

Submission
No 29

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

Name: Name suppressed

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Partially
Confidential

Like many things in Australia the veterinary workforce shortage issue is simply a symptom of the inequality across services based on socioeconomics. Over the 24 years I have been a veterinarian the most significant changes have been the corporatisation of the industry and the increase in specialist services. The increasing rate of corporatisation and specialisation has occurred both independently and in association with the growing demand from the pet owning public to have medical services to the same standard as humans. Changes in legislation encouraged corporate takeovers and young professionals find it more appealing to specialise than be a GP. As a result of these factors the gulf between the ethos and pricing structures of a basic family owned GP style practice and the corporate model has widened. Corporate structures have in some ways increased the flexibility and lifestyle for veterinarians because they have allowed more opportunity for part time workers and the option to escape from after hours. However they may allow less independence in clinical decision making and prices have risen significantly for some services under a corporate model. This is despite them having greater buying power for pharmaceutical services etc. Many of the reasons for a shortage of veterinarians especially in the rural sector is a lack of appeal for employment in a typical family owned GP practice that may lack the large team, high end technology and interaction with specialists. It is also likely that corporates are deliberately under-investing in lower population and lower socioeconomic regions due to a lower return of profits. It is not likely that a dog owner on the north shore of Sydney realises there is a veterinary shortage. Corporate veterinarians are well stocked in the high end market regions.

GP practice in a rural area with its close relationships with a broad range of socioeconomic local clients and creating outlets from clinical work can be extremely satisfying. I believe that for both medical and veterinary GPs we need a 'campaign' to increase both the public, veterinary student and profession itself know that rural GPs should be valued as the 'backbone' of the profession. Support to rural family owned practices in some way whether it be around taxation or subsidised employment of young veterinarians could be considered. Forcing investment of corporates in lower socioeconomic regions would be probably impossible so another solution could be to encourage a UK type not for profit charity system where bills of clients qualifying as low income earners are subsidised. By removing the inequality in access to veterinary services it will help fix employment gaps in many of the problem regions.