this is not
51 worth... my job's not worth this” (G2, Male, 1995)

1 For others, questioning the veterinary professional identity unfolded in relation
2 to family circumstances and the decision to seek out an alternative way of
3 working:

4
5 “every other night I was on call...and it’s really difficult to maintain a role as an active father
6 in terms of, you know, what I wanted to be as an active father, you know, I could have gone
7 back and... and... and thought of it in... in the previous generation’s terms of, woman you look
8 after child; I’ll go to work, kind of hunter-gatherer approach, but I’m... I’m... I didn’t want to
9 be that kind of dad” (E11, Male, 2006)

11 12 *James Herriot and the Anti-Vet*

13
14 In the UK, the James Herriot series of books, and subsequent TV series ‘All
15 Creatures Great and Small’, have contributed to the popular image of the
16 prototypical vet who works in mixed practice in a small market town, frequently
17 called upon to perform complex yet heroic duties for both small and large
18 animals. Written in the 1970s, the portrayal of the vet is of its time and
19 increasingly divorced from the range of work conducted by vets today.
20 Nevertheless, the idea of the mixed practice vet – despite the ever-decreasing
21 opportunities for this kind of work – and its portrayal of veterinary identity
22 endures ([Wedderburn, 2016](#)) and can be considered as *the* master narrative of
23 veterinary subjectivity.

24
25 The James Herriot form of veterinary subjectivity – whether directly inspired by
26 the books and TV programs – or through similar work experiences, shaped
27 many of the UK vets’ in NZ decision to enter the profession. Take this
28 description of one vet’s first encounter with a vet whilst working on a farm:

29
30 “A cow had jumped over a barbed wire fence, and she caught her udder on the way over and
31 she’d ripped her teat right off and caught the milk vein as well and there was blood galore! We
32 managed to walk her back, maybe half a mile back to the farm, and obviously the second we
33 got back to the farm, [the farmer] was straight on the telephone to the vet... A young lad
34 [arrived], he probably wasn’t much older than me, maybe four or five years older than me, and
35 I remember it was, as I say summer, so 4 o’clock, lovely warm afternoon, um, he got out of his
36 car, his music was pounding! And, um, the farmer ran straight over to him, you know, it was
37 like this guy had to save the day, save this cow and imagine him driving out listening to his
38 music, getting excited about, there’s going to be blood and guts and what’s he going to do. And
39 he stitched the cow up, and that was pretty straight forward but then the really exciting thing
40 was he asked if he could get another cow, and he stuck a great big harpoon into this cow’s neck
41 and connected it up to a great rubber tube, and he siphoned out up to 10 litres of blood into this
42 great big bucket with a bit of citric acid in it. And my job was to swirl this bucket around to stop
43 the blood from clotting. And then he took the blood from that cow and he filled a great big bag
44 up and transfused that blood into the cow that had torn it’s teat, and, um, so he’d given her a
45 blood transfusion as well as stitched her tits up and after it was all done the cow had gone from
46 being practically on death's door, really huffing and puffing for... for breath, she’d lost so much
47 blood obviously not much haemoglobin in her system to just suddenly walking in with her mates
48 into the shed to be milked, as if nothing had happened. And the farmer’s wife came out just
49 as we finished and she had made some cake, cup of tea and there’s great big fat globules floating
50 on the tea. She’d obviously got a bit of arthritis I think, cos the, um, cake mixture hadn’t been
51 mixed properly, there was great big lumps of lard still in there, but the vet, he... you know, he
52 sat back with his cup of tea, and his cake, took it all in his stride and, I just thought, well, this is
53 it, what a great... you know, the appreciation that they had for him. Er, what a great lifestyle,
54 and he got back in his car, after his cup of tea and his cake, put his music on again, and off he
55 went. There was dust coming up behind his wheels, obviously off to the next exciting thing, and
56 I thought that’s for me” (C1, Male, 2001).

1
2 If this heroic veterinary subjectivity was appealing, the reality of day-to-day
3 practice led to a realization that an alternative set of subjectivities existed –
4 referred to here as the ‘anti-vet’ – encompassing roles such as public health
5 and research. However, not only were these anti-vet subjectivities silenced by
6 the dominance of the James Herriot mixed practice ideal, but also by
7 professional veterinary institutions. For example, one vet described how private
8 practice was promoted above all other opportunities despite realising it was not
9 for her:

10
11 “Everyone was pushing you into being into practice...you never really learnt about what other
12 opportunities and jobs are really out there...Even when I said to my Director of Studies, who’s
13 like the Dean of the vet school, I was like, I don’t want to do practice, he was like, you should
14 do practice, quite like, you should do it, you’ll regret not doing it, like even if you do it for like
15 a year, and I’m like, no. So, it’s not really... like they... they’re like, oh, practice, practice,
16 practice, and Government work and research: it’s been almost looked down upon” (C4, Female,
17 2015)
18

19 Typically government veterinary work was represented as an indoor desk-job
20 with a lack of autonomy and a bureaucratic supervisory role. It was simply
21 something that wasn't seen as appropriate veterinary work, or as one vet
22 working in a NZ slaughterhouse reflected: “nobody goes to veterinary college
23 thinking, oh yeah, I can't wait to get out and work in a abattoir”. Nevertheless,
24 as dissatisfaction with their current veterinary identities grew, so these ‘anti-vet’
25 alternatives became attractive.
26

27 Attached to the James Herriot master narrative of veterinary subjectivity is a
28 fixed spatiality: of a market town rural life in which the routine – the same clients,
29 with the same problems – defines vets’ existence. Escaping this lack of
30 challenge could mean not just spatial relocation, but a spatial reorientation
31 away from the fixed to the temporary. As a general qualification, a veterinary
32 degree affords a degree of mobility: working as a locum allows vets to witness
33 a range of different veterinary experiences – from small animal clinical work, to
34 wildlife rescue and rehabilitation. Locum work could provide one way out of the
35 spatially fixed identity of private practice. For others, the reaction to this fixed
36 spatiality was a recognition and desire to do something for animal health at a
37 global scale as opposed to the mundane and localized:
38

39 “The part that I didn't like, or didn't want to do was... what is today modern veterinary medicine.
40 I mean fixing dogs that had problems, that had problems because they're sort of inbred, because
41 of years of in-breeding... that sort of thing seemed to me, um, I wouldn't say valueless, but I
42 didn't want to do that, compared to some of what I think are the global issues, which is around
43 sort of declining ecosystems, people dying of infectious diseases, um, you know, the sort of
44 bigger picture stuff” (E12, Male, 2014)
45

46 The localized spatial identity had other drawbacks. In particular, vets who had
47 moved to NZ to work in farm animal practice all commented on how their
48 existing skills and knowledge were insufficient and required updating,
49 particularly in relation to nutrition and pasture management. Whilst some were
50 aware of the seasonality of NZ agriculture, none were accustomed to its
51 physical demands and its unrelenting repetitive nature. Pregnancy testing could
52 be a particularly daunting period:

1
2 “Scanning lasts about three months...and you stand there, and you scan... you just have [cows]
3 coming past your face, just relentlessly for five hours. You can't stop to have a wee, you... so
4 you don't drink, so that you don't need to, because you can't...and you have to age those
5 pregnancies as well, so it's not just pregnant, yes or no, which is fast, but you have to find the
6 foetus, measure its length, and say within a week how old it is...And it's really painful. You
7 get sort of really bad repetitive, sort of strain injuries, really hard on your shoulders. All my
8 fingers were sort of taped up and things to stop you getting blisters “(L3, Female, 2013)
9

10 So whilst the generality of veterinary medicine allowed a degree of mobility,
11 expectations of international mobility and their codification into a veterinary
12 identity appeared less significant. As well as subjectivities, vets' own bodies
13 were shaped by their local disease ecologies meaning that the transition
14 between them could be painful.
15

16 17 *Poverty Farming and Veterinary Practice* 18

19 The first job and the anti-vet are not just associated with vets fresh out of
20 veterinary school. For other vets, these challenges accrued incrementally and
21 in relation to other changes in the local disease ecology. Thus, the gradual
22 rejection of prototypical veterinary life emerged in relation to the outbreak and
23 spread of exotic and endemic disease, changes to agriculture, and the
24 governance of disease. For vets qualifying before 2000, the 2001 Foot and
25 Mouth Disease (FMD) outbreak represented a significant chapter in their
26 career, resulting in the reorientation of their approach to veterinary work:
27

28 “I ended up going to the doctors because I was kind of on the verge of having a nervous
29 breakdown...I thought after the foot and mouth we were going to have no business to
30 go back to, because, you know, the amount of farms that were put out of business...so
31 because of that, I paid all the debts off, and we had some money in the bank and
32 farming being like it was at the time, I didn't really want to start putting money back into
33 the practice again... it became more of a business and cattle were just like livestock
34 units, and if they weren't performing, they was like... you know, [farmers] wouldn't
35 bother treating them because it wasn't worth it; they'd just get rid of them. Um, all the
36 farmers before that, you know, they had their own favourite cows that they'd spend a
37 fortune on even though you'd tell them it's not financially worth it...I think after 20 years,
38 I'd kind of just had enough of it all, you know” (L1, Male, 2007)
39

40 Others referred to these kinds of changes as 'bare bones poverty farming' in
41 which marginal farming was made worse by falling milk prices and European
42 Union regulations. This compounded the impact of diseases like BSE and FMD,
43 suppressing any 'youthful, vigorous [or] positive young blood from coming
44 through' (C1, Male, 2001). The consequences were that farmers were retiring
45 and veterinary work disappearing. Farms were bought and used as livery yards.
46 Whilst still requiring veterinary services, becoming an equine vet and working
47 with 'horsey' people was anathema to these traditional farm vets. Moreover, as
48 vets were one of the few people to visit the remaining farms, farmers' attempts
49 to cope with the mental stress of poverty farming was off-loaded onto them:
50

51 “as the vet you were one of the few people that go on farm, and perhaps they saw you
52 as a doctor in another guise, so they'd offload a lot of the mental problems onto you as
53 well. So you'd spend time listening and you know you can't help but have that... it can't
54 help but have an effect on you. Day after day, after day... So I just came home one

1 night and said [to my wife] “look, fuck it”, I’d seen an advert you know, in the Vet
2 Record...and it was now or never” (C4, Male, 2001)
3

4 Other disease outbreaks also impacted upon the kind of veterinary work that
5 vets could undertake. In particular, testing for bTB was seen to represent the
6 worst kind of work: routine, monotonous and dangerous. With no solution to
7 bTB on the horizon, vets became fed up with the consequences of giving bad
8 news to clients to whom they had close emotional attachments. Younger vets
9 reported trying to avoid work in areas of the UK where the disease was endemic
10 (such as south-west England) to avoid having to bTB test, whilst others cited it
11 as one of the main reasons for their disillusionment with practice and their move
12 to New Zealand:
13

14 “TB testing I found really demoralizing. We would TB test, you know, four days a week,
15 so Monday, Tuesday injecting, reading Thursday, Friday, um, and you were just
16 constantly, you know, condemning cattle. Every single bloody day, and you know, after
17 being the vet for these farmers for five years, they were not clients, they’re friends, and
18 close friends...and I felt that nothing was done about it...and I was thinking I don’t want
19 this for another 10 years. I would have happily stayed, but not condemning cattle four
20 days a week. Its not what I signed up for” (R7, Female, 2015)
21
22

23 *Accidental Migration* 24

25 If migration was related to disruptions to veterinary subjectivity, one
26 commonality, however, was that international migration was rarely planned.
27 The kinds of new veterinary roles that vets came to assume, although being a
28 reaction to the dominant James Herriot ideal, were not actively searched for but
29 discovered by accident. Adverts for work in NZ were chanced upon or passed
30 on by friends or partners. Despite NZs representation in popular culture as a
31 lifestyle and wilderness destination, captured in its own “100% Pure” marketing,
32 NZ was not a destination chosen by migrants, but emerged from vets’ social
33 relationships. Having friends and family already in NZ was one route into work
34 in NZ, or having colleagues who knew people working in New Zealand.
35 Migrants therefore referred to themselves as being lucky or finding jobs by
36 chance, reflecting Stockdale’s (2014) suggestion that migration happens more
37 by chance and luck than rational planning. However, it also highlights how,
38 following [Granovetter \(1973\)](#), those moments of luck are made through the
39 strength of weak ties. It was through these connections and networks that those
40 ‘chance’ emails and contacts became relevant. A crucial factor in many moves
41 was having a supportive partner whose work and family circumstances allowed
42 them to move. Vets’ partners could take the lead in looking for overseas jobs,
43 or bring up the idea of moving or spending a period of time travelling.
44

45 Moreover, the NZ disease ecology also helps put luck and chance in context.
46 In particular, the legacy of colonialism to the veterinary profession in NZ means
47 that UK vets can move to NZ relatively easily. Compared to countries like the
48 United States of America, UK veterinary qualifications are accepted in NZ
49 without the need to sit further examinations. Moreover, as vets are in short
50 supply in NZ, the profession is on the list of occupations for which obtaining a
51 work visa is relatively straightforward. At the same time, the colonial legacy has
52 created important distinctions between veterinary work in NZ and the UK. On

1 the one hand, the NZ economy is dependent on maintaining biosecurity such
2 that government veterinary work is important. On the other hand, colonial vets
3 deregulated aspects of veterinary work creating a professional division between
4 private vets and lay technicians. The effect was to remove much of the kind of
5 mundane work like bTB testing from vets' workload. The NZ prototypical
6 veterinary subjectivity is therefore much more in tune with UK vets' imagined
7 ideal. This is not to say that vets in NZ do not encounter mundane work, but the
8 organisation of agriculture in NZ makes that work attractive in other ways. For
9 example, the seasonality of dairy farming in NZ provides a concentrated cycle
10 of 2-3 month periods in which vets might only perform calvings, or pregnancy
11 testing. This seasonality affords the time to develop the kinds of embodied skills
12 needed for these tasks in a short space of time not available in the UK. Involving
13 hard, physical and repetitive work, they also provided a temporality to migration:
14 vets talked about how initial plans would involve 'going for the season'. This
15 seasonal temporality to veterinary work provided natural checkpoints to
16 reassess career options, become permanent residents, or return or move to a
17 new location. Finally, it is also important to recognize that one aspect of the
18 disease ecology in NZ that made veterinary jobs easy to come by was the
19 expansion of the dairy industry during the late 2000s/early 2010s. This boom
20 was connected to the creation of the NZ dairy cooperative Fonterra and its role
21 in expanding NZs position in the global milk market ([Gray and Le Heron, 2010](#)).
22 This expansion created not just more job opportunities, but the kind of
23 veterinary subjectivities that these vets were looking for: focused on managing
24 the challenges of herd health in a supportive team environment, rather than a
25 lonely existence of routine disease testing.

26 27 28 *Therapeutic Subjectivities*

29
30 [Halfacree and Rivera \(2012\)](#) argue that migration research often overlooks
31 decisions to stay in favour of the decision to move. This final section considers
32 how the disease ecology of NZ restores the veterinary way of being by providing
33 a broader sense of social security. A key difference between the UK and NZ
34 veterinary life is in working culture. In NZ, working hours were perceived to be
35 shorter because out of hours rotas were less demanding, and working late
36 frowned upon resulting in a better work-life balance and lifestyle. The contrast
37 with the UK and NZ's culture of outdoor living meant that veterinary migrants
38 began taking part in activities that they had had no time for before. Participation
39 in sports was revived, and regular hours meant that routines could be
40 established allowing them to participate in team sports or community activities
41 on a weekly rather than haphazard basis. For example:

42
43 "you will always have that day...where you don't leave at the end of work, but 95% of
44 the time I do, and that's really unusual for me. Particularly as a smallies vet, because
45 there's always things on drips, and there's always something going on, and most of the
46 time I come into work at 8.00, and I go home at 5.30, and I'm not on call. And you can
47 go down to the beach, or we can go [skiing]. I was on call at least one night a week,
48 and probably one in four, if not one in two weekends, and all of a sudden, now, as a
49 smallies vet, I'm on one in nine or ten. And the largies guys are on one in 18 weekends.
50 They'll be mad through spring, when it's calving...but then the rest of the year, nothing
51 happens. It's great! So you're busy in the day...but the phone doesn't ring when you're
52 on call and it's summer" (C3, Female, 2014)

1
2 If veterinary life provided a form of therapy to UK veterinary life and its identity
3 anxieties, then it was also provided through a broader sense of 'ontological
4 security' ([Giddens, 1991](#)) afforded by what were perceived as traditional ways
5 of living, found in both NZ veterinary and rural life in general. The antithesis of
6 poverty farming in the UK was the ingenuity of the practical Kiwi farmer
7 captured by their 'number 8 wire mentality' – a mythical ability to fix any farming
8 problem situation using standard sheep fencing wire. Number eight wire was
9 more than a material fix for practical problem solving: it was symbolic of a
10 simpler life in which the traditions of hard work, community and nature were
11 elevated above modern living. Participating in the community afforded a sense
12 of social security and a memory of 'how Britain used to be years ago'. On
13 returning to the UK for funerals or weddings, these differences were reinforced.
14 Home, and for some nationality, become situated in these dense and secure
15 gemeinschaft-like relations.

16
17 This simpler way of life was also tied up in veterinary work and reflected in what
18 were referred to as 'realistic' attitudes to animal welfare and treatment amongst
19 both NZ farmers and the public in general. The UK veterinary profession was
20 perceived to be overly bureaucratic and part of a moribund risk averse litigation
21 culture. By contrast, vets arriving in NZ were soon confronted by different
22 attitudes to animal care:

23
24 "I remember going out to a station, and seeing a horse. I condemned the horse; I said,
25 "no, the horse is stuffed, it needs euthanizing", and the guy goes, "yeah, all right, fine,
26 no worries, I thought that was the case. I'll just dog tucker it", went and got a rifle out
27 of his truck, bang! I was like, whoa... that was the first time I'd ever seen a horse being
28 shot, um, the first time I'd ever seen an animal being shot, because the UK's a bit
29 different to that, um, and then the fact that he was cutting up the horse for dog tucker,
30 was just like, Jeez, is this how they do it in New Zealand? So, that took a bit of getting
31 used to" (C2 Male, 2000)

32
33 These practices could take some time to get used to. The shock of the old,
34 however, came to be rationalised as a more responsible approach to animal
35 welfare. Animals were no longer kept alive for the sake of their owners. Rather,
36 owners were seen to be able to maintain an appropriate emotional distance
37 from their animals when treating them. In a similar way, this simpler or
38 traditional approach to animal welfare was reflected in some animals' reactions
39 to treatment. For instance, dogs used for pig hunting would frequently be
40 admitted with 'their insides hanging out' but would allow vets to perform basic
41 surgery without complaining, stitch them back up in pragmatic fashion, and
42 leave as if nothing had happened. Not only did these dogs embody traditional
43 qualities of hard work and their acceptance of simple treatment 'heroic and
44 brave', but reflected what was seen to be 'appropriate' veterinary care.

45
46 Yet, it was by no means the case that these 'traditional' veterinary subjectivities
47 were accepted uncritically by all migrant vets. Whilst some embraced the
48 ontological security they offered, others struggled to reconcile the normalisation
49 of NZ animal welfare practices with those found in the UK. Moreover, the signs
50 of a circulation of new animal welfare practices and a reconstitution of NZ

1 veterinary practice were limited, held up by the traditional views of farming or
2 veterinary professional interests:

3
4 “things will be put on a drip, and then left, from when you leave work to when you come
5 back in the morning...And it's actually frowned upon, and I've found that really difficult...
6 It's the extra work, and the quality of life, and they put it under health and safety
7 sometimes... but if I do it, it puts pressure on the other vets to do it...They don't see it
8 as, oh, we want to improve standards. What they see it as is a criticism of other
9 people's standards, which it isn't, but that's always how things are seen when you're
10 pushing a limit. I've done nights, so I'm used to being up and walking dogs around if
11 they need a pee, and so it's just... it's a different mentality. It's not a right or a wrong,
12 it's just how... probably how the UK was 20, 25 years ago” (C3, Female, 2014)

13
14 Overall, NZ's disease ecology and the professional veterinary identities within
15 it could provide the ideal destination point for UK vets alienated from the master
16 narratives of UK veterinary practice. This is not to suggest that NZ veterinary
17 lifestyles are free from the kinds of anxieties UK vets are attempting to escape
18 ([see Gardner and Hini, 2006](#)). Further research on veterinary migration by NZ
19 vets and its links to professional subjectivity is required. Moreover, whilst the
20 compromises to animal welfare and the slow pace of change could provide
21 another challenge to migrants' professional identities provoking further
22 migration, there may also be a broader range of reasons for return migration.
23 Further research on return migration amongst veterinary migrants in the UK
24 and NZ can help unpack these decisions, as well as identify their impacts such
25 as the reconstitution of veterinary expertise and working practices.

26 27 28 **Conclusion**

29
30 Studies of international rural migration have the potential to reinvigorate
31 migration studies, allowing for more nuanced rather than binary explanations of
32 migration processes. In analysing the international migration of vets, this paper
33 addresses a further gap: the need to account for highly skilled professionals in
34 international rural migration. Drawing on biographical interviews, the paper
35 argues that international rural migration is situated within and emergent from
36 an interwoven set of relations – conceptualized in this paper as a ‘disease
37 ecology’. Disease ecologies reflect the heterogeneous relations in which vets
38 lives are entangled: between animals and diseases, partners and clients, and
39 professional institutions and their versions of veterinary identity. By referring to
40 a disease ecology the aim is to capture this heterogeneity, but also suggest that
41 for vets, the natural and the non-human play significant roles in shaping
42 migration decisions.

43
44 In analysing how local disease ecologies shape migration patterns amongst
45 vets, the paper draws attention to the relationships between disease outbreaks
46 (such as bTB and FMD), and the cultural and institutional construction of
47 veterinary master subjectivities resulting in tensions between becoming and
48 being a vet. In responding to the realities of veterinary subjectivity, other studies
49 have shown how survival practices are located within identity-based modes of
50 learning to make work possible ([Enticott, 2012](#)). In this paper, the tension
51 between becoming and being a vet are met with a different response: of
52 escape. Thus, whilst [Thomson and Jones \(2016\)](#) suggest that international

1 migration precipitates identity crises due to the challenge of conforming to
2 professional subjectivity master narratives, this paper suggests the opposite:
3 that professional identity anxieties precipitate migration. The 'first job' narrative
4 appears to be a significant challenge for the profession, accounting for
5 disillusionment and exit from veterinary careers as well as migration ([Vet
6 Futures Project Board., 2015](#)). Why the tensions between becoming and being
7 leads some vets to migrate and others leave the profession requires further
8 investigation. Moreover, these narratives open up other questions, such as how
9 can other veterinary identities be normalised?

10
11 Secondly, these tensions reveal the different ways rural representations are
12 implicated in highly skilled international migration. On the one hand, the James
13 Herriot veterinary master narrative of the mixed practice rural vet continues to
14 act as a dominant 'veterinary subjectivity. However, in reacting against these
15 institutionalised versions of professional subjectivity, it is a search for the 'anti-
16 vet' rather than a secure rural idyll that informs veterinary migration. On the
17 other hand, New Zealand's countryside provides a kind of imagined past
18 English rural idyll in which a simpler life provides the conditions for ontological
19 security absent from the UK. Whilst this version of the rural idyll helps to
20 understand why international migrants stay in their destination, it is arrived at
21 by accident: the locations to which vets migrate are happened across by chance
22 and situated in historical colonial relations. In this way, the paper highlights how
23 rurality is accommodated within narratives of international migration in new and
24 unexpected ways. Further studies of other forms of international migration may
25 reveal other ways in which the rural idyll is implicated.

26
27 Finally, a focus on disease ecologies implicated in international migration also
28 reveals how the natural and nonhuman are connected to migration choices.
29 Disease prevalence helps shapes the kinds of veterinary identities vets are
30 expected to assume but come to reject. At the same time, animals, their welfare
31 and what counts as 'appropriate' care is also woven into accounts of veterinary
32 migration. What is interesting about these accounts is their stability. For other
33 scientific disciplines, migration is one way to ensure the mobility and circulation
34 of ideas and expertise. In this paper, however, the circulation of expertise, as
35 opposed to experts, appears to be minimal. Does this reflect the fixed power of
36 veterinary and agricultural interests to resist the influence of migrating vets, or
37 to direct overseas vets to discrete sub-sections of the profession? Either way,
38 further research on the impact of international rural migration amongst highly
39 skilled professionals can contribute to understandings of the circulation of
40 expertise, professional identities and understandings of rural migration.

41

1 **References**

- 2
3
4 Ackers L. (2005) Moving People and Knowledge: Scientific Mobility in the
5 European Union1. *International Migration* 43: 99-131.
6 Beaverstock JV. (1994) Re-thinking skilled international labour migration: World
7 cities and banking organisations. *Geoforum* 25: 323-338.
8 Beaverstock JV. (1996) Subcontracting the Accountant! Professional Labour
9 Markets, Migration, and Organisational Networks in the Global
10 Accountancy Industry. *Environment and Planning A* 28: 303-326.
11 Brooking T and Pawson E. (2011) *Seeds of Empire. The Environmental*
12 *Transformation of New Zealand*, New York: IB Tauris.
13 Buller H and Hoggart K. (1994) *International Counterurbanization*, Aldershot:
14 Avebury.
15 Burke PJ. (1991) Identity Processes and Social Stress. *American Sociological*
16 *Review* 56: 836-849.
17 Burns E. (2007) Difficult Times...between Veterinarians and Farmers:
18 Occupational Control in the New Zealand Veterinary Club System, 1930s-
19 1960s. *The Journal of Historical Sociology* 20: 579-604.
20 Burns E. (2010) Antecedents to the Veterinary club system in New Zealand,
21 c1900 to 1930s. *Australian Veterinary History Record* 57: 3-21.
22 Burns E. (2015) Reading theory or reading historical evidence. The case of
23 Anglo-settler veterinary professionalization. *InterDisciplines* 6: 121-149.
24 Collinson DL. (2003) Identities and insecurities: Selves at work. *Organization* 10:
25 527-547.
26 Connell J and Walton-Roberts M. (2016) What about the workers? The missing
27 geographies of health care. *Progress in Human Geography* 40: 158-176.
28 Davis DK. (2008) Brutes, beasts and empire: veterinary medicine and
29 environmental policy in French North Africa and British India. *Journal of*
30 *Historical Geography* 34: 242-267.
31 Defra. (2014) *The Strategy for Achieving Officially Bovine Tuberculosis Free Status*
32 *for England*, London: Defra.
33 Eimermann M, Lundmark M and Müller DK. (2012) Exploring Dutch Migration to
34 Rural Sweden: International Counterurbanisation in the EU. *Tijdschrift*
35 *voor economische en sociale geografie* 103: 330-346.
36 Enticott G. (2012) The local universality of veterinary expertise and the
37 geography of animal disease. *Transactions of the Institute of British*
38 *Geographers* 37: 75-88.
39 Enticott G. (2017) Navigating veterinary borderlands: 'heiferlumps',
40 epidemiological boundaries and the control of animal disease in New
41 Zealand. *Transactions of the Institute of British Geographers* 42: 153-165.
42 Faulconbridge JR, Beaverstock JV, Hall S, et al. (2009) The 'war for talent': The
43 gatekeeper role of executive search firms in elite labour markets.
44 *Geoforum* 40: 800-808.
45 Findlay A, McCollum D, Shubin S, et al. (2013) The role of recruitment agencies in
46 imagining and producing the 'good' migrant. *Social and Cultural*
47 *Geography* 14: 145-167.
48 Findlay A, Prazeres L, McCollum D, et al. (2016) 'It was always the plan':
49 International study as 'learning to migrate'. *Area*.

- 1 Findlay AM and Cranston S. (2015) What's in a research agenda? An evaluation
2 of research developments in the arena of skilled international migration.
3 *International Development Planning Review* 37: 17-31.
- 4 Findlay AM, King R, Smith FM, et al. (2012) World class? An investigation of
5 globalisation, difference and international student mobility. *Transactions*
6 *of the Institute of British Geographers* 37: 118-131.
- 7 Gardner DH and Hini D. (2006) Work-related stress in the veterinary profession
8 in New Zealand. *New Zealand Veterinary Journal* 54: 119-124.
- 9 Gauld R and Horsburgh S. (2015) What motivates doctors to leave the UK NHS
10 for a "life in the sun" in New Zealand; and, once there, why don't they
11 stay? *Human Resources for Health* 13: 75.
- 12 Giddens A. (1984) *The Constitution of Society*, Cambridge: Polity Press.
- 13 Giddens A. (1991) *Modernity and Self-Identity*, Cambridge: Polity Press.
- 14 Gilfoyle D. (2003) Veterinary Research and the African Rinderpest Epizootic: The
15 Cape Colony, 1896-1898. *Journal of southern African studies* 29: 133-154.
- 16 Gill MJ. (2015) Elite identity and status anxiety: An interpretative
17 phenomenological analysis of management consultants. *Organization* 22:
18 306-325.
- 19 Granovetter M. (1973) The Strength of Weak Ties. *American Journal of Sociology*
20 78: 1360-1380.
- 21 Gray S and Le Heron R. (2010) Globalising New Zealand : Fonterra Co-operative
22 Group, and shaping the future. *New Zealand Geographer* 66: 1-13.
- 23 Grey C. (1998) On being a professional in a "Big Six" firm. *Accounting,*
24 *Organizations and Society* 23: 569-587.
- 25 Halfacree K. (2008) To revitalise counterurbanisation research? Recognising an
26 international and fuller picture. *Population, Space and Place* 14: 479-495.
- 27 Halfacree KH and Boyle PJ. (1993) The challenge facing migration research: the
28 case for a biographical approach. *Progress in Human Geography* 17: 333-
29 348.
- 30 Halfacree KH and Rivera MJ. (2012) Moving to the Countryside ... and Staying:
31 Lives beyond Representations. *Sociologia Ruralis* 52: 92-114.
- 32 Hedberg C and Haandrikman K. (2014) Repopulation of the Swedish
33 countryside: Globalisation by international migration. *Journal of Rural*
34 *Studies* 34: 128-138.
- 35 Heffernan M and Jöns H. (2013) Research travel and disciplinary identities in the
36 University of Cambridge, 1885-1955. *British Journal for the History of*
37 *Science* 46: 255-286.
- 38 Hoggart K and Mendoza C. (1999) African Immigrant Workers in Spanish
39 Agriculture. *Sociologia Ruralis* 39: 538-562.
- 40 Humphries N, McAleese S, Matthews A, et al. (2015) 'Emigration is a matter of
41 self-preservation. The working conditions . . . are killing us slowly':
42 qualitative insights into health professional emigration from Ireland.
43 *Human Resources for Health* 13: 35.
- 44 Jirovsky E, Hoffmann K, Maier M, et al. (2015) Why should I have come here - A
45 qualitative investigation of migration reasons and experiences of health
46 workers from sub-Saharan Africa in Austria. *BMC Health Services Research*
47 15.
- 48 Jöns H. (2015) Talent mobility and the shifting geographies of latourian
49 knowledge hubs. *Population, Space and Place* 21: 372-389.

- 1 Kōu A, van Wissen L, van Dijk J, et al. (2015) A Life Course Approach to High-
2 skilled Migration: Lived Experiences of Indians in the Netherlands.
3 *Journal of Ethnic and Migration Studies* 41: 1644-1663.
- 4 Larnar W and Laurie N. (2010) Travelling technocrats, embodied knowledges:
5 Globalising privatisation in telecoms and water. *Geoforum* 41: 218-226.
- 6 Lave J and Wenger E. (1991) *Situated learning legitimate peripheral participation*,
7 Cambridge: Cambridge University Press.
- 8 Lever J and Milbourne P. (2014) Migrant workers and migrant entrepreneurs:
9 changing established/outsider relations across society and space? *Space*
10 *and Polity* 18: 255-268.
- 11 Lever J and Milbourne P. (2015) The Structural Invisibility of Outsiders: The Role
12 of Migrant Labour in the Meat-Processing Industry. *Sociology*: 1-7.
- 13 Mahroum S. (2000) Scientific Mobility: An Agent of Scientific Expansion and
14 Institutional Empowerment. *Science Communication* 21: 367-378.
- 15 Milbourne P. (2007) Re-populating rural studies: Migrations, movements and
16 mobilities. *Journal of Rural Studies* 23: 381-386.
- 17 Mishra S. (2011) Beasts, Murrains, and the British Raj: : Reassessing Colonial
18 Medicine in India from the Veterinary Perspective, 1860–1900. *Bulletin of*
19 *the History of Medicine*: 587-619.
- 20 Nelson HL. (2001) *Damaged identities, narrative repair.* , Ithaca, NY: Cornell
21 University Press.
- 22 Ní Laoire C. (2007) The ‘green green grass of home’? Return migration to rural
23 Ireland. *Journal of Rural Studies* 23: 332-344.
- 24 Nightingale T. (1992) *White collars & gumboots: A history of the Ministry of*
25 *Agriculture & Fisheries, 1892-1992.*, Auckland: Dunmore Press.
- 26 Powell RC. (2007) Geographies of science: histories, localities, practices, futures.
27 *Progress in Human Geography* 31: 309-329.
- 28 Preibisch K. (2010) Pick-Your-Own Labor: Migrant Workers and Flexibility in
29 Canadian Agriculture. *International Migration Review* 44: 404-441.
- 30 Raghuram P and Kofman E. (2002) The State, Skilled Labour Markets, and
31 Immigration: The Case of Doctors in England. *Environment and Planning A*
32 34: 2071-2089.
- 33 Robinson V and Carey M. (2000) Peopling Skilled International Migration: Indian
34 Doctors in the UK. *International Migration* 38: 89-108.
- 35 Sharma A, Lambert TW and Goldacre MJ. (2012) Why UK-trained doctors leave
36 the UK: cross-sectional survey of doctors in New Zealand. *Journal of the*
37 *Royal Society of Medicine* 105: 25-34.
- 38 Smith D. (2007) The changing faces of rural populations: “(re) Fixing” the gaze’
39 or ‘eyes wide shut’? *Journal of Rural Studies* 23: 275-282.
- 40 Smith RG. (2003) World city actor-networks. *Progress in Human Geography* 27:
41 25-44.
- 42 Spence C, Carter C, Belal A, et al. (2015) Tracking habitus across a transnational
43 professional field. *Work, employment and society* 30: 3-20.
- 44 Sporton D. (2013) ‘They Control My Life’: the Role of Local Recruitment Agencies
45 in East European Migration to the UK. *Population, Space and Place* 19:
46 443-458.
- 47 Stockdale A. (2014) Unravelling the migration decision-making process: English
48 early retirees moving to rural mid-Wales. *Journal of Rural Studies* 34: 161-
49 171.

- 1 Stockdale A. (2016) Contemporary and 'Messy' Rural In-migration Processes:
2 Comparing Counterurban and Lateral Rural Migration. *Population, Space*
3 *and Place* 22: 599-616.
- 4 Stockdale A and Catney G. (2014) A lifecourse perspective on urban-rural
5 migration: the importance of the local context. *Population, Space and*
6 *Place* 20: 83-98.
- 7 Thomson K and Jones J. (2016) Precarious Professionals: (in)Secure Identities
8 and Moral Agency in Neocolonial Context. *Journal of Business Ethics*: 1-24.
- 9 Vet Futures Project Board. (2015) *Taking charge of our future: A vision for the*
10 *veterinary profession for 2030*, London: RCVS and BVA.
- 11 Wedderburn P. (2016) The James Herriot centenary: a vet who changed his
12 profession. *Daily Telegraph*. London.
- 13 Wengraf T. (2001) *Qualitative research interviewing: Biographic narrative and*
14 *semi-structured methods*, Thousand Oaks, CA: Sage.
- 15 Woods M. (2011) The local politics of the global countryside: boosterism,
16 aspirational ruralism and the contested reconstitution of Queenstown,
17 New Zealand. *GeoJournal* 76: 365-381.
- 18 Woods M. (2016) International migration, agency and regional development in
19 rural Europe. *Documents d'Analisi Geografica* 62: 569-593.
- 20