



NSW Parliamentary Inquiry: Veterinary workforce shortage in New South Wales

Questions on Notice, 29 August 2023
VetChat Submission

PART 1: Regulatory change required to facilitate necessary innovation in Veterinary Industry

Question - The Hon. CAMERON MURPHY:

I just have one question for Dr Jenkins. In your submission, under "5. Recommendations", you say: • ... Regulatory reform around digital innovation in veterinary health must be a priority ... What specific regulations do you think need to be changed to make way for your platform and other innovation? I'm happy for you to take it on notice if you want to come back with a list of particular laws you think need to be changed?

Importance of updated regulation to *complement* in-person veterinary practices

The inquiry has clearly illustrated the challenges our industry faces in delivering round-the-clock care to all animals, particularly during after-hours periods. At VetChat we encounter ethical dilemmas daily, where existing laws and regulatory guidelines do not adequately support the provision of first aid and other essential treatments for animals by veterinarians through remote means. The consequence is that animals do not receive the treatment they need.

Both the Australian Veterinary Association (AVA) and the New South Wales Veterinary Board guidelines and policies set up unreasonably stringent rules restricting the provision of telehealth that do not adequately protect pets when hands-on care is unavailable. They fall short of ensuring comprehensive protection for pets during times when hands-on care is unavailable, particularly during evenings, weekends, and public holidays.

It is crucial to emphasise that we see that telemedicine should complement rather than replace traditional in-person veterinary practices. It serves as a valuable tool that our profession must incorporate to meet the modern requirements of pet healthcare. We require updated guidelines that align with the contemporary landscape of pet healthcare needs.

After-hours care, ability to prescribe and first aid advice

Animals across NSW are prevented from accessing much-needed care after-hours. The impact of this is significant, as patients are prevented from care in evenings when clinics are closed, in

many cases all day Saturday, Sundays and public holidays, when urgent care and advice is often required. VetChat sees daily the positive outcomes for pets, owners and Vet clinics of the utilisation of our service where pet owners can video, text or call our Vets immediately to obtain the necessary expert advice they need.

VetChat strongly advocates for the updating of veterinary telemedicine regulations to ensure that remote care can be provided when care is needed - including where necessary, the prescribing of medicines. We strongly suggest that regulations be amended such that a genuine veterinarian-client-patient relationship can be legally established through remote methods, so that the proper level of care can be obtained when it is needed.

The current regulations prevent experienced Australian-registered Vets from being clearly able to advise remotely on first aid, on use of basic over the counter medications (such as paracetamol) or prescribe certain schedules of drugs until a clinic opens. This is not in the best interest of animal welfare, and is certainly not sustainable with the current vet shortages. The guidelines are vague and a Vet in NSW cannot be confident that this is something that they are able to do - even when it is in the best interest of the pet.

Under current regulation, prescriptions can only be issued remotely in New South Wales after an in-person examination by a veterinarian. This creates significant sustainability challenges for the industry and creates significant barriers to accessing care, particularly in remote emergency situations.

Urgent change to regulatory framework is required immediately

We need practical guidelines to facilitate telemedicine and remote prescribing. Our priority is safeguarding animal health and welfare, whilst also addressing the challenges we're currently confronting. Telehealth is an essential tool needed in conjunction with hands-on care in Australia, given improved accessibility to experts and convenience, mirroring developments in human healthcare.

This necessary progression that is suitably updated to reflect the needs of our modern society has already been adopted by governments in the United Kingdom and the United States, for example California, aligning with the standards in human medicine. Currently, individuals can utilise tele-health for their children's healthcare needs. It seems illogical that the same type of service provision cannot be considered safe and appropriate for their pets as well.

Regulatory change must be fast-tracked to allow Vets to advise on first aid measures including pain relief and treatments (just as humans are able to for children in their care). This situation is urgent and change is required as soon as possible - ideally this financial year.

For clarity, below are the critical pieces of legislation and guidelines that hinder the provision of remote care to assist after hours care provision which requirement amendment or replacement:

1. AVA definition of “bona fide veterinarian-client-patient relationship” (found here: <https://www.ava.com.au/policy-advocacy/policies/professional-practices-for-veterinarians/telemedicine-practice/>)

A bona fide veterinarian–client–patient relationship must be established, except when acting only in a tele-triage (emergency) capacity, or in an emergency health situation where human face to face contact is not advisable.

2. Vet practitioners board of NSW: guidance on technology- based patient consultations (found here: <https://www.vpb.nsw.gov.au/sites/default/files/images/GR07%20Technology%20based%20patient%20consultations%2020220906.pdf>)

11.A veterinarian may supply restricted substances (Schedule 4 or Schedule 8 in the Poisons List) only for the care of an animal he or she has physically examined or has under his or her direct care and only in respect of that animal (cl 20(1)(a)) 1

- a. A veterinarian may supply restricted substances to a client after a technology-based patient consultation if the veterinarian has previously performed a physical examination on the animal and prescribed a restricted substance for the treatment of the animal, and is continuing this treatment for the previously diagnosed condition in accordance with current standards
- b. Animals are considered to be under the direct care of a veterinarian if the veterinarian has visited the property where these animals are kept, is fully aware of husbandry and management conditions and has physically examined sufficient animals from this property in order to establish a therapeutic need for supplying restricted substances to an animal from this property in accordance with current standards. A technology-based patient consultation may be used to continue treatment for animals under the direct care of a veterinarian
- c. If the veterinarian has not previously physically examined the animal, is not able to demonstrate the animal is under his or her direct care and concludes that restricted substances are required to treat an animal after performing a technology-based patient consultation the veterinarian must either perform a physical examination or refer the client to another veterinarian for this purpose

3. NSW Veterinary Practice Act 2003: various provisions must be updated to ensure that goals outlined above can be delivered in a timely manner, particularly to remote clients.

PART 2: Response to AVA Recommendations

Question: The Australian Veterinary Association's submission to the inquiry is submission 144. It contains 16 recommendations. Could I invite you respectively to have a look at those recommendations and reply with any feedback you might have?

VetChat supports the AVA recommendations 1-6; and 8-16 with no additional commentary.

Recommendation 7 (ThinkTank):

This recommendation is not sufficiently clear and lacks required definition to get to any useful outcome. It does not delineate the relevant parties consulted, the desired outcome of the “think

tank” , the form or time it would take. It seems likely that such a vague recommendation is likely not to lead to outcomes we need urgently, and in the meantime, the Veterinary profession will continue to face the significant challenges and sad outcomes we have heard raised in this Inquiry.

We strongly advocate increased engagement and transparency to foster a more equitable representation of the profession. Currently, there is little representation of vet-led telehealth in senior positions in the boards or associations which further exacerbates the sharing of misinformation. Unfortunately from experience, this tends to lead to no decisions and continuation of the status quo - and associated problems - due to fear, rather than a focus on positive change and solutions. It seems not unlikely that an ill-defined think tank could suffer the same consequences.