

**Submission
No 61**

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

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Submission to Inquiry into veterinary workforce shortage in New South Wales

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Inquiry into the veterinary workforce shortage in New South Wales

TERMS OF REFERENCE 2023

That Portfolio Committee 4 – Regional NSW inquire into and report on the veterinary workforce shortage in New South Wales, and in particular:

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

Response to Part (a)

The shortage of veterinarians across the profession has been happening for the past 40 years. I can only speak to the clinical (small and large animal practice) areas.

The primary reason for this is that there has been a change in the gender demographic of the profession.

There is a shortage of vets available to be the full-time, plus stay-back-for-more, plus after-hours, work-system these days.

Demographic

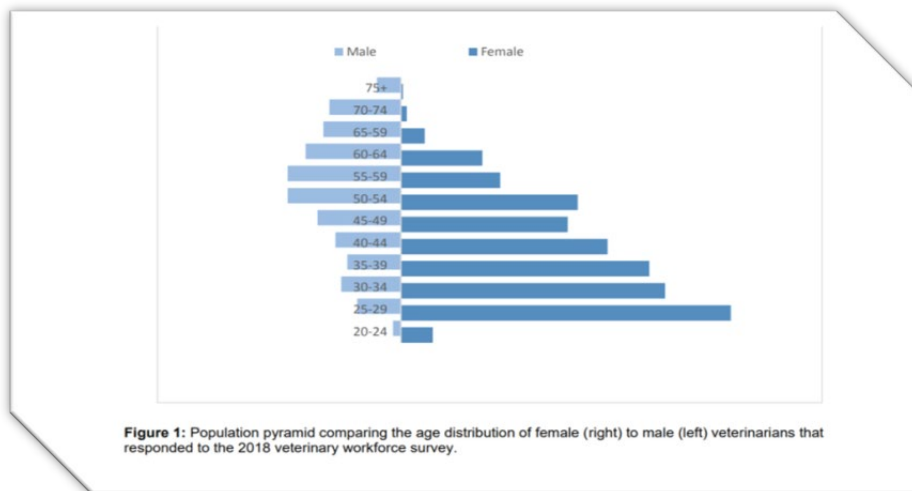
The demographics of our profession have changed over the past forty years. Figure 1 below shows that men dominate numbers in the groups aged 60 and older (those who graduated about 40 years ago and before), while women become far more numerous in age groups below 50 years old.

This brings changes in our workplaces that we need to address now. Many of the ages over 60 will be retiring in the next 20 years and will be replaced by women and again we will have more women in our profession. We need to address how women will choose to manage their career in the future. As part of a family women will need some time and space to have children if that is their choice and so the workplace system needs to allocate time for this and also needs to have systems in place that enable these vets to return to work in a respectful and considered way that fits with the needs of a family.

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Figure 1: Graphic showing relative populations of men and women across age groups (2018 Veterinary Workforce Survey)



Needs of the majority demographic

In our western culture, women are the primary caregivers to the family. This role exposes them to several care scenarios throughout their life, some more intense than others, and means that their career/life plan will be different from the average (male) graduate of forty years ago. Expectations of a vet to be employed for forty plus hours each week, along with routine on-call and emergency work does not accommodate family needs of most women. See Figure 2 below.

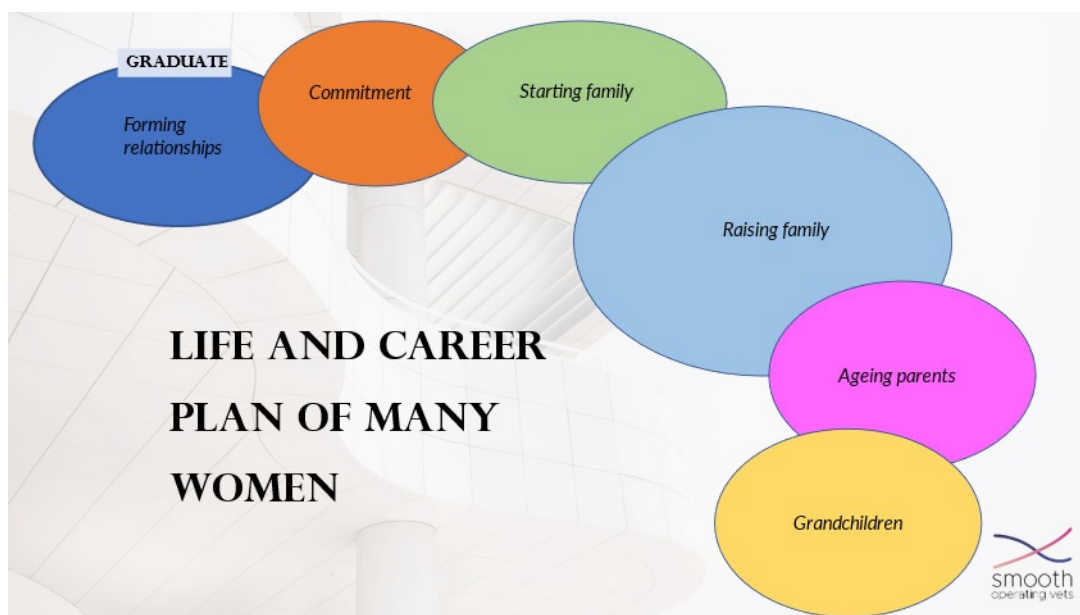


Figure 2: Life stages and commitments of many women (from presentation to 2023 AVA Conference by Smooth Operating Vets)

The AVA Veterinary Workforce Survey 2021 (2,754 respondents) found the following regarding expected hours of work.

“The veterinarians working in a practice setting were asked approximately how many hours they worked in a typical week (excluding any on call hours). For this purpose, we defined a 'typical week' as 'an average week over the past three months'. This included all activities relating to their

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work such as: CPD, reading, preparing for cases, analysing pathology results, writing notes, client or staff communication and management, supervision of staff, clinical advice, etc.

"A large component (45.64%) indicated they worked 41 or more hours per week, demonstrating the demand on the profession."

This indicates that there may well be over 50% of vets working hours over the acceptable 38 hours a week. We need to start providing flexible systems and accepting that part time and casual vets are a great source of skill and professionalism and can actually fit into a practice to reduce the hours worked by the full time vets.

Impact of needs not being met

The resulting change in retention across the profession's age groups becomes a vicious circle: the more hours expected, the more people leave. The more people leave, the more hours are expected. To break that cycle, expectations of a vet working 50 to 60 hours and after hours cannot continue.

Many have left the profession to work where they can commit to family needs. The current trend of reducing numbers in the profession as years from graduation increase will continue until the industry changes to accommodate the needs of the vast majority of its graduates. Our profession is struggling with this, be it a male or female vet.

As Dave Nicholas of VetX says, "The inability to have both a personal and professional life (especially as one gets older and has children) overall contributes to a dissatisfaction that pushes many professionals out of veterinary care.

Hence many women vets have been pushed out of the profession. In my research, 100% of vet mums said that they wanted part time work after having a family. However, they report that when wanting to return from maternity leave, they are told, full time work or none. (And this is in regional and rural Queensland). Consequently, they leave the clinical space and find a position in an industry/ profession with more amenable hours.

A way forward

The solution to this adverse trend lies within the industry itself.

Sheila Allen DVM, Dean of The University of Georgia, College of Veterinary Medicine, said, "The groundswell in the female veterinary work force could result in flexible schedules becoming the norm" and "More women in the industry may mean wanting or needing additional veterinarians per practice if the female veterinarians are interested in a flexible schedule."

Unfortunately, the desire for a full-time vet still exists as illustrated in the recruitment advertisements placed. Only in the last year have the advertisements mentioning part time, casual, and flexibility increased as a portion of overall ad numbers.

There are plenty of vets available to work flexibly in a well organised, well-structured clinic with a collegial culture. A clinic that pays well and is respectful of their people's needs will soon source from the group of vets who want to return to the profession, but need to work in a practice that is respectful and meets their needs and career aspirations.

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

Response to Part (b)

I have a small animal veterinary clinic in regional Queensland, in Rockhampton. High Street Veterinary Surgery, (HSVS) is a thriving, profitable, and fully staffed clinic with a happy team.

Our vets are all women and are vet mums working part-time or casual. Most of our support staff also work part-time or casual too. In this way, their needs are met so they can meet those of the HSVS. This is the key to maintaining a sustainable veterinary workforce: meet the needs of those you need to employ.

We are able to draw from the pool of vet mums whose needs are not met by the majority of practices in the industry because through a few simple adaptations, we meet their needs and that of our patients and clients. Remember: about 80% of vets are women and women have a different career plan to those vets of previous generations.

We at our clinic address differences by asking our vets when they would like to work and managing our clinic around them. This way they bring their best selves to do their best work in their best times.

As the founder of Smooth Operating Vets, (SOV), I regularly speak on webinars, podcasts and conferences and have articles published about how our clinic is successfully managing the veterinary shortage and how other clinics can do the same. It takes a change of culture and expectations and understanding that we cannot continue doing what we have done in the past.

We run a very structured practice, where the patient is not adversely affected by the hours/days on which any particular vet might work, but rather the standard of care continues with the animal regardless of the clinician. This is how we make it work for the patient.

We make it work for the vet through having predictable and flexible working conditions and a strong team culture.

I share some links at the end of the submission.

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

Response to Part (c)

This is a very real issue. As a veterinarian I have burnt out personally. I have since learnt to manage my role and delegate and outsource as needed.

The primary way of not burning out is working part time and casual and having time for family, sports, culture, health, travel, holidays and life. And not having the stress of being torn between the need to be with family and the expectation of being at work 40+ hours per week.

I also watch my team very closely and we participate in many workshops and happiness surveys and have developed a culture of trust and support.

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The next requirement is a collegial and safe place to work in. People thrive in a workplace that provides support to meet career aspirations, continued learning and does so in a safe and respectful space, where people are listened to, and their ideas and needs are considered and brought back to the clinic values.

At HSVS, we have our values to rely on and also some rules that keep us on track. The first is 'the intent is good' another is 'no disrespect' and another is 'the no blame rule'

I truly believe that as a leader, my role is to enable, encourage and support my team to be the vets and people they aspire to be. I also protect them from harm.

We have systems in place to discourage clients who are in any way disrespectful to any of us. All of our team are empowered to decline a client if they in anyway feel uncomfortable about them. Especially after hours.

No one is expected to do any procedure or surgery that they consider they are not capable of and there is always someone to back them up. We share out experiences, knowledge and abilities in a collegial fashion to ensure the best outcome for our patients.

This is one of the joys of part time and casual teams. We are not all burnt out from long hours of working and we have the time and head space to give another person a hand. In addition, each of us has the capability to support others and if one needs time off one of us can easily step in and fill their shift. Or we manage the clinic differently so that there is no stress.

In summary, the whole profession would benefit if we understood that the previous system of full time, plus extra plus after hours cannot be maintained. To achieve a thriving and sustainable profession we need to renegotiate what it is to be a vet.

At HSVS, I have demonstrated that part-time and casual vets have the capacity to work as very high-level, dedicated vets. They have the time to research, connect with clients, be a part of our community and their families. They work collaboratively with each other and support each other and the clinic functions like a well-oiled machine. There is no burnout in our team.

Our practice as vets has not suffered. The high level of our clinical work is demonstrated in that we have had two of our clinical cases published in the Vet Practice magazine.

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

Response to Part (d)

We need to address this area appropriately and with some hindsight on what we have missed with the feminisation of our veterinary workforce. 97% of our workforce are women. As said previously, women have a different career plan and are expected to take on the primary care of a family and children.

Veterinary technicians have a large HELP bill and are paid at a very low rate. Vet nurses are also paid at a low rate. The trend these days to ask them to do much of the work of a veterinarian, means that we will need to increase their skills and experience and their pay. We will also need to teach our vets how to manage a team of nurses, and this takes a change of culture and time to develop the level of trust needed.

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We need data on

1. How many vet techs start the course, how many graduate, and why do they leave.
2. How much they are paid and as it is a degree, they have HELP fees. Are they paid more than Certificate 4 nurses, who don't have HELP fees?
3. How much are nurses paid? How much should they be paid?
4. Are nurses leaving the clinical area as the vets are, to gain greater remuneration and better conditions in other areas e.g., drug companies, allied health. I know of nurses leaving to be sonographers, paramedics, drug reps, work for QML, and be stay at home mothers.
5. Are our nurses going to return to clinics once they have their family if we do not offer and support part time and casual work systems?
6. Availability and cost of day care and after school care is an issue.
7. We as practice managers and owners in GP clinics need to train our nurses so every clinic needs to have at least one nurse in training.
8. The emergency and specialist clinics will take trained nurses and expect the GP clinics to continue to train more. The cost to GP clinics is immense and often not recouped.
9. Scholarships could be available for vet nurses. The money must go to the clinics to train them, not only the commercial training providers. Training in practical skills takes incredible time and skill and is high-risk when clients animals are involved, increasing the stress on a GP clinic.
10. Specific nurse training clinics in the practical aspects would be a way to provide a solution.

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

Response to Part (e)

There is a worldwide shortage of veterinary professionals in practice. The same issues apply to every country. In Ireland, women are working as vets for only six years. Brexit has had a huge impact on vets coming in from Europe and so the UK is looking at ways of managing with less vets and the Americans are in the same feminised situation as Australia.

I wrote a blog on the role of and challenges affecting overseas trained vets that might be helpful.

<https://www.smoothoperatingvets.com/post/opinion-piece?fbclid=IwAR17Vkstjh6hW7VT00td5sxhMCIR1vLQbGz0lj3EZbQi8uwVYWhCWs9bYol>

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

Response to Part (f)

HSVS is a regional clinic, and our nearest emergency clinic is nine hours away. We and most of the clinics in our area have traditionally offered after hours on call. To manage this in a sustainable and professional way, we share with another clinic and work with them so that there is no competition or issue over clients. In addition, we change appropriately for our services and pay our vets very well, as they should be. We have a vet on call and also a nurse on call for support, so that each patient is cared for to the best level that we can provide. This is always appreciated by our clients.

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Due to our vets and nurses working the hours that they choose, they are able to fit in the after hours without any issues of burning out. A vet doing 20 to 30 hours a week has the capacity to do a night on call whereas a vet doing 40 to 50 hours does not, and this is a main cause of fatigue, mistakes, frustration and consequently burnout.

We also do a tag team over the weekends on call so that one vet does not do the whole weekend. We roster one on Friday night, another on Saturday and a third on Sunday. This enables them to be with their families some of the weekend too and not be exhausted on Mondays.

Vet owners and managers need to start working together with others and stop thinking that they must do it all.

We would use the telecommunication triage systems available if we were unable to continue our level of after-hours care.

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

Response to Part (g)

A federal framework would be wonderful. Revisiting every state regulation and updating a system that adequately represents the modern business and welfare structures is needed. Tasmania has a new and well-designed system now.

A system that is clear, practical, and workable, easily readable and understood is needed.

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

Response to Part (h)

We are in regional Queensland in a town of 80,000. I have been a vet for 40 years and when I graduated, I could not get a job in rural or regional Queensland. There were vets in rural Australia due to the TB and Brucellosis schemes and it was winding down. I worked in mixed practice for a few years and then worked in rural areas in the Beef Cattle Industry. When I returned to clinical work in the 1990s there was a shortage of vets in the rural and regional areas.

The shortage of vets working in the profession is not a new event. It is now affecting the urban areas and is worldwide. This is why I believe that it is a consequence of the change in the demographics of our veterinarians and the continuation of an unworkable culture and workplace structure.

A women's career is mostly considered the secondary career in a family and so the choice of where to live is balanced on who is earning the most money and who has the potential to earn the most money. Often this is the male partner's career. Hence you will find vets in the rural areas often have a partner working in the mines or government etc.

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There are more and more clinics in the rural and regional areas being bought and started by women and this is a field that we should be looking at, supporting and encouraging.

Most of the corporates are not looking to these areas and so it is a fantastic opportunity for vets to own their own business, which makes it financially viable to continue in the profession.

Veterinary students need to be encouraged to go out to the rural and regional areas to do their practical work. These students need to be prepared for the different type of work and expectations that will be offered to them. Actual rural and regional practice is unique and needs to be experienced in this light. Most of our students are from urban areas and so are not aware of the restrictions and limitations of a rural lifestyle and so often experience a culture shock when going to an actual rural practice.

There is so much opportunity for veterinarians to promote and establish themselves as valuable to the economic outlook of rural communities. We can learn from some of the highly successful practices that work to mitigate the effects of drought and capitalise the opportunities for agribusinesses and hence become an extremely viable business and valuable part of the rural community.

Again, students need to be exposed to these opportunities in a positive and exciting manner. Vets can be resistant to going into the rural and regional areas because it is unfamiliar. Unless there is good reason for them to move there, they won't. With opportunity, good workplaces and structures, lifestyle and opportunity for their families, like education and sporting activities, health care and child care and support they will go to rural and regional areas. These are available, but the ongoing rhetoric seen in the media is negative and so the opportunities in rural and regional areas is not seen and considered.

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

Response to Part (i)

Veterinary clinics are not the place for lost, stray, and homeless animals. We have done this as a community service and now there are many different and more appropriate organisations that take on this role. Vet clinics are hospitals and cannot afford to have barking strays with possible infectious diseases housed for any amount of time.

Councils, the welfare agencies and rescue agencies are the appropriate agencies for these animals, and we need to strengthen our relationships with them so each of us can do their part. We can deal with injured and sick animals, and they can deal with the rest.

The most abuse we get are from people with stray and rescue animals. The most emotional stress in our clinic is due to these animals and their owners. We send them to the appropriate authorities as soon as possible.

We have a responsibility to any injured animal be it domestic or wildlife and an assessment needs to be made by a veterinarian. This can be difficult if there is no vet available or no owner

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responding to our contact efforts. Some clear legislation with financial consideration, regarding how to manage this would be appropriate.

The expectation by the RSPCA and other charity/ welfare organisations that we, as a private business, care for these animals is wrong. They receive funding and have the capacity to ensure that we are paid accordingly if they instruct us to treat or manage a case.

(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

Response to Part (j)

Animal welfare will always be an issue. As a profession, we have been discounting desexing for my whole career and it has made no impact on the welfare and number of strays in Australia. People need education on their responsibility of pet ownership. There is this demand that vets be available 24/7 when even doctors and nurses in rural and regional areas are not.

Demands made on vets by members of the public, the agribusiness industry, and animal breeders are compounding the stress and viability of veterinary businesses, thus feeding the vicious circle of vets leaving the profession.

The change of legislation allowing for lay pregnancy testing has reduced the capacity for veterinarians to have a viable business in many areas of regional and rural Australia. In addition, this has reduced the opportunities to have health surveillance in these areas and the benefits of professionals to guide and assist the agribusinesses in drought mitigation, herd health and genetic improvement, pasture improvement and management, biosecurity, and animal welfare standards.

There is further erosion of our profession when we have lay "equine dentists" and others castrating horses etc. These lay people are unprofessional, and unregulated and possibly uninsured, yet they are used by agricultural business owners to the detriment of agribusiness in Australia overall.

The government-supported TB and brucellosis schemes in the 1970s and 1980s enabled vets to work in rural areas and many stayed, often supplementing their income by buying land and running cattle or sheep. There remains a strengthening role for vets in rural areas, particularly as animal welfare considerations increase the use of veterinary advice and support on-farm. However, the attraction of working in these areas and the willingness of vets already running businesses there to accommodate the changing needs of available vets will determine the outcome.

(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

Response to Part (k)

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See response to (j) above. The current business model used by the profession is one of payment for services rendered and goods sold, and where the cost of goods and services must be slightly lower than the price paid. Unless the business is viable, it will close.

The government-supported TB and brucellosis schemes enabled vets to work in rural areas and many stayed. Barriers to access vet care include distance and can be cultural, with owners not consulting a vet except in dire emergency. There is often significant resistance to viewing veterinary care and advice as an ongoing part of animal-based agricultural industries.

Where populations are small, the veterinary business owner may not be able to discount prices and maintain a profit. This will affect lower income pet owners first and is likely to be a barrier to expansion into this sector of a rural, remote, or regional area. There could be an opening for animal welfare charities to support veterinary assistance to these pets.

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

We need to gather information to see how many and why vets are leaving the clinical areas. I know of individual vets who have been overworked and underpaid and treated badly and hence move to a clinic with better pay and culture, or have moved onto a different area of the vet profession. They would have stayed in the rural clinical clinic if conditions were suitable.

Practice owners need to learn how to treat their team members as people with lives of their own. We cannot continue to burn out our vets and then wonder where they have gone.

Practices are still operating in a system where vets work in full-time salaried positions, that time worked past the 38 hours is not paid for, and after hours is on top of and not paid adequately. This is how it was done in the past and is how many are still working.

Graduates are happy to do this for a few years, learning and experiencing, but once they burn out, they move on, back to the urban areas where they have more choices and support, e.g., day care, family, part-time and casual work.

If rural and regional practices offered and supported this more, the vets may stay longer. I have had vets tell me that when they returned from maternity leave, they were told it was full-time or no work. Hence that practice lost a vet. These ways must change.

We need to teach graduates that they need to have a contract and can go to someone to dispute the contract when it is not fulfilled. So, when they are told to do 7 nights on call, they can say no.

Practice owners also need to learn how to run a business and price out accordingly.

While we live in a capitalistic society and veterinary clinics are considered a business; this is the system. Owners need to recognise this and understand that having a pet, agribusiness etc is their responsibility. Often the vets are expected to do work for less than worthwhile financially or emotionally.

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Vets cannot continuously be held accountable for the cost of owning a pet.

I would say that every vet has their charity cases, but it is for them to choose these cases, not society.

(m) strategies to improve access to veterinary care

(n) any other related matter.

Response to Parts (m) and (n)

While workforce surveys of 2019 and 2021 are useful, they contain feedback from only 10 to 20% of the vets. We need accurate and objective data on the situation.

We need to look at who are not getting the vets or vet applicants and why and what they are doing about it. Some businesses are offering more payment as incentives, absolutely missing the mark of why a person became a vet and what they are wanting as a career and life.

A better total package needs to be offered.

How many of our vets have left the clinical space and where they have gone? Then we can decide if they need to be replaced with vets or with other trained people. If the latter, where we are going to get these trained people and how we are going to retain them?

This is relevant for the regional and rural vets with regard to biosecurity as well as animal care and agribusiness support.

How do we ensure vets continue working as clinical vets in private clinics and in corporate clinics?

How are the corporates affecting the veterinary workforce?

How do we encourage our graduates to enter the regional and rural workforce? There is more to the issue than financial restraints.

We need to address the belief that vets should do everything to save every animal. There is only so much vets can do. Other agencies need to step up and do their part in the welfare and care of animals.

A meeting between all stake holders in the profession could be held to address the issues and potential solutions.

This needs to be done within a positive framework of finding and applying solutions, working together, appreciating each other.

The vet profession could outline what could be the future of agricultural animal-based industry and its biosecurity working with vets in rural areas. This could include government as it supports the biosecurity of our country.

The AVA has put together many great programs, for example the returning-to-work program for vets who have left the clinical space and would like to return. This updates their knowledge, confidence, and abilities so that they are able to be working from day one of re-employment.

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The AVA also has the Great Workplaces initiative, business education, Thrive, and many other fantastic resources for all members of our community.

Vets could engage with students so that the students can begin to appreciate and want to experience the regional and rural areas of vet practice. We are starting this by inviting students to our AVA Vet Business Group Summit in September this year, so students can meet practice owners in a collegial and friendly manner. This will help to break down barriers between different groups within our own profession.

Meetings between charity groups to discuss about how to support low socioeconomic groups outside the urban areas would be useful too.

Some great outcomes could be established if we gathered together the stake holders who have interest in the welfare of animals, private veterinary business, corporate vet business, agribusiness, veterinary schools, the Australian Veterinary Association and government agencies to look at actual, informative, objective data to discuss opportunities to work together to address how New South Wales is going to address the situation of the veterinary workforce and move to a more professional and sustainable future.

Links

CHECK THESE LINKS

Links to a webinar, podcast and an article discussing the veterinary shortage and what we can do about it, by

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<https://www.vetpracticemag.com.au/dr-jocelyn-birch-and-overcoming-workplace-challenges/>

An article in the Vet Practice magazine: <https://www.smoothoperatingvets.com/webinar>

A webinar done with Pets app, a software company in the United Kingdom:

https://software.covetrus.com/emea/veterinary-insights/article/podcast/catering-to-a-female-workforce-in-the-veterinary-industry/?utm_campaign=EMEA%20%7C%20Podcast&utm_content=247816766&utm_medium=social&utm_source=linkedin&hss_channel=lcp-

A webinar done with Covetrus, an international veterinary supplier company. Supplying practice management software and wholesale products and education and training.