Gareth Arthurs moved from practice to academia, becoming a lecturer in small animal surgery at the Royal Veterinary College. Here he describes how and why he made the move and what he has gained from it.

FIRST, I need to give some background. I graduated from Cambridge in 1996, and after the obligatory final-year holiday, I started work in general practice. I enjoyed it, but right from the beginning I was keen to continue learning and developing myself professionally.

I soon registered for the certificate in veterinary radiology; I studied while working in general practice, and as I learned more my interests developed. My work became predominantly small animal, and I did less and less large animal work.

After I passed the certificate in 1999, I moved to a small animal practice that had a heavy surgical caseload, including orthopaedic referrals. This stimulated my interest in surgery, so I studied for the certificate in small animal surgery – suited me well as it was primarily a clinical position. At Cambridge, I had really enjoyed being immersed in the academic environment with the opportunity for and stimulation of constant learning. The opportunity to re-experience this environment was immediately appealing.

I calculated that moving to university would be a good career move in terms of developing myself professionally because a university position carries some kudos. It is a good way of developing one’s professional profile, and opens unique opportunities, such as research and access to cutting-edge technology.

After a short period in private referral practice, I returned to Cambridge vet school as a staff clinician (between 2004 and 2006), and I passed the RCVS diploma in small animal surgery (orthopaedics) in 2007.

This personal background is important to my subsequent decision-making, because it illustrates that I’ve always had a drive for personal learning and a particular affection for veterinary schools and the unique learning/teaching opportunities that they offer.

Shortly after gaining my diploma, I was working as an orthopaedic surgeon in private practice with the intention of staying at the practice long-term, but I had a different vision for the future from my colleagues so we parted company. At the same time, a vacancy became available at the Royal Veterinary College. I don’t have a traditional academic background with a history of research or a PhD, but the advertised position – lecturer in small animal surgery – suited me well as it was primarily a clinical position. At Cambridge, I had really enjoyed being immersed in the academic environment with the opportunity for and stimulation of constant learning. The opportunity to re-experience this environment was immediately appealing.

The biggest problem with choosing to move from private practice to university was the pay cut – my salary reduced by about half, and although I’m not a particularly materialistic person, this took a bit of adjusting to. However, with a young family, I knew that I was unlikely to be able to afford to move from private practice to university in the future because of the financial pressures. It was a ‘now or never’ moment.

Right move?

Having worked at the RVC for nearly three years, how are things going? Has the move back to university been worth it? Yes, it most definitely has. I really enjoy my job.

The students are as stimulating; the pleasure in seeing them learn and being able to teach them something and pass on knowledge and skills is undiminished. I love the challenge of the clinical work, in particular working with the residents and interns, playing my part in their development and education as budding young surgeons.

My faculty colleagues are great to work with – they’re inspiring, friendly, accommodating, know the meaning of teamwork, and have a diverse range of interests with a common goal.

The nurses are brilliant; they work to the highest standards, and they rank among the best that I have worked with. Although my job description does not have a research emphasis, I have developed a number of small research projects that represent a completely different but refreshing challenge. The job has also presented many extra opportunities that I may not otherwise have had – for example, invitations to speak, lecture, write articles, be on committees and other such activities.

Is the job perfect and brilliant? Are there absolutely no problems? Of course not: no job is perfect. The biggest frustration is that...
there is so much to do and not enough time. The clinical and teaching workload is so busy that there is very little free time. My original intention was to complete much more research than I've been able to. One-third of my time is ‘off clinics’, which is not ‘free’ time, as it is consumed by extra duties, such as tutoring students, writing and marking exam questions, writing or presenting lectures, organising CPD courses, or attending meetings. The longer you’re in the job, the more extra jobs and responsibilities you accumulate, and, before you know it, you suddenly have more responsibilities than you feel able to cope with! This doesn’t sit particularly comfortably with me as I like to complete a task as soon as possible, but now I have long ‘to-do’ lists and precious little time in which to do them.

It seems to me that the general view is that a university job is a relatively cushy number, but in my experience this is not true. I’m currently working harder than I have before, including taking work home.

**Considering a switch?**

My advice to anybody who’s considering a switch – if you’re so inclined and can afford to – is do it now. The opportunities that a university position can offer are unrivalled and plentiful. You don’t have to do it forever, and if you don’t like it, there’s likely to be a good job in private practice you can return to.

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**Ten-minute chat**

Sally Goulden spends two mornings a week working with swans at the Swan Sanctuary in Shepperton, Surrey. She spends another three days a week in companion animal practice. When she is not working or looking after her husband and two teenage sons, she is at the gym, running in Windsor Great Park or being a churchwarden.

**How did you get involved with caring for swans?**

I used to work for the vet the Swan Sanctuary used, with cases being brought to his small animal hospital. Around the time I was taking a career break to have my first baby, the sanctuary moved to larger premises with an operating theatre on site. They invited me over for what I thought was a baby bootee knitting pattern swap, and offered me the work. It would have been rude to refuse!

**Tell us a bit about your background and training.**

I qualified from the RVC in 1984 and went straight into companion animal practice. When I started the swan work in 1988 I had no experience at all with birds, let alone swans. I had to go back to first principles, and the vet I had worked for told me how to anaesthetise them. My first case was a swan with a 10-day-old oesophageal damage from a pike hook. This is a three-pronged barbed hook held to another similar hook by a metal trace. I thought if I could figure that one out on my own I would do all right!

**How many swans do you see?**

Admissions to the Swan Sanctuary come via a network of volunteer rescuers across the UK and even from abroad. The sanctuary also works closely with the Highways Agency, police, rail networks and wildlife rescue organisations. Assistance also comes from the merchant companies and the Crown Estate, which have traditionally owned swans. On a busy day there may be 10 to 12 swan admissions, plus other species of birds, which are impossible to turn away. At any one time there may be four swans in intensive care, 20 in the inside care pens, 30 in the outside care pens, 40 or so in the ‘nursery’ and a flock of up to 200 in the wooded stream and lake areas, awaiting rehabilitation to a protected habitat. The origin of each bird is carefully logged so that the majority of cases are returned to their own territory.

**What conditions do they present with?**

Many of the injuries are extensive and life-threatening. About one-third of swan injuries are fishing-related, and one-third are incurred during crash-landings. The remainder have river traffic, predator- and dog-inflicted injuries; intoxication from agents such as botulinum toxin, lead, blue-green algae or sewage and infections such as Aspergillus, internal parasitism and duck virus enteritis.

Treatment varies from simple rest and recuperation, to wound management, intravenous fluid support, nebulisation, surgery to remove hooks, fishing line and damaged limbs and bone repair. In the warmer weather the wounds are often infested with hundreds of maggots.

**What do you like about your job?**

There’s never a dull moment! Every case is different, and yet provides a little more knowledge and experience to help work out what to do with the next patient.

**What do you not like?**

Maggots! Injuries inflicted by humans in mindless cruelty. Getting crapped on.

**Why is your job important?**

In addition to treating swans, the Swan Sanctuary and I provide education and information about the prevention, care and management of swan injuries and about swan husbandry. The sanctuary is constantly working to raise awareness of swans to the general public in order to improve their habitat and reduce the incidence of trauma.

**What advice would you give to someone considering a similar career?**

Have a second job that pays the bills.

**What’s the best piece of advice you were ever given?**

An anatomy lecturer, Dr Goodchild, said ‘We are all students until the day we die’. My Mum said, ‘When starting an argument with a child you have 10 seconds to decide whether to continue and win, or change the subject and move on’. One of my nurses said that also applies to husbands.

**What was your proudest moment?**

Every time someone tells me how lovely they think my sons are I feel I’m just going to burst with pride.

**And your most embarrassing?**

In my small animal job: ‘Do come in Mrs Smith, and bring your son . . . oh, husband . . .’. In my swan work (this was in the early days), ‘Yes, do come and watch the operation. This is the nerve I’m just going to cut . . . oh, sorry! Yes, I think a good soak in cold water will get all that blood out . . .’.
Ten-minute chat

Sally Goulden

Veterinary Record 2010 167: ii
doi: 10.1136/vr.g7049

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