

**Submission
No 100**

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

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I am a veterinarian with 43 years of experience in small animal general practice. I am a past president of the Australian Veterinary Association and a past President of the NSW Division of the Australian Veterinary Association. I have been a Chair of the National Industry Advisory Group for Veterinary Nursing as well as the Animal Care and Management Industry Skills Group. I am appreciative of this enquiry and grateful to be able to comment on the issues facing our profession and the associated industries.

The veterinary and related industries despite bringing great value to our economy have been underestimated for far too long. Society must recognise the importance of the veterinary sector in relation to One Health and Welfare ie public health, environmental health and animal and human welfare. Veterinarians must be recognised and recompensed for the voluntary work they do for the benefit of society.

The next pandemic is almost certainly going to be another crossover from animals to humans. We need to monitor and maintain animal health both domesticated and wild and we can only pray that it is not a virus like Hendra virus which is more than 95% fatal.

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

This shortage has been coming for over 40 years and as a female vet I can clearly state it is not related to feminisation of the profession. I and many of my cohort have owned practices, worked through pregnancies, raised children and this included working without afterhours clinics. Having said this the difficulty of finding child care with vet friendly hours is a constant problem. There should be some government support for childcare in rural and remote areas that includes nannies/ au pairs or even allowing those extending their visas by work in rural areas to work in child care or nannying for regional and remote professionals.

There are many factors involved in relation to the shortage in small animal urban practices including corporatisation, remuneration, expected hours worked and the lifestyle implications of the expected dedication to our work.

Corporatisation of veterinary practices should be examined closely by this enquiry. I can see that there are pros and cons but the reduction in privately owned independent practices has created a glass ceiling for veterinarians. Practice ownership has brought financial rewards as vets work and when the practices are sold.

There are other external factors. In my area in the Eastern suburbs of Sydney young vets (and vet nurses) cannot presently find any affordable accommodation let alone consider purchasing a home without parental support.

There is a link between the cost of a veterinary degree and the need for increased salaries to pay back the HECS debts. Our degree is tiered at the same level as law/ dentistry and medicine but should be placed in the same category as agriculture if we want to get vets in rural areas.

The other main issue is the behaviour of clients which is part of the post pandemic rudeness and disrespect permeating our society and affecting all frontline services. Why would a young highly intelligent problem-solving vet stay in practice when they could earn more money working in finance or insurance and not have to face the public?

In large animal practices it is good to remember that 40 years ago these practices were subsidised by government schemes to eliminate TB and Brucellosis. These government funds enabled the local practices to give affordable care to large animals and keep the practices viable during droughts.

After hours services and the safety associated with this a big issue for young vets in rural areas.

The state veterinary laboratories associated with the Public Health Schemes also trained veterinary pathologists and epidemiologists and as these closed so did the training facilities.

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

As a business owner the challenge is keeping vets and veterinary adequately remunerated and with the lifestyle they desire whilst keeping our services affordable.

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

The relationship between pets and people has changed in the time I have been a vet. They are now “children “to “pet parents” and owners are aware of the extensive range of treatments available should they need veterinary care but not all owners can afford this. They then get angry because they are used to our Medicare system and blame the vets for charging anything at all. This includes social media abuse, traditional media abuse (A Current Affair is a prime example of this)and very sadly there is an escalating amount of face to face personal abuse of vets and vet staff.

I personally have been subject to an interrogation by a Current Affair and a social media storm created by a simple not veterinary mistake. This was deeply traumatic. We had strangers ringing us with death threats because a young staff member had given the wrong boarding cat to the wrong owner. We lost a vet nurse and the young staff member over this and were lucky more didn't resign. I can only imagine if it had been a veterinary issue the effect of this media storm would have been even more devastating and possibly led to suicidal ideation.

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

Not just veterinary Nurses, also veterinary technicians, veterinary reception staff and kennel staff. This is a poorly remunerated area where the increasing professional standards (which are truly wonderful) have outpaced the public's willingness to pay for the services. The public is not aware of the skills and professionalism of veterinary nurses. Veterinary Nurses and other paraprofessionals must be appropriately regulated for both animal welfare and consumer protection . Registration would give Veterinary Nurses a defined role and rights. provide respect and give them responsibilities.

Paraprofessionals must not be given access to drugs such as sedatives eg for equine dentistry. Any changing in regulation related to acts of veterinary science would further exacerbate the vet shortage.

Is the committee presently aware that there is no reporting system for a veterinary nurse who has issues with controlled substances or has another incapacity that affects their work?

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

The present system of registration in NSW is in line with the AVBC. The visa issues are a national issue.

(f) [the arrangements and impacts of providing after-hour veterinary services.](#)

The expected vet board standards of afterhours care can no longer be provided by a general practice. The costs are too great. Most practices in cities do not provide afterhours due to the legal implications associated with leaving animals unattended as we did in the past and the cost of overnight staffing.

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

I note that the legislative framework is set up to protect the public. There is no procedure to protect veterinarians from vexatious claims. ALL claims against a vet create stress and an extra workload and increase the professional indemnity cost. Although the NSW Vet Board does the best it can do to divert these claims they are bound by legislation.

My practice had a case where a very demanding client with no funds and an 18 year old cat with multiple very serious terminal conditions, which had been seen by specialists at the University of Sydney came to us for cheaper overnight care and died overnight. Even though the owner had been advised this might happen she waited almost 2 years before lodging a claim against us and the specialist with the vet board. She had refused multiple treatment options and the claim was dismissed as vexatious. However we lost a vet over this case, lost our trust of clients and rarely offer cheaper options or take in compassionate cases where owners can't afford treatment. The very valuable retired partner in the practice, who was still working with us decided not to renew his registration after this case which is how we lost a vet.

All the vets on the vet board, including the university members should have some experience of recent clinical practice. Now that we have two universities providing a veterinary qualification in NSW, we should have a vet from both vet schools. The Charles Sturt member might also give a better rural perspective.

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

This is best left to others. I have just had a discussion with a very well-rounded new graduate who decided not to go to a rural area because of the lack of social contacts and loneliness particularly for a single female.

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

The AVA NSW Division has done a lot of work in this area.

Private vets and human GPs must be part of a local community emergency response. Their local knowledge is invaluable. This was a big failure in the last bushfires. There was patchy contact with local vets who knew where the animals and people were. One example was vet practice on the mid north coast who knew that there were lots of pets in a local nursing home / retirement village but no resources for evacuating the pets.

- (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

Vets must be adequately remunerated and treated with respect to remain in the profession. Animal welfare organisations, breeders etc can not expect cheap veterinary care because demanding we work for the love of the job and look after animals without recompense has caused these issues. Horse owners in particular must be mindful of this.

- (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 .

The move to higher standards of veterinary care and hospital standards can only be commended however gold standard comes at a cost and running a veterinary practice these days is a lot more expensive than it was even 2 years ago.

Everything takes so much longer due to the increased level of care expected. A cat castration for example with a short IV anaesthetic in the past would have taken less than 10 minutes, needed very little in terms of resources but now a younger vet will require anaesthetic monitoring, possible as anaesthetic, and a nurse to monitor recovery. A dog spay easily takes twice as long as it used to and I note we are still discounting this often difficult and often dangerous procedure. Many of the services we provide such as discounted desexing are taken for granted by the public and assumed to be simple procedures with no risk.

Other countries are looking at “*incremental “ care and lower cost veterinary practices*”. The challenge with this is what is “acceptable” by the consumer and the vet board. Incremental care requires a lot of communication to ensure we have covered options. We are expected to provide a certain “standard of care,” but this standard may vary by location and type of practice. In relation to this we are also our own worst enemies as the mental health aspect of when there are multiple treatment options available, some veterinarians are left with concerns that they will face judgment from their colleagues or open themselves to liability when offering options that may be deemed below the standard of care by others.

In reality, “for most conditions treated by veterinarians there are multiple acceptable diagnostic and treatment protocols,” says Carolyn Brown, DVM, the ASPCA’s vice president of medicine for community medicine. These options “span from simple and less invasive, intensive, and expensive to more aggressive, invasive, technologically advanced, and expensive,” continues Brown. This concept is called the [spectrum of care](#).

“Offering spectrum of care [options] allows owners to choose the diagnostic and treatment plan that most aligns with their goals for caring for their pet and their available resources,” says Brown. It allows the veterinary team and pet owners to work together to find a treatment plan that is the best choice for all involved. When selecting a treatment plan within the spectrum of care, veterinarians

can meet their moral and ethical obligations to advocate for the patient and serve society; quality of life is maximized for the pet; and the client's financial, emotional, and physical goals can be met.

(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

Connect with other professionals in rural and regional NSW , . There must be a hub in each area where young doctors, vets, pharmacists, teachers, lawyers get together and support each other.

Child care in these areas must be re assessed to support professional women.

There are also great examples of One Health Centres emerging.

(l) matter. strategies to improve access to veterinary care (n) any other related

All veterinary staff should be covered by the recent change to The Crimes Legislation Amendment (Assaults on Retail Workers) Bill 2023.

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