

Submission
No 181

INQUIRY INTO VETERINARY WORKFORCE SHORTAGE IN NEW SOUTH WALES

Organisation: Cat Protection Society of NSW

Date Received: 21 July 2023

**NSW Legislative Council
Portfolio Committee No. 4 – Regional NSW
Inquiry into the veterinary workforce shortage in New South Wales**

Submission from the Cat Protection Society of NSW

Investment in veterinary health is an investment in human health. The interrelationship between human and non-human animal and environmental health cannot be overstated.

The Covid-19 pandemic clearly illustrated the urgency with which the world needs adopt a One Health/One Welfare framework. The current outbreaks of H5N1 avian influenza have devastated wild birds and domestic poultry and with cases in some mammals (including cats and dogs) there is concern the virus might pose a risk to people or lead to the emergence of new viruses

<https://www.who.int/news/item/12-07-2023-ongoing-avian-influenza-outbreaks-in-animals-pose-risk-to-humans>

Veterinarians are essential health workers and the shortage in the veterinary workforce is a public health issue.

Shortage across the profession

Cat Protection does not directly employ veterinarians, but we work with a network of private veterinary practices, in greater Sydney as well as our regional partners in Bathurst, Lithgow, and Narrabri. In the recent past, two of our partner regional clinics have closed due to the veterinary shortage, and several of our Sydney partners have closed their books to new clients. One of our most hardworking and supportive clinics in western Sydney now has a waiting list of longer than 8 weeks. Others have placed restrictions (such as time/day, procedures) and all tell us that they are stretched beyond capacity.

Kookaburra Veterinary Employment has noted on its website that “of the current 735 open vet vacancies, 131 have been continuously advertised for more than 8 months ... As of 30th April 2023, 52 clinics had been advertising continuously for longer than 2 years without filling their vacancy.” The table accompanying the article shows the average number of weeks jobs are advertised rising from 8 in 2014 to 15 in 2020 to 25 weeks in 2023. Vet nurse job listings have also risen. <http://www.vetsuppliersdirectory.com.au/blog-kookaburra-veterinary-employment/>

Workforce shortages are not unique to Australia. Data from the United States shows an already serious shortage of veterinarians which has become more critical since the pandemic, with a Mars Veterinary Health study estimating the US will be short 15,000 companion animal veterinarians by 2030. This estimate did not account for the increase in companion animal ownership nor working-age vets leaving the profession due to burnout and stress (which will be compounded by the pressures of workforce shortages). <https://www.marsveterinary.com/tackling-the-veterinary-professional-shortage/>

Challenges in maintaining a sustainable workforce

The tuition costs for veterinary degrees are extremely high (c\$100,000) and most vets will not earn commensurately high incomes, leaving them saddled with many years of student debt, and an extremely restricted capacity to save to buy a home or their own practice.

Moreover, the study load is intense (and research has shown DVM students report higher psychological distress than medical students <https://doi.org/10.1111/avj.12845>) which leaves little time for paid work during the six to seven years of the degree/s. Even for those who might have a part-time job, this becomes impossible in their final year when they are out on placements (which are an additional expense in the qualification). The constraint to paid work during study reduces the capacity to start building superannuation, which has lifetime financial consequences.

Cat Protection has a deliberate strategy of employing pre-DVM and DVM students as casual staff, providing them with invaluable experience (and income) but it is not a 'convenient' strategy for us as their needs for time off the roster are frequent. However, we regard this employment strategy (along with supporting student placements) as serving a purpose beyond our own needs.

The wealth requirements to undertake a DVM are a major barrier to diversity and equity. For those who financially struggle to complete the DVM, the struggle continues after graduation. It is unsurprising that many will choose to leave veterinary practice for a less stressful, better paid role. While pay is an issue, significant pay increases in private practice would simply shift the burden of financial stress from one vet to another vet (their employer) as consumer willingness and capacity to pay are limited.

As a starting point, universities must offer more and significant scholarships to improve diversity, equity and inclusion, and the Commonwealth government should do more to subsidise veterinary medicine degrees; they should also provide generous financial incentives (through HECS-HELP) for graduate veterinarians to work in underserved areas, particularly rural, remote, and regional communities.

The services of qualified veterinarians are essential to public health and safety, so it is incumbent on governments to ensure a sustainable veterinary workforce. Zoonoses, antimicrobial resistance, food safety, biosecurity hazards and emerging pathogens are challenges that require preventative, strategic, and coordinated responses. It is not adequate to simply hope that enough people will choose years of forgone income (and the attendant superannuation) and burdensome debt in order to study veterinary science when graduation is followed by (mainly) low to middle incomes and work that is stressful and ethically challenging.

The cooperation to combat health risks at the animal-human-ecosystems interface in the context of One Health between the Food and Agriculture Organization of the United Nations, the World Organisation for Animal Health, the World Health Organisation and the United Nations Environment Programme, is recognition of the critical role of veterinary medicine in human public health. [https://www.who.int/news/item/29-04-2022-quadripartite-memorandum-of-understanding-\(mou\)-signed-for-a-new-era-of-one-health-collaboration](https://www.who.int/news/item/29-04-2022-quadripartite-memorandum-of-understanding-(mou)-signed-for-a-new-era-of-one-health-collaboration)

This recognition needs to be supported by urgent action. Unlike other health workers, there are few opportunities for government employment for veterinarians, leaving this component of public health vulnerable to market forces alone.

All small businesses face challenges, including increasing costs (rent, materials, labour, insurance, utilities) and regulatory requirements; for the veterinary sector there are additional compliance costs and hurdles, from zoning restrictions to registration and hospital licences, record management and medication storage and so on. Some of these costs can be scaled through corporatisation but that has the consequence, in need of profit for shareholders, of cherry-picking profitable service areas while underserved communities are neglected. Supporting vets in private practice will require support and resources to assist generic small business capacity as well as the particularities of veterinary business.

In addition to managing health risks, the veterinary workforce plays a vital role in supporting the positive health and economic benefits of companion animals, working and assistance animals. There is now a wealth of information on the benefits of pet ownership and studies of the human-animal bond continue to reveal the advantages arising from the unique attachment of people to companion animals.

A recent study prepared for The Human Animal Bond Research Institute (HABRI) conservatively estimated “total annual health care cost savings in the US related to pet ownership is now at least \$22.7 billion per year” and that “the evidence of pet ownership health benefits is increasing”. <https://habri.org/pressroom/20230523>

The burn-out and mental health challenges facing the veterinary profession

In addition to the abovementioned financial issues (which are in themselves stressors) veterinary teams face challenges that are specific to the animal care sector. The workforce shortage is compounding the stress, which becomes a vicious cycle as more will leave the workforce due to stress.

A scoping study published in the *Irish Veterinary Journal* (Pohl et al) identified working hours and ethical dilemmas as major sources of stress.

<https://irishvetjournal.biomedcentral.com/articles/10.1186/s13620-022-00220-x>

Research into ethically challenging situations (Quain et al), which can lead to moral stress and distress, showed these increased significantly (from several times a month, to several times a week) with the onset of the Covid-19 pandemic

<https://www.frontiersin.org/articles/10.3389/fvets.2021.647108/full>

Veterinary team members working in companion animal practice were 3.2 times more likely to experience ethically challenging situations than those working in non-clinical roles

<https://www.frontiersin.org/articles/10.3389/fvets.2021.752388/full>

In the *Journal of Internal General Medicine*, Rosen et al explain that “Moral injury occurs when individuals violate or witness violations of deeply held values and beliefs. We argue that a continuum exists between moral distress, moral injury, and burnout. Distinguishing these experiences highlights opportunities for intervention and moral repair, and may thwart progression to burnout.” While this relates to human health clinicians, the parallels are clear.

<https://link.springer.com/article/10.1007/s11606-022-07761-5>

Veterinarians are faced with duties of care to their patients (animals) and obligations to their clients (people). Those interests do not always align; people might not wish to pay for necessary procedures, or they might insist on futile treatment that is antithetical to the welfare of the animal. People might not *have* the money to pay for procedures. Clients can have unrealistic expectations, including of costs, given most Australians have little understanding of the true costs of medicine thanks to Medicare and the PBS. Clients’ unfiltered emotional responses can build up to vicious online campaigns and some clients engage in real life bullying and threats. Demand for service can exceed supply, causing delays, overwork, and stress.

It has been widely reported that the suicide rate among veterinarians is twice as high as that in other health disciplines and four times higher than the general population <https://www.monash.edu/medicine/news/latest/2020-articles/monash-university-report-identifies-occupations-with-greater-risk-of-suicide>

The tragic suicide of 33-year-old veterinarian Sophie Putland in 2021 led to her family and friends establishing Sophie's Legacy, which in May this year launched a campaign, "We're Only Human", to encourage pet owners to be kind and respectful, and to understand the pressures on veterinary staff. <https://www.sophieslegacy.com/>

Cat Protection has always sought to educate pet owners about the true costs of veterinary medicine and the value of establishing a strong and positive relationship with their local vet clinic. We value our vet partners highly and are constantly grateful for their generous support of our work. We do not take that support for granted.

Our model of service is to pay vets in private practice for the veterinary care of our cats and kittens, and costs of referred patients under our welfare programs. In the past year we paid over \$900,000 to vets in private practice. Our capacity to pay for complicated surgeries contributes to increased knowledge and skills (because we have funded what might be rare surgeries) and has on occasion alleviated the financial burden on vets who have responded in times of crisis to pets whose owners would never have been able to afford the care (for example during the 2019-20 bushfires). Arguably these cases also relieved some moral injury. Our model of service supports the regional communities we work in, because we are working with their local vet practices.

Role and challenges affecting veterinary nurses

Achieving vet nurse qualifications is not cheap (about \$30,000) and as with veterinarians, generally vet nurses will earn a low-to-middle income. We support efforts to introduce formal recognition and registration of veterinary nurses, with defined scope of practice and title protection (See Australasian Veterinary Boards Council statement at <https://avbc.asn.au/latest-news/working-together-to-progress-regulation-and-title-protection-for-veterinary-nurses-and-veterinary-technicians/>)

Veterinary nurses, much like practice owners, are frequently required to have proficiency in both clinical and administrative skills, as well as marketing and communications. Small practice teams must multi-skill as they haven't enough staff to specialise. A possible solution is a model of contracted-in specialist veterinary practice administration shared between practices. Vet nursing is a physically demanding role and there is scope to investigate career paths for experienced nurses no longer fit for the physical demands of the role rather than losing them from the veterinary workforce. It would be worth investigating the development of a nationally accredited qualification in veterinary practice administration (there are qualifications for human health services administration).

Challenges facing the veterinary profession in regional, rural and remote NSW and strategies to support

As earlier noted, there is a need for scholarships to improve diversity and equity, and financial incentives for graduate veterinarians to work in underserved areas such as regional, rural, and remote communities in NSW. Government-employed veterinarians (eg biosecurity and animal welfare) could supplement vets in private practice and in particular to meet the demands of after-hours and emergency services.

Further investment is necessary to support established veterinarians in these communities: they are struggling to maintain services. The enormous demands of clinical practice can

impact on administration – if you are one vet serving a vast area, how do you tell your client you can't respond to their emergency because you're doing paperwork? And when vets keep responding to clinical demands, the administration keeps building up, creating more stress and potentially compromising compliance. Innovations in remote working (as in, work from anywhere) must be explored to identify new means of supporting capacity for rural and remote veterinarians. As suggested earlier, there is scope to develop models of contracted-in, specialist veterinary administration, and technology can be used to provide that administrative support remotely.

Vets and lost, stray, homeless companion animals; wildlife; and emergency situations

Cat Protection notes Portfolio Committee No 8 – Customer Service, is inquiring into pounds in NSW. The dearth of pound and companion animal services from councils unreasonably and heavily shifts the burden of lost, stray and homeless cats and dogs onto private veterinary clinics. They are left with the moral hazard of what to do; they are not paid to provide any services (except in the cases of those few clinics who have formal agreements with councils to provide pound services). This issue has been raised by vets with councils for many years. Combined with expectations that veterinarians will provide free care to injured wildlife, it is a significant contributor to moral stress of veterinary teams and imposes a further financial impost on practices.

Funding and strategies need to be made available for each of these categories: all councils should provide adequate pound services and develop animal welfare strategies. Animal welfare charities such as Cat Protection make a significant impact on reducing the incidence of feline homelessness, and we have taken in many cats and kittens 'dumped' at vet clinics, but the entirety of animal welfare cannot be left to charities alone, nor can vets be expected to fill the gaps with unpaid work.

Wildlife protection and care is a whole-of-community responsibility, but currently the burden falls disproportionately on wildlife charities and veterinarians. This is an area requiring discrete and proper consideration, strategy, and funding.

In emergency situations (bushfires, floods) responders are also often residents. During the extreme weather events over the past few years, we have witnessed firefighters saving homes while their own homes burned down, SES volunteers evacuating locals rather than staying home to protect their own properties. Less visible in the news, but just the same, we have seen vets working to protect and save affected animals, at personal and financial cost.

Emergency services now recognise the importance of including animals in preparing for and responding to emergencies <https://www.ses.nsw.gov.au/get-ready-animals/> but we need more coordinated work after the emergency has passed. After the 2019-20 bushfires, Cat Protection supported some veterinarians by paying costs of treating injured cats and paying for boarding of pet cats whose people had lost their homes, but again, events of this scale cannot only be supported by animal charities and private veterinarians.

Impact of the veterinary shortage on animal welfare, including the impact on the economy, members of the public, pounds, shelters, animal agribusiness

The risks to public health and safety, biosecurity and food safety have been noted earlier. Animal health and welfare is at risk without access to preventative and necessary veterinary care. The AVA submission on the discussion paper of the role and functions of an Australian Centre for Disease Control highlights the importance of veterinarians in a coordinated One Health strategy.

<https://www.ava.com.au/member-updates/submissions/ava-submission-on-the-australian-cdc/>

The One Health High Level Expert Panel paper “Prevention of zoonotic spillover” notes the economic benefits of prevention (and acknowledges the ‘prevention paradox’ – that allocating resources to prevent something from happening is politically difficult as the value of prevention is considered ‘invisible’).

<https://www.who.int/publications/m/item/prevention-of-zoonotic-spillover>

Achieving a One Health approach to protecting public and animal health depends on a healthy and sustainable veterinary workforce.

Cat Protection can speak from first-hand experience as to the impact on shelters and members of the public as we are experiencing waiting lists for referral services and closure of clinics to new clients. Our own regular vets are struggling to keep up with demand, confronted not just with a shortage in the veterinary workforce but an increased number of patients due to the pandemic pet boom.

Any delay in desexing cats has profound welfare consequences as kittens as young as 14 weeks can be pregnant; two months is the gestation period for a feline, so the potential for a feline population explosion is now high.

The ABC reported on a cat owner in South Australia being advised of a five month wait for a desexing appointment <https://www.abc.net.au/news/2023-07-07/vet-shortage-delays-mandatory-desexing-of-cats/102562842>

The impact of the veterinary workforce shortage in the USA has already led to the (once unthinkable) decision to rehome undesexed kittens and puppies:
<https://chewonthis.maddiesfund.org/2023/06/petsmart-makes-bold-change-to-spay-neuter-policy/>

As it stands, we are struggling to contain population growth in homeless cats but our efforts which see some 3,000 cats and kittens desexed every year (our shelter cats and referred cats) make an enormous impact on prevention. Delays in desexing will exponentially increase the challenge before us, with growing populations and an increased risk of feline infectious disease due to delayed vaccinations. This will place further ethical and financial burdens on veterinarians and their teams, and on animal charities, and increase moral stress on whole communities.

Current barriers to access

Cost is a barrier to accessing veterinary care for people on low incomes; some of this gap is filled by animal charities like Cat Protection. Some barriers can be perceived: places one might expect to offer affordable vet care can be more expensive than other clinics.

Actual access is also a barrier: time, transport, waiting times (as noted above) and whether there even is a vet serving that community. Cat Protection’s partnership programs with Fairfield City and the City of Sydney councils have worked to address non-cost as well as cost barriers, but of course these programs are limited due to funding constraints. However, they are well-received by the communities and demonstrate a good model of cooperation.

Pet owners need to feel welcome to seek information and assistance with pet care. Cat Protection has produced several resources in languages other than English (including Auslan) <https://catprotection.org.au/community-languages/> and we have a list on our website of vet clinics where languages other than English are spoken <https://catprotection.org.au/vets-where-languages-other-than-english-are-spoken/>

Strategies to support the current workforce, increase the number of vets and to improve access to veterinary care

These matters have been largely referenced in the foregoing and doubtless the Committee will receive many good suggestions through this inquiry.

We reiterate that the veterinary workforce is vital to public human health and welfare and to animal health and welfare. Veterinarians, veterinary nurses and all who work in this field should be highly valued members of our communities. Animals should be valued, respected, and cared for: we would say for their intrinsic worth, but even if one disagrees with this perspective, then for the good of public health, welfare, and wellbeing.

Unfortunately, the status of animals, while improving, is not consistently high and consequently those who care for animals are viewed as working in an unimportant sector. This is reflected in employment, income, the treatment of animal charities versus human health charities, and the expectation that people who work with animals ought to do significant amounts of unpaid work (if they are paid at all).

There is a pressing need for not just the public, but critically, policy and decision-makers, to be educated on and informed by One Health/One Welfare as a strategy to deliver a better future for all.

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