

WHY VETS NEED UNION ASSISTANCE

MY letter calling for the creation of a union for UK veterinarians¹ provoked a “lively debate”², as shown by the series of letters from practitioners and veterinary organisations published subsequently.

I have received a stream of emails, letters and telephone calls from veterinarians across the country expressing support for the idea. Most of those who contacted me directly wanted to know more about the idea of the union. I believe, with the ongoing debate in this regard, there is now hunger for more information in the wider profession.

To meet this demand, this article, in three parts, is being presented to elaborate upon the idea of the union.

Background

Even though we enjoy our work as vets, most of us find our jobs stressful³. This stress is considered to be the cause of anxiety, depression and suicides^{4,5} – subjects that, sadly, appear to epitomise the state of our profession today. In addition, some reports show that a number of disillusioned young vets are leaving the profession⁶.

Should we allow this to continue, and how many more of us need to go into mental health care or lose our lives before we act? Under these circumstances, how will we be able to maintain the status of one of the most sought-after professions in Great Britain?⁷

Vets in the UK are known to be at high risk of suicide, with a proportional mortality ratio of approximately four times

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begins his three-part article on union proposals by outlining possible workplace stressors

that of the general population, and around twice that of other healthcare professionals⁸. Compared with the general population, veterinary surgeons also have higher levels of anxiety and depressive symptoms⁹.

According to one report, at the time of its publication, 250 vets were in long-term mental health care and unlikely ever to return to work¹⁰. There are indications that the problems of depression, addiction and suicide in the profession are ever increasing^{11,12}.

Whereas veterinary surgeons suffer from an epidemic of stress, anxiety and depression (which can culminate in suicide in some cases), the practices themselves are among the most profitable, compared to other small businesses in Britain¹³. This is seen by some as a reflection of the profession's “success”¹⁴.

How could so many members of such a “successful” profession, who love their job, be so stressed, so anxiety stricken, so depressed and so suicidal?

Is it in anybody's interest to promote abstract hypotheses as the cause of our troubles, and continue to brush the real problems under the carpet?

Hypotheses

The hypotheses attributing the high rate of suicide among veterinarians to them not coping with

the feelings related to euthanising animals⁴, the access to drugs and means of euthanasia, or the possible “poor” psychological or emotional characteristics of individuals entering the profession^{4,8}, have been rubbished by practitioners^{1,15,16,17}. The propagation of these ideas has been deemed as creating a smokescreen to cover up the serious underlying problems¹. Some propose factors like loneliness, isolation and lack of mutual support at the workplace as the reasons¹⁹. Are these really our only unique problems? If so, does it imply that we are a separate society, remote from the general one? I think our social problems are no different from any other type of worker in this country.

With regard to the profession's general behaviour, and drinking in particular, we are no different from the general population²⁰. There is little to distinguish us from general society, apart from the fact that “being a vet can be extremely stressful”⁴.

Fact

However sad, the likely explanation of the paradox of our profession – which, against the backdrop of widespread stress, anxiety, depression and a high rate of suicide, makes it one of the most profitable small business types in the country – is that some in the profession are paying a heavy price for the “success of the profession”^{6,21,22,23}.

However, some veterinary surgeons have spoken out about the poor terms of employment and working conditions that are blighting their lives²³.

What is bothering us?

What makes the work we love and enjoy so stressful? “The list of offences [leading to stress] is endless”, as a colleague responding to my letter put it.

Let's look at some important issues that can serve as sources of stress at our workplaces, listed below in no particular order.

● Misleading job adverts

Many job advertisements are hyped up and misleading, if not deliberately deceiving. This can lead to vets taking up jobs that they would never have considered had they known the true picture of the job, the practice and the prospects.

● Employer accreditation

In a scattered, so-called self-regulating profession, no system is available to assess an employer's credibility – for example, in terms of adherence to employment laws or staff turnover. In my view, candidates have no means to assess the worthiness of a practice before taking a job.

● Lack of proper job contracts

A great majority of vets working in general private practice are not given proper employment contracts that would satisfy the relevant legal requirements. It is also my opinion that a written statement relating to terms and conditions of employment, issued in accordance with RCVS guidance²⁴, is not worth the paper it is written on unless it respects employment laws, such as the Working Time Regulations.

Such “statements” are kept fluid and are prone to manipulation at the will of the employers, allowing them to wriggle out of any apparent commitments made in the statements.

● Inadequate salaries

There is no independent salary survey to help vets claim a reasonable salary. Compared to doctors and dentists, vets are massively underpaid²³; new graduates, especially, are reported to be mercilessly exploited in this regard²¹. Starting on a meagre salary has a serious adverse effect on future salaries.

In a great majority of cases, there is no provision or guarantee of annual increments or other financial rewards, leading to financial stagnation and frustration. To avoid such demands, many vets are asked to invest into the practice as a condition for any further financial benefits.

● Abuse of Working Time Regulations

The European Working Time Regulations²⁵ are, I believe, blatantly violated in veterinary practices in the UK²⁶. Sadly, the BVA and SPVS appear to proudly condone such malpractices²⁶. In view of new relaxations regarding “active and inactive” on-call time^{25,26}, the situation is feared to get much worse²². Should the current situation not change,



Some in the profession have stated that workplace isolation is one of the reasons behind the mental health malaise affecting the veterinary community. The author, however, believes differently, and states that working practices may be at fault.

veterinary practices are unlikely to stick to the maximum 48-hour working week, or seek an opt-out from vets willing to put in more hours, and still keep it under the permissible maximum.

There is often a complete disregard for legal recommendations for breaks and rest for veterinarians²³ – some vets work non-stop for 10 to 12 hours without any compensation for work during unpaid breaks. In addition, there is hardly any provision for compensation for overtime work.

● Working hours

In the absence of a genuine willingness by employers to allow flexibility on working hours, many vets, especially females, have to make great sacrifices – including their careers in some cases – to be able to attend to children. In many cases, flexibility is knowingly proposed in the form of awkward part-time hours, so that the offer is rejected, thus saving any legal liability.

● Out-of-hours (OOH) services

In my view, the legal regulations regarding OOH and on-call work are generally disregarded, which compromises the efficiency of vets and poses risks to their safety²⁴. Many practices are not willing to employ dedicated night vets or refer OOH work to dedicated OOH services, mainly for financial reasons. Astonishingly, the burden of responsibility for OOH service is supposed to be borne by vets individually, rather than by their employers²⁷.

● CPD requirements

Absolute non-commitment, false promises or meagre support by employers regarding mandatory CPD are not uncommon practices. Many vets have to sacrifice their own time to attend free afternoon or evening events. Many see their freedom to choose their preferred

CPD restricted for these reasons. Trying to fulfil the RCVS requirements for CPD against all these odds is a source of constant worry and stress for vets. Meanwhile, their bosses may be enjoying their “CPD” on skiing trips or cruise ships.

● Miserly holidays

I believe there is little awareness of (or compliance to) employment law requirements regarding holidays. Guidelines helping vets make reasonable demands for holidays are not available. Some employers, therefore, even succeed in counting bank holidays towards the annual holidays, or including holiday weekends in the yearly weekend rotas. There is no guarantee for appropriate compensation regarding working on bank holidays.

● Lack of pension security

There is no pension provision with most veterinary employers, leading to a financially insecure future for veterinarians and their dependants.

● Unhealthy and unsafe working environments

Many practices are located in hardly transformed terrace houses. They often remain unfit for the purpose of creating a healthy working environment. “Purpose-built” facilities are, I believe, constructed with only the clients, patients and workflow in mind. Most veterinary practices are cramped, poorly ventilated and unhealthy. Such practices may well mint a lot of money, but they are depressing workplaces for hard-working staff who face limited financial rewards.

● Small consulting rooms

The most compromised space in a practice is often in the consulting rooms, which can be small, smelly, stuffy and sweaty, and without proper ventilation.

Some practitioners need to *continued on page 12*

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"fold" larger dogs to be able to turn them around, due to the cramped nature of their working environment. No wonder even otherwise placid dogs become aggressive in defence when we approach them in such small spaces. There is no room to back off if a dog decides to have a go at you.

However sad, it didn't come as a surprise when a German shepherd dog nearly bit a chunk out of a female vet's stomach in a practice in north-west England. The fear of aggression, particularly from our larger patients, is a great stressor that comes with every such patient that walks through the doors of our small consulting rooms. Working in such cell-like conditions robs our dignity – as humans and as professionals.

● Unhealthy furniture

Repetitive stress injuries (the result of an ill-placed computer, or a cupboard containing syringes) are not unknown to vets. It is also unhygienic and undignified to be forced to use your examination table as your work desk, when it may be soiled by urine and faeces, and scented by the anal gland secretions of your patients.

● Risks of radiation injury

There is often little regulatory monitoring of the radiation safety of the personnel involved. Many practices have no separate x-ray room. A demand for non-essential manual restraint of animals during radiography is not an uncommon practice, and there is no mandatory recording of manual restraint in x-ray rooms.

Nominal, outdated and unusable safety devices are no help in protecting staff against the dangers of radiation.

● Anaesthetic environment

The essential anaesthetic scavenging system is inadequate or even non-existent in some practices, leading to a build up of anaesthetic gases in an unventilated working environment. There is usually no arrangement for air-quality testing in our cramped, unventilated practices.

In part two of this article, I will elaborate on other components of poor employment conditions that bother us (such as bad working practices, poor staff facilities and other complicating factors).

I will also discuss the limitations of existing veterinary organisations in addressing these problems, outline their consequences, and explain why there is a need for an awakening.

References

1. Mir S (2008). Isn't it time we had our own veterinary union? *Veterinary Times* 38(20): 39.
2. *Veterinary Times* (2008). Vet's delight at support for union idea, *Veterinary Times* 38(35): 4.
3. RCVS (2006). *Survey of the Profession*: 27-28.
4. Halliwell R (2005). *Vet Suicides Outstrip UK Average*, BBC News (<http://news.bbc.co.uk/1/hi/health/4310596.stm>).
5. Hill J (2008). Congress to tell delegates how to find happiness, *The Veterinary Business Journal* 84: 5.
6. Anonymous (2008). Who's watching broader attitude of profession? *Veterinary Times* 38(31): 31.
7. Mackenzie-Cummins P (2008). Britain's most wanted workers, (www.careerbuilder.co.uk/Article/CB-172-Job-Search-Britains-Most-Wanted-Workers).
8. Bartram D J and Baldwin D S (2008). Veterinary surgeons and suicide: influence, opportunities and



Cramped consultation rooms, particularly when examining large dogs, can be a significant cause of stress, the author says.

research directions, *The Veterinary Record* 162: 36-40.

9. Bartram D J and Baldwin D S (2008). Mental health and wellbeing survey: influence, opportunities and research directions, *The Veterinary Record* 162(26): 868.

10. Waddle H (2008). Speakers advocate team approach to cut stress, *Veterinary Times* 38(21): 2.

11. *Veterinary Times* (2008). SPVS' spotlight on suicide results in happiness theme, *Veterinary Times* 38(12): 4.

12. Brown L (2007). President urges vets to join Veterinary Benevolent Fund, *Veterinary Times* 37(28): 2.

13. Stiff P (2008). Vets cash in on Britain's love affair with its pets, *The Times*, June 16: 36 (http://business.timesonline.co.uk/tol/business/industry_sectors/support_services/article4144160.ece).

14. Stoddard N (2008) Where's the harm in running a successful business? *Veterinary Times* 38(26): 39.

15. Naylor R J (2008). Realistic assessment of why suicide is rife, *Veterinary Times* 38(23): 47.

16. Goldie C (2008). RCVS should broaden remit to aid employees, *Veterinary Times* 38(22): 43.

17. Anonymous (2008). Many of us feeling similar disillusionment, *Veterinary Times* 38(28): 39.

18. Richmond V (2005). *Vet Suicides Outstrip UK Average*, BBC News (<http://news.bbc.co.uk/1/hi/health/4310596.stm>).

19. Milne, E (2008). Life and soul of the party – or just crying out for help? *VN Times* 8(9): 6.

20. Bartram D J et al (2008). Alcohol consumption, depressive and anxiety symptoms, and mental well-being among UK veterinary surgeons: cross-sectional questionnaire survey, *Journal of Psychopharmacology* 22: A30.

21. Dijk V J (2008). Success built on backs of "underpaid" graduates, *Veterinary Times* 38(31): 31.

22. Mir S (2008). We're paying price for working time abuse, *Veterinary Times* 38(33): 31.

23. Anonymous (2008). Isn't it time we consider welfare of UK's vets? *Veterinary Times* 38(15): 35.

24. RCVS (2008). *RCVS Guide to Professional Conduct*: 33.

25. European Union (2008). *Press Release: Political Agreement on Working Time*, June 10 (<http://europa.eu/rapid/pressReleasesAction.do?reference=IP/08/912>).

26. Waddle H (2008). Practices back EU plans to simplify on-call rules, *Veterinary Times* 38(29): 1.

27. Woodbine N (2008). Career warning over out-of-hours service, *Veterinary Times* 38(3): 1. ■

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Livestock plan needs vet help

VETERINARIANS are being sought to contribute their expertise to a £12m project to improve livestock health in south-west England.

The Healthy Livestock Initiative covers Devon, Cornwall, Somerset, Gloucestershire, Wiltshire, Dorset and Avon.

The stated aim of the initiative is to achieve an uplift in the profitability of the south-west's livestock industry by improving health and welfare among farm animals. The project is being financed by the European Development Fund over a period of five years.

Information and skills related to genetics, nutrition, fertility, the environment and the prevention, diagnosis, control and treatment of diseases and parasites will be shared under the project.

The Healthy Livestock Initiative is chaired by farmer and agricultural advisor Richard Stanbury. He will lead a regional panel of advisors to explore ideas for disease-control programmes. Veterinary surgeons may offer ideas directly to the advisory panel until the end of February.

More details about contributing to the initiative can be found at www.swhli.co.uk



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References: 1. Gommeren K, Benckroun G, Brennan SF, Burgaud S, Horspool LJI, Le Traon G, Daminet S, Rosenberg D, Mooney CT. (2008) A novel L-thyroxine solution is a safe and effective once daily treatment for canine hypothyroidism. In: proceedings BSAVA Congress 2008 3-6 April Birmingham, UK. Pp487-488
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