

Submission
No 134

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

Name: Name suppressed

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Partially
Confidential

To the Inquiry into the veterinary workforce shortage in NSW parliamentary

I'm a veterinarian and for disclosure, I'm a current full time employee of the NSW Department of Primary Industries, however this submission is unrelated to my employment with DPI. I currently work full time with DPI, however I also work casually in clinical practice to fill gaps on weekends to allow the full time vets a rest. Additionally, I also undertake veterinary duties to assess animal health and welfare as part of equine events throughout NSW.

In an excellent example, I have been too busy to write a complete response, however here are some points for the inquiry to consider. My take away line is that as a current veterinarian, I don't encourage people to enter the profession and if I know them well enough, I actively discourage it. I think that sums up the profession's current situation quite well.

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

In my experience, there definitely is a shortage of veterinarians across all of these areas. My personal experience is that at least 50% of vet clinics are short of vets. This presents further issues around burn out and other things discussed below.

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

I think this is the key issue. Recruitment is hard, however retention is even harder. This is a critical issue. There is considerable effort that goes into training a veterinarian, and losing these skills, often within 5 years of graduation, is a huge waste of resources. There is a particular issue of retention of new graduates. This is a multi-factorial problem. Some of my key issues in retention are.

Salary- veterinarians are one of the lowest paid professions, often not being able to afford to live in the suburb or town that they work in particularly in sydney and inner regional areas. This is also compounded by the HECS-Help debt that veterinarians accrue in gaining their degree.

Work/life balance- My personal experience is that in my first year of clinical practice, I was working an average of 10 hrs unpaid overtime each week. Additionally the mental load meant that when I finished work I was exhausted. I had no desire to do any normal after work things. I just wanted to eat then crawl into bed. I'd also have to find the time to read textbooks or journal articles around my cases. This was absolutely exhausting and was the worst time of my life, Even though I was at an excellent practice that was supportive.

Relation with clients- The constant mental manipulation that clients use is exhausting and a key reason some people leave the profession. Things that clients have said to me:

You're only in it for the money- see above about salary

You're the reason my animal is dead.

I'm not paying my bill because you love animals

Additionally, I've had clients verbally abuse me because they can't afford treatment or because their dog died before it arrived at the clinic. I've been physically assaulted when I diagnosed a disease that resulted in a property being quarantined. I've had a landholder threaten to shoot me if I entered his property.

Clients expect us to save their animals regardless of the condition. This includes where they declined being seen after hours for a genuine emergency, then present the morning after with an almost dead animal and expect us to save the animal. Some clients will make small verbal stabs- like if you loved animals you would save him. These do not help our mental health that is already fragile due to the nature of the work, especially in cases where the animal dies or is put to sleep because the owner refused our recommendations.

There are considerable issues around retention: there is a collection of issues at play here. The vast majority of graduates are female. Graduation also corresponds to the time when society expects couples to have children. This links as many graduates are leaving the profession in the first 5 years to have children, and never returning. This is further compounded by an issue within the profession where part time work is seen as worthless. The clinic where I work did have that attitude and declined many potential vets who only wanted to work part time for many reasons. Whilst this has slowly changed within the clinic, my experience is that this attitude is still present in many of not most clinics in the state. Some reasons that I have heard for not hiring part time vets are

That they can't have continued care of cases over a week

They can't do after hours

I still have to pay their CPD so I want them to work full time

They can't do weekends and I want weekends off.

If there was a culture shift to more accepting of part timers, there would be less loss to the profession. Many of these issues can be managed easily, and in fact many emergency clinics rely on shifts that can manage continued care of cases.

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

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

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

There are considerable limitations of overseas trained veterinarians to being able to practice in NSW based on their overseas qualification. This is based on the perceived education that they have received and their ability to speak and understand English. In my limited experience, there is a huge variation in their skills and knowledge. However, these vets generally have spent time in production animal industries and have skills in this area. There is some scope to utilise these vets especially in EAD responses for production animals. However, there would be some negatives to this. Some of these include farmers' perceptions of overseas trained vets and engaging them. Their employment may have negatively affected wages for vets further reinforcing the current vet shortage as people leave the profession for more lucrative wages. Some international vets may be tempted to work outside of their scope, potentially compromising standards of care. Consultation with the NSW Veterinary Practitioners Board and the Australasian Veterinary Boards Council would be recommended to assess the risks and benefits.

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

There are a multitude of arrangements for after hours services. I sporadically perform clinical work on call and also work on the EAD hotline for DPI. Some of the other clinics in town share their afterhours work with a town 40 minutes away. When clients find this out, they ring my clinic

in the same town. This increases my workload as the clinic has a culture of saying yes. We are the only clinic in town that publishes our after hours number- all the other clinics only provide it to existing clients. This significantly increases the workload on my clinic, which is already busy as we are the only one that will service large animals after hours. Another clinic 1hr away is now not doing afterhours for large animals. Again, we then get calls asking us to drive 2hrs return to look at a cow. This is not a sensible use of time, and the travel fee means that a farm visit is often declined. Additionally, as the Parkes clinic has shut, we will have people drive their animals to Orange after hours to be seen. Often meaning that the 9pm call turns into a 10pm consult, making for a very long night if the animal is actually sick.

This shortage has also increased the workload on the EAD hotline. There is numerous occasions where farmers have called the hotline for what should be regular vet advice. BEcause they can't get a vet, they will google terms and discover the EAD hotline. This is not the purpose of the hotline, which is for emergency animal diseases, and the callers are often annoyed that I can't personally visit the property even when they are 800 km away. This has slightly decreased as Local Land Services has published the District Veterinarian numbers, however, most of the calls are related to things that a private vet should be dealing with. This is putting pressure on DPI and LLS vets as well, and costing the NSW government money through the overtime allowances.

The lack of afterhours services is also a risk for delayed EAD detection. Locally, many farmers are hobby farmers and only attend properties on the weekend. If their stock are sick they will ask for an after hours visit, and generally have the funds to not care about the cost so much. However, as afterhours is a single vet, they will generally prioritise the most serious cases, which is often not the stock. But this may mean that an EAD remains undetected for a week or more until someone visits the property to diagnose the disease. As an example, one of the vets had a call from an absentee landholder that the guests reported that there were dead animals near the yard and he wanted the vet to investigate. As the animals were dead, it is a lower priority than sick live dogs and the property was visited 2 days later.

There is also a significant divide developing between city and regions at the moment with after hours care. In the greater Sydney basin there are numerous emergency vet clinics that are reasonably well staffed and can see the emergencies. These vets generally only work in these clinics or do short stints so get breaks. However, in regional nsw, afterhours is generally staffed on rotation by the GP's that usually worked a full day as normal then work the after hours. This links to the above comment about burn out, but also mental fatigue means that things may be missed. Additionally, the city hospitals are very well equipped and charge appropriately for their services. However many regional GP clinics lack some of the equipment and 24hr staffing meaning that animals in regions are not receiving the same standard of care. This sometimes surprises clients and in Orange we often get people who reside in the city on holidays and they are almost offended when I say that we don't do 24hr care, and I may have to leave your animal to go look at a sick horse.

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

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

There are currently 104 open positions for veterinarians in regional NSW. Additionally there are no district vets in the Western LLS region. There are considerable challenges for these clinics. Some of these include, lack of housing to move into the community. When I took my new graduate job, in a large regional center, I was unable to get a rental. I personally was lucky enough that I was in a financial position to purchase a house, but that is not common. This does impact the ability of clinics to get vets as they will move to the locations where there is housing. Many of my classmates have moved clinics to a location where they can get reasonable accommodation.

Secondly the travel distances, both for work and holidays also impact the ability of regional/remote locations to get vets. For large animal calls I could spend 4hrs in the car driving. Whilst there is a travel charge, it is not cost effective for a clinic to do this when I would be earning triple the income consulting for 5 times the income performing surgery. Producers also balk at the travel charge if they are more than an hour from the clinic, meaning that animals receive potentially no care if they are too far from a vet clinic.

Finding employment for a vet's partner is often also a limiting factor for regional positions. Many vets I know have found this an issue. Whilst some people find it easy, one example is a partner who is a ED doctor. However, in the smaller rural towns partners with less in demand jobs will present an issue for that family to make the decision to move regional.

There is also a difference of equipment and referral options available in regional NSW. I work in a large regional town, however my nearest CT scanner is Sydney or Canberra. The nearest internal medicine or surgical specialist is the same. This requires considerable driving to utilise these services. Whilst regional vets are generally very adaptable, there is only so much we can do and the distances often make owners decline the referral.

In remote NSW this is even worse and can present additional issues such as accessing Schedule 4 drugs. The current legislation requires a genuine relationship that often requires an annual farm visit. Given the considerable distances this relationship may not be present and vets would legally be unable to provide these drugs. This can present considerable risks as there are many drugs that are used in routine husbandry, sedation for ram shearing is one of key points and many shearers refuse to shear rams without sedation as it is too risky to both the shearer and ram. This can present a welfare issue as either the rams are not shaven, against the code of practice or the rams are physically handled roughly and the welfare issues with that. In addition, This can also mean that there emergency treatment with or without vet advice including analgesia or antibiotics will not also be administered. The lack of relationship due to distances also means that the vet client relationship is not there, and producers may "go it alone" or trust the advice of non vets that may have poor consequences. An example I saw was where a steer was castrated late and developed a scrotal infection. The producer used a local anesthetic as pain relief, however they inadvertently administered it into the vein and the steer died due to the toxic effect. A relationship with a vet may have resulted in a consult or even some advice, and resulted in a live steer.

A prime example of the shortage of vets is my last weekend working as a clinical vet. I was rostered 8-12. However I didn't leave until 5pm. This was due to a clinic in another town refusing to hospitalise an animal. This animal was seizing and the original vet gave it anti seizure meds and then said you need to find someone to hospitalise it. The owners then called very stressed, asking if someone would see the puppy. The on-call vet had 4 large animal cases, some

important, so I volunteered to see the pup, thinking that it was a first presentation. Then the owners told me the story. That the original vet said words to the effect of "i'm not hospitalising the pup because I don't want anything in hospital over the weekend as we are not doing afterhours this weekend. So I treated the animal. But a few other animals called for the normal after hours type things and the on call vet was still busy with the large animal calls so i undertook them. This highlights the extra work vets do often to the detriment of their own work life balance. It also highlights the effects of one vet refusing to do after hours, putting the stress on other vets.

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

Most clinics take strays and wildlife in. It is part of our oath to provide first aid to injured animals, which can include euthanasia. These treatments are provided at a cost to the clinic without any reimbursement from owners, or governments. This is generally considered for the social good. However, it does cause stress to vets and owners. An example is when a lost dog was presented without a microchip and we sent it to the pound in accordance with the law. This then resulted in the owner abusing a nurse and myself stating words to the effect of " F**king C**t, now I have to pay to get the dog out of the pound. That abuse is not needed when we were following the law and feeds into the above issues.

Wildlife is another issue, where we provide treatment and diagnostics, using clinic own supplies where there is no financial return. Some of this can be put to learning and professional education, however it all has a financial cost to the clinic and results in increased costs to the business. It can also increase stress as a wildlife consult on top of a fully booked day just means that vets may not get a full lunch break.

However these things are provided as a service to the community and many vets take that seriously. I personally take pride in being able to minimise suffering to wildlife as I believe that where possible, the same standard should be applied to all animals, regardless of their status in the minds of the community.

In emergency management, vets often go out and conduct animal welfare assessments, feed stock and help at evacuation centers. Having vets undertake these tasks, either government or private vets greatly assists the community in their recovery from the disaster. For production animals, this can mean economic returns, and for production and companion animals this can greatly assist in the mental health of the community post emergency. I have undertaken tasks like this and have had landholders hug me in tears simply because I delivered a bale of hay to feed some animals. This service can be underestimated, but can form a significant part of the recovery process.

(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

The shortage of vets is of great concern for animal welfare. Vets are considered the guardians of animal welfare and without them there is some risk that these things will be missed. For example, if the waitlist for desexing is too long, some people may attempt to perform the surgery themselves- especially with male cats. Lay people generally perform this without any anesthesia or analgesia, presenting a clear welfare concern. The inability of people to get a consult is compromising welfare as relatively minor ailments are not seen progressing to much more

severe disease with associated welfare outcomes. This also occurs in production animals, a common example is calvings, where the inability to get a vet in a reasonable time has led to different outcomes, the calf dying- a welfare and economic issue, the cow dying- a welfare and economic issues, or the farmer attempting to pull the calf themselves, which may work and generally good farmers know where to stop however, some farmers use excessive traction can cause considerable welfare issues. I've been called to calvings where calves have been pulled with a tractor- splitting the pelvis of the cow.

The shortage also has economic impacts, as many minor diseases can be treated successfully and the animal can continue its productive life. However, if left untreated can progress through the herd/mob, causing marked increases in morbidity and potentially mortality, with considerable costs through lost production, treatment costs and replacement costs.

Shelters and pet rescues are also suffering from the vet shortage. They generally required animals that they rehome to be desexed to minimise any unintentional breeding. However, the inability of them to get an appointment for desexing is limiting their ability to rehome some animals, increasing the time in shelter for animals that have considerable detrimental effects on welfare and animal disease. This also limits their ability to accept animals resulting in some animals being euthanized due to space rather than any medical conditions. The inability of shelters, pounds and some companions have also put pressure into them. The lack of vets have meant that they need to prioritise appointments, and some things, including lower paying or non emergency consults fall off the diary. These are generally the rescues, pounds or breeder consults and they are the consults where we get to provide some information around population health, vaccination protocols, parasite management etc. that can greatly improve efficiency and animal health and welfare in the environment. However, vets are swamped with the sick animals and often can't find time for these consults. This also extends into production animals.

(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 considerable barriers to vet care for those on low incomes. Vet care is considered to be expensive, and for people on low incomes, it is very much in their discretionary income. In my experience, these are also the people who have multiple, poorly socialized dogs that have not had any preventative vet care. This leads to many issues, unwanted babies, diseases like parvovirus or cat flu, and aggression leading to lacerations. This is a spiral where they complain about the fees and skip on preventive healthcare that costs them more in the long run with treatment. Some of these people also lack transportation which further complicates treatment as they require a home visit or taxi that further increases costs. I work in Orange, a town where there are both low and high socio-economic areas and see both sides. A significant proportion of the clients have pet insurance, which make financial conversations easy, however this is only the higher incomes that have this. Leading to the lower income brackets having to make difficult decisions, often electing euthanasia over treatment. This financial stress also leads to unpaid bills for clinics and abuse to vets and support staff.

Regional people also have considerable difficulties in accessing care. Having to travel long distances to see a vet. Since the closure of the Parkes clinic, I will often see patients from Parkes for both routine and nonroutine consultations. This is an approximately 2.5hr round trip. This is bearable for small animals, however production animals are unable to be transported economically, and will often go without care. Or the farmers will rely on the government

veterinary service. However, the government vets have limited things that they can do, and any surgery or treatment is generally not performed. This then requires the farmer to find a clinic that can provide drugs as prescribed by the government vet, however this often requires a long drive to find a clinic that has the appropriate and is willing to sell the drugs to the farmer. This can be a 24hr turnaround that can greatly decrease the effectiveness of treatment.

Rural and regional communities also lack the veterinary infrastructure that is present in Sydney. For example, the nearest CT machine is in SYdney or Canberra. The nearest oncologist, surgical specialist, dermatologist is all in Sydney. This requires significant time commitment of the owners if their animals require that level of care. It is often beyond the capability of many owners. Whilst the veterinary community is very collegiate and specialists are happy to share knowledge and tips, there is only so much that a GP vet can do without the equipment available to specialists.

This also impacts regional vet clinics, as they will often get referrals from rural clinics. This is a GP to GP referral, but the regional clinics do have some more equipment and personnel; the referrals take time away from the local animal appointments.

(I) strategies to support the current veterinary workforce, as well as ways to increase the number of practicing veterinarians particularly in regional, rural and remote New South Wales

There has been many points raised previously by the AVA on how to improve vets in regional and rural areas. The most simple way is for the bad clients to be nicer, or stop attending practices. This would be a simple change that could reduce the stress vets come under. This would also extend into ensuring that all people pay their bills. This will reduce the time and effort practice owners spend on debt recovery, also reducing what bad debt is written off, increasing the ability to pay vets. Encouraging pet insurance would support this, however it is currently not well subscribed, with many people commenting that it is too expensive. Additionally, for insured pets, creating and supporting an arrangement where the insurance company pays the clinic direct would also contribute to improved efficiency and cash flows to the clinics.

Within the government setting, expanding the “beyond the line” criteria for extra leave and assisted leave fares allowance may help attract people to those jobs. For example at time of writing Western LLS has no vets employed, this may help build the longevity in position, and for the inner regional, may attract some more candidates.

To gain and maintain vets in regional / remote communities there needs to be employment for their partners (if they have one). Nationally, Defence has a program where defence provides training to improve defence spouses employability. Something like this through TAFE may assist or if they are suitable, employment in NSW government positions on a preferential basis. However this would need to be well thought out to maintain community adhesion.

HECS-help relief has been suggested by many people for vets taking positions in regional or remote areas, potentially with a production case load, would greatly help vets in those positions stay, rather than chase increased income at the city clinics to pay the large HECS debt that vets are saddled with. I know of several recent graduates that will support this.

The longer term strategies include paying vets more to encourage retention, when there are many, many other jobs that pay as well or better with nowhere near the stress or responsibility. Pet insurance, discussed previously can help, but education of the costs of vet care, compared to human medicine on a non subsidised basis may assist in clients seeing the reasons for the costs. There is an elephant in the veterinary industry of corporate clinics growing rapidly, they then have the impetus to pay vets poorly to drive shareholder profits. Helped by an award that is so useless that I don't know a single vet that is paid award wages. In my limited experience, practices owned by people, not corporates have more of a family culture and support vets better. Establishment of Employee owned clinics may also assist this by providing profit share to people in the industry, allowing all people in the industry- vets and non vets to show slightly increase their income, reducing financial stress and therefore desire to leave for a better paying job.

The NSW government can also support vets by limiting the activities that can be performed by non vets, and investigating those people who do perform acts of veterinary science without being a vet. For example, the rescheduling of meloxicam and lignocaine has reduced income to clinics and reduced the need to vets to get on farm. The current explosion of lay preg testers, and equine "dentists" have also caused a loss of income. The 2 activities are not restricted acts of veterinary science, however I know of multiple examples of lay preg testers selling drugs for and conducting reproductive synchronisation programs. This further takes income and work from vets- and vets are often left to pick up the pieces when it fails. I also know equine "dentists" who are entering below the gum line and using sedation as well as selling other drugs. This again takes work and income from vets, and again when things go wrong the vet is left to pick up the pieces. Doing it right the first time, would have been much simpler, cheaper and multiplied over a region provides a signal for clinics to invest in the region.

I know of multiple cases that have been reported to the veterinary practitioners board, but as they are not vets the board is powerless. This also has welfare implications as these people are not trained to perform minor surgery or understand the risks and benefits of using certain drugs for example.

(m) strategies to improve access to veterinary care

To improve access to veterinary care- filling open vet positions is the simplest way, as previously discussed. However, for the low income cohort, the costs are still limiting. Some form of subsidy for basic procedures, desexing, vaccination and parasite control would be beneficial. The RSPCA and Animal Welfare League buses are very well patronised when it visits Orange as they provide free basic services. Expanding this service to towns without operating clinics would be beneficial for the preventative consults that can be scheduled. However, these bus's or pop up clinics would need to have vets to run it.

Investigating tax breaks for clinics, vets or businesses that operate into areas identified with a lack of veterinary care may offset the increased costs with running a branch clinic. For example one clinic i know is thinking of opening a branch clinic in a town 90min away that is without a vet, however the driving time/accommodation/ equipment costs of establishing and operating this clinic makes it marginal at best. A small reduction in payroll tax or some other government costs could tip this into a neutral or slightly positive economic decision that would provide great increase in vet services to communities like that one.

Potentially controversial, but loosening the restraints that are currently on government veterinarians to sell some limited drugs in circumstances where there is no private vets servicing an area may also provide some increased animal health and welfare outcomes. However, this needs to be balanced against the desire to have private vets perform this work, and I know many farmers will attempt to use this service to save money, which will further cause a downward spiral in the private vet capability in areas.

(n) any other related matter