

**Submission
No 67**

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

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Veterinary Nurses

The veterinary nursing course and qualified vet nurses are viewed with too little respect in Australia. I have worked in South Africa for years, where the nursing course is a recognised degree, nurses are paid accordingly, viewed and treated as qualified professionals. I have not worked for long in Australia so I might not have the best experience, but in all the practices in which I have worked in Australia, the nurses are viewed as nurse/receptionist - the job is dual. To be fair, I have not worked in the big hospitals in Sydney, but certainly the smaller clinics view their nurses as reception staff both in pay and status. Nurses studied to be nurses. They put in the time, pay and effort to do so, and their pay and job description should be reflective of this. Practices would not be able to function adequately without them, and they should be given this recognition and level of respect.

Veterinarians

This is not unique to Australia but a problem across the world. I think there is a disconnect between what the public expect from the veterinarian and what is possible to achieve. Universities need to take a good look at the scope of the veterinary course and the unrealistic sanction placed on qualifying veterinarians. Vets qualify in all species and all avenues of practice. The level at which the public expects us to practice is unrealistic if we are supposed to do it all - we cannot adequately perform orthopaedic surgery, offer chemotherapy, perform in depth dental surgery, work up intensive diabetic cases etc. Vets are already streaming themselves into small animal vs equine vs mixed practice EVEN when the universities are telling us we can do it all. Vets have different expectations of themselves and vets within practices have different expectations of what is good practice. Some vets practice more simplistically - lets remove the deciduous canines when we do a sterilisation for an example. No dental xrays and if roots are left in - well, they hopefully will resorb. However, in todays veterinary space, that is inadequate. They should be xrayed to see where the roots are, a flap should be created, bone burred away etc. Can the small practice accommodate this new level of improved practice? Can the owner pay for this improved level of practice? Where does this leave the vet? Vets are floating in a sea of uncertainty of - 'how must I practice?' And the main issue is that it is not possible for vets to practice at the new level that medicine and surgery has soared into because - 1. it's not possible to qualify to this level in every aspect of practice even in one species not to mention multiple, 2. practices cannot afford to kit out their practices to offer this level of medicine/surgery. Where does this leave the vet? If we don't start recognising that the sanction placed on veterinarians is unrealistic and most certainly the major cause of imposter syndrome in veterinarians, the attrition rate will undoubtedly increase. Veterinary needs to start streaming. Vets need to qualify in niche areas and veterinary medicine will need to move into the human medicine arena with vets knowing that they will need to specialise or practice with a more limited sanction as a GP with greater scope for referral.