

**Submission  
No 117**

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

**Name:** Dr Ken Jacobs

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# Submission to Portfolio Committee 4 – Regional NSW inquiry into and report on the veterinary workforce shortage in New South Wales

Kenneth Aldred Jacobs BVSc MVSc MACVSc

Equine veterinary practitioner South West Slopes Veterinary Services

Farmer with sheep and cattle at Wallendbeen

Adjunct Associate Professor Charles Sturt University

Past Equine Veterinarians Australia president and AVA Board member

## Summary

Currently there is a serious shortage of veterinarians across Australia with over 600 vacant positions advertised on one website. This shortage is affecting all practice types. It is important that the community understands the risks associated with insufficient veterinary care may have on the community and animal health and welfare.

The greatest community risk is in production animal practice. This is because Australia's disease-free status, animal health, animal welfare and biosecurity are underpinned by a viable production animal veterinary workforce. Currently specialist working with production animals are doing well, however in mixed practices production animal work may not a sustainable part of the business. Developing a sustainable business model that supports production animal work should be a key outcome from this review. A key recommendation is that a pilot project be established to determine if industry and Government pay veterinarians to help farmers complete their mandatory animal health welfare and biosecurity plans.

There are significant areas that the Veterinary Surgeons Boards could review policies and procedures. The VSB should be focussed on ensuring quality of veterinary services, in contrast to resolving disputes, without unduly disrupting the lives of veterinarians. This includes requiring complainants to pay when submitting; dismissing frivolous complaints without undue process; and supporting affected veterinarians' mental health and welfare. Changes in regulations to ensure delivery of services are required including ensuring improved prescribing while maintaining effective control of medications essential for animal welfare are required.

There is need to change aspects of Australian Veterinary Board Council approach to several areas including: improving access to multiple choice examinations and a clear more focussed syllabus; capacity to provided focussed examinations for those experienced and entering particular areas of practice. There needs to be further review of day one competency standards to include more focussed training in diagnostic process and risk management with all cases.

Local Land Services and their veterinary services are vital to animal health and capacity to respond to Emergency Animal Disease. There are opportunities to improve local LLS integration with local private mixed practitioners. A way of doing this is to make all LLS veterinary investigations referrals from local practitioners.

Mental ill health among veterinarians needs to be addressed through multiple areas particularly in respect of focussing on improving attitudes and culture within the profession starting at university. Support for the AVA Thrive initiative is important in this area.

An effective veterinary workforce is essential for animal health welfare and biosecurity. Companion animals, horses and production animal veterinary care is vital for our society.

## Recommendations

**Recommendation 1** There should be improved integration between Local Land Services with local mixed practices. LLS veterinary work should be delivered as a referral service from local mixed veterinary practices.

**Recommendation 2** Legislative and regulation changes to veterinarians' responsibilities in respect of prescribing and acts of veterinary science may adversely affect capacity to maintain successful veterinary businesses in regional areas. It is important to maintain and improve business models for production animal practice

**Recommendation 3** A pilot project be established to involve veterinarians in the preparation of animal health, animal welfare and biosecurity plans for Livestock Production Assurance. The long-term outcome would be to assess if mandatory involvement of veterinarians with LPA planning will positively benefit animal health, welfare and biosecurity

**Recommendation 4** Any response to the veterinary workforce shortage should be based around maintaining and increasing work for veterinarians to maintain the viability of small regional practices.

**Recommendation 5** A system of HECS fee forgiveness may increase the number of veterinarians prepared to go into rural practice

**Recommendation 6** The NSW VPB issue guidance and associated documentation, including client consent forms, to enable general practitioner veterinarians to feel safe undertaking procedures that may be considered specialist level activities.

**Recommendation 7** Veterinary schools staff review their student communication so that a positive attitude towards clinical practice is developed.

**Recommendation 8** Equine Veterinarians Australia develop a case (as distinct from career based) based mentoring process to help young graduates deal with difficult cases more confidently and effectively. Consideration should be given to the VPB mandating mentors for the first few years of practice.

**Recommendation 9** Protocols for case management should be developed and available to the wider profession to improve clinical outcomes.

**Recommendation 10** While financial success is required for corporate and private veterinary practices to remain sustainable, the focus should be on quality efficient effective patient care that underpins income generation. A purely financial focus can result in overservicing and poor patient care.

**Recommendation 11** The University clinical centres should work closely with practices and use available practitioners to strengthen the clinical, teaching and research outputs. This is particularly important in resident training.

**Recommendation 12** CSUs Fred Morley Centre with links to the Graham centre should be supported to ensure young veterinarians have advanced education and research experience with production animal health welfare and biosecurity.

**Recommendation 13** VSB clarifies advice regarding record keeping. Veterinary insurers work with the AVA to develop advice regarding clinical records

**Recommendation 14** Develop mechanisms to support the Australian Veterinary Association Thrive initiative possibly through integration with NSW mental health programs such as the Rural Adversity Mental Health Program.

**Recommendation 15** The NSW VPB be required to consider the psychological safety of the veterinarians referred to it. The VPB should be able to dismiss frivolous complaints to reduce work and stress on affected veterinarians. The VPB with AVA guidance should provide support for affected veterinarians to assist them respond to complaints in a structured and organised manner.

**Recommendation 16** The Australian Veterinary Board Council review day one competency standards to include risk mitigation and client education in respect of the risks associated with the patient's prognosis and risks associated with surgical and medical treatments. This should be part of a structured diagnostic protocol.

**Recommendation 17** AVBC, University educators and the Australian Veterinary Association in their roles as undergraduate and post graduate educators consider the effect of easily available knowledge. This will lead to transition of leaning outcomes to be based more on skills, using available resources such as internet searches and artificial intelligence for knowledge

**Recommendation 18** The Fairwork Ombudsman works with the Australian Veterinary Association to increase award salaries so that they reflect appropriate rates of pay sufficient to retain people working in clinical practice.

**Recommendation 19** Student selection should be reviewed with a plan to base selection on multiple criteria that includes academic aptitude, communication skills, links to rural Australia and resilience.

**Recommendation 20** University veterinary schools through the deans directly address mental ill health among students by projecting a positive approach to clinical practice; developing a positive supportive culture in the schools, particularly in the clinical training areas; and directly addressing and removing interpersonal rivalries among the staff. There should be mental ill health support, less focus on mental health and more on developing a positive culture.

**Recommendation 21** The AVA using local branches to promote communication between colleagues and a positive outlook for veterinarians. All veterinarians, whether members or nonmembers, should be invited to branch meetings. Local Land Services should consider local meetings as a resource to improve communication with private practice colleagues.

**Recommendation 22** The AVA, Veterinary Business Group, EVA and facilitate a benefit-cost analysis into the value of nurses in production animal and equine veterinarians' vehicles.

**Recommendation 23** Animal Health Australia and the NSW department of agriculture develop training programs for those who will work under the supervision of veterinary teams that include mixed practitioners and LLS veterinarians in the event of a major EAD. Biosecurity preparedness should have a local teams-based approach that includes all likely participants in an EAD response. It will be necessary to fund time that mixed practitioners and staff spend in developing local response training and planning.

**Recommendation 24** The multiple-choice component of the National Veterinary Examination should be offered twice yearly. Additional sample questions and a refined syllabus should be provided.

**Recommendation 25** The AVBC develop species specific examinations for those graduates intending to work in specific areas such as meat inspection, companion animal or equine practices and the VPB note that when registered these candidates should undertake species specific work.

**Recommendation 26** The NSW Government fund a feasibility study into the value and potential effectiveness of providing incentives for veterinary practices to maintain services in small rural centres.

**Recommendation 27** The NSW Government amend the Veterinary Practitioner Act to require complainants to pay a fee that is applied towards investigating the complaint. Fees could be refundable if the complaint is upheld.

**Recommendation 28** The NSW Government amend the Veterinary Practitioner Act so that the Registrar or Chairperson of the Complaints Committee can advise complainants in respect of the likelihood of success of the complaint. If complaints are serious and affect an industry the Chairperson of the Complaints Committee may refer the matter directly to the Board

**Recommendation 29** The prescribing guidelines be changed to enable a in clinic consultation to discuss pain relief and sedative drug use for farm animals and horses with development of a prescribed recording systems. Key points should be that the responsible person is nominated, and records are complete to account for all drugs used.

**Recommendation 30** Local Land Services work with Equine Veterinarians Australia and Australian Cattle Veterinarians to develop a list of available suitably experienced veterinarians who will attend truck and float accidents.

**Recommendation 31** Ensuring business for regional veterinarians is essential if we are to have a viable workforce in place to manage emergency animal disease.

**Recommendation 32** The NSW Government review options to provide subsidised pet insurance for those on Government Benefits

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

There are huge demands for veterinarians in all areas at present with large numbers of unfilled positions.

This relates to **increased demand** because of:

- a huge increase in companion animal numbers after COVID,
- very high livestock prices and good seasons increasing demand for livestock services,
- increased interest in horse sports, horse breeding and horse prices.
- increased demand for Government veterinary services and epidemiological knowledge in response to foot and mouth disease and lumpy skin disease scares

The increased demand is an international issue with many developed countries experiences shortfalls in the availability of veterinary services.

There has also been **reduced numbers of available veterinarians**, particularly those who want to undertake clinical practice. Anecdotally veterinarians are leaving clinical practice often because of the pressures of

overwork and client demands. Surveys of veterinarians have revealed large percentages (20%) are disaffected and wanting to leave Clinical practice. (AVA survey 2020).

It is difficult to quantitate the **actual shortfalls** but there are multiple positions on employment Web sites including in each of the areas listed above. In a Facebook survey I asked 8500 veterinarians on a site called Australian Veterinary Network two questions (Appendix 1). There were 181 responses. 134 responses said they had unfilled positions, 47 said they were adequately staffed. While this is a biased survey, it is likely to reflect the severity of the shortfall in the number of veterinarians working in clinical practice.

The Kookaburra<sup>1</sup> employment website has 103 vacant veterinary positions in regional NSW and 89 vacant positions in Sydney. Australia wide there were just over 600 vacant permanent positions advertised on that website. In addition, there were many locum positions.

<https://www.kookaburravets.com/Australia/Permanent/nt.htm#>

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

It is necessary to identify some of the background around veterinary practice operation, the types of veterinary practices and operating challenges to effectively respond to the above topic.

Veterinary practice has been transformed over the last 40 years. There is increased demand for

- quality outcomes are expected by clients, comparable to those in human hospitals.
- increased costs of delivering services especially increased requirements for quality equipment
- increased areas of specialised knowledge and skills
- increased knowledge and understanding of medical conditions and risks involved with aspects of patient care
- increased reporting and clinical recording requirements

### Changes in Veterinary Practice

When I started practice in 1977 my employer did not use gloves, used suture on a reel, cheap anaesthetic agents with no expensive equipment. Procedures were done in a room of a house with a small table. Sterilization was by boiling the surgical equipment. The costs of undertaking routine procedures were negligible. That has completely changed with specialised surgical facilities required, anaesthetic equipment, autoclave for sterilisation, packet sutures and gloves. There is an expectation of nursing assistance that may have been variably available in 1977.

I was taught many quite advanced surgical procedures as an undergraduate and performed them on clients' animals as a new graduate, often with minimal support. This simply can't and doesn't happen now.

The key point is that increased expectation from clients and Veterinary Practitioner Boards (VPB) has resulted in both improved quality of services as well as increased costs of delivering services. These costs are now ingrained into veterinary practices and mean the costs of opening the door each day is high.

In the late 1970 the cattle prices were recovering from an extraordinary period of oversupply of meat during which prices dropped to only a few dollars a head. During that time many regional veterinary practices were sustained by Bovine TB and Bovine Brucellosis eradication programs. These were remarkably successful and the relationships with farmers formed at that time enabled the practices to develop and grow. Critically it gave the veterinarians involved insight into livestock production practices and animal health management of some of the less efficient farmers. Many older mixed practices started at that time

In 1977 there were (almost) no specialist small animal practices in Australia and a few specialist -equine practices. Almost all practices were mixed. This has now changed.

### Challenges in Production Animal and Mixed Practice

A large proportion of production animal work is undertaken by veterinarians who have skills, knowledge and equipment enabling them to undertake the work at a high level. In many instances this work is undertaken for

larger farmers or those breeding stud stock. Many of the practitioners undertaking this work travel huge distances for their clients. This business model is profitable and sustainable in that the fees generated are only required to cover the time and travelling expenses. Unfortunately, it undermines small mixed practices that do not have the necessary equipment or expertise to service these clients.

At the same time many small mixed practices in regional towns become increasingly focussed on small animal work and some equine work, doing less and less production animal work. In NSW as distinct from other States there is a semi government farmer funded organisation called the Local Land Services. This organisation has multiple regionally located veterinarians who work closely with Department of Agriculture veterinarians. These veterinarians are responsible for herd or flock disease investigation. They form a vital service, however, there needs to be better integration of these services with local mixed practices.

In NSW the presence of the Local Land Services veterinarians means that services offered by mixed practices can be performed by LLS veterinarians without extra charge to the farmers. Farmers are compulsorily required to pay LLS rates for these services. The LLS system could be better integrated with private mixed practice. Currently outcomes of farm investigations are in confidence so mixed practitioners may not have a good understanding of disease incidence and distribution. A way of changing this is to require the first farmer point of contact be the local mixed practitioner with cases then referred to the LLS. Reports from the investigations are then sent back to the referring mixed practitioner without compromising confidentiality, necessary medications could be dispensed as required and follow up visits organised.

**Recommendation 1 There should be improved integration between Local Land Services with local mixed practices. LLS veterinary work should be delivered as a referral service from local mixed veterinary practices.**

The business model for production animal work is very difficult to sustain for small mixed rural practices. The required overheads of the practice to do companion animal work means that time spent (and associated charges) doing production animal work has generate sufficient fees to cover the overheads, even though the equipment and facilities are not required for the production animal work undertaken. The mixed practice business model is more successful when there are multiple veterinarians and larger practices particularly in larger centres.

A viable veterinary workforce that is integrated into livestock health and production is essential and required under Australia's international obligations. Importantly disease exclusion testing is critical to maintain knowledge that we remain disease free. It is unclear that presently there is sufficient testing to provide visibility that NSW disease free status in all regions.

There is a lot of misplaced farm organisation, pharmaceutical company and farmer pressure to undermine the business models that support rural practice. This is evidenced by the removal of some formulations of meloxicam and local anaesthetic from the prescription animal remedy list. They are now open selling products, reducing the income and more importantly the use of veterinarians as a source of advice for pain relief management. In some states there is pressure to stop some acts of veterinary science such as cattle pregnancy testing, further reducing the income of regional veterinarians.

**Recommendation 2 Legislative and regulation changes to veterinarians' responsibilities in respect of prescribing and acts of veterinary science may adversely affect capacity to maintain successful veterinary businesses in regional areas. It is important to maintain and improve business models for production animal practice.**

Small mixed practices have the challenges of:

- the difficulty of finding employees
- increased requirements for sophisticated facilities and equipment
- loss of important local business as a result of travelling specialised production animal veterinarians
- work done by LLS veterinarians has also reduced work on production animals in many small mixed practices.



This has been evidenced by a number of recent closures including Parkes. Many other small mixed practices will be under pressure with a rising cost structure, and unsustainable business model. This places that whole livestock industry at risk, especially in the event of an Emergency Animal Disease.

To sustain veterinarians doing production animal work there must be a business model that links veterinarians with the local farming community. In the late 1970s mixed practitioners' business models were underpinned by TB and Brucellosis testing and eradication programs. This created the link with the farming community.

There are few realistic business models to stimulate and ensure the ongoing viability of rural mixed veterinary practices. One is to subsidise disease investigation testing. This has been undertaken in NSW last year as a trial.

<https://www.lis.nsw.gov.au/biosecurity/emergency-animal-disease/free-veterinary-laboratory-testing#:~:text=The%20NSW%20Government%20is%20subsidising,the%20ongoing%20outbreak%20in%20Indonesia.>

While this is likely to increase the surveillance capacity it is unlikely to improve the business model and incomes for rural veterinarians.

Currently farmers are required to prepare plans to be compliant with Livestock Production Assurance (LPA) requirements. Farmers must be LPA registered to sell stock to most processors and saleyards. Veterinary advice is important in the preparation of animal health, animal welfare and biosecurity planning. Yet this advice is not required under the LPA processes. There is an opportunity to improve farmer's knowledge of animal health, welfare, and biosecurity by making it mandatory to involve local veterinarians in the preparation of LPA plans. It is important that local vets are not required to be auditors. They do have responsibilities to notify some diseases. Such a program will improve biosecurity compliance, improve animal health and production, (with the added benefit of reducing carbon intensity attributed to meat) and ensuring community confidence in farm animal welfare practices. This work is suitable for young veterinary graduates and through it they would gain additional local knowledge of animal production, biosecurity and welfare.

**Recommendation 3 A pilot project be established to involve veterinarians in the preparation of animal health, animal welfare and biosecurity plans for Livestock Production Assurance. The long-term outcome would be to assess if mandatory involvement of veterinarians with LPA planning will positively benefit animal health, welfare and biosecurity.**

To be sustainable and attractive to people regional towns require veterinary and many other services. There are systems in place for regional towns to attract medical practitioners and there are suggestions to support veterinary practices. This is unlikely to be successful for veterinary practice unless the underlying business model is sustainable. This can be through production animal work, companion animal or horse work. Local communities need veterinary practices, and any support is important. This should be on a local basis only, rather than a State-run program.

It could be argued that many activities undertaken by veterinarians with production animals do not require a veterinary degree and associated training. While this is true in some areas it is essential that there is an appreciation of the importance of disease diagnosis. Disease diagnosis involves the identification of the problem. Importantly, many farmers accept losses and poor production as a cost of doing business rather than as an opportunity to improve outcomes. However, identification of a problem is a farmer-based role. Veterinary disease diagnosis requires a systematic approach involving considering the problem, its progression, examination of the animals and diagnostic testing. The training and expertise underpinning this process should not be underestimated. Doing disease investigation is difficult and young graduates can find the associated complexity challenging. However, it is essential that there is understanding of the role of veterinarians in underpinning production animal disease diagnosis, compliance with disease surveillance obligations as well as maintaining and improving productivity.

It is counter intuitive to respond to a work force crisis to identifying pathways for additional work. However, it is likely that the failure of regional mixed practices is due to a combination of factors, the most important of which is likely to be a production animal work business model that unsustainable.

**Recommendation 4 Any response to the veterinary workforce shortage should be based around maintaining and increasing work for veterinarians to maintain the viability of small regional practices.**

Any opportunity to increase the interest in rural veterinary practice should be

**Recommendation 5 A system of HECS fee forgiveness may increase the number of veterinarians prepared to go into rural practice.**

#### **Challenges facing Companion Animal Practice**

The challenges associated with attracting, recruiting, and retaining companion animal practitioners are different from those associated with mixed practitioners.

Dogs and cats have increasingly become a member of the family. As such demand for care that has been at an increasingly high level. Small animal practices have become increasingly well equipped. There is also use and role of specialists is in part driven by VPB and veterinary risk management.

Small animal practices wanting to undertake any significant medical or surgical work need to have facilities, equipment and nursing staff that increases costs of doing business. As a result, the costs of services must be increased to cover the necessary overheads.

The specialist practices must be exceptionally well equipped and have veterinarians with years of additional training. This has the effect of increasing costs of major veterinary procedures to the animal owning public.

An effect of increased use of specialist centres and well-equipped practices is that some small companion animal practices become sites in which the work is repetitive and uninteresting. Vaccinations, consultations, and routine procedures are performed. However, the professional satisfaction associated with seeing animals recover from illness or injury becomes limited. This adds to dissatisfaction with aspects of clinical practice. It also means that lower fees may be generated reducing capacity of the practices to pay adequate professional salaries commensurate with the years of study.

There should be increased clarity that specialist services should be an option for clients rather than a semi-mandatory part of veterinary practice. There needs to be lower cost procedures available to the public with a clear understanding that the procedure may not be at the highest level. This is different from human medicine where there is expectation of universal quality care.

To achieve this aim, the Veterinary Practitioner Boards should develop transparent processes by which higher level care may be comfortably undertaken by general practitioners, rather than specialists. These challenges also exist in human medicine and there are attempts to improve the services offered by general medical practitioners. Any documentation should include acknowledgement by clients that procedures undertaken by general practitioners will carry a higher risk.

**Recommendation 6 The NSW VPB issue guidance and associated documentation, including client consent forms, to enable general practitioner veterinarians to feel safe undertaking procedures that may be considered specialist level activities.**

#### **Challenges Facing Equine Practice**

In equine practice there similarly has been an increase in specialisation and requirements to perform at a high level. Many horse owners have a high level of knowledge. This makes it difficult for young veterinarians who do not have experience and training. This different to companion animal practice, but similar to the challenges associated with production animal practice.

Equine practices experience significant challenges in attracting and retaining employed veterinarians. In part this relates to negative experiences of students at university and in some practices.

Solutions involve improved undergraduate training, improved mentoring and greater community understanding of the complexity of equine practice.

**Recommendation 7 Veterinary schools staff review their student communication so that a positive attitude towards equine clinical practice is developed.**

**Recommendation 8 Equine Veterinarians Australia develop a case (as distinct from career based) based mentoring process to help young graduates deal with difficult cases more confidently and effectively. Consideration should be given to the VPB mandating mentors for the first few years of practice.**

Specialist equine practices have workforce challenges and training positions may be hard to fill. In the past some referral practices offered internship positions that involved some teaching but significant overworking of young graduates. The AVA developed Clinical Internship Guidelines to address some of the occupational issues arising during some internship programs

Maintaining specialist training programs is essential to ensure the highest quality care.

<https://www.ava.com.au/policy-advocacy/policies/professional-practices-for-veterinarians/ava-clinical-internship-guidelines/>

#### **Use of protocols to improve process and safety**

Use of protocols supports delivery quality practice. They are commonly used in human medicine by general practitioners and specialists. The use of repeatable diagnostic processes and protocols is likely to improve confidence of young graduates in the work they are undertaking. Protocols do not need to be implemented routinely, clients are able to make informed decisions as to the diagnostic steps that want to take and have more informed understanding of the prognosis and therapeutic risks. This is important for young graduates.

**Recommendation 9 Protocols for case management should be developed and available to the wider profession to improve clinical outcomes.**

#### **Corporatisation and the Veterinary Profession**

Corporatisation may have resulted in positions that have limited scope for higher incomes and professional advancement beyond a low salary ceiling when compared to other professions.

Corporate business (and profitable practice) models rely on a combination of:

- reducing veterinary practice running costs
- decreased drug purchasing costs so increased drug margins
- increased throughput of cases per day
- increased income per case

A focus solely on financial goals carries risk in that it may undermine effective patient care. The outcome of this can be through overservicing, unsatisfactory patient outcomes, client dissatisfaction, and frustrated employees.

**Recommendation 10 While financial success is required for corporate and private veterinary practices to remain sustainable, the focus should be on quality efficient effective patient care that underpins income generation. A purely financial focus can result in overservicing and poor patient care.**

#### **Challenges Associated with University Education and Clinical Services offered through Universities.**

There is a recent review of veterinary education that comprehensively considers many aspects of veterinary education.

"C:\Users\kenja\Downloads\VSANZ\_Rethinking Vet Ed\_Low Res FINAL CLEAN.pdf"

The role of the veterinary clinical centres and must be to educate both undergraduates and post graduate students. Resident training is critical to maintain high quality services required. University equine facilities are under staff and financial pressure. Camden of University of Sydney have closed for emergencies and offer limited ambulatory services.

I understand currently KPMPG is reviewing University clinical services. This review should consider the importance to the community of referral and emergency services. It also should consider the importance of developing close relationships between universities, clinical practices, and referral centres. I volunteer at CSU one morning a week where I try to link referred complex cases with their likely initial clinical presentation that students would be likely to see in practice.

CSU now has two surgical residents who have positions that are shared between at Randwick Equine Specialists and in the Veterinary Clinical Centre. This is an excellent idea with several residents applying for the positions. Advanced training is a vital component of ensuring quality animal care in all sectors

**Recommendation 11 The University clinical centres should work closely with practices and use available practitioners to strengthen the clinical, teaching and research outputs. This is particularly important in resident training.**

Those who have attained advanced training with production animals commonly go on to have key roles to influence animal health welfare and biosecurity. Linkage between University education, Government services and veterinarians and farmers is important to develop the most effective educational and research outcomes. CSU has a production animal group called the Fred Morley Centre and the department of agriculture is collocated at the Wagga campus. This type of linkage should be encouraged and supported

**Recommendation 12 CSUs Fred Morley Centre with links to the Graham centre should be supported to ensure young veterinarians have advanced education and research experience with production animal health welfare and biosecurity.**

#### **Focus on records**

The professional indemnity insurance companies and VSB as well as undergraduate education recommend that veterinarians keep excellent records. Unfortunately, many younger veterinarians become excessively focussed on their records leading to longer days than necessary and dissatisfaction with employment. Records should be contemporaneous and include signalment and presenting problem, history, examination findings, diagnostic plan, therapeutic plan, and client education including prognosis and notes on any therapeutic or surgical risks. These notes should be brief and record only key points.

**Recommendation 13 VSB clarifies advice regarding record keeping. Veterinary insurers work with the AVA to develop advice regarding clinical records**

#### **Challenges Associated with Veterinary Practice Culture and Psychological Safety**

There is evidence that veterinary practice culture and the psychological safety of employees is a major problem for the veterinary profession. The Australian Veterinary Association has developed the Thrive initiative to deal with this problem. Veterinarians are highly motivated people and take their care for patients seriously. As such it is common for poor patient outcomes to be viewed as failure.

In human medicine there is mandatory disclosure of mistakes and explanations for poor outcomes must be discussed with patients. In contrast this does not occur in veterinary practices. In addition, in human medicine there are systems in which cases are discussed when there are poor outcomes.

Veterinary psychological safety is commonly undermined when there are complaints to the Veterinary Practitioner Boards.

Clinical mistakes are a major underlying cause of mental ill health. Systems to help reduce the effect of mistakes include:

- activities and protocols to avoid mistakes
- ensuring clients are warned of risks associated with their animals' problem

- ensuring clients are warned of risks associated with treatment – surgical and medical
- system to review mistakes after they occur so they are mitigated in the future

Within many practices there are few opportunities to discuss cases in a manner that is not confrontational. This can involve senior veterinarians overseeing a younger graduate's work or a young graduate seeing a problem with the way an older graduate managed a particular case. If there are no systems to work together, the outcomes from a psychological perspective may be confronting, especially for committed people. Addressing this is part of the AVA Thrive initiative. It is also necessary for individual practices to ensure processes are in place. Key to this is not undermining young graduates to clients.

The Australian Veterinary Board Council Day One Competency Standards that underpin university curricula do not consider risk mitigation as part of the clinical diagnostic process. If new graduates fail to inform clients of the risks, they become vulnerable to client complaints.

Helping ensure psychological safety is essential to retain veterinarians in clinical practice. This should be addressed by mitigating risks and managing.

**Recommendation 14 Develop mechanisms to support the Australian Veterinary Association Thrive initiative possibly through integration with NSW mental health programs such as the Rural Adversity Mental Health Program.**

**Recommendation 15 The NSW VPB be required to consider the psychological safety of the veterinarians referred to it. The VPB should be able to dismiss frivolous complaints to reduce work and stress on affected veterinarians. The VPB with AVA guidance should provide support for affected veterinarians to assist them respond to complaints in a structured and organised manner.**

**Recommendation 16 The Australian Veterinary Board Council review day one competency standards to include risk mitigation and client education in respect of the risks associated with the patient's prognosis and risks associated with surgical and medical treatments. This should be part of a structured diagnostic protocol.**

#### **Challenges associated with Role of Dr Google and Artificial Intelligence in the future**

Improved client knowledge from whatever source increases the demand on professionals. It also makes it more important that professionals do a great job in areas that require expertise, then use all available resources including internet and in future AI. The emphasis changes from a position that requires large amounts of knowledge as this can be easily looked up. However, skills associated with understanding what one is dealing with by considering the history and doing a careful and thorough physical examination becomes more important so that appropriate diagnostic tests can be selected.

It can be challenging for young veterinarians when they have clients tell them what to do because of reading a google document.

Educators both at an undergraduate and graduate level need to incorporate the changing operational environment in respect of access to available knowledge. For example, interpretation of radiographs can now be done by colleagues of referral radiologists and in future will be done using Artificial intelligence. The role of the veterinarians will be to identify the clinical problem and perform the radiography. The change involves increased focus on developing skills rather than accumulating knowledge about reading radiographs that is easily sourced.

**Recommendation 17 AVBC, University educators and the Australian Veterinary Association in their roles as undergraduate and post graduate educators consider the effect of easily available knowledge. This will lead to transition of leaning outcomes to be based more on skills, using available resources such as internet searches and artificial intelligence for knowledge**

#### **Rates of Pay**

It is in corporate and other practice owners' interests to keep veterinary salaries as low as possible. It is likely that this is a factor in poor retention within the profession. While recent salary levels have not been published

surveys from the last few years, past surveys revealed veterinary salaries were lower than other comparable professions.

Veterinary incomes are determined by the market, but they are also set in awards (see Appendix 2). These are well below recent salaries paid to most veterinarians and below that of comparable professions. Establishing clear expectations is an industry and Government responsibility

**Recommendation 18 The Fairwork Ombudsman works with the Australian Veterinary Association to increase award salaries so that they reflect appropriate rates of pay sufficient to retain people working in clinical practice.**

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

In their review of veterinarians and suicide a the rate of 4 times the general population was found authors Bartram and Baldwin concluded. "Possible factors include the characteristics of individuals entering the profession, negative effects during undergraduate training, work-related stressors, ready access to and knowledge of means, stigma associated with mental illness, professional and social isolation, and alcohol or drug misuse (mainly prescription drugs to which the profession has ready access). Contextual effects such as attitudes to death and euthanasia, formed through the profession's routine involvement with euthanasia of companion animals and slaughter of farm animals, and suicide 'contagion' due to direct or indirect exposure to suicide of peers within this small profession are other possible influences".

Bartram and Baldwin Veterinary surgeons and suicide: a structured review of possible influences on increased risk Veterinary Record (2010) 166, 388-397 doi: 10.1136/vr.b4794

Helen Jones-Farnie et al<sup>3</sup> in Australia found that "9 of the 11 suicides occurred in rural or provincial towns and 2 in the metropolitan area". Her paper did not consider risk factors that may be more common in rural practices.

JONES-FAIRNIE, FERRONI, SILBURN & LAWRENCE Suicide in Australian Veterinarians Australian Veterinary Journal Volume 86 114-116.

Mistakes made in veterinary care have been identified as a cause of stress and mental illness. Mellanby, and Herrtage identified that 78% of recent graduates had made mistakes in their clinical work. Several papers identify that the veterinary profession has poor systems compared with medicine to manage clinical mistakes.

Mellanby and Herrtage Survey of mistakes made by recent veterinary graduates Veterinary Record (2004) 155, 761-765

Saxby Pridmore in his work on suicide identified that rates of suicide vary widely between societies He suggested that mental ill health alone was not the key to solving high rates of suicide. He identified that predicaments or causative factors must be considered. While Bartram and Baldwin did this, the suggested list did not include practice culture or clinical mistakes as predicaments.

The selection of students entering the profession has been identified as a key causative factor for poor retention and mental ill health. Veterinary graduates selected based exclusively on marks have a lifetime history of rarely failing. However, once they graduate it is not uncommon for occasional clients to be particularly aggravated and therefore psychologically damaging to a young veterinarian. Many young graduates are ill equipped to handle this.

**Recommendation 19 Student selection should be reviewed with a plan to base selection on multiple criteria that includes academic aptitude, communication skills, links to rural Australia and resilience.**

There is evidence that undergraduate veterinary students experience negative experiences during their training. Mental ill health and occasional suicides occur in cohorts of undergraduate veterinarians. It is necessary to change approaches so that there is positive discussion regarding clinical practice, development of camaraderie and communication within student cohorts and support. Mental ill-health in veterinary teaching

staff and post graduate training candidates is not uncommon. This may be a starting point for mental illness among undergraduates. Many Universities and veterinary schools offer mental health services, but removing predicaments is vital. If one has undertaken a veterinary science degree that is seen by educators as leading to a miserable life with low pay, it is not surprising that mental ill health follows.

**Recommendation 20 University veterinary schools through the deans directly address mental ill health among students by projecting a positive approach to clinical practice; developing a positive supportive culture in the schools, particularly in the clinical training areas; and directly addressing and removing interpersonal rivalries among the staff. There should be mental ill health support, less focus on mental health and more on developing a positive culture.**

Social isolation and the high risk of suicide by veterinarians in regional areas needs to be directly addressed by the veterinary profession and Government. Support for the AVA Thrive initiative is important in this respect. However, there is work that the veterinary profession can do on a local basis. The Southwest Slopes branch of the AVA has inclusive meetings that involve all local veterinarians with no external speakers. In each meeting Local Land Services veterinarians are invited. Their attendance gives the group insight into local disease and conditions. Case discussions (as distinct from lectures by external speakers) are led by the local veterinarians and the process develops a much greater collegiality among colleagues who may be otherwise isolated. This also reduces inter-practice rivalry that sometimes underpins stress and mental ill health.

**Recommendation 21 The AVA using local branches to promote communication between colleagues and a positive outlook for veterinarians. All veterinarians, whether members or nonmembers, should be invited to branch meetings. Local Land Services should consider local meetings as a resource to improve communication with private practice colleagues.**

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

Veterinary nursing is providing essential support to veterinarians. The most effectively managed practices have experienced and active veterinary nurses who improve efficiency of the veterinary workforce. There is discussion as to the range of work undertaken by veterinary nurses. For example, in some veterinary practices veterinary nurses do a number of skilled procedures. In general, in each situation should be a decision of each supervising veterinarian, knowing the training and knowledge of their staff. The veterinarians remain responsible for the outcomes.

In our equine practice we have experienced horse men and women acting as nurses. This reduces our risk of injury associated with horse handling. It increases safety as we do not have to drive when tired. We can complete our clinical records as our equipment is tidied up by the nurses. There is potential for this to be more widely adopted, however the economic benefits should be elucidated.

**Recommendation 22 The AVA, Veterinary Business Group, EVA and facilitate a benefit-cost analysis into the value of nurses in production animal and equine veterinarians' vehicles**

An effective para-veterinary workforce will be essential in the event of a major EAD to enable rapid diagnosis, potential euthanasia, and vaccinations. The people involved should work under the supervision of local veterinarians and LLS veterinarians. Tasks should be defined, and capacity to use personal protective equipment taught.

**Recommendation 23 Animal Health Australia and the NSW department of agriculture develop training programs for those who will work under the supervision of veterinary teams that include mixed practitioners and LLS veterinarians in the event of a major EAD. Biosecurity preparedness should have a local teams-based approach that includes all likely participants in an EAD response. It will be necessary to fund time that mixed practitioners and staff spend in developing local response training and planning.**

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

Overseas trained veterinarians that do not come from countries with accreditation agreements such as the UK and NZ are required to sit a 2-step national veterinary exam. This examination involving all species are meant to reflect day one Australian graduate standards. This places a huge demand on graduates with several years'

experience especially if they have been in species specific practices. It is likely that most Australian graduates with several years' experience could not pass the current exams.

The first step in the National Veterinary Exam is a multiple-choice examination given once a year in April. This means that those who fail must wait a whole year to re-sit. There are very few sample questions provided with candidates using North American examination sample questions. The syllabus is simply enormous.

**Recommendation 24 The multiple-choice component of the National Veterinary Examination should be offered twice yearly. Additional sample questions and a refined syllabus should be provided.**

Once the multiple-choice examination has been completed, supervised registration with the NSW VPB is possible.

The final step in the NVE is the clinical assessment. This is also broadly based. This could also be better focussed on the career aims of the candidate with registration expectations limited.

Currently NSW registered veterinarians who undertake species specific work are required by the VPB to exclude themselves from doing work outside their areas of expertise. Similarly, overseas graduates should have the same requirements.

**Recommendation 25 The AVBC develop species specific examinations for those graduates intending to work in specific areas such as meat inspection, companion animal or equine practices and the VPB note that when registered these candidates should undertake species specific work.**

Unregistered overseas trained veterinarians are employed as veterinary nurses. We employed a Spanish Veterinarian last year in this capacity (she has since passed the multiple choice first part of the NVE). There are a wide range of skills evident with overseas trained graduates. It is important that if employed as nurses overseas trained veterinarians do not undertake work requiring the skills and training of veterinarians until they complete the first part of the NVE assessment and have supervised registration. There are anecdotal reports of practitioners employing overseas trained veterinarians as nurses and allowing them to undertake skilled procedures. Ensuring an accessible and rigorous pathway to registration is important, as is ensuring compliance with the Veterinary Practitioner Act.

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

After hours veterinary services have changed significantly over the last generations. Currently city practices are served by emergency services. This provides reliable and effective, but expensive, services.

Apiam, a practice consolidator corporate, has developed a triage system for their practices so veterinarians are not taking the calls, minor cases can be left until the morning and if necessary, the veterinarian is called in.

There are several systems to provide telehealth advice to those who are not clients. As example is Tristan Jubb's Phone-a-Vet system (<https://phoneavet.com.au/>) in which veterinarians are paid a proportion of the fee charged to provide telephone advice. Such systems could be expanded

In country towns with mixed and equine practices methods to reduce after hours loads are commonly poorly developed. In many regional areas individual practices do their own after hours and rotate duty between available veterinarians. This has profound effect on many veterinarians who undertake this service. It reduces capacity to socialise when on duty and when late night calls are required, sleep may be lacking. In some situations, particularly in remote centres undertaking out of hours calls can be simply dangerous.

In the region around where I live there are two mixed practices that undertake out of hours services. Several practices simply close their doors with a message to call a neighbouring practice. This causes considerable annoyance to those who do offer a service. One practice reportedly requires \$1000 credit card deposit for anyone who is not a client. Bad debts are commonly associated with out of hours calls so this is understandable

Many equine veterinarians have close relationships with their clients who have the vet's mobile phone number. This occurs in our practice. We triage the cases by phone, sometimes refer, sometimes see the case,



and sometimes prescribe treatment via telehealth. This system is not unduly intrusive as we mostly have larger well-trained clients who we see each week.

Many young veterinarians find the out of hours duty component of their work difficult to manage and it is frequently cited as a reason for leaving practice. The award is for \$50.35 per 24-hour period. There is little financial incentive to undertake out of hours duty plus the hourly rate (Appendix 3)

The impact of the pressures associated with out of hours care means that it is not uncommon for there to be no veterinary services easily available for a calving, whelping, snake bite or poisoning. Managing this from an animal owner and industry perspective is challenging. Emergency services are a key reason for requiring local veterinarians. Losing veterinary services in small centres will mirror the effects that losing doctors has on the community. It is a key reason that some towns may decide to engage a veterinarian.

In Tasmania after the closure of the sole equine surgical practice Tote Tasmania provided funding of \$20000 per year to assist an equine practice employ an equine veterinarian.

Direct assistance may be necessary to attract veterinarians to some areas.

**Recommendation 26 The NSW Government fund a feasibility study into the value and potential effectiveness of providing incentives for veterinary practices to maintain services in small rural centres.**

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

There is a huge array of legislative arrangements for veterinary practice [Legislation | Veterinary Practitioners Board \(nsw.gov.au\)](https://www.nsw.gov.au/legislation/other-legislation-statutes/legislation-veterinary-practitioners-board).

The NSW Veterinary Board is a member of the Australian Veterinary Boards Council that oversees international graduates and University standards.

In addition, the Veterinary Board uses AVA guidelines to assist it in determining appropriate professional activities. These include Prescribing Guidelines <https://www.ava.com.au/library-resources/other-resources/prescribing-guidelines/> and the Code of Professional Conduct <https://www.ava.com.au/about-us/code-of-professional-conduct/>.

This framework had a few areas that are problems for the profession and industries that the profession serves.

There has been increased use of complaints to the veterinary surgeon's board in association with disputes with clients. The Board's purpose is to set up and maintain professional standards. Integral to that is investigating and punishing noncompliant activities of veterinarians. It should not be used as a mechanism to resolve disputes. The Veterinary Practitioner Act make it difficult for the Investigating committee to refuse to investigate complaints. There does not appear to be a cost for those making the complaint. However, the cost to the veterinarians involved is hours of preparing documents and in some situations engaging solicitors. It seems appropriate to limit complaints as far as possible and have a mechanism to advise complainants as to the likelihood that they will be successful. The costs of running the veterinary practitioner boards and complaint committee are rising and these costs are passed onto the profession as a whole increasing the costs to veterinarians of doing business, costs that must be passed on.

Racing NSW had several complaints regarding veterinary practitioners that it referred to the VPB years ago. The timeframe to deal with the complaints were prolonged and perceived responses the Board were ineffectual. As a result, Racing NSW introduced its own mechanism to manage veterinarians through a permit system. There are situations in which veterinarians may be involved with improper actions and those actions potentially affect a whole industry. It is therefore important that there is a mechanism so that the complaint process can be expedited.

**Recommendation 27** The NSW Government amend the Veterinary Practitioner Act to require complainants to pay a fee that is applied towards investigating the complaint. Fees could be refundable if the complaint is upheld.

**Recommendation 28** The NSW Government amend the Veterinary Practitioner Act so that the Registrar or Chairperson of the Complaints Committee can advise complainants in respect of the likelihood of success of the complaint. If complaints are serious and affect an industry the Chairperson of the Complaints Committee may refer the matter directly to the Board

Complaints to the VPB by clients are extremely distressing for veterinarians. This is because of who we are as individuals and because our livelihoods are at risk. Frequently they involve distressed clients. They involve hours of preparation and work. Recommendation 2 directly address this issue.

There are in my opinion legitimate concerns that the farming and equine communities have in respect of veterinarians being required to adhere to the prescribing guidelines. There must be capacity for pain relief and some sedatives drugs to be used in association with routine farm practices. Yet the NSW guidelines require a farm visit, as distinct from an in-clinic consultation, during the preceding 6 months to prescribe them. This is a conundrum as a murder at Walcha involved a veterinarian prescribing of Acepromazine to the murderer.

A similar situation applies to major equine stud farms. Managing young horses can be dangerous both for the horse and the handler. It is necessary for stud farms to be able to sedate these horses without resorting to individual farm visits by a veterinarian. Again, this is a conundrum as the same sedatives can be improperly used to sedate horses for invasive procedures like some major dental procedures. Some products can be misused.

**Recommendation 29** The prescribing guidelines be changed to enable a in clinic consultation to discuss pain relief and sedative drug use for farm animals and horses with development of a prescribed recording systems. Key points should be that the responsible person is nominated, and records are complete to account for all drugs used.

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

There are several centres that are no longer served by mixed local practitioners. This includes Parkes. The Forbes area has few available veterinarians. The number of Dubbo practices has reduced and many no longer do production animal work. Where there are available veterinary practices wait times for appointments will be extended.

As veterinarians cannot be attracted to regional practices, it become increasingly less attractive to work as an assistant in those practices with excessive workload, out of hours requirements, limited support and often inadequate equipment.

It is difficult to fully appreciate the effect that this has on local communities. Major farms and corporate farms will pay for veterinarians to come to them from long distances. Horses that are injured will be forced to travel for long distances. Companion animal owners will also be forced to go to major centres. Cows with dystocia may be killed.

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

Veterinarians provide a significant service to the community in times of crisis. In most situations this is as a volunteer with no expectation of remuneration. However, there are situations in which voluntary contributions exceed individual veterinarians' capacity to assist. There are issues with costs of delivering services such as for medications and bandages.

For large animal and equine veterinarians these are situations in which veterinary expertise is essential:

- post fire assessment of burnt animals – not uncommonly too many animals are destroyed

- post truck rollover. I have seen horses destroyed by police that had injuries from which they could have recovered. Accurate assessment of cattle and sheep post truck rollovers is also important
- emergency management of animals caught in unusual situations such as drains and down bore holes. Many equine veterinarians have done the AVA/EVA horse rescue workshop <https://www.ava.com.au/news/eva-emergency-workshop-2023/>

For small animal and wildlife veterinarians

- WIRES works with local veterinarians and individual people know the veterinarians with an interest and knowledge about saving wildlife. Any assistance in funding wildlife care is appreciated.
- Veterinarians provide services to local pounds and shelters, often at discounted rates

In emergency situations there are many examples in which failure to engage veterinary expertise has resulted in unnecessary deaths. The most common reason given is that the veterinarians were not available, or 'we did not know who to call'. After a truck rollover involving the deaths of 17 horses several years ago EVA and then Minister for Agriculture Mr Saunders agreed to establish a list of available equine veterinarians to work with LLS veterinarians on emergency call outs. This has not been done. These accidents are not infrequent so managing this well is in the community interest.

**Recommendation 30 Local Land Services work with Equine Veterinarians Australia and Australian Cattle Veterinarians to develop a list of available suitably experienced veterinarians who will attend truck and float accidents.**

(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

Disease diagnosis is difficult and requires systematic and careful consideration. As an example, in 2021 Japanese Encephalitis spread to Australia. It was exotic to Australia prior to that time. It was diagnosed over a short period of time from Queensland to South Australia. It is likely that multiple places simply failed to make the diagnosis. This is a disease that is a zoonosis and kills significant numbers of people in Asia. It also affects horses. Canine Ehrlichiosis, a tick-borne disease was also exotic to Australia and is now spreading across northern Australia with occasional cases further south. Having a veterinary workforce skilled and prepared in the event of disease outbreaks is essential.

It is not clear that in the event of a major EAD, Australia would be able to mount an effective response. This is high risk for agribusiness and the community. A major Foot and Mouth Disease outbreak will affect not just cattle and the affected farmers, it will affect the whole community with enormous disruption and major costs thought to be about \$80 billion.

The shortage of veterinarians has affected delivery of services as discussed. There will be animals that cannot access treatment including those with owners who are unable to move their animal long distances for treatment and owners who cannot afford treatment.

Cost pressures are likely to place additional pressure on veterinary practices such as those associated with pounds and shelters. There may well be additional animals surrendered to pounds especially as economic conditions deteriorate.

Racing cannot happen without equine veterinarians in attendance. It is not inconceivable that a lack of equine veterinarians will adversely impact racing in NSW as it is many older veterinarians officiate at race meetings.

**Recommendation 31 Ensuring business for regional veterinarians is essential if we are to have a viable workforce in place to manage emergency animal disease.**

(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

There are major cost barriers to accessing veterinary care for those without disposable income. Veterinary care expected by the community and reflected by the VPB is inherently expensive because of the equipment and facilities required. Lower cost veterinary care has been available through the RSPCA and some shelters.

In regional areas availability of veterinarians and the distances involved have been identified as barriers.

(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

Discussed under previous topics and recommendations.

(m) strategies to improve access to veterinary care

It is the community interest to develop a method of ensuring care for animals owned by those who cannot afford higher levels of care. This is because companion animals provide such a mental health benefit for a huge number of people.

A method of doing this would be to provide a subsidy for pet insurance for those on benefits.

**Recommendation 32 The NSW Government review options to provide subsidised pet insurance for those on Government Benefits**


(n) any other related matter.

Intuitively the logical solution to a shortage of veterinarians is to create options so veterinarians are not required. Although I have a vested interest in the success of the veterinary profession in my opinion this is not in the community interest.

Reducing workloads of veterinarians possibly through changing prescribing rights or allowing members of the public to undertake what are now prescribed acts of veterinary science will damage the industries we serve. The effects will be in regional areas where the veterinary workforce is most at risk. There will be reduced capacity to undertake voluntary work. Corporate practices and other practice owners will not increase salaries and low salaries will lead to more attrition from clinical practice or veterinarians leaving the profession altogether.

Most importantly the acts of veterinary science and prescribing requirements are there to protect the community and animal welfare.


## Appendix 1




**Ken Jacobs**  
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Private survey to improve our understanding of the demand for veterinarians. I am doing this in response to the NSW inquiry as I want to make a submission. I hope this may also help others to respond to the NSW inquiry. Please reply from all over Australia.

<https://www.parliament.nsw.gov.au/lcdocs/inquiries/2964/Terms%20of%20reference%20-%20PC%204%20-%20Veterinary%20workforce%20shortage%20in%20New%20South%20Wales.pdf>

Does your practice have an unfilled position for a veterinarian in your practice?  ×

Does your practice have appropriate numbers of veterinarians?  ×

+ Add poll option...

 Ronald Schneider and 1 other 181 votes 10 comments

## Appendix 2

Classification	Minimum annual salary	Minimum hourly rate
	\$	\$
Level 1A	60,082	30.41
Level 1B	63,388	32.08
Level 2	68,484	34.66
Level 3	75,237	38.08
Level 4	84,985	43.01

### 15.3 Veterinary surgeons

[15.3 varied by PR718936, [PR729380](#), [PR740804](#), [PR762227](#) ppc 01Jul23]

OTE: For the purposes of calculating hourly rates for veterinary surgeons, the annual rates are divided by 52, then rounded to the nearest \$0.10 and divided by 38.

## Appendix 3

### 1. 16.3 Wage-related allowances—veterinary surgeons

#### 2. (a) On-call duty

3. [16.3(a) varied by PR718936, [PR729380](#), [PR740804](#), [PR762227](#) ppc 01Jul23]
4. An associate required to be on-call will receive a minimum amount of **\$50.35** for each period of on-call duty. A new period of such duty will be deemed to commence each 24 hours if continuous on-call duty is required.
5. **(i)** An associate who performs active on-call duty will be paid at no less than the relevant hourly rate for the duration of active duty.
6. NOTE: An associate is not in receipt of a day off for the purposes of clause 13.3(c) if they perform scheduled active on-call duty on that day.
7. **(ii)** By agreement, on-call remuneration can be compensated by one or a combination of the following:
  8. • payment;
  9. • time off instead of payment at the employee's ordinary rate on an hour for hour basis; and
  10. • an annual allowance not less than what otherwise would have been payable but for clause 16.3(a).
11. **(iii)** Agreements under clause 16.3(a) must be recorded in writing and kept as part of the time and wages records kept by the employer.