

Inquiry into the veterinary workforce shortage in New South Wales

ANSWERS TO PORTFOLIO COMMITTEE NO. 4 – REGIONAL NSW

FROM THE NSW DAIRY ACTION PLAN IMPLEMENTATION PANEL

DATED 14/9/2023

## RESPONSE

This report provides answers to the questions on notice in regard to the recommendations made in the AVA submission (144) and the willingness of the DAPIP committee to support those recommendations.

We also provide brief comment on a question raised to us on veterinary supply of S4 drugs to farmers.

We also provide further comment on the need to restructure veterinary education.

## **Response to the AVA Recommendations made in Submission Number 144**

Recommendation 1: Emergency Disease support

DIAP: Agree

Recommendation 2: Support for government veterinarians

DIAP: Agree

Recommendation 3: Wellness

DIAP: Agree

Recommendation 4: To reduce abuse by clients

DIAP: Agree

Recommendation 5: Overseas veterinary support for study and registration

DIAP: Agree

Recommendation 6: Visa changes

DIAP: Agree

Recommendation 7: After hours think tank

DIAP: Agree

Recommendation 8: Rural and remote support

DIAP: Agree

Recommendation 9:

DIAP: No comment

Recommendation 10:

DIAP: No comment

Recommendation 11:

DIAP: Agree – but see comment at end of this document

Recommendation 12:

DIAP: No comment

Recommendation 13:

DIAP: Agree – substantial re-orientation of the profession is required.

Recommendation 14: Regulatory reform

DIAP: See comment below on supply of restricted substances.

We consider that regulatory reform needs to be integrated with curricular review (and possibly new degrees). Some aspects of the professional development in the veterinary courses which are directed by a focus on small companion animals, overseas qualifications (ie meeting DVM requirements) and a need to provide income by teaching overseas students are extremely detrimental to producing veterinary graduate suitably skilled for modern agriculture.

Recommendation 15: Rural fee relief

DIAP: Agree

Recommendation 16: Other rural support

DIAP: Agree

## Response regarding supply of S4 drugs- Question by The Hon. Sarah Mitchell

We were asked whether a farmer should have the right to obtain restricted substances (an S4 antibiotic) on request from a veterinary practitioner who has not visited the farm in more than a year.

The ability to access restricted drugs is a source of friction between the rural community and veterinarians. Some in the community believe that the profession holds drug sales closely in order solely to gain financial benefit. There is no doubt that for many rural veterinary practices, the sale of therapeutics is important to financial viability.

However, the functional supply of therapeutics in rural areas is often potentially contrary to the legislation as veterinarians supply restricted substances to farmers that they know and trust to treat routine conditions under direction. These actions are a pragmatic response to the impractical restraint of attempting to physically examine every sick animal in rural regions.

<https://legislation.nsw.gov.au/view/html/inforce/current/sl-2013>

### 20. Supply of restricted substances

- (1) A veterinary practitioner may supply restricted substances only—
  - (a) to a person responsible for the care of an animal that the veterinary practitioner has physically examined or has under his or her direct care, and only in respect of that animal, or
  - (b) to a person responsible for the care of an animal, with the written authority of another veterinary practitioner who has physically examined the animal concerned or has it under his or her direct care, and only in respect of that animal.

A more problematic situation is the widespread illegal supply of restricted drugs to rural communities through non-veterinary sources, that has the potential to increase the risk of animal harm, human harm, therapeutic failure, and inappropriate use. This also has the potential increase vulnerability to exotic and endemic disease.

Recommendation: That there be a careful independent evaluation of the structures and legislation pertinent to the supply of restricted substances with a view to considering whether the legislation is fit for purpose and to identify the magnitude of risk associated with illegal supply of drugs from non-veterinary sources. In particular, aspects of practical and prudent access to restricted substances need to be reviewed in the context of

- Animal well-being
- Human safety
- Rural veterinary practice viability and access
- Farm viability
- Exotic and endemic disease preparedness.

## **Further comment on the challenges of veterinary education**

We particularly note the well-referenced, but ill-informed commentary in the AVA response page 44 paragraphs 1 and 2. It should be noted that very successful preventive medicine tends to be self-limiting, and this is one of the reasons that the profession has reduced in relevance. Simply put, there is less disease to control or treat. The scale and value of modern dairy and agricultural enterprises has also changed the relationship between veterinarian and the farm.

Globally, however, there are many examples of successful and profitable veterinary preventive services. Traditional veterinary skills are integrated into a portfolio of services that are based on profitable interventions in areas such as nutrition and agronomy, facility design, epidemiology, and data analysis. These skills are not focused on in the current curricula and will not be with the extreme focus on the individual animal. Currently, graduates are very poorly equipped to work in these areas. It is very likely that a new degree structure will be required to address the needs of the dairy industry and agriculture.