

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

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I write as a Charles Sturt University veterinary graduate, working in rural mixed practice. I have post graduate qualifications in Emergency and Critical Care. I am the President of the ANZCVS Veterinary Practice Small Animal chapter, and Head Examiner for this subject. In my free time, I am heavily involved in Endurance horses as an accredited Endurance and FEI veterinarian. I have been involved in published research papers and clinical treatment guidelines. I am involved in the interview process for Veterinary applicants at Charles Sturt University. I want to preface this by saying that I enjoy my job, and I am in a fortunate position where I fully intend and envisage being able to continue in my chosen profession long into the future. On a good day, this job is immensely gratifying, but exhausting. On a bad day, I might come home emotionally battered, physically injured, or both.

The current veterinary shortage is real and complex. I feel that the problem could be better clarified by asking why we have a dearth of veterinarians going into and staying in private practice, rather than a lack of veterinarians outright. There hasn't been a meteorite selectively taking out vets- just a workplace leaking veterinarians out for a variety of reasons. This problem has only deteriorated over the past decade. Ironically, 15 years ago, there was controversy that the opening of Charles Sturt University would lead to a surplus of veterinarians, and an uncertain career for professionals in this sphere. History has proven this not to be the case. Unrealistic and unsustainable work practices have led to the shortage in my opinion, and the problem lies in retention rather than recruitment. Although I can speak from experience as to where I feel some of the challenges lay, I do not propose to have the solutions.

The world that we live in is ever changing. There is an increasing disconnect between rural and city people. Pet ownership and even animals on hobby farms seem to be expanding since the pandemic began, and the newest of these animal owners may have never owned an animal before. These fledgling relationships come with limited knowledge from the pet owner, decreasing levels of common sense, and an increased level of entitlement. For example, many new pet owners are asking their vet to hone a nutritional plan, perhaps even changing that monthly, and wanting that done for free, via email, at any hour of the day or night. People might take on a small herd of small ruminants, without the knowledge of needing fencing to keep them where you want them, let alone preventative health strategies. The same people also want their veterinarian to clip their pet's nails, because in the boom of -Oodle ownership, dog groomers are booked months in advance of their spontaneous puppy ownership. The same people don't want to be taught how to trim their pet's nails- they expect a beautician to do their pedicures, so why not a veterinarian to look after their pet's toenails? Many people are increasingly seeing pet ownership as a right rather than a responsibility. At the same time, the average new pet owner expects the same level of healthcare that they see their human grandmother receiving, yet are too often unwilling or unable to accept the financial responsibility that comes with a pet. I think there is real merit in the licensing needed to own a reptile legally in NSW, as this means that by and large, my reptile owning clients have a good base level of the husbandry to keep their chosen pet alive.

We are lucky to live in Australia, and fortunate as citizens to enjoy the perks that come with functional Medicare and Pharmaceutical Benefits systems. We have first class human health facilities that are relatively accessible. Medical advances for humans have not had tangible costs associated with them. Pet, horse and livestock owners in Australia have come to expect the same technology to be available to their pets. In many cases, technology is similar and available, including recent oncological and dialysis opportunities using the same pharmaceuticals and equipment as for humans. With modern medicine miracles come modern medical pricetags, yet few animal owners are willing to accept the financial and emotional costs that come with such treatments. Pet insurance products are confusing at best, and misleading at worst, so often animal owners are misguided when it comes to their financial ability to pay for such treatments. Emotional pains are often taken out on veterinary staff, and sometimes this escalates to physical violence too. In no way am I suggesting that pet healthcare should be tax payer subsidised, because as I said in the paragraph above, pet ownership is a responsibility rather than a right.

Long, unpredictable and unsociable work hours, especially for on call and rural veterinarians have pushed many vets out of general practice and rural practice to places where work-life balance are more manageable, such as cities serviced by 24 hour veterinary care. Pets and livestock chose the darndest times to have emergencies, and the Veterinary Board requires veterinary practices to have provisions for after hours care. I have personally spent many years being on call 1:2. This can be excruciating. At times, I have left for work, swag in the car, only to return home literally 36 hours later. Bear in mind that I lived 14 minutes drive from the veterinary clinic- this is hardly an onerous commute. Consider the time pressures of a grown, functional adult living day to day,

week to week, needing to have 'shower' on their daily to-do list. This had real health impacts for me personally. The social impacts are immeasurable. Sure, this was a professional choice, but at an immense personal sacrifice. For my efforts, I am often treated as an emotional punching bag by clients, and indeed I've been hit by a client while attending a 2am emergency appointment.

Television broadcast of shows such as 'Bondi Vet' and 'Supervet' have demonstrated the amazing feats that veterinarians can achieve, but fail to express the price tag on this sort of miracle work. Client expectations have skyrocketed, at the same time of increased costs of living, this creates an emotional tsunami when fronted with the human-animal bond in the face of a medical or surgical emergency. It would be far more realistic if these television shows that benefit from huge viewership could also be educational and demonstrate that this life saving episode of ventilating a tick paralysis patient for days, for example, came at a cost of \$20,000. This might be sobering for animal owners to put into perspective what and how this situation might affect their household.

Somewhere along the way, public perception expects that veterinarians are highly trained professionals, which is indeed true with many years of tertiary education as a minimum. Along with this, somehow the expectation has become that veterinarian's remuneration is commensurate with the years of training and comparable to other health professionals. The remuneration is not what most people would expect compared to the level of training of veterinarians. Public perception also fails to realise the overhead expenses in establishing and maintaining a veterinary practice, full of medical equipment comparable to your (Medicare subsidised) local hospital.

Financially, to encourage more robust regional veterinary workforce participants, I think there is real merit in financial incentives for rural and regional veterinary industry. Veterinarians would benefit from HECS contributions and/or tax incentives for staying in regional areas, and similarly, I believe that veterinary businesses should be subsidised for the disease surveillance opportunity of providing on-farm visits. I am sure that in general, livestock veterinarians would be happy to take the lead from District Veterinarians in sampling as part of this process, for example, monitoring seroprevalence of new and emerging diseases, especially those of zoonotic consequence, such as Japanese Encephalitis and Q fever.

Social media and keyboard warriors have much to answer for when it comes to fuelling disrespect across a range of professions, and the veterinary industry has not been immune to these forces. Marketing of pet food, pet care products, and other 'cures' has no regulation. The abundance of lay people performing dentistry, reproduction, and other services on the fringe of veterinary services does no service to animal welfare, animal owners, disease surveillance, nor the veterinary industry. It is a common pastime through many community message boards to bash veterinarians, and even illegally distribute medications. Keyboard warriors forget that the individual veterinarians that they publically 'name and shame' are real people, and often part of these very same groups online and in person. I've personally had the experience of standing in line at the pharmacist, out of work uniform, living in a small town, while other people in line whinged (inaccurately) about the fees of the life saving surgery that I had personally performed the night prior. There are no ramifications for this sort of misinformation or slander. Indeed, these sorts of communication are poorly monitored, unregulated, and nor are the reprimands any deterrent. Ironically, when it comes to a veterinarian doing the wrong thing, penalties can even mean deregistration from the Veterinary Board, which means the loss of livelihood, as well as professional identity.

The Veterinary Practitioner's Board is the licensing and regulatory office for veterinarians. I feel that the board complaint process places unreasonable demands on veterinarians, and holds veterinarians responsible for any misgivings, irrespective of client finances, equipment availability or veterinary workloads. This process is immensely stressful for veterinarians under investigation by the Veterinary Board. It is laughably easy for a client, or even vexatious colleague in a neighbouring clinic, to make a Veterinary Board complaint, including anonymous complaints. I have had a friend commit suicide upon being told that there was a Vet Board complaint filed against them. I believe, as a minimum, there should be a colleague or qualified counsellor available to support veterinarians going through this arduous, painful complaints process. Similarly, as in the court of law, I believe there should be an overriding sentiment of innocence until proven guilty throughout the complaints process.

I feel that the Veterinary Boards are reactive rather than proactive, especially when it comes to the mental health of its veterinarians. Unsustainable work hours worsens mental health and professional judgement simultaneously- and this means more board complaints and veterinarian investigation rather than a meaningful way to improve work conditions for the veterinarian

involved. Many veterinarians can recount stories where being honest about mental health challenges with the Veterinary Board creates difficult impositions for the veterinarian involved rather than creating meaningful, helpful safeguards. It is no secret that suicide is a health problem plaguing our profession, and this issue worsens the veterinary industry shortages. Veterinarians are clever people with an excellent knowledge of how body systems work, or stop working. Simple precautions to manage the handling of euthanasia solution would be a solid investment in veterinarian health, although so much more is needed to be proactive in maintaining good mental health for veterinary professionals. As a veterinarian working in rural Australia, simple deterrents like having security cameras with the euthanasia solution in a safe, and recording euthanasia solution usage, might help to reduce the relative ease of access to suicide tools, whilst being achievable in even the most socially isolating of veterinary practices, like solo and ambulatory veterinary practices.

There is an ever increasing gap between different areas of the profession. University staff are feeling the effects of funding cuts, meaning that university lecturers are paid less and less, with less resources available for teaching. The collective experience of university staff is on the decline, and understandably, there is a sense of disillusion with the profession which is becoming ingrained in many graduating veterinary students. Student learning has been impacted, and since the changes through COVID, there is a notable decline in the skills and knowledge imparted to veterinary students. This makes integration with the workforce increasingly difficult, and puts more work on employers to get these students and graduates up to speed. Remember, these employers are already tired and overworked.

While on the topic of critique, as medical skills and techniques have advanced, there is even more pressure on veterinary specialists. With the fast paced world that we live in, and expectations of animal owners to have the best opportunities for their animal, general practitioners are utilising specialists more and more. An increasing number of graduates are specialising early in their careers, and may be going as a graduate directly into an internship position on the upward career trajectory. As medical knowledge rapidly advances, there is an increasing gap between what general practitioners and specialists can do. This requires a stronger relationship between these factions, rather than harsher critique between these two parallel professional groups.

On call duties are one of the times that I feel I can have the biggest impact on animal welfare, and the biggest opportunities for making a real difference as a professional. True after hours emergencies are professionally extraordinarily gratifying, and this is why I have undertaken post graduate qualifications in this sphere. However, on call duties come at immense personal sacrifice, and can erode personal relationships, whilst simultaneously being taken advantage of by clients. As an example, in many practices, the veterinarian, having already worked a day's work, then takes the on call phone, before fronting up to work the following day as well. During the course of this on call period, there is the double edged sword of being available for truly life changing emergencies, like major trauma, dystocia and encounters with venomous reptiles. On the contrary, I often finish the on call period with a feeling of being used. I have personally had trivial phone calls, though these times including:

- \* 11pm- "What does it cost to desex my dog?"

- \* Midnight (on Christmas Eve)- "What should I feed my snake? It hasn't eaten for a few months."

- \* 1am - "I was reading on Facebook... there's parvovirus about- can you vaccinate my dog, like, now?"

- \* 5.15am- "What time does the clinic open? I want to make an appointment."

Living in 2023, with Google readily available at the fingertips, you would think this sort of triviality could be better served with some Googling, or even better, wait until business hours. These petty, childish, inconsiderate phone calls contribute to burnout and why so many regional areas have contracting provision of after hours veterinary services.

In the course of these on call duties, it is very reasonable to expect wildlife to be presented for triage, treatment, or euthanasia. Wildlife carers are, by nature, very caring people. For reasons outlined above however, many veterinarians are unable to spread their limited time to detailed wildlife care as well. Wildlife care is typically provided pro bono by veterinarians. All veterinarians that I have ever worked with are happy to help wildlife within their skill set, but again, are widely criticised both within wildlife caring circles, and within social media posts. Indeed, veterinarians are human and doing the best that they can.

The rigours of on call work causes significant social isolation. Both parts of this equation are worsened in the more rural and remote areas of our state. I feel incredibly fortunate that through

university and my professional life, I have been able to cultivate strong personal networks. I truly believe that these relationships have been instrumental in developing my personal resilience and navigating times of professional hardship. I wholeheartedly believe that the veterinary workforce could be strengthened by putting more emphasis on growing these professional relationships. Examples of how this could be achieved includes reducing the barriers for rural and remote veterinarians to engage in continuing professional development conferences, by way of financial incentives, or even shifting conferences to regional areas.

On the contrary, being a veterinarian in regional NSW means that you are firmly entrenched in the fabric of the community. Sometimes this relationship can be seen as too strong. On the regular, I get asked at the supermarket, while I am doing groceries, to make an appointment for 'Fluffy', or get medications organised for 'Spot'. As a more specific example, I found it rather disconcerting to be awaking from anaesthesia myself, in a hospital, wearing nothing but a hospital gown, to be recognised and asked by the nurse about her dog's skin condition. I would find it easier to have more balance in my life if, in my downtime, when I was truly not at work, that clients could respect professional boundaries and leave me with my groceries, or health priorities, as examples.

Imagine turning up to work each day knowing full well that the diseases you diagnose in your patients could also be transmissible to you? This is the reality in human health care settings, but the human medical fields typically have point of care tests at the ready. For large animal veterinarians, zoonotic diseases at the front of mind include potentially fatal diseases- this week's newsworthy example is Hendra Virus. The fact that people want to own horses, care enough about their horse to get a veterinarian to attend when the horse is unwell, yet do not care sufficiently about their veterinarian's health to have their horse Hendra vaccinated is an incongruous thought process. Less dramatic veterinary workplace hazards include Ringworm and respiratory infections. Non-infectious workplace hazards come along too, including animal bites, kicks and other trauma, as well as fatigue related driving accidents from long working hours. Does it still sound fun to 'play with puppies all day'?

One movement touted to help the workforce needs was the qualification of Veterinary Technologists to help void the gaps in the workforce. Indeed, I have worked with many skilled, capable, studious and committed Veterinary Technologists. Unfortunately, however, the cart came before the metaphorical horse, as the NSW universities released the courses before there is meaningful governance of the degree or individuals, so ultimately the responsibility for their actions still falls to the veterinarian in charge. The framework for Restricted Acts of Veterinary Science needs to be updated to recognise and empower Veterinary Technologists to utilise their training and make meaningful, sustainable contributions to the veterinary workforce. Currently, the only winner from Veterinary Technology degrees are the universities themselves.

As I mentioned above, veterinarians are clever people. Upon graduating university, they have an enviable skill set. Problem solving, communication, time management, financial literacy, team work, research, critical evaluation, information gathering and ability to work in a time critical environment are key employment skills that most graduates have mastered upon graduation. Alluding the meagre remuneration of most veterinarians in practice, the cleverer of these people can easily pursue alternate employment in a range of other domains with less of the issues plaguing the profession. It's hard not to consider easier ways to make a living when standing deep in mud, grappling with the innards of a cow, while the weather sleets upon you.

One of the common arguments as to why we are in such a crisis within the professional veterinary workforce is that the profession has become female dominated. As a female, I think this is more complex than the usual rhetoric suggests. I've often heard, around cattle work in particular, that females don't have the strength required: I call that out, as my weight seldom has much impact on what 1000kilograms of bull will or won't do. Blatant sexism is still alive and well- I can recall instances in the past year of turning up to a difficult calving (dystocia) on a Friday afternoon, after hours, on call, only to be told that they don't have female vets visit this farm. After I explained that the next time a male vet could attend would be Monday morning, I was granted permission to treat the cow, and produced the calf uneventfully within minutes due to my training and experience, irrespective of my genitalia. Another farmer, initially unhappy to see a female veterinarian for his sheep woes, told the reception team afterwards, surprised, that she 'knew a lot about sheep, for a girl'. Horse clients carry the same grievances. In 2023, it's probably about time that blatant sexism just stops. I'm yet to reason as to why male or female genitalia has anything much to do with whether or not any jobs within veterinary can or cannot happen.

The reality of spending many, many years yearning to get into veterinary school, then further years and years in university training, is that the biological timing for when our species currently reproduces often overlies times of rapid professional growth. As the cohort of veterinary students, and hence workforce, has shifted to female domination, there is a need for change. I see real opportunities for universities to be more flexible and accommodating for gestating and parental responsibilities. Many veterinary employers need to follow suit- and the real change makers have already stepped up in this regard. Flexible rostering, robust team culture, accessible child care, and appropriate remuneration all feed each other. Veterinary employers, including some practices and government roles, are being rewarded with comparably easier recruitment opportunities and staff retention rates if employees can genuinely manage family and work commitments mutually. In the USA, some professional employers are subsidising fertility treatments to assist employees, although I don't know if this model is truly in the best biological interests of females.

One of the biggest threats to the Australian economy with the current veterinary workforce shortages is the capacity of the industry to be at the front foot in detecting and responding to an Emergency Animal Disease (EAD) outbreak. The current workforce shortages mean that already, there are less veterinarians on farm, consciously and subconsciously undertaking surveillance work for unusual and exotic diseases. Through veterinary school, and indeed throughout continuing professional development, it is well known that every hour of delayed diagnosis of an EAD only dramatically worsens the economic and welfare impact of a potential EAD incursion. A contracted veterinary workforce means that there are reduced opportunities for improving less dramatic animal production key points, including anthelmintic management, and preventative health plans, as examples.

With the current lack of work power within the veterinary industry, I think it is due time to reconsider the utility of giving limited registration to international veterinarians. Skilled immigration for other professional groups has allowed Australia to manage workforce needs with more timeliness than training existing residents. Similarly, there are internationally qualified veterinarians working in non-veterinary roles as they cannot pass the rigorous qualifications to get full registration as a veterinarian in Australia. To give a clearer example, behind the desk at my local service station I found a lovely Middle Eastern man, happy to chat about my day because he misses his veterinary work. In his home country, he was a dairy veterinarian looking after health programs for thousands of cows. Talking to him, my knowledge on dairy cow medicine pales by comparison, and I am positive that he would be an asset within our profession, now, and especially in the event of an Emergency Animal Disease (EAD) outbreak. Most veterinarians, by nature, are diligent workers. I feel that if given the option, many veterinarians would self select for areas of competence if given the choice, rather than fumble along outside of their personal scope of practice. I make no secrets within my team that there are species that I would frankly rather avoid, and I am sure those species benefit too if I give them a wide berth.

It should not require too much creativity to understand the impacts that a lack of veterinary services has on animal welfare. Earlier this year, I travelled to a remote, western NSW rural area without ready veterinary access. Over that weekend, word got around that there were veterinarians in town. One lucky (unlucky) pony had the luxury of assessment and diagnostic tests made possible by veterinary attendance. Differential diagnoses for this pony included diseases of human significance (zoonoses). Whenever we consider impacts on animal health, we should also consider the interrelated impacts on human health and well-being.

This profession has brought me many things. I have a stable income. I have colleagues that have become life long friends. I have opportunities to travel and camp out underneath the stars in my line of work. I have honed some nice surgical skills, which also come in handy for furniture repair and other household chores. I get to experience the full range of human emotions with my clients and colleagues. These are great, wonderful things, and never have I ever come home thinking my work day was dull. However, the challenges that are real and outlined above, I feel contribute to the current and projected veterinary workforce shortages. For many clever people, the problems outlined above are too great for the payoff- financially and lifestyle wise. When high school students come to do placement, it's hard to whole-heartedly encourage teenagers to follow my career path. In 2023, it is time for some big changes.