

Submission
No 103

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

Name: Name suppressed

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Partially
Confidential

Inquiry into the veterinary workforce shortage submission

I am writing my submission as a business owner who has been in rural mixed practice in the New England tablelands for the last 20 years and owned my own clinic for 9 of those years. Over my time in practice I have noticed many changes in veterinary practice. It has become increasingly difficult to find veterinarians in both my own clinic and in clinics in the neighbouring towns. At the same time demand for veterinary services has increased and demand for higher standards of veterinary care has also increased, and this has put strain on the existing practices and vets within these practices.

Below I have addressed some of the points the inquiry is trying to address – I apologise that it is largely in point form.

- 1) *the shortage of veterinarians across the profession, including clinical (small and large animal practice), government, academia, research, industry and pathology*
 - a) Worldwide the veterinary profession is suffering from a shortage of practicing veterinarians.
I personally have been unsuccessfully advertising for another vet for 2 years.
 - b) In NSW, the percentage of pet ownership has risen over 5% since 2019, partly in response to the general population spending increased amounts of time at home and purchasing pets.
- 2) *the challenges in maintaining a sustainable veterinary workforce, including recruitment and retention rates*
 - a) I would argue that with the increase in number of universities offering vet science and so the increase in number of places for students, the issue is not that we are not graduating enough veterinarians, but rather we have a retention problem.

- b) Speaking with current students that see practice in our clinic, some of the universities have a very significant proportion of full fee paying overseas students that leave the country after graduation to practice in their home country. I have been told by American students it is cheaper and easier for them to get a student loan, pay full fees to study in Australia and then return home to practice where they will earn more and be able to repay their student loans faster than if they were to remain in Australia. I understand vet science is an expensive degree to run and this is the reason why many universities take on large proportions of full fee paying international students, this however reduces the numbers of graduates who are willing to practice in Australia. I would suggest capping the numbers of international students and subsidising places for a certain number of domestic students to compensate for the loss of income the international students bring, or making international students a minimum of 5 years of practicing in Australia before they return to their home country would help.
- c) Our clinic has been growing and I have been advertising for a 3rd vet position for the last 2 years. We have a very low staff turn over, an emphasis on work-life balance and advertise well above award wages with a generous package. Including up to \$6000 worth of continuing education and professional memberships paid. We are located on one of the main NSW highways in a region that is growing. I have had in total 4 vet students come for an interview in that time, and no graduated vets. I have had interest from other vets who decide before coming for an interview that they want to work in a bigger clinic and so not turn up for an interview. My second full time vet is currently on maternity leave, I have been unable to find a replacement to fill her position, so am currently running my 3 full time vet equivalent clinic single handedly. I am not alone in this difficulty in attracting veterinarians - in the regional university city 15 minutes away 2 of the three multi vet practices have been

unsuccessfully looking for a full time vet longer than I have, and many clinics I know of in centres within 2 hours of here are in similar positions.

- d) Attracting vets away from cities to regional areas can be difficult for these reasons also:
- i) Limited job opportunities for partners. This has been made worse in many more remote areas due to loss of professional services such as medical and paramedical services, closure of banks etc which then impacts on the rest of the towns businesses.
 - ii) Limited options for child care – my associate who is on maternity leave has been on a waiting list for 12 months for child care and has not been able to return to work as she still has not secured a day care position. She was recently told it will probably be the new year before a place is available, meaning she will have been on a waiting list for 18 months.
 - iii) Many services (eg medical specialists, banking) are leaving rural areas and becoming centralised in capital cities and major regional centres.
 - iv) Limited options for schooling in more remote areas.
 - v) A perceived (but not necessarily true) lack of opportunities for career development/progression/social activities.
 - vi) Difficulty in finding housing – as an example our area has had a number of people move here from the cities after covid, there is also an influx of workers into our area building solar and wind farms. As a result there is a housing shortage – both houses for sale and in rentals.
- 3) *the burn-out and mental health challenges facing the veterinary profession*
- 4) *the role of, and challenges affecting, veterinary nurses*
- 5) *the role of, and challenges affecting, overseas trained veterinarians*
- 6) *the arrangements and impacts of providing after-hour veterinary services*

- a) There are no 24 hour emergency hospitals within 4 hours of our clinic, this means we are obligated to provide an afterhours service for our clients. Our clinic is very fortunate that we are able to share the afterhours load 50:50 with a vet clinic in a neighbouring town. Currently this means I am on call every second weeknight and every second weekend. If I have a busy night on call with emergencies I still have to work a full day the next day. One particularly bad run a few months ago I averaged 4 hours interrupted sleep a night for two weeks due to a run of late night emergency calls. I still had to work full days, even when I had been up most of the night with emergency cases. Many vets have found the demands of supplying afterhours to be a major contributor to burning out.
- b) When we are fully staffed with veterinarians the afterhours load is more manageable as it is at absolute most one week night on call, and perhaps one weekend a month.
- c) The necessity to perform afterhours duty is a deterrent to many prospective vets, many vets will not apply for jobs where afterhours is a requirement. This is very difficult in regional and rural centres that don't have the luxury of referring to an afterhours emergency centre. I have heard that vet clinics in some regional areas have stopped providing afterhours services and clients have to travel up to 4 hours to a centre that does provide afterhours. This is a major welfare concern, particularly for genuine time sensitive emergencies such as snake bites, poisonings, GDV's etc.
- d) Having a higher vet ratio than needed during working hours, which then allows vets rostered on for afterhours to have adequate time off after a period on call would be very helpful, however this is an extra expense that is difficult for small clinics to bear and given the current vet shortage isn't necessarily possible.
- e) Vets get many phone calls afterhours from members of the public in regards to stray animals. Stray animals are the responsibility of local council, however in our rural area it is

very difficult, if not impossible to contact them afterhours. Vet clinics then bear the cost of coming in afterhours to safely house and relocate stray animals, or if they refuse bear the brunt of a frustrated member of public who doesn't want the responsibility of a stray animal. If an injured stray or native animal is presented to a clinic, the vets are obligated to provide first aid or humane euthanasia, most times this is done free of charge to the member of the public presenting the animal, and the cost is born by the vet clinic.

- f) There are also safety concerns with providing an afterhours service. Often the vet is coming into the clinic, or visiting remote rural properties after dark on their own.

7) *the impact of the current legislative and regulatory framework on veterinarians*

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

- a) I have already outlined some of the challenges above (eg job opportunities for partners, lack of child care, reduced access to health services etc) . In addition:

- i) Access to continuing education opportunities are more difficult in regional areas. Most seminars, conferences and course are held in capital cities or large regional areas. This means an added expense for rural vets to attend -both in terms of travel and accommodation costs along with the extra days needed to travel to these events and the loss of income to a practice as a result.
- ii) In towns where there only one or two practices, there is less of a support network of local vets to draw on for support and mentoring in a face to face capacity. Vets can feel isolated, particularly those who are in a single vet practice.
- iii) In rural communities the local vet is still looked up to and held in high regard by the community. During times of hardship, vet clinics can provide a unique opportunity for support. During the severe drought and bushfires a few years ago, our paid farm work

dropped off to virtually nil, however we spend large amounts of our time being a listening ear, providing advice free of charge and moral support to many of our farmers and their families who were on the brink mentally and financially. After major disasters such as bushfires and floods, vets are among the first on the ground offering support to their community and to others that have been badly affected.

- iv) It is becoming increasingly difficult to attract vets to smaller rural areas, and the vets that remain can become overwhelmed. I have heard of vets that have become burnt out and simply closed their doors with no notice leaving rural towns with no vet clinic whatsoever. The vet shortage has serious implications for animal welfare – I have had on a number of occasions calls from people who have tried vet clinics in all towns within a 20-90 km radius of us (so up to 9 different clinics) who haven't been able to get a vet to see an urgent case. Last month I had a client from a different town call to see if I could attend a down cow. I advise them the earliest I could possibly attend due to being booked out was in 3 days time – the client accepted this as the earliest their regular vet could attend was 3 weeks. In my view this is unacceptable for animal welfare, especially in a rural area with a regional city.
- v) It has been difficult to get regional government vets also, Armidale has had a recent high turn over of regional vets and was without a district vet for 12 months. Even with a district vet in place, at times they are not able to attend cases and private vets need to step in, if they are able to. This has serious consequences for production animal welfare, our primary industries and also international trade if an exotic disease outbreak was to occur. It will also be difficult to meet the welfare needs of animals during natural disasters as the pool of district vets is not big enough.

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

1. the vet clinic is the first port of call for many people when they find a stray animal, or an injured animal or wildlife. Every week our clinic reunites stray dogs with their owners, treats wildlife free of charge, and provides first aid free of charge to injured strays. If we were to charge appropriately for our time and skills, the amount we should be charging would be easily in the tens of thousands.

9) *(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*

- a) The vet shortage has major implications for animal welfare, particularly in rural areas where there may not be any vets available for large distances. The inability of primary producers to obtain timely vet assistance and the ability to accurately diagnose and treat has huge impacts on animal health and welfare. If farmers aren't able to access vet attention or advice, they will turn to other sources (eg friends, produce stores, stock and station agents, shearing contractors, lay preg testers) who do not have the education or qualifications to be able to make a diagnosis, often have a vested commercial interest and give inappropriate or inaccurate advice. The inappropriate use of drugs such as antibiotics puts our international trade at risk, plus has serious implications for human health. Vets are bound by a number of laws and regulations, plus the vet surgeons board, all these structures are there to protect animals and their owners and make vets accountable for their actions. If our acts of vet science are opened up to lay operators in a misguided attempt to make it easier to access animal health care, there must be a safety net in place and a system of accountability to

ensure rogue operators are held to account. I don't believe opening up certain acts of vet practice to lay operators will be of benefit. There may be a very temporary help, however in the long term it will make it more difficult to attract vets to rural areas if more of the bread and butter jobs are allowed to be done by lay operators. For example, preg testing is a great way for vets to be on farm to establish a vet/client relationship with then allows farmers easier access to s4 drugs, vets can diagnose fertility issues, nutritional issues and other herd health problems whilst on site. Lay operators are not able to do that, but I have heard from clients that they have been told by a lay preg tester they need to go and get xyz antibiotic for a cow that has a cancer eye – completely inappropriate use of antibiotics. Allowing shearing contractors to dispense sedatives for shearing would be another example of having extremely serious consequences for both human and animal health.

10) (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

a) Vet care is expensive, and there is no medicare for animals. Vet clinics/hospitals have very high overheads and these overheads have increased over the years. One reason is the general public's attitude to animal ownership and the level of care they expect has changed. A large proportion of clinics now have in house lab diagnostic machines, digital xrays, ultrasounds, scopes, dental equipment that 20 years ago would have only been found in large "gold standard" practices. To be able to finance these pieces of equipment, the use of them needs to be charged appropriately. The veterinary award wage is very low considering the level of education and years of study needed to obtain a degree. The low pay vets receive is one of the contributing factors to vets leaving private practice and so we are rightly seeing an increase in wages offered in order to retain/attract new vets. To be able to

afford to pay these wages, vet fees need to increase, which in turn can become a barrier to animal owners seeking vet care.

- b) The increase in veterinary fees needed to stay afloat impacts the most on lower socioeconomic groups. Vets for decades have subsidised the costs of desexing animals as a community service, the prices charged for desexing basically covers the costs of the surgery with no profit margin. Even at these discounted rates many low income earners struggle to afford the cost of desexing and rely on charity organisations like the RSPCA and Animal Welfare League to assist. If their animal becomes ill, the costs of treatment is unachievable for many – this is stressful for both the owners and the vets who want to be able to help the animals, but can't do this for free, and the animals suffer.
- c) Pets provide significant benefits to people – in companionship, the health benefits of exercising pets, socialising with other pet owners and the mental health benefits of owning a pet. Arguably those people in low socioeconomic situations are more likely to be those who would benefit the most from pet ownership, yet are the least able to afford it.

11) (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

- a) HECS debt waivers to graduates who work in a rural/regional area for 5 years.
- b) Assistance with relocation costs to regional areas
- c) Primary Industry bodies to support rural vets in some way – eg scholarships to vets who will move to rural practice after graduating,
- d) Subsidising vet positions in rural areas
- e) Public awareness of the true cost of veterinary care and encouraging pet insurance
- f) Capping the number of international fee paying students, or having a requirement they must practice in Australia for a set period after graduating.

g) Encouraging vet clinics in regional and rural areas to form larger centralised clinics instead of having multiple small clinics – this would help with staffing, and reduce the capital outlay by reducing the number of expensive equipment purchases – eg instead of a town having 4 small clinics each with their own with DR xray processors, lab equipment, ultrasounds etc, the town could have one large clinic with one set of equipment. If each vet operated as a contractor, this could work? It has been talked about in various areas a number of times, but a workable solution hasn't been found yet.

h) Leveraging nurses to perform basic procedures under DIRECT veterinary supervision (eg basic stitch ups, cat castrations, dentals)

12) (m) strategies to improve access to veterinary care

13) (n) any other related matter.