

Submission  
No 12

**INQUIRY INTO VETERINARY WORKFORCE SHORTAGE  
IN NEW SOUTH WALES**

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**Date Received:** 21 June 2023

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Partially  
Confidential

There are a number of things that make being a vet difficult. Many of these are not unique to the veterinary industry but a combination of them make being a vet challenging. Many of these problems are cultural and could be addressed by individual clinics. Some are systemic and require broad change. However, even the things that can be adjusted by individual clinic would benefit from agreement between clinics which could be facilitated with an information campaign, research or a change in regulations for the industry.

1. GP vets require a very broad range of skills and knowledge. The broadness makes it challenging to develop confidence and competence. This is made worse by:
  1. New grads are often are expected to have similar responsibilities as a vet with 5+ years experience
  2. No stratification of charging or time allocated despite the gap in experience. Consults cost the same to the client and are often allocated the same amount of time regardless of how experienced the vet is. I often remark that hairdressers charge more for a senior stylist but vets it's one vet fits all.
  3. Limited coaching and training culture post graduation (no inbuilt internships or gradual expansion of responsibilities which comes with many other professions eg trades, medicine, legal profession, standard junior positions etc.) University placements are essential but not a sufficient substitute. Importantly Uni placements are not paid and there is rarely REAL case responsibility. Vet students do not do any revenue generating work of any significance which makes for a big change upon graduation in terms of responsibility and stress associated with charging large fees for what feels like inferior performance.
  4. It can be challenging to find mentors. Senior vets may enjoy coaching/mentoring but there is no money in it and everyone is time poor. Often the senior vets are the most busy person in the practice
  5. 'Jack of all trades master of none' situations means even when you develop specific competencies you are not able to focus on that area and must always work in areas you feel ill equipped. Eg It is rare to go a week without having a challenge that requires extra research outside of consult times. This work is not paid (and doesn't generate revenue).
  6. The volume of medications, procedures, diagnostic options, discovery of new diseases and detailed understanding of known diseases have vastly increased in the last 20 years. The development, training and specialisation of vets to accommodate this is lagging behind. A small part of the industry has become specialized but referral isn't standard practice (compared to human medicine where for many conditions a GP may act as a checkpoint and sorting tool prior to appropriate referral). The gap between the knowledge and skills of the average vet compared to the wealth of information available (at conferences, in modern textbooks, online, from specialists) is greater than for previous generations of vets. This can make less experienced vets feel overwhelmed or incompetent. Older vets had a less overwhelming volume of information to work with simply because there were less options.
  7. Recent graduates are very aware of reasons NOT to use certain medications. For example adverse reactions and antimicrobial stewardship is stressed in our education. Clinicians have access to 10-20+ antibiotics. In the past a

clinician would have done the best they could with what they had available (ie dispensed antibiotics from a limited list of options without the dilemma). For modern vets decision stress accompanies most interventions.

8. A sense that you have to attempt cases that you do not feel comfortable with. If a vet “should be able to do it” then we feel like we should have a go. Bosses may be reluctant to refer cases (as they will lose that business) if they feel that they themselves would give it a go. You should be able (to a reasonable extent) to see the things that you are confident with. It’s better for the veterinary staff’s confidence and satisfaction but also better for the patients/clients.
9. Flow State (a desirable mental state [en.wikipedia.org/wiki/Flow\\_\(psychology\)](https://en.wikipedia.org/wiki/Flow_(psychology))) occurs when people apply their brain and physical skills to situations that provide an adequate level of challenge to their current capabilities. The ‘Goldilocks’ zone of difficulty. The opportunity to work in this desirable level of challenge is hampered by many of the points raised above. But also, experienced vets may grow weary of doing tasks they consider routine. This is especially true outside their area of interest (eg emergency trained vets doing vaccinations and dermatology). Thus the Goldilocks zone is under AND overshot. Many other skilled professions involve a ladder of career progression that allows people to take on new responsibilities and delegate more basic tasks to subordinates as they progress. Shedding more basic tasks and being promoted as a professional gains confidence and skills facilitates a progression which couples the Goldilocks Zone to an individual’s career stage. This is largely absent in Veterinary careers.
2. Stagnation in careers early in terms of pay and specification (ie it is difficult to pursue interests see point 1-e). You reach close to maximum salary at 5 years or before.
3. There is a toll of being highly emotionally invested in outcomes for patients and clients. Furthermore, emotionally challenging outcomes are inevitable because: A. Everything dies at some point. B. No diagnostic or treatment is 100% C. Everyone makes mistakes D. Options are often limited due to cost or availability. The emotional investment is higher in this industry as people who “love animals” are often encouraged. I suspect vets are likely to be above average in empathy for animals (and people).
4. Dealing with clients:
  1. Client expectations - anecdotally these expectations have increased, less respect for vets, more access to information means they may be less likely to trust expert advice and more likely to have their own ideas, clients may not have the knowledge or skills to evaluate information sources and therefore may bring with them counterproductive ideas regarding diagnosis and treatment
  2. Client complaints and the internet complaints (review/ratings and social media). Often written in a highly emotional state or without a detailed understanding of medicine and financial difficulties of the veterinary industry. These reviews can be very emotionally crippling. Once they are written they often stay there forever.
  3. Dealing with clients with levels of high emotional stress is a stressor. Clients may be emotional because of their attachment to their pet and/or because their loved one is ill or dying. Communicating and helping people that are very emotional takes concentration, care and time. It is difficult to speed up an interaction which is taking too long if the owner is emotional.
  4. Being empathetic to owners struggling with their pet’s condition has a toll. This is distinct from point 4c. 4c refers to the energy expended dealing with emotional people such as taking extra care to be sensitive, responding thoughtfully etc whereas point 4d refers to taking on the burden of some of their emotion. The following example illustrates these two difficulties. 4c is the

toll taken by being sensitive, supportive and receptive with people that are emotional. 4d is the toll taken as you absorb some sadness and stress by working with people experiencing sadness and stress

5. Cost constraints and high cost of veterinary care. It's awful when people cannot afford the best care for their pet. Negotiating this is challenging. Clients may be upset that finances play a roll in determining care for their loved ones. People aren't good at discussing money and wellbeing. It is not a natural trade off and it is easy for clients to feel that the correct balance wasn't struck, especially if they don't get the outcome they are hoping for. Eg If there is a 80% chance a treatment will be successful and owners feel ripped off if they fall in the unlucky 20%
6. Frequent requirement of dealing with difficult animals. Animals may be fearful or painful and there is frequently an element of putting yourself in danger. It is hard to derive satisfaction from those cases as it is unpleasant to forcefully handle or medicate scared animals and the animals themselves are unable to understand. Sometimes clients are also upset by this process. Clients may expect you to attempt to handle a patient that you believe to be a threat and take exception to you suggesting their pet could react aggressively. Clients may be biased towards their pet and/or be less experienced in identifying pet body language that indicates their pet may bite.
7. Causing pain or stress to patients. A vet will frequently have to hurt or stress animals as part of the job (venipuncture, palpation of something painful, restraint etc). The patients and clients may not understand the reason for this. Additionally you will sometimes fail on an initial attempt and have to repeat this action (multiple attempts at venipuncture or placing a IV catheter is a daily occurrence). This can be sad and frustrating as we feel like "I should have been able to do this and now this animal is suffering unnecessarily".
8. A one size fits all approach to clients eg short consults. We expect all clients to have similar appetites for information and time to ask questions etc.
9. Relatively poor pay to education and ability (among highly skill jobs vets are some of the lowest paid (<https://www.smh.com.au/business/workplace/money-is-not-everything-why-stella-s-years-of-study-didn-t-make-her-a-high-earner-20190102-p50p9f.html>))
10. Unpredictability. Some patients are outliers in complexity or complications. Often a "health check" is for a multitude of issues. Walk-ins may need to be seen urgently. There is an ever present low level fear that the thing you aren't good at might come through the door, eg species or emergency. Most vets have experienced walking in first thing and a patient overnight has had a complication. Disease processes may be unpredictable or undiagnosed. Varying client expectations that may be poorly managed. Time management is hard. Studies of workplace stress acknowledge that employees having unpredictable circumstances outside of their internal locus of control is a stressor. Without appropriate slack in the system (or policies for appointments) the outcome of unpredictability of the work is often working through lunch, working extra hard or fast, staying back, dealing with the stress of running overtime and having frustrated clients. Staying back or being exhausted after shifts affects relationships for those people waiting on you (spouse, family, friends etc).
11. Rural concerns (not my area of expertise). In particular these seem to include after hours, cost constraints, variety of cases and species. Rural vets may be more likely to deal with owner variation in approach to animal welfare, human animal bond (eg livestock rather than pets) and willingness to treat. Difficulties associated with economic and environmental concerns eg flood, drought, fires, farmers with business based cost constraints
12. Difficulties associated with lower socioeconomic areas and cost of veterinary care. There is no safety net.
13. Expectations from peoples experience with human medicine eg 24 hr hospitals, medicare, cost of drugs is MUCH MUCH higher for pets. Cost of procedures in the

human field also benefit from more specialised fields which have different economies of scale. For example a human sonographer is not a physician AND a sonographer. A sonographer may scan 10-15 people per day whilst a GP vet may scan 0-3. This means the ultrasound machine is used much less in a vet AND the operator in a vet has much more training. Both of those factors drive up the cost.

14. General sense that there should be a philanthropic component to the work we do. Eg “if you actually cared about animals” etc. This may result in emotional blackmail - “if we truly cared” about animals we would be willing to discount or reduce our fees. When a car needs work done at the mechanic but the O cannot afford it the car doesn’t suffer. The mechanic is unlikely to be accused of being heartless. This conflict causes vets all kinds of financial and emotional burdens.
15. Profitability in GPs is often linked quantity not quality. This creates a conflict as doing the best for the client may be hard to justify if it will be more time consuming. Certain types of work that can replace a more profitable option may be discouraged eg post operative checks
16. Increasing requirements for paperwork. Unrealistic goals for the current workplace environment eg “if it’s not in the notes it didn’t happen”, the level of detail in a physical exam, including vaccination batch numbers and expiry dates.
17. The time required to provide options and discuss them with clients. We are told we must offer clients options to help them pick. However, it is very time consuming and often clients are then being asked to make a complicated decision without a detailed knowledge of their pets condition and options. The vet then experiences tension between explaining everything in detail vs guiding the owners decision. Vets may face consequences if further down the track a client is not happy with the outcome. When vets are taken to the board it may be an issue if the clients don’t feel they were given “all the options”. In the past vets were more prescriptive with their clients. They told clients what the best choice was. I’m not saying that’s the right way, but it’s certainly easier and faster. Typing in your notes all the discussions that were had is very time consuming (and doesn’t generate revenue)
18. Public perception of vet being a great job. It is nice superficially but very challenging if vets are unhappy to then be greeted with enthusiasm by people who don’t appreciate the stress of the job. I challenge the reader to think of a nice reply to “This is Sally, my 8 year old daughter. She loves dogs and wants to be a vet when she grows up. Do you have any advice for her?”. Vet stories make for great public interest stories and it’s much nicer to put a photo of a vet with a stethoscope as the photo for an article than a photo of an electrician with a couple of cables. This results in a bias in media coverage.
19. Because we are emotionally invested in the outcomes when we perform less than our best we feel guilty. The emotional investment is also coupled with a high level of “perfectionism” in the industry. On days when a vet is not performing their best work due to stress, fatigue, illness etc we feel guilty if we slack off or cut corners. In other professions, when staff are feeling exhausted “near enough is good enough” or “so long as the client is happy it’s ok” may be tolerated. Vets do not have this luxury.
20. The work day doesn’t start or finish at the same time for most staff and people work weekends. This means there are limited opportunities for building camaraderie eg after work drinks etc, shared lunch breaks etc. You are not at the same part of your day as your colleagues. This also makes it hard to leave on time if you feel that you are leaving colleagues with a tricky situation eg challenging hospital cases.
21. Cases get handed between clinicians very frequently. Different levels of experience and different approaches to certain cases can make this hard. Anxiety and frustration can easily be created when following up on a case if you disagree with the initial approach taken. A vet may also worry about publicly disagreeing with another professional. A client may wonder “why this wasn’t done yesterday” or “why hasn’t this been explained to me before” or “why did we do this test” which may be hard to

- explain. Vets may also worry about push back or offense caused to previous vet if you wish to change the plan
22. Unpaid work - much time is taken up researching cases, reading histories, writing summaries, investigating stuff clients have looked up like a homeopathic tick "prevention" or vaccination reactions in particular breeds. None of this is usually charged to the clients.
  23. Concerns about best outcome for the pets and about antimicrobial resistance. It is very tempting to start antibiotics in situations where you are unsure what is happening. For example, mild respiratory disease, fevers of unknown origin, sick pets without a diagnosis. This creates a damned if you do damned if you don't situation. Doing the right thing may be more stressful than doing the wrong thing.
  24. Often the best course of action is to NOT prescribe a medication. It takes more time to explain the reasons for not prescribing medication than to dispense or administer a drug. Clients can feel unsatisfied and fail to see the value in seeking advice if they don't leave with a medical intervention they couldn't have got elsewhere. Vets may be incentivised to do something obvious such as give an injection to satisfy clients. On top of being time consuming, not giving medications is less profitable. There is a tension between doing the best for the patient, satisfying the owner that it was 'worth their money or time' and satisfying the business owners.
  25. It is common that loyalty is not rewarded. Often new hires get higher salaries than staff who have been there long term. There is no structure for long term career progression.
  26. The current business model generates profits with fairly high mark ups on medication. This seems unjustifiable given there are bricks and mortar and online pharmacies that will sell the medication cheaper. Same goes for pet stores and food/preventatives
  27. Blaming vets for outcomes out of their control. Clients may blame vets for deterioration in their pet. Inevitably some pets will deteriorate despite a vets best efforts (and best practice). Owners may blame vets for not doing enough, being incompetent or trying to use the opportunity (of a sick pet) to make more money. Clients may also be unable to accept that accidents occur or that a different choice may seem appropriate in hindsight but was not appropriate with the information available at the time of decision making.
  28. The ways that older vets do things may not be current. Senior vets may have spent years developing confidence and refining their technique. However, younger vets may have been taught a different way, or been taught that the older technique is no longer best practice. Young vets can face disagreeing with their superiors or learning a technique they may feel is no longer appropriate. Other times senior vets may be reluctant to teach younger vets to avoid potential criticism. Eg dental extractions without local anaesthetic, without closing sockets, without dental radiographs etc
  29. The expectations and legal requirements have changed but some older vets (and practice owners) may not have incorporated these changes into their practice. Eg antimicrobial stewardship, thorough note taking, handover of cases, taking care not to dispense medications that are no longer indicated eg long acting steroid injections or long acting antibiotic injections. Less experienced vets may be expected to complete tasks in a similar time to their senior colleagues which is impossible for two reasons. First, they are doing more work than their senior colleagues (eg writing more notes, relying less on pattern recognition etc). Second, the experience and knowledge gained over years of practice will make a more senior vet much more efficient. There may be pressure on younger vets to be faster than is realistically possible.
  30. Much of the work we do goes on behind closed doors. It can be hard for clients to value what they don't see. Conversely clients may value things they can see disproportionately. It is common story that a client complains about the way their

pet's hair was clipped after that pet has received life changing surgery that was difficult and stressful to perform.

31. Expectation in the general public that vets will treat strays, wildlife etc. This is time consuming and expensive and there is no compensation for it. I believe most vets would LOVE to do this work if they didn't feel overwhelmed with their regular work. However, asking us to incorporate wildlife and strays into our working day isn't something many industries are required to do. No one drops an orphan at a family medical practice and expects them to treat it and then find it a home. No one brings a broken phone on the sidewalk to a phone repair shop and expects them to repair it at their own cost. The urgency associated with wildlife cases eg a bird with a broken wing, is also distressing. The animal is suffering and we have to choose between running late and disappointing paying customers or ignoring animal suffering.
32. Often extra time to read patient histories and research cases isn't built into the day. This work doesn't have a fee and so there is a trade off between doing the best work and being paid.
33. Consultations are a stressful way to work. Splitting your day into 15-30 minute increments means it is hard to find time to get longer tasks done. It's also mentally disjointed and tiring to start new interactions with people every 15-30 minutes. If you are doing work whilst waiting for a consult to arrive you have to interrupt that work/thought process every 5 minutes (at least) to check if they have arrived yet. \*I'd love to see some research into how different structures of a working day contribute to stress and feeling frazzled.
34. It is common to work long hours, weekends, afterhours, public holidays etc. This can make it challenging to maintain healthy relationships with people who have more "normal" work hours.
35. Client expects that because what is happening to them is very personally important that we will drop everything to deal with it. Eg if a family pet is hit by a car at 6:30pm and will take 2 hours to treat and stabilise that client is unlikely to see it as important if you are late for dinner with your family. As an individual example that would be fine. But multiply that out over many days a year and it is really unfair on veterinary staff that their personal lives play second fiddle to their client's concerns.

#### Notes:

Revenue generating is mentioned a few times in the above points. This is important because work that doesn't generate revenue is difficult to justify to employers (or shareholders). In a profession that is relatively underpaid, doing work that doesn't generate revenue contributes to low pay. You can't ask for more remuneration for something that doesn't generate revenue.

Please don't talk about resilience. It is like asking someone swimming in a rip to get swimming lessons. Coping strategies and healthy mindsets etc may be an important part of the puzzle but it feels disrespectful to vets doing it tough to suggest if they were more "resilient" they could manage.