

**Submission  
No 17**

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

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## Parliamentary Enquiry into Vet Shortage in NSW 2023

Thank you for providing an opportunity to contribute to the debate on the numerous problems facing the veterinary profession in NSW and across all of Australia.

These problems have had a long incubation period, have multiple causes, and will take many years to resolve.

I propose to answer the terms of reference in the order they have been set out which may lead to some repetition of facts and opinions.

- a) the shortage of veterinarians across the profession, including clinical (small and large animal practice), government, academia, research, industry and pathology

In clinical practice across Australia there have been several practices close in recent years through an inability to staff the premises with veterinarians willing to practice in rural or regional areas. (Alice Springs NT, Dubbo NSW, Longford, Tasmania) CSIRO has only just recently been able to recruit a veterinarian to its Black Mountain site after advertising for over 12 months. Many practices take over a year to fill vacancies. I have no knowledge of shortages in other jurisdictions so am unable to comment.

When attempting to unravel complicated situations I always try to go back to first principals and tease out the original causes. In my opinion I believe the problems facing the veterinary profession commenced way back in the 1980s at the time of John Dawkins, the education minister in the Hawke labour government. In 1987 he announced the amalgamation of Teachers Colleges, Technical Colleges and Nurse training schools and made them Universities. Australia went from 12 Universities to 35 and funding was decreased in the Vocational Education and Training sector (VET). This had the effect of lowering the respect in the public's mind of the worth of "Skills". The "457 Visa" issue is one consequence of this unenlightened decision. It also placed an extra layer between doctor and patient because nurses with a bachelor's degree do not change bedpans! The health budget required an extra 15% rise as a result.

Simultaneously the animal welfare lobby were agitating to prevent the use of animals in research, teaching, and commerce. Universities, Research Institutes, and Veterinary schools responded by forming Animal Ethics Committees (AEC) (I have been an AEC member for over 20 years) and decreasing the use of animals in teaching. This lessened the exposure of veterinary students to normal animal behaviours, animal handling techniques, and manipulative skills in handling dissecting instruments. So, when reaching the later years of training, the standard of surgical techniques plummeted. On facing the public many young vets demonstrate to the client their inability to handle distressed and frightened animals both large and small. This does not bring comfort to the client and faith in veterinary skills if the vet does not even know as much as the client about animal behaviour.

In 2023 The Australian Veterinary Boards Council released the Day 1 requirements of a graduand which only includes the expectation of them to perform a laparotomy. (A laparotomy is the penetration of the abdominal wall, enabling inspection of abdomen contents, before suturing the incision closed). These standards are expected to be implemented by January 1<sup>st</sup> 2024.

By the 1990s Veterinary Science overtook Medicine and Law as being the most difficult faculty to enter as an Undergraduate. This remains the case in 2023. After the millennium, the Australian Veterinary Schools Accreditation Committee (AVSAC), which recommends to the Veterinary Schools what matters should be included in the curriculum and how they should be assessed, changed the criteria of what was required of a graduand. There has been increasing emphasis on the use of

technology to make a diagnosis (radiology, laboratory testing of blood, Cat scans, MRI, etc.) and less use of the senses (eyes, ears, smell, etc.) This has massively increased the cost of delivery of Veterinary services to the general public, while simultaneously improving the specificity of diagnosis, and improving the standard of veterinary science.

Currently the veterinary practitioner entering the world of clinical practice comes from a high school where they never failed an examination, entered the most difficult course the University has to offer, at the highest cost to the University, and graduate most likely, with an Honours degree. These are the best and the brightest minds Australia has to offer the world. They have an academic mind but are deficient in training for the specific skills required of a successful practitioner.

Traditionally veterinarians were considered by the public to be the best trained problem solvers Universities produced. Graduates could make a diagnosis with minimal testing because the technology was not available for them to use. Computers and digital technology have transformed the industry and recent graduates are not trained to use other skills to reach the conclusions older practitioners achieve at a lesser cost.

On reaching clinical practice the reality of life finally hits home. Veterinary science is not a highly paid job. Furthermore, the public do not like parting with large amounts of money for their animal which may have high emotional value, but low intrinsic value. Receiving a bill for thousands of dollars for your pet's good health usually only happens once in that pet's lifetime. Returning to the vet clinic is only done with reluctance and often results in aggressive behaviour by the client.

This business model being followed by the veterinary profession is known as the "medical model". Graduates are encouraged to further study to achieve specialist qualification, where their increased skills can command a higher price and thus more money for the practitioner. It may work for medicine where the government is footing most of the cost of delivery, but it will never work for veterinary science where the entire cost is borne by the client. Pet Insurance, which is being encouraged by the vet profession, will never reach the levels required to support vets the way government supports medical doctors. However, it is the model veterinary science has been following for more than twenty years, encouraged by the Veterinary Schools, and the academics who teach there, and the leadership of the veterinary profession who increasingly are academically minded. This is not criticizing academics, whose skills are increasingly required by society, but their skills are not best utilised at private clinic level where practical solutions at an affordable cost is the greater requirement.

This background leads us to today's situation where very bright veterinarians find themselves inadequately trained in the necessary people skills to face upset clients, entirely dependent on technology to make a diagnosis, and unable to surgically solve problems because they are prevented from doing so by Practitioner Boards that require them to have a specialist qualification or at least have several years' experience under their belt under an experienced surgeon's supervision, practising their skills on a paying client's animal. It is not surprising that they are facing wellness issues, financial worries from their huge HECs debt and choose to leave the clinical practice profession early.

The profit centers of veterinary practice lie in the delivery of low-cost services which demand a high degree of skill. The changes recently being implemented by the profession encourage high-cost techniques for diagnosis and discouraging of development of surgical skills where, once you have bought and paid for the anaesthetic machine and instruments, is very low-cost.

- b) the challenges in maintaining a sustainable veterinary workforce, including recruitment and retention rates.

As outlined above there are many challenges that need to be confronted and solutions found. They involve changing thinking by organizations, governments, legislators, and the public.

1. University veterinary schools need to be counselled on the requirements of private clinical practice which are different from university clinical practice. At University level, price is not a factor. In private clinical veterinary practice, price is all encompassing and the lower the cost, the more likely private practice will be able to afford to pay staff while still maintaining a gold standard of veterinary practice and still be profitable. This information used to be the responsibility of AVSAC to deliver.
2. Legislators need to change the laws to allow paraprofessionals to deliver veterinary services to clients at a lower cost so the massive animal welfare issues facing clients unable to afford veterinary services can be circumvented. The only difference between vets and other professional animal people used to be their ability to perform aseptic surgery. This is currently not seemingly being taught at veterinary schools, but within private practices. The challenge of doing this will be enormous.
3. The veterinary profession have sheltered behind restrictive legislation based on the fact that "Veterinarians are the only people with the intellectual capacity to perform..."( Australian Veterinary Journal 2008) This statement is arrogant nonsense and completely incorrect in this day and age. The Victorian Government has removed "Acts of Veterinary Science" from their books and other jurisdictions need to do the same, so the veterinary market is opened for new players. Overseas veterinary practitioners have been incorporating paraprofessionals within their practices for many years which has augmented profitability and economic survival for those practices.
4. Veterinary schools need to disregard the lobbying of the animal rights movement and return to the teaching of animal management to their students within the Code of Practice for the Care and Use of Animals for Scientific purposes (The Code). AECs did not exist in the 1980s when teaching all aspects of animal management was contrary to best practice. That has all changed now and schools need to change their teaching, so veterinarians emerge from schools better skilled in practical techniques that enable them to perform better with less stress.
5. Veterinary students need to be trained in the idea that animals do not just get sick between the hours of 9.00AM and 5,00PM on weekdays, so they must be prepared to work outside of normal working hours.
6. Student selection criteria should allow a broader range of student ability to be selected to enter the veterinary school. I am told all efforts to change the selection criteria have been to no avail and the only thing that works is ATAR scores. The result of this has been vets leave the profession early either with wellness issues, or by suicide. Either result is unacceptable so either another way of selection needs to be chosen, or the teaching provided needs to be changed. Both will be a challenge.
7. The veterinary practice business model will have to be changed, so service delivery is provided at a price the client can afford to pay, yet still deliver a profit, while providing a fair wage for the deliverers of the service. This model used to exist so the challenge should not be too difficult to overcome with better education and acquiring of the skills to do so.
8. The number of veterinary schools has increased by three in the past twenty years so supply of graduates should not be a problem. It is supply of suitable graduates who are prepared to work in the reality of private practice which is the challenge. The fact that many academics leave practice early to return to academe indicates that academic thinking is inappropriate in private practice and makes the owners of that sort of thinking unhappy. Many academics never even try private practice because they know it does not suit their sort of mind. This does not help their students if they are providing the teaching of required skills because they have no knowledge of what is required to be a successful practitioner.

c) the burn-out and mental health challenges facing the veterinary profession.

Recent media stories have been very specific about the presence of wellness issues and suicide among veterinarians. The paragraphs above outline my thinking on the causes of these issues.

The challenge for the profession is to change the thinking within members of the profession so they are fully prepared psychologically for what life as a professional practitioner will be. Taking an inner suburban intellectual, training them as an academic theoretician, and then expecting them to slot comfortably into a rural lifestyle, completely ill equipped to face animals they have never been trained to handle, is always going to end badly.

The answer to this particular challenge will be to change the training regime to provide more appropriate training to students who are more suited to the lifestyle of a rural or even urban practitioner.

Resilience is a learned skill and needs to be developed during the education process. Veterinarians are not the only profession suffering from wellness issues and the focus by the media on mental health indicates the ubiquitous nature of the issue facing society. It is a recent phenomenon so educators with greater knowledge than mine need to dissect its causes.

d) the role of, and challenges affecting, veterinary nurses

Veterinary nurses are the most undervalued of the stakeholders operating in veterinary practice. Veterinarians have been suppressing their use because of their perception that Vets are the only ones with the intellectual capacity or training to make a diagnosis or carry out treatments. The fact that Western Australia registered their veterinary nurses over thirty years ago and the Eastern States are still grappling with the issue indicates the paucity of expertise present in the leadership of the veterinary profession in Australia. Paraprofessionals have been operating within the animal care industries for decades but their utilization by the public has been on the fringes because of the restrictive nature of veterinary legislation which has protected the profession from allowing any non-veterinary degree experts to operate within the public eye.

The introduction of the Covid pandemic to Australia has allowed telemedicine to be implemented and allowed nurses and pharmacists to vaccinate humans. There is no reason veterinary nurses cannot perform the same role in veterinary practice. In fact, MedechatVET 24/7 is an afterhours telemedicine service operating currently in Australia delivering afterhours service to clients all around Australia mainly manned by nurses. Vets are only contacted when necessary and the vet nurse cannot resolve the presenting issue.

The main challenge for nurses will be changing restrictive legislation to allow them to perform at the level their training should allow. This will require changing restrictive veterinary legislation federally and within States so existing conflicts are removed.

e) the role of, and challenges affecting, overseas trained veterinarians

Veterinary training schools overseas deliver different skill sets so that not all veterinary graduates from all schools would carry the skills necessary to perform at a level satisfactory to Australian clients. For instance, when teaching in India I was surprised to find the graduate veterinarians I was teaching were unable to read radiographs. There is a National Veterinary Examination overseas graduates must pass before being allowed to practice in Australia. Increasingly this situation is happening with Australian graduates as well because these Australian vets consider themselves specialists and will not attend to patients they feel inadequate to treat. Greyhounds are one breed in which no Australian Veterinary school has any expertise. The success of the Greyhounds as Pets

programme is causing a problem because greyhounds require specialist knowledge to safely anesthetize them and their blood profiles are different from other dog breeds. There are very few vets in practice who have the necessary knowledge and training to look after the veterinary care of greyhounds. The Greyhound Welfare Integrity Committee (GWIC) report to NSW Parliament in December 2022 acknowledged that On Track vets (OTVs) were “insufficiently trained to fulfill their statutory duties”. My experience reveals that this is not the only area where veterinary training within Australia is proving to be inadequate. Overseas trained vets are currently accepted from North America, United Kingdom and South Africa from Veterinary Schools that have been accredited by a properly constituted VSAC. Unfortunately, there is some training given to veterinarians by training establishments that are not currently overseen by VSAC yet are granting their graduates specialist status which is completely unjustified.

f) the arrangements and impacts of providing after-hour veterinary services.

Many years ago, every veterinary practice in Australia provided their own after-hours service to their own clients. In recent years every Capital city in Australia has Emergency Veterinary Hospitals set up that operate as Specialist Veterinary Centres during office hours and Emergency centers after hours. These do not exist outside of the Capitals. As mentioned above, MedechatVET24/7 is currently operating a telemedicine service and I believe there is another business also offering the same sort of service. Medechat employs veterinary nurses to man the telephones after hours. They are based in UK, Ireland and Australia and filter calls. Veterinary practices sign a contract with Medechat to provide the service. Veterinarians, like me, roster themselves on for 4 hour shifts and are on call standing by to receive any clients who require a video call. The service is cost effective for the client, practice, nurses and vets. It is early days yet but as a business model it is proving to be very successful providing a cost-effective afterhours service at a price the client can afford. I have received calls from clients hundreds of kilometres from the nearest clinic and successfully solved their problems.

g) the impact of the current legislative and regulatory framework on veterinarians

The current legislative and regulatory framework is very good for veterinarians. It provides a huge wall behind which vets are free to practice their profession without the risk of other experts with the same or better qualifications (but not a veterinary degree) to solve clients' animals problems.

Veterinarians consider themselves to be the best qualified to look after animals given that they have studied anatomy, physiology, biochemistry, medicine, surgery, toxicology, microbiology and biosecurity. Given their track record in Australia (the only veterinary profession in the world to have eliminated a highly infectious respiratory virus from a continent {equine influenza 2007}) they are quite justified in their belief. However, just because you are good at something does not mean there are not other qualified people who cannot also deliver the same service but perhaps at a lower cost to the client. Recently cattle veterinarians in Queensland objected to lay pregnancy testers being permitted to provide their services to cattle producers in that State.

It took over twenty years to have the Equine Dental diploma course registered in Australia. There has been massive blocking by the vet profession to allow internationally qualified equine dentists to bring their expertise to Australia. They have had to work with individual veterinarians who provide sedation because legislation prevents non-vets to sedate horses. These equine dentists have all studied the pharmacology of sedatives and are expert phlebotomists (Intra venous injectors). A survey by Skills Impact while developing the Equine Dentistry Diploma course found over 50% of clients had received poor dentistry outcomes from their veterinarians. This is a major animal welfare problem while this situation continues. On June 22<sup>nd</sup> this year I had a client advise me that a

veterinarian who had never sedated donkeys was coming to perform this task on 11 wild donkeys who had had no human contact. I offered my help by suggesting that the veterinarian telephone me as I have had extensive experience sedating equids. This help was refused and consequently inappropriate drugs and dose rates were used which increased the costs to the client.

- h) the particular challenges facing the veterinary profession and the shortage of veterinarians in regional, rural and remote New South Wales

Students of Veterinary Science are accepted into university schools entirely based on their academic score from High School. In a personal communication from the current CEO of the Australian Veterinary Association (AVA) David Andrews, I was informed every other way of selection attempted has not resulted in more suitable graduates who are happy to enter rural or regional practice. I have no way of testing the veracity of this information. Whatever way the students are selected and trained today the result has been a dearth of veterinarians happy to continue their careers in regional, rural, or remote areas of Australia. Veterinary Science is not the only profession to suffer this situation so there must be a wider cause than just student selection and training. In the 1980's Rio Tinto Mining discovered kimberlite pipes in the remote Kimberly region of Western Australia. These were rich in coloured diamonds which Rio wished to mine and market to the world. Because of the risk of theft and extreme remoteness they applied to the then premier of Western Australia Brian Burke to operate a fly-in, fly-out, mine with no road access. This was granted and within months BHP applied for the same privilege. The rest is history because fly-in, fly-out is now standard practice right across the entire mining industry in Australia. The effect of this on society has been catastrophic. The donor society and the recipient society both suffer. Families are torn apart; professional services are no longer supplied to the remote towns and there is no development of Australia outside of metropolitan areas. When Marangaroo mine in Tom Price went fly-in, fly-out the veterinarian wife of the geologist moved to Perth and both Tom Price and Paraburdoo lost their full-time veterinary service. They are now serviced from Newman a town 287 kilometres away . Newman has lost a vet two days a week, Tom Price has a one day a week service and Paraburdoo half a day. Similar towns right across Australia can provide similar stories. If parliaments wish to develop Australia the first decision must be to eliminate fly-in, fly-out from the economy. It prevents any professional service being offered anywhere outside of metropolitan areas. The Pilbara has now been opened to three generations of Australian citizens. They should be entitled to the same facilities as the rest of Australia. This will never happen while the mining industry continues this business model. When iron ore mining was first proposed by Premier Charles Court in the 1960's he guaranteed government support for mining towns if the mining companies built their staff accommodation. The result has been Port Headland, Karratha, Roebourne, and Mount Newman. They are now withering in comparison to those early days as professional services are now provided on a fly-in, fly-out basis. This is costly for both provider and client and can be done much cheaper if government changed the rules back to promoting development of rural and regional areas. It would also remove much of the congestion suffered by the large cities. Two problems solved with one decision!

- i) the role played by veterinarians in providing care to lost, stray and homeless animals, injured wildlife and during emergency situations.

The veterinary profession has always provided free care to wildlife, lost, stray, and homeless animals. The incidence of these is now increasing due to incursion of human urban development into rural

areas and the expansion of the micro farms surrounding major cities. RSPCA Queensland receives 28,000 wildlife admissions yearly, the majority of which are incurable. This is a direct consequence of the city planning of southeast Queensland and is a major animal welfare issue. Animal protection legislation and local government regulation has decreased the incidence of car accidents involving small animals. This in turn has decreased one major profit centre for veterinary clinics. Decreasing profits limits the amount of money vets are prepared to spend treating animals for free. A workforce under pressure is also less likely to provide free services. Currently veterinarians are leaving the profession in droves so private practitioners are working flat out trying to solve paying clients' needs with a limited workforce and are less likely to be happy when strays are presented. Currently the AVA is investigating ways to have government fund the provision of these sort of services because the profession is not generating sufficient profit to continue doing so.

- j) the impact of the current veterinary shortage on animal welfare, including the impact on the economy, members of the public seeking veterinary care for animals, pounds and shelters, the animal agribusiness industry, companion animal breeders and others.

It is not difficult to imagine what recent changes to veterinary training and the business model is having on all of society. Animal welfare has worsened, clients are becoming abusive, veterinary costs have skyrocketed, profits have plummeted, and shelters are being overrun with new admissions. The agribusiness industries are gradually decreasing their use of the veterinary profession as are the breeders. There are very few veterinarians gaining their entire income from large animal work. Without the expansion of pet ownership and greater use of technology and massive price rises the veterinary profession would have collapsed sometime ago. Increased farmer knowledge and support from government agencies has kept a small presence of veterinarians on the farm. Certainly not enough to control a major outbreak of an exotic disease as has been demonstrated by recent outbreaks of fowl plague, fire ants, varroa mite, etc. The success of equine influenza can be slotted home to the political lobbying of the horse racing industry and the relatively early diagnosis and movement restrictions immediately applied. Increased veterinary fees are increasingly impacting on client's decisions to take their pets to a veterinary clinic.

In my travels around regional and rural areas I am seeing skin conditions, tumours, lameness's, and other visible clinical signs of disease in the pet and agricultural animals which I believe should be being seen by a vet but are not. I am also being told of client's taking their animals to clinics and being told that there is no one available to see the animal because they do not have the knowledge required.

- k) current barriers to accessing veterinary care for members of the public, particularly those with lower incomes or who live in regional, rural, and remote locations.

In this submission I have already outlined existing barriers which include fly-in, fly-out staffing system for mines in regional areas and inadequate training for urban veterinary students causing staff shortages. The other barrier is the business model being adopted by the veterinary profession in delivering their services.

The "medical model" for business in the health services professions involves medical graduates undergoing an internship followed by residency following graduation. Several more years of study results in a specialist qualification. The entire process may take up to 13 years. The graduate then starts their professional life in their thirties rather than early twenties and shortens their high-income earning career substantially. By adopting this model for veterinary services, the profession is forgetting one important factor. This is the intrinsic economic value of the patient. Animals generally have high emotional value but much less economic value.



Unlike the medical profession, which has massive government assistance in providing services, the veterinary profession must buy all their equipment and premises from personal funding. Any organisation like a corporation has shareholders to support, so corporatizing veterinary practice only leaves less money to pay staff thus ensuring they feel less valued. This is another cause of the wellness issues facing the profession. The government cannot be expected to support the veterinary profession to the same extent they support the medical profession (9% of GDP and rising). The veterinary profession is also adopting a high-tech approach to clinical sign management. Every patient entering a clinic is expected to be blood tested, radiographed, ultra sounded and hospitalized. This massively increases the cost of treatment and is not very profitable for the practice because most of the fees are used to pay for all the equipment and the time taken by the staff to use it. The role of Pet insurance is certainly helping decrease the cost of veterinary services but will never fully cover the high cost of delivery under the present business model.

In the twentieth century technology use in veterinary care revolved around X-ray machines and sending blood off to a veterinary pathology laboratory. These days of digital radiographs, auto blood analyzers, ultrasound machines and even CT scanners and MRI machines have massively increased the costs of setting up a veterinary practice. When I started, I commenced with \$5000.00. A back of the envelope calculation in 2023 resulted in \$226,000 for a similar practice today. With this sort of overhead to be serviced the lower the cost of delivering treatments the more likely the practice will stay in business. Students are not taught at veterinary school how to save money for the boss so she can pay them more. In fact it is the opposite. They are taught how to use the most expensive equipment available and when arriving at work are all at sea because they are not trained to use other means to diagnose if a particular machine is not available. This type of practice is “university style” practice, and it is where academics thrive. These students are natural academics but are not trained in problem solving techniques let alone how to use their senses to identify problems and low-cost solutions as part of the treatment regimen.

Rural and regional areas have the added costs of travel to patient locations which also increases costs and decreases face to face patient contact each day, so opportunities for profit acquisition is decreased.

- l) strategies to support the current veterinary workforce, as well as ways to increase the number of practicing veterinarians particularly in regional, rural, and remote New South Wales

The current veterinary workforce in NSW and indeed across the whole of Australia are suffering from inappropriate training in private veterinary practice requirements. I do not think the veterinary profession are alone in this position. However, they are probably suffering the most, and have been open and public with their issues and should be congratulated for this. I am not trained in psychology and can offer no advice on how to alleviate the suffering of veterinarians who find themselves in unhappy situations at work. I can suggest ways to ensure that does not happen to future graduates in veterinary science. The steps that need to happen are: -

- Brief VSAC on the requirements of private practice so that they can advise veterinary schools how private practice differs from university or academic practice.
- Reinstate the provision of veterinary services that currently do not have private practitioners with government veterinarians who have been properly equipped to provide a mobile veterinary service to all clients requiring both small and large animal services. (This is the business model that operated in Tasmania up until the late 1970's. I found it to be the best training ground for a young recent graduate and learnt so much from the practical knowledge of the farming community.)

- By increasing the number and duties of the government veterinarians to encompass private veterinary work, the current dearth of knowledge of what is happening on farms will solve many of the problems facing biosecurity management. (When visiting a farm in outback Queensland recently I identified an early outbreak of deadly nightshade plants which would have resulted in the death of many cattle had these plants been allowed to spread)
- Counsel the Australian Veterinary Board's Council (AVBC) on the unintended consequences of their decisions to cease the necessity for surgical training of veterinarians. As Vocational Education and Training improves under the changed funding and administration currently underway there will be more knowledgeable animal paraprofessionals entering the workforce. Currently the only people with knowledge of aseptic surgery are specialist veterinary surgeons. There are not enough of them to provide for clients needs in NSW or anywhere. This is a major animal welfare issue which, if not addressed, will make the live export debate pale into insignificance. The solution to this will be either the allow non veterinarians to do surgery or see a rise in the number of animals suffering the same way humans suffer from delayed surgical procedures by the medical profession. At a recent 24-hour spey clinic in Victoria 264 cats were sterilised by 10 veterinarians and 20 vet nurses. This equates to 1.1 operations per hour per vet. A properly trained veterinarian should be able to do at least 3 of these operations per hour. An older colleague advised me he could do 6/hour when he was in practice!
- Educate university lecturers on the requirements of veterinary practice which should include the acquisition of practical skills as well as theoretical knowledge. The current thinking seems to be that they are there to just provide knowledge and any skills are gained by working in veterinary practices or out on farms. This may have been true decades ago, but current practices are using academic methods which are so costly that profitability is suffering to such an extent wages are being affected.
- Provide assessments on all non-veterinary schools providing specialist qualifications to ensure that the curriculums and assessments are fully comprehensive and cover all aspects of the specialist skill. This is currently not happening in veterinary Equine Dentistry.

m) Strategies to improve access to veterinary care.

I have outlined several already in the paragraphs above. In addition, there are many veterinary services which can be very adequately delivered by non-veterinarians. Their ability to deliver these services have been restricted by Veterinary Surgeons Acts which make it an offence to provide these services. Back in the early centuries it may have been true, but these days, with better education and deeper knowledge of paraprofessionals, lack of skills by the veterinary profession, and decrease in the number of veterinarians in private practice it is probably time the restrictive legislations are removed and properly trained, knowledgeable, and skilled people are allowed to join veterinary practices and work under the supervision of veterinarians.

The veterinary profession has fought long and hard to hang on to their services arguing that they are the only ones with the intellectual capacity to perform their tasks and to improve animal welfare. These arguments are no longer valid as the intellectual capacity of the public has improved dramatically. Also, the capacity of the profession to deliver is rapidly falling so massive changes are going to be needed very quickly. By allowing paraprofessionals onto farms and into rural areas will greatly improve biosecurity knowledge and decrease the animal welfare issues they are currently facing when there are no veterinarian currently going onto farms anyway.

It would be good strategy to liaise with the Australian Veterinary Association (AVA) and develop a plan to allow paraprofessionals to join veterinary practitioners in delivering a wider profile of services to the rural and regional communities. Currently there is no communication between service

providers as each considers the other as being in competition. Working together to provide more comprehensive services may provide a cost saving and more profit for all.

n) Any other related matter

In the beginning of this massively long submission, I mentioned the role of fly-in, fly-out in developing (or destroying) society. It is my belief that societies thrive when they develop a sense of community. Using this method of populating rural and regional areas is the most destructive way to develop a country I can think of. It destroys both the donor community and prevents development of the recipient community. By outlawing this practice, it will not only be the veterinary profession that will benefit. If regional towns suddenly have permanent residents, they are likely to attract people to service their needs. Suddenly, we have doctors, dentists, physiotherapists, garage mechanics, carpenters, electricians and all the other trades and personnel who make up a thriving community. Exactly the opposite happens when the entire community is fly-in, fly-out. I have worked in the Pilbara when a mining company changed from full time to fly-in, fly-out and it was devastating (see item (h) above).

Australia is blessed with a highly intelligent, empathetic, dedicated workforce of veterinarians who have been very poorly lead down a path which has resulted in massive unintended consequences. The training and business model introduced over the past twenty or so years have resulted in young vets finding the reality of practice is totally different to what they have been led to believe at university. Some have managed to live and enjoy the challenges. Others have not been so lucky, and it is resulting in the wellness issues, suicides, disillusion with the industry and subsequent abandonment. This has been a very expensive mistake as training of vets is the most expensive of all University degrees.

I have outlined the causes and some of the possible strategies that could be implemented which could be used as the basis for a discussion with the veterinary industry. I am happy to make myself available to answer any questions the Enquiry wish to have answered as a result of this submission.

Tim Mather

Veterinary Advisory Services