

Submission  
No 166

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

**Name:** Name suppressed

**Date Received:** 21 July 2023

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Partially  
Confidential

Thank you for the opportunity to make a submission on this important issue. I have been a wildlife carer for the last 16 years and visit veterinary clinics in spring and summer regularly.

I am aware that there is a shortage of veterinarians, vet nurses and many veterinary clinics are closing down due to lack of staff. Veterinary clinics also treat sick and injured wildlife free of charge, something that is unique to a business. Below are my concerns with this current system;

- Most veterinary clinics are not trained to treat native animals.
- Native animals are not assessed immediately and can sit waiting for a veterinarian consultation for days depending on how busy the veterinary clinic is. The Department of Primary Industries and Environment (DPIE) native bird code of practice states "Rescuers must arrange for the native bird to be assessed by a veterinarian or experienced wildlife rehabilitator within 24 hours of rescue to ensure accurate diagnosis and prompt treatment or euthanasia." This delay in first aid and medical treatment causing pain, suffering, and death.
- Veterinary clinics are highly stressful for the native animals that are not use to captivity. Noise, and predators (people, and domestic animals) are in close proximity. The DPIE Cop for Native birds states the first step in treatment is warm, dark, and quiet for the first 30 minutes, something that you cannot do in a veterinary clinic. This risk has the potential to cause death through stress with many native animals, small birds (kingfishes, wrens, swallows) are at considerable risk, due to their high metabolic rate and these birds should never go to a vet in the first instance unless euthanasia is required. A trained and experienced volunteer should make this decision once the native animal has been seen and or stabilised.
- Most veterinary clinics are not able to house native animals separately from domestic animals which is in contravene of OEH rehabilitation of injured and sick protected fauna policy. Veterinary clinics are not equipped with correct housing. Incorrect housing of native animals held in veterinary clinics can cause further injuries such as feather damage resulting in extended stays in rehabilitation or time-consuming feather implantation procedures from qualified veterinarians.
- Many young native birds demand constant feeding e.g., swallows every 1/2hr, noisy miners every hourly, or magpie juvenile every two-hourly feeds. Vet staff do not have time to appropriately feed, nor do they stock correct diets for native animals.
- Native animals who are in shock will need to be monitored and kept warm, dark, and quiet; this is extremely hard to do in a veterinary clinic environment as they are extremely busy, noisy and stressful.
- Native animals have been euthanised by inexperienced veterinarians for injuries that are treatable e.g., air sack injuries, clenched claw syndrome and concussion, or given to rehabilitators with incurable diseases such as beak and feather disease that under the DPIE code of practice require euthanasia.

I would like to see more funding for wildlife hospitals and triage centres. More training for veterinary clinics who are interested in native animals and funding for native wildlife who require veterinary services.

This would take some of the stress from veterinary clinics and provide native animals a better standard of care.