Submission No 138

INQUIRY INTO VETERINARY WORKFORCE SHORTAGE IN NEW SOUTH WALES

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Date Received: 21 July 2023

Dear Committee,

I am a small animal veterinarian and have been working in general practice for eight years. When I graduated, it was very much an employer's market with jobs near the city highly sought after, and the mentality was that it was competitive, unless you wanted to practice rurally where jobs were more available. As a Veterinary Director involved in recruitment across multiple sites, I can see it has clearly shifted to being a veterinarian's market – the vets are highly sought after and vacancies can be present for upwards of six months.

The veterinary workforce shortage is a multifaceted problem, but put simply, we face increased demand for our services as our numbers dwindle. The ensuing pressure on those of us remaining contributes to the problem and as an industry we burnout, and so the cycle continues. Consequently we face an industry-wide, international retention problem as vets and nurses leave their dream jobs. The Covid 19 pandemic saw pet ownership skyrocket while international travel bans impacted international vets working in Australia; this was a catalyst without a doubt, but the problems we face in the industry are inherent.

The industry faces a mental health crisis and it is widely known that suicide rates are four times higher than the general public, and the reasons for this have been postulated and discussed. These horrifying statistics mean that nearly all veterinary workers have been affected directly or indirectly. A wider look at the mental health crisis will show that a huge proportion of vets and nurses are living and working with a host of mental health problems, such as anxiety and depression. There are any factors that may contribute; euthanasia, trauma, PTSD, personality traits of those drawn to the profession, poor remuneration, poor work conditions, burnout, compassion or empathy fatigue – the list goes on and is not the same for each individual.

I want to highlight that I believe a huge, and if not the main contributor, to why we are losing veterinarians and nurses is negative interactions with and abuse from pet owners. I also believe that the root cause for client complaints in many situations is financial.

It is abundantly clear that there is a trend toward the humanisation of pets, a strengthening of the human-animal bond and a shift in perspective that pets are part of the family. To many, if not most, pets are considered children. With this relationship in mind, consider that the expectations placed on veterinarians are comparable to that of paediatricians, nurses, family general practitioners, emergency clinicians, surgeons, anaesthetists, dentists and the list goes on. Then consider the actual cost of treatments when a toddler ends up in the emergency room or a child requires a diagnostic investigation because they are unwell and can't say why. Consider the outcomes we expect of our healthcare workers and how they are equipped to get there, because the government subsidises the cost of healthcare and parents are likely unaware of how much everything actually costs. Now consider the situation where a pet parent seeks out a veterinarian to diagnose and treat their dog or cat, and species aside, we need to do the exact same thing. During the consultation we gain a thorough history, examine the pet and depending on the case, may need to recommend blood tests, urine tests, ultrasounds, x-rays, MRIs, CTs or exploratory surgery because we want the same outcome and our clients expect that we perform at the same level as their doctors would, like we are trained to do. Now really consider the emotionally charged interaction that will occur when a veterinarian needs to discuss the costs of diagnostics and treatments to the pet parent, and whether they can afford it or not is the sole determinant of the outcome – not prognosis or statistics.

Veterinary workers; veterinarians, nurses, receptionists and support staff, have to deal directly with the consequences of this interaction. More often than not, it is abuse, emotional blackmail, slander or euthanasia. The expectation is that we fix the animal because we love animals, and the truth is that we want to, but we need a means to do it and the means has a cost. It isn't difficult to imagine that euthanasia takes its toll on veterinary workers, but this toll is circumstantial. Being able to euthanase an animal to prevent further suffering because there is no other treatment left is not the same as euthanasing an animal because treatment for a very treatable condition cannot be afforded. Much of our work is a compromise somewhere in between, where we are forced to make presumptive diagnoses and perform treatment trials because the budget limits a proper workup and sometimes still, we are questioned because diagnoses aren't concrete or ideal outcomes are not met.

The magnitude that primary healthcare hinges on financial discussions between the doctor and client in the consult room is unique to veterinary medicine, and the cumulative effect of

abuse/complaints and the inability for us to consistently practice good medicine because of fiscal constraints impacts our mental health and subsequently the way we practice.

I can generalise and say that in cases where pets are insured or finances are not a limitation, veterinary recommendations are more often pursued and outcomes for the pets, owners and veterinary workers are better. This highlights a potential point of intervention – can pet owners be better supported financially? Can veterinary healthcare be subsidised? Can pet insurance be more affordable and easier to obtain for all socioeconomic classes? How can we remove obstacles that allow pets to be treated properly?

The other side of the coin is that veterinary workers as a group are poorly remunerated in Australia. Firstly, I encourage the committee to look into the cost of veterinary degrees across the major universities in Australia, particularly for full fee-paying students. Consider the length of the degrees and acknowledge that the intensity of this full-time course with mandatory unpaid placement requirements reduces a student's capacity to earn an income (cf the cost of living) and ultimately new veterinarians graduate with a debt they're unlikely to pay off for a long time, if at all. Consider this contextually with the salary for new graduate veterinarians and for the average general practitioner veterinarian.

Secondly, consider the expertise and rigorous training of a veterinarian. The veterinary field is advancing and closely mirrors the medical field, and therefore our industry closely mirrors human healthcare. We have general practitioners, specialist surgeons, medicine specialists, anaesthetists, cardiologists, ophthalmologists, dentists, dermatologists, behaviourists, oncologists, pathologists... and the list goes on. Furthermore, unique to veterinary general practitioners is the breadth of our expertise as we provide multidisciplinary services across multiple species, and given that cost is such a barrier, it is so essential that we can provide these services in a primary care space. It is not uncommon for the same veterinarian who did the initial consultation to perform and interpret bloodwork, take x-rays, perform an abdominal ultrasound and perform abdominal surgery in the same day.

We cannot expect such high-level performance, in the conditions outlined above, for remuneration so far below our human healthcare counterparts. We need a paradigm shift that values veterinary workers; veterinarians and nurses should be appropriately remunerated for the type of work we do, and we should be treated respectfully and without abuse because our goal is to help animals. I propose initiatives that allow veterinary workers to be financially supported, appropriate mandatory increases in the Animal Care and Veterinary Service Award, and initiatives to educate clients to value veterinary workers, the cost of veterinary healthcare and the mental health impacts of interactions between clients and veterinary workers.

Yours sincerely,

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