

Submission
No 127

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

Name: Name suppressed

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Partially
Confidential

Background:

I am a mixed animal Veterinarian in a rural town in NSW. Together with my wife (also a mixed animal Veterinarian) we are the owners of the practice. I have been in practice for nearly 20 years, and we have been part-owners and owners for a large part of that time. This was our first job out of university, and we moved from an urban area. Our backgrounds are from rural and semi-rural areas, and we have two children in primary and secondary schooling. Our practice employs 7 Veterinarians (a mixture of full-time and part time) and 8 veterinary nurses. Our workload consists of Companion animals (mainly canine and feline), Production animals (beef cattle and sheep), Sporting and Performance animals (equine) and Working animals (equine and canine). We are the only practice in our town and provide a 24-hour emergency service for the town and the surrounding region (a radius of approximately 50-100km).

We have a strong commitment to providing Veterinary services in our area and try to cater it to all our clients from the complete range of socio-economic groups found in rural and regional areas. We do this independently (we are not part of a larger group) and largely with minimal outside support. Our practice is quite progressive and provides a high standard of veterinary care.

I class myself as a mixed animal veterinarian however I don't think this is an accurate description of what my position involves. Not only are you a veterinarian, but particularly as an owner, you are mentor, an educator, a HR consultant, a business manager, a client relationship manager and a repair and maintenance person. I think many of these added job descriptions have evolved out of a necessity rather than a particular desire.

The following are some of the issues that I see affecting the veterinary workforce in rural and regional NSW and that contribute to the current shortage.

Recruitment:

Recruitment is a current challenge for our practice both for Veterinarians and Veterinary Nurses. For the Veterinary side we have mainly employed new graduate veterinarians. We aim to not just fill a need in our workforce but provide a mentoring experience for the graduate. Our aim is to develop the graduate into a sound mixed animal practitioner to start their veterinary career. In this regard we are not just employers but also mentors and educators. We have seen a gradual decline in the number of applicants from 15-20 applicants per position 15 years ago to zero applicants 6 months ago.

For a new applicant there is a considerable commitment to move to a rural region. There are challenges in finding housing, isolation from existing family and social group, personal medical care, social interactions in a new small town and finding out what area of veterinary science interests you the most.

We have had recent employees unable to get personal medical appointments due a shortage of local doctors and medical clinics having closed their books. This striking disparity between the human medical system and our practice, where we may see a new client (even afterhours) and provide treatment that may include blood testing, x-rays, ultrasounds, surgery and intensive medical treatment. In our region a new or any member of staff would not be able to receive this level of medical care in the human medical system in the same time frame. This can have an impact on a veterinarian. Support for veterinarians in rural areas accessing personal medical help is required. Maybe a dedicated or tailored telemedicine service could be considered to help fill this need.

For the new graduate veterinarian there is a particularly large amount of on-the-job training provided in a mixed animal practice. We view this training as not only a commitment to the new graduate but also to the veterinary profession, knowing that we may only retain this veterinarian for 2-3 years. We receive no support for this training – there is no apprenticeship or higher education type payments. The same applies for our hosting of Veterinary students and Veterinary Nursing students – historically this investment in training of the next generation has been looked upon as a ‘pay it forward’ situation. Maybe we could be recognised officially in our role as educators.

Finding fulfilment as a mixed animal veterinarian can be difficult. We have such a broad array of clients and patients across a wide range of species with greatly different values – whether that value is emotional, sentimental or production. At times you feel that you have a ‘little bit’ of knowledge across a wide range of areas rather than having a ‘lot’ of knowledge in one particular area. I think this personal undervaluing happens commonly and may be contributed to by our selection of high achieving students into University Veterinary Courses. The ‘feeling’ of being ‘mediocre’ doesn’t fit with that personality trait. A formalised post graduate program with structured goals combined with a financial incentive (eg HELP relief) for a period of time could assist with retaining Veterinarians in a rural community.

Standards of Care:

We as veterinarians attempt to provide a standard of care that is greater than ever before. Part of this is our own constant goal of veterinary advancement and doing better while part is the increasing expectation of our clients. This greater expectation is not necessarily a detrimental factor but does have a major bearing on veterinary staff. We benefit from this increased expectation by being able to do more for a patient than we did 20 years ago however this comes at an increased cost. This cost is not only in equipment and facilities but working hours (particularly afterhours) as well as mentally in trying to perform up to what may be difficult expectations. There are procedures that a rural mixed animal veterinarian may perform that in a city would only be done by a specialist in that field. While it is very rewarding if the desired outcome is achieved, the pressure to achieve and undesired outcomes can be particularly damaging to not only the veterinarian but also veterinary nurses. Social media and negative reviews online can compound this. I think this is a challenge for not only Veterinarians in rural and regional NSW but also all Veterinarians. Guidelines on how to deal with these situations should be developed.

I think recognition of the uniqueness of the mixed animal practitioner is important however this is not done even by our own professional association. All our Veterinarians are members of the Australian Veterinary Association (AVA) and depending on their areas of interest are also members of the AVA Special Interest Groups including Equine, Cattle, Sheep & Goats, Small Animal, Dental and Practice Management. However, there is no Mixed Animal or Rural Interest group. Formation of such a group could facilitate sharing of ideas and experiences that may assist other Veterinarians or Practices. Currently the closest to this would be the Cattle Vets group which does provide support and sharing of ideas.

Afterhours:

The changing expectations of clients also affects afterhours services. After hours is difficult, there is often limited support, it is usually on top of a normal working day, and it affects your family life. While there is a legal requirement to provide afterhours care in limited situations, we as rural veterinarians operating out of a fixed premise view it as a commitment and part of the life of a being a rural mixed animal veterinarian. My wife and I have provided afterhours services and been called

out at any hour, on any public holiday including Christmas and in any weather. There are countless birthdays, anniversaries, celebrations and personal losses that have been interrupted or put on hold in order to provide this service. However, we still think that it is vital to provide an afterhours service. We have seen an ever-increasing demand for afterhours from 2-3 calls per week 20 years ago to 1-2 calls most nights. Now if we don't get a call there is always the concern in the back of our minds that the phone network is not working. In the last 12 months we have started using a dedicated Veterinary Nurse answering service to triage the calls. One of the reasons for this is that it was becoming more common for the afterhours number to be used as an advice/24 hr receptionist service. It is difficult to get back to sleep after being asked for advice only or to book in a vaccination at 2am. While the answering service has improved this aspect, the cost to provide it has more than doubled in the last 12 months.

Another aspect of afterhours that is challenging are owners who use a mobile Veterinary service for their routine work and then call on the fixed premise Veterinary Practice afterhours because the mobile Veterinarian is no longer in the district. This is a situation that regularly occurs and while legally the mobile Veterinarian does not have to provide afterhours service, in many cases it is detrimental to the fixed premise Veterinary practice. In our current Veterinary model of practice, the routine work is what a rural mixed animal practice calculates it's workforce for and tries to have sufficient staff to cover this. Any reduction of routine work compounds the difficulty in having enough staff to provide what we consider an acceptable afterhours service ie one where if your dog is envenomated by a snake, your cow is having difficulty calving or your horse has colic you are seen in a timely manner by suitable trained Veterinarian. This also applies to deregulation of Veterinary procedures and Veterinary pharmaceuticals.

Our 7 Veterinarians include part time veterinarians. It is difficult to include someone in the afterhours roster if they only work one day per week. If an employed Veterinarian is sick or away their on-call duty is taken up by myself or my wife. This is part of the life of being a mixed animal Veterinarian in a rural area. I suspect that our generation may be the last to see it is this way and that the balance between what the public views as needed/acceptable and the kind of lifestyle Veterinarians need/would like is going to be challenging to find. Support from the Veterinary Practitioner's Board will be vital in providing what is an acceptable level of afterhours service. Currently the Board's requirements do not match the public's expectations.

Complaints Handling:

Another area to look at at the Veterinary Practitioner's Board level is the complaint handling procedure. I have been fortunate to have only been involved in one complaint made against me and assisted two other Veterinarians in our practice who had a separate complaint made. In both cases the complaints were dismissed by the board however the process took months. It is a process that is extremely detrimental to the veterinarian involved and was particularly difficult on our recent graduate Veterinarian. Even for myself, at the time I had been in practice for 15 years, I seriously considered my future in the Veterinary profession. My concern is what effect this process has, on the decision of a veterinarian who is not so ingrained in the profession as I was, on continuing their career. It may be idealistic, but I think the complaint process should be reviewed and should:

- 1) Encourage communication between the client and the Veterinarian.
- 2) Be proactive – ie self-reporting of potential issues in a way to gain guidance on how to prevent the issue or how to improve
- 3) Provide effective support to the Veterinarian involved.
- 4) Be completed in a timely manner.

I acknowledge that there are cases where the complaint process and subsequent findings of misconduct are warranted and needed. However, there are times in my career where I have thought that if I didn't have such a good client relationship and communication that an unfortunate situation could have gone a different way. This is part of the challenge of being a mixed animal practitioner and the large amount of learning as you go.

Support of Extension Programs:

We provide on-farm services to clients in our area. While I may be at a farm to pregnancy test cattle as the primary job discussions about local and exotic disease, animal husbandry, feeding, animal welfare and even topics such as yard design take place. I think that the private practitioner is in a unique position to provide this education. Our practice has a great relationship with our Local Land Services (LLS) Veterinarian but maybe programs could be developed where private Veterinarians can deliver some of the education that might be currently delivered or funded through the LLS. This could be extended to disease surveillance and recently we saw some great benefits to our producers when we had access to subsidised laboratory testing of farm animals paid for by the LLS.

Another aspect of the service to the rural community by our veterinarians is the support to the client during periods of difficulty and possible emotional distress. This could involve helping an owner through an end-of-life decision with their much-loved elderly pet to being there for a farmer during a drought. There are many occasions where you have been more a counsellor than a veterinarian. While this is something that we were not trained for I think it is a valuable part of our profession. However, it can influence your own mental well-being. This is where a dedicated or tailored telemedicine service could also be utilised ie like an annual health check for the veterinary workforce.

Provision of Services to Lower Incomes:

We provide services to the full range of Socio-economic groups. One of the challenges is catering treatment to a client's budget and their expectations. We currently provide payment plans using services such as VetPay and also CentrePay up to a certain amount. Centrepay is a means where Government welfare recipients can make payments directly to us. We have a limit on CentrePay for two reasons – we have a moral and ethical stance to not burden a client with debt as well as to limit losses as Centrelink does not prevent a client from terminating the payment plan at any time. Government support in both these areas would help – one in setting reasonable amounts that could be used, as well as enforcing continued payment. This would help us in continuing to provide services to those on lower incomes.

The delivery of subsidised or free Veterinary services by animal welfare organisations in a rural area is a difficult one. Many have local branches run by kind heart and empathetic members of the local community. While we try to provide direction in animal welfare standards and responsible pet ownership it can be difficult for them to act on this advice. Ideally some guidelines with local Veterinarian input should exist. This would be a challenge to provide in the current shortage however it would be a way that the Government could help to maintain animal welfare standards and support the efforts that we as Veterinarians have done in our community over a number of years. One off events like vaccination days by welfare groups may attract numbers however they may not be the best strategy for long term improvement in animal welfare. Long term programs starting in schools could be part of a future strategy.

While some of these points may seem to diverge from the terms of reference, by recognising the work that rural Veterinarians do and providing mechanisms for practices to increase their funding to include Government sources there is an opportunity to:

- Improve job satisfaction.
- Increase the number of Veterinarians and Veterinary Nurses that a practice can support.
- Reduce the strain of providing afterhours services by spread the load amongst more staff.
- Promote the community role of the rural Veterinarian.

Maybe if we can change our business models from catering our services to suit the client's budget to one that includes providing other support such as education to the community, we can improve retention rates and reduce burnout. Most Veterinarians start out as wanting to help animals and this then develops into helping people and animals. It may also provide a way to keep our veterinarians in the profession, especially if they are at a time of their life when they are starting a family. This is important to consider due to the increasing percentage of female Veterinary graduates.

Regulatory requirements:

For the rural Veterinarian there are many regulatory requirements. While a change in one regulatory body may seem minor when they are all combined, they can have a profound impact on workload. An example of this was the recent change to for councils to stop entering microchip information for Companion Animals into the Registry and for Veterinarians to enter the information. No guidance was given on how to do this productively and workload increased because of this. While it saved time at the local council it cost the Veterinary practice time.

Another example of not supporting the rural Veterinarian was the Mobile Animal Care Services Grant Program by the Department of Regional NSW in October 2022. This provided funding to non-profit organisations to provide emergency mobile animal care services during natural disasters. I wonder if it was considered whether private Veterinary practices could help/provide this service.

Maybe having a central co-ordinator – be it from the Veterinary Practitioner's Board, an industry body like the AVA or from the Government itself, to oversee changes that may affect rural and regional Veterinarians would be beneficial.

Conclusion:

These are just some of the issues that have been raised at different times over the years. Hopefully we can move forward and make changes that will benefit not only veterinarians and veterinary nurses, but also the clients and animals that we provide services to. I don't think that we as individual practices can make this change on our own and would appreciate outside involvement and support. Thank you for time in considering this submission.