

# Working until we drop is not the answer

Dear editor,

In his letter (February 9 issue), SPVS president Richard Hillman states that – in his view, and, he believes, the views of 90 per cent of the UK workforce – the veterinary profession is not poorly remunerated. He also states that “with eight years of experience, employed vets can consistently expect an income package in the UK’s top 10 per cent by working full time in practice”.

Clearly, much has changed since SPVS submitted its report, in October 2000, to the Independent Review of Dispensing by Veterinary Surgeons, which stated: “We are not a particularly well-remunerated profession, as noted by the interprofessional group incomes, where we are shown to be considerably less rewarded financially than our other medical colleagues.” It then went on to compare and contrast salaries of doctors and veterinary surgeons (they had similar starting salaries, but those of doctors rose steeply, exceeding vets’ pay by four years post-graduation and with a widening gap at 10 years post-graduation).

The Annual Survey of Hours and Earnings 2008 ([www.statistics.gov.uk/pdfdir/ashe1108.pdf](http://www.statistics.gov.uk/pdfdir/ashe1108.pdf)) shows that the top 10 per cent of UK full-time employees earn £946.80 per week, or £49,233.60 per annum. I am not privy to the latest salary survey results compiled by SPVS; however, anecdotally I know of no experienced employed vet being paid this sum, even inclusive of subscriptions to professional bodies (which can, of course, be set against tax by the business), accommodation and private use of vehicles.

It is also worth noting that the SPVS salary survey, published in 2005 and referred to in the British Medical Association article “A comparison of earnings across professions”, includes an extremely small sample size (less than 30 individuals, sometimes fewer than 15) for graduates with more than four years’ experience. Therefore, these results may be unreliable – the highest salary at 10 years is double that of the lowest – so calculation of a median on such a low sample number may well be skewed ([www.vetclick.com/news/view\\_article.php?ArticleId=123](http://www.vetclick.com/news/view_article.php?ArticleId=123)).

Regarding the working time regulations, Mr Hillman suggests that “MEPs never anticipated that time resting while on call would be con-

strued as working time, but, as usual, the UK Government sought to gold-plate the directive while other European countries ignored it”.

It is my understanding that the UK is consistently demonstrated to have among the longest working hours in Europe, and that time spent “resting” on call is considered to be working time in other member states. Indeed, a dichotomy exists in the UK between employees who are on call in the workplace, when the full duration of on-call time is considered to be working, and those who are on call in their own homes, when – despite being at the immediate disposal of their employers – they are deemed to be free to pursue leisure activities. None of this time, therefore, contributes to the working week.

During my career I have made some mistakes as a result of inexperience, some as a result of omission and some as a result of fatigue. As a profession, we are learning to give our new graduates a more structured introduction to clinical work – thus, hopefully, reducing the risks of inexperience. As an individual, I can reflect on how my case management can be improved and manage my CPD accordingly. To reduce the harm resulting from the final category, I believe that we need to address the issues of both mental and physical fatigue that affect us all and, rather than deny the consequences and pretend we are super human, we need to structure our workload so that adequate time off and rest breaks become the norm, not the exception. Other professions that provide 24-hour cover do so by working shifts. We all pledge that our “constant endeavour will be to ensure the welfare of the animals committed to my care”, and while we may feel that working until we drop achieves this objective, the truth may be that we compromise our patients’ welfare as we compromise our own.

Yours faithfully,

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