

REPORT ON PROCEEDINGS BEFORE

PORTFOLIO COMMITTEE NO. 4 - REGIONAL NSW

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

CORRECTED

At Macquarie Room, Parliament House, Sydney on Tuesday 29 August 2023

The Committee met at 9:15 am

PRESENT

The Hon. Mark Banasiak (Chair)
Ms Abigail Boyd
The Hon. Greg Donnelly
The Hon. Wes Fang
The Hon. Emma Hurst (Deputy Chair)
The Hon. Sarah Mitchell
The Hon. Cameron Murphy
The Hon. Peter Primrose

* Please note:

[inaudible] is used when audio words cannot be deciphered
[audio malfunction] is used when words are lost due to a technical malfunction
[disorder] is used when members or witnesses speak over one another.

The CHAIR: Welcome to the first hearing of the Portfolio Committee No. 4 - Regional NSW inquiry into the veterinary workforce shortage in New South Wales. The inquiry is examining issues contributing to the growing shortage of veterinarians in New South Wales and the impacts the shortage is having on the provision of veterinary services for animals and their owners, and the welfare of veterinarians and vet nurses. I acknowledge the Gadigal people of the Eora nation, the traditional custodians of the lands on which we are meeting today. I pay my respects to Elders past and present, and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of New South Wales. I also acknowledge and pay my respects to any Aboriginal and Torres Strait Islander people joining us today.

Today we will hear from a number of stakeholders, including veterinarians, pet owners, wildlife carers, animal-welfare organisations and primary producers. While many witnesses will appear in person, some will appear via videoconference today. I thank all witnesses for making the time to give evidence to this important inquiry. Before we commence, I make some brief comments about procedures. Today's hearing is being broadcast live via the Parliament's website. A transcript of today's hearing will be placed on the Committee's website when it becomes available.

In accordance with the broadcasting guidelines, the House has authorised the filming, broadcast and photography of committee proceedings by representatives of media organisations from any position in the room and by any member of the public from any position in the audience. Any person filming or photographing proceedings must take responsibility for the proper use of that material. That is detailed in the broadcasting resolution, a copy of which is available from the secretariat. I note the presence of a documentary filmmaker at today's hearing. If witnesses have any questions about being filmed, please contact the secretariat.

While parliamentary privilege applies to witnesses giving evidence in New South Wales today, it does not apply to what witnesses say outside of their evidence at the hearing. Therefore, I urge witnesses to be careful about comments they may make to the media or to others after they complete their evidence. Committee hearings are not intended to provide a forum for people to make adverse reflections about others under the protection of parliamentary privilege. In that regard, it is important that witnesses focus on the issues raised by the inquiry terms of reference and avoid naming individuals unnecessarily. All witnesses have a right to procedural fairness according to the procedural fairness resolution adopted by the House in 2018. If witnesses are unable to answer a question today and want more time to respond, they can take a question on notice. Written answers to questions taken on notice are to be provided within 21 days. If witnesses wish to hand up documents, they should do so through the committee staff.

To aid the audibility of the hearing today, I remind both committee members and witnesses to speak into the microphones. As we have a number of witnesses in person and via videoconference, it may be helpful to identify who questions are directed to and who is speaking. For those with hearing difficulties who are present in the room today, please note the room is filled with induction loops compatible with hearing aid systems that have tele-coil receivers. Finally, would everyone please turn their mobile phones to silent for the duration of the hearing.

Dr GEORGIA LADMORE, Veterinarian, before the Committee via videoconference, affirmed and examined

Dr ROSEMARY ELLIOTT, President, Sentient, the Veterinary Institute of Animal Ethics, sworn and examined

Mr MUDHER AL-RAHMANI, Practice Manager, Vets for Pets, sworn and examined

Dr SANDRA HODGINS, Senior Veterinarian, Hospital Superintendent and Director, Summer Hill Village Vet, affirmed and examined

Dr DEBBIE NEUTZE, Veterinary Industry Consultant, affirmed and examined

The CHAIR: We now welcome our first witnesses. There is a provision if anyone wants to make a short opening statement. I stress we would like it to be really short so we can get down to asking the witnesses questions. I will start with Dr Neutze.

DEBBIE NEUTZE: It will be very short. Basically I just wanted to say I'm a registered vet in New South Wales, outlined in my submission. So I've advocated for many years and in many roles for a sustainable and strong veterinary profession. Veterinarians protect the health of animals and people. They protect our biosecurity, our economy, our environment, our biodiversity, our wellbeing and our food safety. You just need to look at the footage of any of the New South Wales emergencies that we've seen over the last few years to know that the human-animal bond is strong. It is really important that the work that we do today addresses some of the problems that we're seeing in the veterinary workforce. I leave my submission to talk.

SANDRA HODGINS: I am here as an individual who is a veterinarian, practice owner and supervisor of university veterinary students. I am on the board of Maggie's Rescue. I just wanted to say that I crunched the numbers from my veterinary practice and have provided some data to support the free wildlife work and stray- and rescued-animal work, so that data will be passed around. There are also excerpts from the Companion Animals Act and I've highlighted a number of examples where there are holes in that Act that affect veterinarians.

MUDHER AL-RAHMANI: I joined the industry in Jan 2017. I joined practices consisting of nine vets and I work between 8.30 a.m. to 8.00 p.m. As of today, 29 August, we have only one vet at each practice and working hours are from 8:30 a.m. to 5.00 p.m. if we can keep a vet. However, our client database increased by 40 per cent. That's all led to a great—you know, huge—mental health impact on the current vet that we have in place, and then accordingly that's led to so many business issues. So I'm here to provide my feedback and experience, not from a vet perspective but from being a business manager and a business owner as well.

ROSEMARY ELLIOTT: I have written about a two-minute opening statement but I think in the context I'll just summarise it briefly. I did want to point out on behalf of Sentient that veterinarians are frontline workers and we do play an essential role in society although we're not listed as essential workers. The veterinary profession is still one of the most trusted occupations after nurses and fire and ambulance services. The work of vets is glorified or glamourised—whatever you want to put it—on the TV media, but it's actually a lot of society's dirty work that we perform: euthanasia, necropsies for animal cruelty cases, abattoir work. The day-to-day work is quite grinding.

We all know what some of the pressures are, but one of the most concerning to me is abuse by the public, which is ironical given it's such a highly trusted profession. I think we all know the figures about many vets wanting to leave within five years and 67 per cent of them reporting mental health issues, according to the AVA's veterinary wellness study in the context of work-related factors. Our submission really highlights that this is not just a workforce shortage problem; it is a problem with the wellbeing of veterinary staff. We don't believe that the profession itself should be responsible for all of the solutions. One of the key factors highlighted in our submission is that the predominantly private funding of veterinary services is unsustainable. We've long recognised that proper medical care is a paramount obligation of government by a levy upon the taxpayer, but we don't have that equivalent in veterinary medicine.

We've also long recognised a paramount obligation to protect animal welfare, but there is a glaring discrepancy between the New South Wales Prevention of Cruelty to Animals Act 1979, which makes failure to provide necessary veterinary treatment to an animal an offence, and then on the other hand the financial barriers for many owners and producers in accessing veterinary care. We believe it's unacceptable that the most financially challenged in society should have that distress of not being able to provide treatment to animals they love, only to be offered euthanasia as a solution, which is also a known cause of compassion fatigue in vets. It's very difficult for practices to recoup the full costs of delivering the quality of care demanded by owners and by the regulators, which is exacerbated by all of the pro bono work performed, such as treating wildlife and stray animals. I will leave it at that point because our recommendations are in our submission. Thank you.

The CHAIR: Thank you. Lastly, Dr Georgia Ladmore.

GEORGIA LADMORE: I will summarise as well. My name is Georgia Ladmore. I'm a veterinarian and have been working in regional New South Wales as a vet since graduating. I think this problem can be better defined as a problem retaining veterinarians. This is a social issue, with animal welfare, human health and potential economic impacts for Australia. I think it is prudent to identify that these problems are not unique to New South Wales nor Australia, and veterinarians across the world face similar challenges. Unrealistic and unsustainable work practices are common themes within the veterinary industries.

The way that employers and the Government respond to these problems directly impacts the responses and reactions coming forth. Financial incentives are one way to try to mitigate some of these issues. I hope that the outcomes of this inquiry can help to cement the foundations of the veterinary profession and unite professionals to metaphorically be singing from the same song sheet. A change in culture in workplaces could help to lighten the load across the profession. Similarly, I think that the development of a limited register, especially for international vets, is a plausible way to empower skilled veterinarians that are already living and working within our communities.

The CHAIR: Thank you. We've resolved as a committee to have some free-flow questions rather than have time allocated to each side of the room. I am looking for someone to volunteer to fire off the first one. Ms Hurst?

The Hon. EMMA HURST: I will start by suggesting that anybody that didn't give their full statement is more than welcome to table that statement. That way, if there are parts that we didn't get to hear then the Committee will still be given that. I've got some questions for Dr Rosemary Elliott. You mentioned in your opening statement about that gap between what owners expect in the spectrum of care and what they can actually afford, and how that gap is increasing. How do we go about fixing that issue? What should we be doing as a Parliament in that space?

ROSEMARY ELLIOTT: In our submission we did talk about what veterinarians can be doing at the education level, but let me address your issue with what the Parliament can do about the spectrum of care. I think veterinary medicine has advanced incredibly. Even since I graduated in 2008 there have been so many advances. People expect the best care for their animals. It's interesting that they will often make a comparison with, "So and so in the family had a broken hip and he had arthritis." They know very well what is available to humans. A lot of it is available to animals. At the other end, you've got vets who are trained in the gold standard of practice. So there's an expectation by owners that they will get pretty good treatment, and they're very familiar with the sort of things. They google it all. They look up the websites of specialist services as well.

That's all well and good until it comes to the costing. It's very difficult for vets to give—you give an estimate; you can't give an actual set amount. It's not like buying furniture or something. So you give an estimate, and it may be more expensive, depending on anaesthetic risk or the need for more pain relief, the need for longer hospitalisation et cetera. So the bills can be quite high. I'm not sure what percentage of Australians are covered by pet insurance—maybe a quarter, if that—and it has so many exclusions that it's quite difficult. For instance, it completely excludes anything along a behavioural line, and yet animals can develop anxiety orders just as humans can, and that will not be covered. So a lot of it ends up being out-of-pocket expenses. I guess the problem is that it's very expensive for vets to provide the treatment and then recoup the full cost of those treatments and make a profit, and pay their staff reasonable wages et cetera.

What it all comes down to is there's actually no government assistance. There is no equivalent in New South Wales—or pretty much anywhere—of the human Medicare system. This is a big ask, and people may have varying views about it, but it is an essential profession; it is an essential service. We are a huge population in Australia of pet owners and producers, and yet everybody seems to be struggling, particularly now in this cost-of-living crisis. Some are actually struggling with keeping their pets, let alone getting the veterinary treatment that is required. I don't see any problem with a levy being charged through the taxpayers. Or perhaps with something like what they're proposing, and have passed in legislation, in Victoria, which is an opt-in system where owners pay an annual fee and then they have their Veticare card, and it covers the scheduled fee. They may pay a gap, or they might not pay a gap if they are struggling, like they're on a concession, pension or something like that.

I think we also do need to have public veterinary clinics that are bulk billed. I think this will really help practices to get on with doing the high-quality work that they're doing, and to not have to be constantly pulling it back and pulling it back. I am not criticising symptomatic treatment or palliative care by any means—vets also have a responsibility to learn about the spectrum of care and to find the right balance in terms of expense, invasiveness et cetera. But it's really not fair that so many people are doing really the bare minimum because that's what they can afford, and animals are suffering. In my view this is really not just about a veterinary shortage; it is

about the wellbeing of veterinary staff, and it's about animal welfare. Animals, vets and owners are suffering in this system. I don't think it's sustainable and I don't think it's fair to practice managers.

The Hon. EMMA HURST: Just a follow-up question because there was another part of your submission that talked about cracking down on the breeding of heritable defects. I'm just wondering if you can, first of all, explain what kind of pressure that's putting on the veterinary industry when there's a veterinary shortage, but also whether something like a Veticare system would cover the costs of those sorts of surgeries for dogs that are brachycephalic, for example, or whether there's something else that's needed, like legislation, around the breeding of these animals.

ROSEMARY ELLIOTT: They exist and they are suffering. Certainly, they're probably not covered under pet insurance. I would have to check that. I imagine a lot of them aren't because these are disorders in breathing, skin—you name it. I could spend a long time talking about what happens to a pug or an English bulldog or some cavs. We all know this. But struggling to breathe would be terrifying, and that's one of the worst issues these animals face. I wouldn't want to see them not treated, so I wouldn't have any suggested exclusion. But we strongly need legislation. We don't even have legislation that stops puppy farming, and puppy farmers pick the most popular breeds. People want pugs. They want English bulldogs. They want dogs with brachycephalic features because they look cute, and education is not actually working to stop this demand for these dogs.

I think we do need legislation, but I wouldn't say a simplistic ban on a breed. I think this needs a whole inquiry. I think what this actually needs is an inquiry to look at how we can have legislation that you could actually amend our animal protection Act to say that it is illegal to breed animals knowing that they most likely will have inherited defects. Then you could set up a system whereby these animals, if people want to breed from them, they need to have a veterinary assessment using standardised metrics. If a vet says that this dog cannot be bred from, that dog needs to be desexed and not bred from. What you would end up doing probably is having a small number of these dogs that would then be crossbred, depending on—I mean, if it was bulldogs, you wouldn't have enough left to breed. You may with cavs. I think we need an inquiry and an amendment to legislation because it is actually an act of cruelty, in my view, to breed animals who you know will struggle—and it does have an impact on veterinarians. It's heartbreaking when someone puts a dog on the table who can't breathe and there is not much you can do about it, and they can't afford the surgery. If they can afford the surgery, it doesn't always work.

The Hon. EMMA HURST: You mentioned something about insurance. I notice that one of the submissions we received had suggested mandatory pet insurance for people who have companion animals. I think you mentioned in your opening statement this whole issue around people on lower incomes or, say, retirees and the affordability of having a companion animal to already pay vet fees. Does mandatory pet insurance then make companion animals only for the elite, and is that a problem in itself? I am wondering what your position is on mandatory pet insurance.

ROSEMARY ELLIOTT: Yes, I can see where they're coming from. I don't agree with it. Humans don't have mandatory health insurance. We are supported by the government because presumably we're valued. I feel like there does need to be some government support of the veterinary profession because it's a profession in crisis. Pet insurance becomes more expensive every year that your pet ages. The number of things that it excludes—I don't think it has worked as a solution.

The Hon. SARAH MITCHELL: Thank you all for your submissions and for coming along today. It has been really insightful. Dr Ladmore, can you hear me okay? I am just checking the technology.

GEORGIA LADMORE: Yes.

The Hon. SARAH MITCHELL: Excellent. Firstly, I was interested—but also sorry—to hear about some of your experiences as a female vet. I have no doubt that you could definitely handle anything that you found on farms, so thank you for making the point about that in your submission. With your experience from a rural and regional perspective, you talk about financial incentives that might be available for vets working in the regions, particularly the role that you play, I guess, identifying and surveilling for diseases, many of which we know are becoming increasingly prevalent. You also talked about the potential for things like HECS forgiveness and childcare places for vets in the regions. Could you elaborate on that a little bit more? What do you think would work? What's not being offered that could be? How could that help address some of the challenges, particularly when we know you do have a higher number of female vets in the profession these days? I was after some more info on that.

GEORGIA LADMORE: I think we know that we've got many, many more females entering university and graduating from university. We also know that in the first five years after graduation we've got a huge attrition of veterinarians. Sure, they may be registered, they've still got the same skills and the same training, but perhaps they're not working—or working in a full-time capacity—for a variety of reasons. There is real opportunity for

incentivising the workforce to re-engage by way of HECS forgiveness, has been a popular thought. My challenge with HECS forgiveness as a sole mechanism would be that once such an incentive was finished and the HECS debt was nulled, what motivation remains for experienced vets to stay in rural and regional areas?

I think, especially in the large animal sphere and with the threat of exotic disease incursions, that we really do need experienced vets in rural and regional areas. Although new graduates are wonderful and recent graduates have lots to bring to the table, I don't think that leaving them on their own is a great set-up for animal welfare, for disease surveillance or for professional relationships. To that front, I think that there are real opportunities for vets who are on farms to be doing disease surveillance, whether they are consciously or subconsciously doing that. I know that the number of times when I turn up to a sick cow or a coughing cow and you go, "Well, this could very well realistically be an exotic or emergency animal disease that we are"—[audio malfunction]

The CHAIR: We've just lost you there, Georgia.

The Hon. SARAH MITCHELL: We just lost the audio.

The CHAIR: You have just lost your audio there.

The Hon. SARAH MITCHELL: No, we can't hear you. I'm not sure what's happened there. In the interim, I will ask one more question, which kind of ties in, until Georgia comes back. It picks up on the point that she made in relation to training and early career vets. All of you reference that in your submissions in different ways, and there were some trains of thought along the lines of, "We need more vet places offered." There were concerns about who would be working at the universities to lecture, because you have shortages there. I think there was also a comment around the international students, their placements and what that means in terms of how long they stay. It is a very broad question to any or all of the panel who wishes to answer. In terms of that workforce training piece, where is the most critical gap that you see? What is one thing we could recommend from this Committee that would make a big difference? You have your hand up, Dr Hodgins, so you can go first.

SANDRA HODGINS: I do supervise a lot of vet students from Sydney University. I think that they choose the top students, and they are not necessarily the best students to be vets. You can have a 90 per cent ATAR and still be perfectly capable of completing the degree. All of these people are smart, but we need to choose people who already want to be large animal vets. We don't choose the top people and then make them go there. I think there needs to be some selection criteria. It's a sales industry; you're selling pet care to people. The stress comes when you're recommending the best care, the people don't have the money and they don't see the value. That's when people get stressed and upset and they get that blowback from clients. They don't have an expectation that they're selling these things. They don't have an expectation that they're going to be working after hours. There needs to be some selection processes because these roles need to be filled. If we're not choosing the right people to start with, we're setting ourselves up, as an industry, for failure.

The Hon. SARAH MITCHELL: Any other thoughts on that?

DEBBIE NEUTZE: At the moment, the system is that we have the HECS places, which is most of our domestic students—there are a few paid domestic student places—but one of the problems for universities is that that is underfunded. If you go back to all the higher education reports, it's about \$20,000 a year underfunded for each HECS place, which means that for the universities to be viable—the veterinary schools—they need to be subsidised by other courses. They also bring in international students. Of the international students, it's about 40 per cent who stay for a few years. There is a visa that is available to them to stay. If you've done a course that is over a certain number of years, there is a visa that you can stay for a certain number of years, if you want to. But that's more about funding rather than getting vets for our domestic market. We need to look at how we fund that university course.

At the moment, we are proposing a new veterinary school in Lismore while the ones that we have got are not financially sustainable. We need to be looking at them and ensuring that they are financially stable. Back on the Federal level, we need to lift the rate per HECS student. We should be looking at how those vet schools work. Within the education review, it was highlighted that there was one veterinary school that may close. So just opening another one is not the answer. The answer is looking at the sustainability of veterinary schools. There is also the talk about do you stream? If you stream completely—and I think that is one of the things that the review looked at—then that is going to make it very difficult to have that flexibility of the workforce. Basically, at the moment, if you go out into rural practice, it's not just large animal work. It's small animal work as well. Often, the small animal work is the part that funds a lot of the practice; therefore, you need to be teaching them small animal work as well. If they leave and there's no-one to come back in and we don't have that flexibility, that is going to be an issue.

MUDHER AL-RAHMANI: I have a story about this, especially with the training. I have a vet nurse studying animal science for the last four years. Every year, she has tried to enrol into that DVM course and always gets rejected. Every year, there's a certain excuse. The last excuse was her math mark or math GPA. I do support Dr Sandra. It is not always about how good you are in math. It is not always about how good your GPA is. This student was born on a farm, has worked all her life on a farm and she knows everything about animals, yet she is trying her best to get enrolled but is always unsuccessful. Unfortunately, international students who normally, after graduation, leave back to their home country, take 80 per cent of the chairs available in all the universities across Australia and there's only 20 per cent left for the domestic students. That 20 per cent is given to only the very smart students, according to their GPA or their ATAR. But there are many other people there who are really working for the love of animals but they can't get the opportunity. There must be a certain criteria put in place—not only that number but something else—to have them enrolled into the DVM course.

The Hon. SARAH MITCHELL: So having that balance of academic but also that natural aptitude of wanting—

MUDHER AL-RAHMANI: Yes, because we can guarantee if such a student enrolls and graduates, that student will stay in the industry for 10 years, 20 years or 30 years because they are doing it for the love of the animals. They are not doing it because it's just a profession. So even the mental aspects of the job will be much less compared with other vets who do it because they are just smart and want to be a vet.

Ms ABIGAIL BOYD: Thank you to all of you for your detailed submissions and for taking the time to come here today. I just wanted to pick up on the information you've handed up, Dr Hodgins, in relation to the numbers of wildlife patients that you've seen. You've given us data here that's showing that over the last 15 years you've treated over 8,000 wildlife at a cost of around \$100,000 every single year completely out of your own pocket. Can we delve into that a little bit? I am going to ask you the obvious questions that although I feel I know the answers to are good to get on the record. Why do you do this work for free?

SANDRA HODGINS: I was a wildlife carer before I was a vet and I've always wanted to be a wildlife vet. The industry where you get a paid job in wildlife is so small that I gave it up and became a general vet, but then I found that people knew that I like birds and they just come. Once they know, they will come. It's my passion. It does cause a lot of resentment in my practice because we are seeing so many and I'm not always the one doing it. When I'm not available I have to pay other people to do it, and they get resentful because they see their wages not going up yet I'm making them treat wildlife for two hours a day. It is my passion, but it would be easier if there was some support because our clinic loves wildlife and we are very educated in it. We do get referrals from other clinics that don't do it, so it's a bit unfair.

Ms ABIGAIL BOYD: What would happen if you turned the wildlife away?

SANDRA HODGINS: It's illegal. We'd have to euthanise them. We have to see them. We have to provide first-aid care and pain relief; that's in the law. These animals wouldn't be getting rehabilitated or carers would be doing it themselves. They're passionate and they're not going to give up. They're going to do it as best they can without proper help.

Ms ABIGAIL BOYD: Like you say, it's an obligation and you have to do it under law. Do you get any government fees for that work?

SANDRA HODGINS: No, nothing. Even a break in payroll tax—I've got an extra staffing level to cope with strays and wildlife but I'm paying payroll tax because my staffing levels are higher than your average vet. There are a lot of ways and incentives that don't involve handing out cash.

Ms ABIGAIL BOYD: Can I ask the other witnesses as well? Do you think that this is an unusual situation? We have here one vet clinic spending \$100,000 of free time treating wildlife? Is that similar across the board?

DEBBIE NEUTZE: Most vet practices, over the years, have treated wildlife for free. They'll range in the number of wildlife they do see. There has been recently probably some practices who have decided not to see wildlife. What that means is if something turns up on their doorstep they will still need to treat it because, by law, they need to give first aid or emergency treatment to anything in their presence, which is one of the regulations. They will be seeing those but they'd be euthanising or referring. But in most practices they would be treating wildlife for carers, and that's always been done for free. That is a public good that they do, but I think that is wearing very thin at the moment, with the problems that we've got.

ROSEMARY ELLIOTT: I might add to this, and I agree with all of what you've said. It think it's very widespread. However, there are practices where it's very clear that the practice owner does not want wildlife in the hospital. The best situation there is that people get the wind and don't bring it there and take it elsewhere, but

then that's adding pressure to other practices. I am aware, though, of situations where practices know that it's expected by law, and these animals sit around in a box for ages before anybody looks at them or before anybody euthanises them. That is the bad end of the spectrum. I think all of this comes back to—there's no remuneration for this, there is no support for this and it's a private-practice model. What you're both talking about there is just wonderful work, and it has to be recognised. If someone brings wildlife, they should have an assurance in their minds that the vet is a safe place to take them.

My degree was brilliant, but I don't remember anything about wildlife, other than at a theoretical level, and they are quite different to treat. If you have young vets, they could give the wrong antibiotic to a possum and it will just die. It is actually a very specialised field. So I feel like it needs support at many levels—financial and at the training level—because we don't want these animals to suffer as a result. Lying around in a box in the presence of dogs and cats, which I have seen, is poor welfare.

Ms ABIGAIL BOYD: And with natural disasters, are you seeing an increase? Are there peak periods where you're getting a lot of wildlife in, or is it steady?

SANDRA HODGINS: It's steady for us. We see an upturn in spring. All the chicks are out; we've had baby birds every day. In rural areas with those disasters, they will call out for vets to go and euthanise if we're licensed to dart or shoot, and provide emergency care. My practice couldn't afford to send me in the bushfires. I would have been qualified to do a lot of that work, but that's the general call-out, and that's all done on a voluntary basis. My friend in Wangaratta who can shoot went up to the floods and was able to shoot and/or rescue wildlife. He didn't get paid or remunerated for that.

The Hon. PETER PRIMROSE: I am going to ask the same question to every witness today, and that is, the Australian Veterinary Association, in their submission, has given us 16 recommendations. I am just asking if you could please take those on notice. Any that you strongly agree with or strongly disagree with, could you just let us know? I would be interested in your views on their recommendations. Apropos of a conversation with Ms Boyd, I would be interested particularly in your comments on recommendation 10, and that is:

The NSW Government commits funding to develop and implement a framework that provides regulatory and appropriate financial support to the provision of veterinary services for lost, stray and homeless animals, injured wildlife and during emergency situations provided by all sectors of the profession (charities and the private veterinary sector).

I'm just wondering if anyone has any comments on that.

MUDHER AL-RAHMANI: I can give you an example. One of the city councils that we contracted with three years ago—where we provide desexing, microchipping and vaccination for all the animals at the shelter. Within the three-year contract, we did over 2,000 animals between desexing, vaccination and so on. Once the contract was over, neither us nor any of the veterinary clinics around that pound agreed to sign a contract with that animal shelter. Why? Because there are no vets available. So now, currently, that city council where that animal shelter is—they have to go to different clinics, beg them to desex one animal or two animals—whatever—on the same cost of that clinic.

For example, if the contract says a male cat desexing is \$40 and maybe at other clinics the normal price may be \$150, \$200 or \$250. That city council, they have to pay that amount, \$250 or \$200 or \$150, just to desex one animal. So definitely funding is needed. Currently that shelter has hundreds of animals waiting there with no treatment. They do all their best to vaccinate them, do all their best to microchip. All that goes to the same root cause, that we don't have enough vets to support them. All right? The city council, maybe they don't have enough funds to go to multiple clinics to pay for all those bills. So definitely funding is needed.

The Hon. GREG DONNELLY: Did you have something you wanted to add?

SANDRA HODGINS: Just to give you an idea of the costs, we desex a female dog for our local rescue for about \$280. That will take about an hour of vet time and nurse time. I've worked out from my clinic that my break-even amount per hour in those rooms where a vet is working is \$570 an hour, so every time a vet does a discounted desexing we're literally losing money that we need to make up somewhere else. So private practices can't support this cheap desexing. It's not financially viable. You can do a couple out of the kindness of your heart, but you can't do it in large scales for that amount of money.

The Hon. PETER PRIMROSE: I'm picking up that that might be one recommendation that people are happy with.

SANDRA HODGINS: Absolutely.

The Hon. GREG DONNELLY: I'm not quite sure who might be best able to answer this question, so I will make it an open one. I'm interested in an explanation of the various types of veterinary practices that operate, in terms of the structure of the businesses. I think many of us have seen the programs on the television and, dare

I say, the stereotypes of what we might think are vet practices, but particularly from the very smallest ones through to perhaps what I'll term "corporate" ones and anything in between, is there a way in which I can develop an understanding of the range of the vet practices in New South Wales?

DEBBIE NEUTZE: Certainly I think the AVA could give you statistics of what there is out there. You're right: We have large corporates who are listed companies, who employ multiple vets. They have different structures, if that makes sense. There are some that are very centrally managed. Then there are others that are managed at each practice level, even though they're listed companies. Then you have veterinary practices which are often multiple practices—three practices, four practices owned by a small number of vets or non-vets; they are still private, small businesses with several locations—right through to the one vet out there, although that model is slowly disappearing. There's not that many where there's only one vet in a practice. Usually there's two or three vets in practices.

The Hon. GREG DONNELLY: Are there any franchised vet businesses?

MUDHER AL-RAHMANI: Greencross is franchised.

DEBBIE NEUTZE: Yes. There are several companies that are buying up vet clinics. Some of them will let you keep your own branding. I think it's an economic model where they reach a certain bigness, and then they're palatable to superannuation companies to invest on the stock exchange. It's a model that's built on making money in another way, not a model that's built on serving the profession or clients or animals necessarily.

The Hon. GREG DONNELLY: So this is an evolving situation that we're facing? The point made is that the actual, dare I say, old-school, single vet that you'd find in the suburbs—that they run and, I presume, employs a receptionist and some nurses—that's something which is gradually subsiding.

SANDRA HODGINS: Yes. Also the costs of the equipment are such that you can't service the loans on that equipment. The laboratory suite we have is worth \$40-odd thousand. My ultrasound is \$55,000. One vet working with one nurse cannot pay the mortgages on those equipment purchases. And that's the level of medicine that people expect now.

The Hon. GREG DONNELLY: I'm sure you have read the various other submissions that have been made, including your own, of course. The concerns that are raised, the issues that are raised—is it fair to say that they are manifested across what I'll term the "vet industry" as a whole or are they more poignant in particular parts?

DEBBIE NEUTZE: Yes, they are overall. They are actually a global issue, not just a New South Wales issue—nationally and globally, but there are some areas where there is more need. When you are looking at employing a vet, obviously you need to be attractive to employ a vet. Therefore, the rural areas can be overrepresented in that problem and also some of the outer metropolitan areas, as well, find it more difficult to attract vets.

GEORGIA LADMORE: Am I able to be heard?

The CHAIR: Yes, you are. Do you want to finish off your answer to Ms Mitchell?

GEORGIA LADMORE: Yes, I was just going to interject on the plane of what other veterinary services are there. It is not just veterinarians that are in private practice that are affected. We've also got veterinarians in New South Wales within the Local Land Services and they are doing a lot of the disease surveillance work. We've got vets working within the DPI and other vets working within regulatory areas. The vets that are on TV are not the only vets that exist. Further to that, I don't think that our TV vets are perhaps doing the profession a great service in explaining that we can do all of these amazing medical feats without having any real explanation of what costs may be incurred for a family if they need to have their dog on a ventilator for three days after tick paralysis or if they have broken three legs and they need major surgery. These things are not insurmountable but they are difficult and, for the reasons that the other vets on the panel have explained, these are expensive processes. I think a realisation of what those things involve makes it more realistic in terms of communication going forward.

In relation to the other challenges with females within the workforce, females aren't exactly going anywhere in a hurry, and I don't think the problem is having females. I think females are well and truly able to do the job. I think part of the problem is that the salary of vets is so meagre, in most instances, that it is uncommon for the veterinarian to be the breadwinner in the household. When that dynamic shifts, that makes it very hard for that veterinarian to be working—and that doesn't matter whether they are talking about male veterinarians or female veterinarians. If children are added to the mix, then those children need to either have a childcare place—inevitably there will be sick days as well for those children. When the salaries are so meagre, it is difficult to justify within a household that the veterinarian isn't the one to then do the child-caring responsibilities.

The CHAIR: Dr Neutze, I know you are here as an individual, but you have done some extensive work in the past on various AVA committees. In your mind, how long has this workforce shortage been going on? I know you have been in the industry for 25 years and you have already previously undertaken workforce analysis, and it is obviously a global issue. In your mind, when did the industry first start talking about this workforce shortage?

DEBBIE NEUTZE: With the veterinary world, it takes five to seven years to train a vet, so therefore it takes a while for problems to actually start to become a real issue. We have probably known for the last, I would say, seven to eight years that we are starting to get a shortage out there. Our biggest problem is data. When you look at data that is collected, either by the AVA or the New South Wales vet board, it is very poor, mainly because of the response rates and the ability to collect that data. Even also when we look at the number of animals and our actual market—market forces and things like that—that's very difficult to measure. Therefore, we don't see, sometimes, what's in front of us and what we are going to be facing.

We need to be more clever in producing data so that we can actually look ahead. We can go, "Okay, we are going to churn out a whole lot of new vets for the next several years to fill that gap", and we could do harm and go in the other direction, if that makes sense—we could get an oversupply. What we need to do is have data that actually supports what we are producing. With the vet boards in particular, I think it's really important that they can collect hours worked—so full-time equivalent—and actual clinical practice. It's very important that they can collect that data because I think that's the only place that we are going to get it.

The CHAIR: Sorry to interrupt. I note from your comments that the data that is collected from the practitioners board is probably a little bit misleading in terms of the scope of the problem, given that you can have people purely keeping their registration just because they don't want to lose it and they may and go and practise in a couple of years. They are just holding on but they are not necessarily contributing anything to the workforce.

DEBBIE NEUTZE: That's exactly what I'm talking about. If you are looking at full-time equivalent, it will tell you who is actually working and how many hours they are actually working. It is a problem that we can't address unless we know that. The AVA has previously tried to do workforce studies to look at that. The trouble is that the response rate, when you are looking at voluntary surveys, is very low, so that's very hard to interpret. For the vet boards as well there are specific things that they do ask when we register. The rest is also voluntary. Even when you look at why people leave the profession—so you look at that vet board data—that's not compulsory for you to answer. Therefore those rates of what you are actually seeing are probably pretty low as well. We need to look at that data. We also need to look at our market data as well. At the moment, we don't have animals on our Australian Census. Pet ownership, if that was on the Census, would help us to have a bit of an understanding of what's out there and where they are located.

The CHAIR: Dr Elliott, in your submission you talked about the issue of veterinary nurses who are single mothers, probably getting a single mother pension from the Federal Government, but if they pick up extra shifts then that obviously impacts their single parent allowance. Do you have any data as to what the breaking point is? Is it one shift, two shifts or three shifts that tip them over the edge? Or is this just an anecdotal thing that you have heard?

ROSEMARY ELLIOTT: It's anecdotal from where I was working recently and also from other people who—we all talk about that we have got great nurses but they don't stay. Where are they going? The salary is an issue but I think one of the other problems with the vet nurses is that they are not being used properly. I think we could do a lot more with their training. A lot of vet nurses tell me that they don't even believe that TAFE training is enough. They would like to see a diploma. They are not actually registered, so vets are responsible. If they make a mistake, we are responsible. They need that title and that status and a lot more—in the UK, they are developing vet nurse practitioner rules, and you have vet technicians in the States, so it is a career path. I know a lot of young women who are vet nurses who have decided to leave, despite their love of animals. They love the work but they don't love the job because it doesn't support them as parents and there is no career progression. There are a lot of issues affecting the nurses. I don't have the data you are wanting. It's really anecdotal.

The CHAIR: It would be nice to know where the threshold is that pushes them over so that someone could maybe say to their Federal counterparts, "Move the threshold."

The Hon. WES FANG: My question is for Dr Ladmore. I found your submission fascinating because you give a picture of the training within rural and regional New South Wales and also because the work that you have experienced has been predominantly in those regional areas. I was reading within your submission that you talk about the leakage from the veterinary cohort, as opposed to a lack of veterinarians being in the system. I was wondering if you might be able to provide us with some insights as to where you think these vets are leaving the industry and what they are going to do that's away from veterinary practice.

GEORGIA LADMORE: If I think around my friendship circle, I think about people that have gone to full-time mothering roles for the reasons that I've talked about. I think about people that have gone towards farming. We certainly still need farmers, but there are not the same challenges from the public or from financial pressures. Sure, there are weather challenges and all the like, but it's different. I think about classmates that have gone on to become small business owners in other retail settings or even taking ownership of a pub because it is far easier than going through the rigmarole that is being a vet. Similarly, other classmates that have gone into caring roles for their parents, for the same sorts of reasons.

Vets have a lot of skills; we graduate with lots and lots of skills. Vets that simply don't want to be bailed up by clients or bailed up by employees go on to management roles, educational roles or scientific writing roles because we do graduate with lots of skills and all of these are great options. But it's hard to stay engaged within the profession and want to go to work each day when you don't know whether you are going to be arguing with the innards of a cow while it's sleeting outside, or whether you are going to get punched because someone doesn't like what you've got to say about their cat.

The Hon. WES FANG: It is not necessarily that they are not contributing, they are just contributing in other ways and I guess that's a sign that the people that we are bringing into the veterinary science area are quite broadly skilled and are able to do other things. In relation to part of the other aspects of your submission, I note that you talk about a limited registration idea for international vets and that there might be some benefit in perhaps trying to compensate for that leakage that we are getting into other professions by providing a limited opportunity for overseas trained vets to work in specific areas. Do you think you might be able to provide the Committee a little bit more insight into that idea?

GEORGIA LADMORE: Yes, sure. I think, as Debbie discussed, there are different areas of the world where there is streaming that happens. You might go into university and just do a large animal stream, you might just do a small animal stream, you might be even more specific and just do a dairy stream and look after dairy animals as it is. We have a lot of people in the world that want to live in Australia because it's a great place to live and similarly we have a lot of veterinarians that are registerable in other countries that cannot be registered in Australia without going through some very arduous re-registration requirements, and those re-registration requirements are arduous for good reason. I think a mixed-practice vet that has the full spectrum of skills has a lot of skills and it is not something that is simple; it is not something to be sneezed at.

But I think there is real scope, especially when we are talking about disasters, when we are talking about wildlife and when we are talking about government roles—when we are talking about more specific areas of veterinary work—where we could have a limited register where people that have been a dairy vet in Pakistan, for example, for the last 20 years can continue to do dairy work in Wangaratta. Sure, that's not within New South Wales, but there are still plenty of areas that have very specific needs and there are people in Australia that are able to do the work but not legally registerable. I think there is scope for expanding the current provisions.

The Hon. CAMERON MURPHY: I start by saying thank you for the extraordinary work that you do. I know it is underappreciated. One of the themes that has come through in a great deal of the submissions—particularly it is raised in the submissions from Dr Ladmore and Dr Elliott—is about how punishing the work is and how family unfriendly a lot of the operations in practices are. Just generally to everybody on this panel, are there any specific steps you think practices can take to address that? What can they do to make it more family friendly for vets working in the industry?

SANDRA HODGINS: I'd love to provide more childcare support, but I don't even know how to do that. If I have to stay back and do a surgery I have to get one of my nurses to go and pick up my kids and bring them to the clinic and then I shove them upstairs on the iPad. I don't even know how to get a babysitter at short notice and supply that to my staff. I don't have many staff with children, so it's not a huge problem for me, but there are a lot of other people. If I wasn't the practice owner, I wouldn't be able to stay; I would just say no and not do that. If we could pass on the cost to clients and if that service was available, that would be something that I would look to provide for my staff.

The Hon. CAMERON MURPHY: Do you think it's something that the industry as a whole could do? My professional background is as a barrister. We faced this issue and the way we tackled it is we had the Bar Association, at least in major centres like Sydney, reserve childcare spots so if somebody had to go off to work, there were spots available that you could put your children into at short notice if you had to appear in court. Do you think that's something that the industry as a whole could look at dealing with?

SANDRA HODGINS: I think that would be great. Some of the hours that the vets keep would probably preclude normal childcare situations: Most of them are open until six and the emergencies are often out of hours. But I think that that would definitely be a step in the right direction. Getting coverage at the last minute—there would be lots of vets who I could call, but if they don't have child care they can't come in.

ROSEMARY ELLIOTT: In our submission—and I've never been a practice owner, so I stand to be corrected—we did think about the idea of, if vets are working part-time, rather than working a full day maybe doing two half days. Maybe they are just doing consulting, maybe they are just doing surgery but, say, between 10.00 and 2.00, so that then they are free in the morning and free in the afternoon for the school pick-up and drop-off and that kind of thing. I'm not sure whether that's been trialled anywhere.

MUDHER AL-RAHMANI: With all the current shortage, that's next to impossible sometimes. When you don't have enough staff in your clinic then—again, as I said, working hours for many of those smaller clinics are different. We used to work up to 8.00 p.m., now to 5.00 p.m. If we can't keep a vet—of course, if one of the vets says, "I want to pick up my child from school", we have no option other than letting them go. But tell me about the aggression that comes from the client when they come to the clinic and they don't see a vet, or when they come to the clinic and see only a nurse who can't really do much. Nurses, to be honest, take the majority of people's aggression at the reception desk, because of everything we are discussing here today. We need to look at the root cause of why there is a shortage of vets. When we really tackle that issue, many of those areas will be solved by itself, to be honest. But, again, if you change hours, if you add more resources, at the end, you need vets at the clinic to run those working hours so when someone comes with an injured animal they can be treated.

ROSEMARY ELLIOTT: Yes, you need coverage for that whole period that you are open.

MUDHER AL-RAHMANI: Correct.

The Hon. CAMERON MURPHY: That would be a much more difficult problem in rural and regional areas in order to have those vets available to cover those periods.

ROSEMARY ELLIOTT: Yes, but it's a predominantly female profession now and I don't feel like our practice models have kept up with social changes.

The Hon. CAMERON MURPHY: Are they out of date?

ROSEMARY ELLIOTT: Yes.

GEORGIA LADMORE: I think it's much easier within a large practice to share those sorts of on-call burdens and also make allowances for part-time provisions, because within a larger practice model there is the opportunity for sharing the costs of the ultrasound and X-ray machines and the laboratory equipment that we've talked about, as well as distributing those hours and the on call. The difference for me, personally, in working one in seven on call compared to one in two on call has had a literal impact on my health and wellbeing. So I think there's a real opportunity there, within the practice model changing.

The CHAIR: On that note, I am going to have to call an end to this session. I don't want to, because we are having good conversations, but we do need to get to the next lot of witnesses. Thank you all very much for your time. I don't believe anyone took questions on notice—yes, there was one. The committee secretariat will be in touch. We may come back to you with further questions. Thank you very much for your time today.

(The witnesses withdrew.)

Dr ISAAC GRAHAM, Individual, Associate Veterinarian, before the Committee via videoconference, sworn and examined

Dr ERICA KENNEDY, Owner and Veterinarian, Western Rivers Veterinary Group, sworn and examined

The CHAIR: I welcome our next two witnesses. Would you like to start by making a short opening statement?

ERICA KENNEDY: Yes, it is pretty brief, I think. I am a part owner, with my partner, of Western Rivers Veterinary Group, which is out in Warren and Nyngan, so when we are talking rural, we are out there. I really want to say thank you to all of you for giving up your couple of days to look into this and get a more thorough understanding. We are all very appreciative, so thank you. In my opinion, there are three main areas that are contributing to the shortage of vets in Australia. One is student selection. I think there should be more of a focus on local HECS-supported places, as the previous witnesses have mentioned, as well as—which hasn't been mentioned—mandatory interviewing of potential candidates. I think that will go a long way to selecting people who are really going to thrive when they become vets.

Obviously we've mentioned client expectations. The conduct towards veterinarians that clients unfortunately sometimes show is pretty poor. It's not an easy topic, but I think education in this area is needed. I think this is a really substantial factor in influencing the permanent exodus of veterinarians, particularly from private practice. And thirdly, the after-hours demands in rural and remote Australia, and regional Australia, where clinics are free to stop offering continued care to animals that they've accepted for diagnosis and treatment, or to refuse to provide an after-hours service for emergencies. This puts significant extra strain on veterinarians at other clinics in the area, who are the ones on the phone deciding whether to see the snake bite or a dog that's been run over, at the expense of their fatigue and ability to provide an accepted and required level of service the next morning.

The CHAIR: Dr Graham, did you want to make a short opening statement before we go to questions?

ISAAC GRAHAM: I am a vet in Guyra, in the New England region of New South Wales. I believe that the current vet shortage is a huge issue impacting regional and rural New South Wales and the greater country. There are obviously a lot of parts to this which can't be solved just through State legislation, but I do thank the New South Wales Government for being on the forefront and having this discussion. That's about it.

The CHAIR: We've resolved to have a free flow of questions, so the questions will come from anywhere and everywhere, but whoever asks will introduce themselves, particularly to you, Dr Graham, as you potentially can't see who's asking the first question, which I think comes from Mr Donnelly.

The Hon. GREG DONNELLY: Thank you both for agreeing to appear before the inquiry today at this hearing. Dr Graham, I'm wondering—and, Dr Kennedy, you might jump in as well—if you could outline to the Committee, if you are prepared to do so, the structure of your respective businesses that you are associated with as veterinarians. I think informing us of the business structure, how large you are, your employees and how you all work together would be helpful for the Committee. Perhaps starting with you, Dr Graham.

ISAAC GRAHAM: Our clinic structure is we are a three/four vet clinic, with about a 50-50 per cent workload split between small animals—like cats, dogs and exotics—and predominantly beef cattle and sheep, and a small proportion of horses in that large animal section as well. That's our business structure up here.

ERICA KENNEDY: We've got a mixed practice. Probably 65 per cent is small animals and the rest is mixed. Of our mixed, it's mainly beef cattle and sheep, and horses as well. So we are quite similar to Isaac's clinic. We're just a small business. My partner and I own it. We bought it three years ago, at the age of 30. So we're pretty young practice owners. We have two main clinics. We do all of our after-hours work out of Warren, and then each day, Monday to Thursday, we drive about 80 kilometres to Nyngan. One vet and a nurse drive over to our Nyngan clinic, and we have a nurse permanently over there as well. Then we provide small animal and large animal care out of there.

We also have a vet that's pretty much mobile all day, doing large animal work. That vet usually travels about 2,000 kilometres a week, plus the actual work. So there's a lot of travel. That's probably about it. In terms of vets, there are four of us: my partner Andrew and me, and then we have two associate vets—one who came to us as a new graduate from Charles Sturt uni in Wagga Wagga and another who came to us from a clinic in Dubbo. She was three years out when she moved out to us. That was after it got bought out by a corporate. She decided she needed to get out.

The Hon. GREG DONNELLY: I know my colleagues have lots of questions and they have limited time, but perhaps I could bowl up another question. Dr Graham, this is drawn from your submission. I thought

there were two interesting points. On the first page of the submission, you have points 7 and 8. If I could just read them out, these are quotes from Dr Oliva Liyou—these are concerns:

7. Lay persons directly competing against vets these professions have substantially lower overheads, answer to no disciplinary board and don't undertake the amount of training and debt veterinarians do.
8. People turning to other professions for animal health enquiries.

I'm wondering if you could elucidate on those couple of points, because they are quite interesting ones that I hadn't really been thinking of in the past—work moving into other areas not directly controlled by vets.

ISAAC GRAHAM: For point 7, the biggest profession we see—and I'd say Dr Kennedy would see the same out west—would be lay pregnancy testers, and lay reproductive people also, competing for similar work to what we do. They obviously can potentially offer their services at quite a substantially discounted rate compared to us, because they don't have the overheads of the clinic and whatnot. They're usually just a mobile practice going around. For a clinic like us, our two biggest large-animal jobs/income sources are probably full semen testing and pregnancy testing cattle. If we lost that work to people who can do it cheaper and are possibly—and I use this word probably a bit loosely—more available than we can be sometimes too, that would be a significant chunk of our business gone, and we wouldn't be able to continue with the two/three/four vets we have on every day. That would definitely cripple our business here and I think that would be quite similar to most of the clinics around the regions.

I guess point 8, with the people turning to other professions for animal health inquiries, what sort of sprung to mind for me was feed stores and the like—the rural produce stores—where producers do go to get a lot of animal health support, whether that's worming products, vaccine products and just general animal health inquiries. Those people are quite knowledgeable at those stores, but they do definitely lack the deeper understanding of animals that we do and they do do an awesome job of doing what they do. But we do find it difficult sometimes when they have been there first and then they come to us if something hasn't worked and we do contraindicate or sort of have opposing views to them, it does leave them in a bit of a "Who do I believe?" scenario.

ERICA KENNEDY: It's an interesting point you made, Isaac. I think what also springs to mind, obviously, is lay dentists, so lay horse dentists. Dr Oliver Liyou, who Isaac mentions, is probably quite a wealth of knowledge on this subject. He's a specialist equine dentist. We have a lot of lay dentists who get around and they're not supposed to have access to sedation but it's very well known that they do.

The Hon. GREG DONNELLY: Could you just say that again, please?

ERICA KENNEDY: Lay horse dentists can sometimes have access to sedation—illegally.

The Hon. GREG DONNELLY: Illegally?

ERICA KENNEDY: Yes. They're not supposed to, but they do, and that's obviously a huge welfare issue when they're sedating horses for dentals. But you can't perform—to my knowledge and I'm no specialist—a really thorough dental exam on a horse without sedation, so this is a problem in itself. Probably if you're interested in that, I'd speak to Dr Liyou about it. But that's one that springs to mind in terms of lay people. Then, of course, the rural supply stores. These are the stores where we can buy big bags of dog food and your cattle vaccine and you can go buy your fertiliser and some irrigation fittings for your broken pipes, but these guys sometimes are put in a position where they are making diagnoses, which is an act of veterinary science. So a farmer might come to them and say, "I've got lambs that are doing X, Y, Z" and they'll say, "Oh, it'll be worms. Here, give them this drench." But it may not be. It could be an exotic animal disease for all they know, but they're going to the rural retailer—maybe because of their availability, like Isaac said. But that is an issue and when we're talking about EADs, potentially we could miss one through that.

The Hon. PETER PRIMROSE: Given the short time we have, I am wondering if I could ask if you'd take this on notice—and I'm asking all witnesses. The Australian Veterinary Association in their submission, which is online now, has given us 16 recommendations. I was wondering if I could ask if you would just have a look at those recommendations. If there are ones that you strongly support or strongly disagree with, if you could just come back to us and just let us know why so we have your views on those recommendations as well.

ERICA KENNEDY: Yes.

The CHAIR: I have just one question that you can take on notice as well, particularly you, Ms Kennedy. You talk about those interviews at university when they apply to do the training to be a vet. Perhaps on notice can you come up with some questions that you would like to see asked that would actually tease out those personal attributes that you speak about that make a good vet? And maybe for people who don't have those attributes, what sees them fall down in one or two years—just what you'd like to see being asked.

ERICA KENNEDY: Yes, sure.

The CHAIR: That would be great, and the same with you, Mr Graham. If you have any questions that you'd like to see asked at that level, that would be great.

ISAAC GRAHAM: Too easy.

The Hon. EMMA HURST: Thank you for making the journey to come here today. My question is for Dr Kennedy. You talk in your submission about a financial model where a percentage of a vet student's HECS debt is reduced each year if they're working in a regional-rural area. I'd like to hear you talk more about that. I guess there are two things that we really need to grapple with: How do we encourage or incentivise vets to actually go and work in regional and rural areas—and that's one of those strategies—but how do we also retain them in those areas once that HECS debt is finished? Do you have any suggestions for government incentives to actually keep them in those areas?

ERICA KENNEDY: I guess my opinion—which may be different to other witnesses'—is often once you actually move to a rural area and you're there for five years or 10 years, you've become quite well established. You might not stay in that particular town, but the chances of you staying rurally are quite high, I think. It's more, to my mind, about encouraging and really rewarding them to move regionally or rurally in the first place. I don't have any specific strategy that I've thought of to keep them there, financially wise. Obviously I think there are lots of other contributing issues to the attrition. But specifically financially, after that HECS relief, I'm not sure how that would work.

The Hon. SARAH MITCHELL: Thank you both for coming, virtually and in person, from Warren and Guyra. They are lovely places—almost as good as Gunnedah. That's where I live, so I'm a bit biased, but I'm kind of in the middle of you two geographically. I want to tease out another issue that Greg, my colleague from Labor, asked about—the issue of the other professions, the preg testers and the equine dentists, who might not be qualified but are doing those services. I completely appreciate the impact that it has on your business if you lose the ability to do that. I think you were saying, Isaac, it is a big part of what you do in your practice.

To play devil's advocate, do you think there is a role to play for other people, appropriately regulated, working in the industry to help with that workload balance? I get that your business models are set up in such a way that you wouldn't want the impediment of losing the preg testing or the things that you do. But how could you regulate those people or have them working better so they can help with the workload burden but also not detract from the professional services and skills that you have as fully trained and qualified vets, who have been at uni for years and years? We need to acknowledge that, but is there a balance?

ERICA KENNEDY: I think there probably is, but in terms of an appropriately qualified person—for instance, a farrier—that is an apprenticeship. It's four years to become a farrier, and vets very much respect farriers because they're experts in that field. I think if there was some system like that, where there was well-recognised formal training and there was some accountability when they are making calls—preg testing, for example. They need to be accountable for that. A vet would be, and they need to be. I think without that, there would always be a bit of butting of heads together; there'd be some conflict there. I also think that vets go rurally not just to treat small animals. If we said to a vet student that was looking potentially to come and work for us next year, "Look, we do 98 per cent smallies and we preg test a hatful of cows", they're not going to come out if they want to do that largies work.

The Hon. SARAH MITCHELL: Yes, because part of the appeal is doing the farm work.

ERICA KENNEDY: That's really our bread and butter about getting on farm—that preg testing. If you give that away, you're only getting called every few years, maybe, when they've got an actual disease issue that can't be fixed by the lay preg tester that's been coming out. They would have called them first for advice and for them to make a diagnosis, and then once everything else has failed then they're like, "Oh, well, we'd better call the vet." But, of course, then the vets don't have the experience because they haven't been out on farm. When you're there, you say, "Oh, there's a lame cow down there; let's go and investigate that" or "This bull's got pinkeye; let's treat that"—whereas I worry from an animal-welfare and disease-surveillance perspective, which I'm sure will be discussed over the next couple of days. There's an issue there.

The Hon. SARAH MITCHELL: Did you want to add anything to that, Dr Graham?

ISAAC GRAHAM: Yes, I totally agree with everything Dr Kennedy is saying. What I've noted in my submission was that I think the lay people contribute a lot to the industry, but just to make them accountable for their actions—obviously they have to have some sort of professional indemnity insurance. But taking histories is the same as what we have to do, whether that's also reporting to a central body and having some sort of licence

just to allow people to look them up and say either, "Yes, they have had some sort of formal training" or "Yes, they are at least under a central body that they do practise under that just regulates them."

Going back to a good point that Erica made about the lay dentists, I genuinely don't think they have any position in the industry at all, because you cannot perform a thorough mouth exam on a horse without sedation and sedation should only ever be dispensed or administered by a fully qualified vet—just because of the risks associated with that sedative not only to the animal but also to the bystanders around. If you misadminister the sedation, it can go sideways very quickly and it would be a huge work health and safety issue. Just for the general animal welfare, there are a lot of people out there—I've undertaken postgrad training in equine dentistry through Oliver Liyou.

It is amazing the stuff you do miss without having that adequate sedation and the adequate further training. For that sort of course, it is about six or seven grand to do that postgrad course, so it is a substantial financial burden or financial asset we do take on to do that. But the job we do is far greater than anything lay dentists can do. They don't need any training at all. They can just slap a badge on their car and call themselves an equine dentist. I think in that respect they don't have any part in the industry at all. But lay preg testers and reproductive people can contribute a substantial amount to the industry if they are regulated and accountable for their actions.

The Hon. SARAH MITCHELL: Dr Kennedy, you've been a district vet, I think, with the LLS. You talked in your submission about how there are no government vets in the western division anymore. For the benefit of the Committee, by not having that role—what role would a government vet do? What is the impact on your practice? Do you see a difference without having a government vet? Where is the intersection between you as private vets and a government vet and the risk of not having them?

ERICA KENNEDY: I guess I should preface by saying we actually have a district vet in Nyngan. In our immediate Central West area, we have a government vet.

The Hon. SARAH MITCHELL: Through LLS?

ERICA KENNEDY: Through LLS, yes. District veterinarian is the title given to Local Land Services field veterinarians. But in the western division, which is just west of Nyngan and north to the Queensland border and west to the South Australian border, they don't have any district veterinarians. The one veterinarian who was there, Charlotte—she's actually working in Bourke now in private practice and also at Cobar. She is transitioning between the two. But there are no field veterinarians. The issue is, when someone calls up with a potential notifiable disease—emergency animal disease or just plain notifiable—then for us to go out, it might be eight hours' drive to go there. That's three days out of the week that we then have a vet out. Now, obviously, if it needs to be done, it needs to be done. But that does create some issues, whereas previously, when there were government vets located in Broken Hill and Bourke, they would cover that huge area.

The Hon. SARAH MITCHELL: Do you get contracted to do that by government? Is that how it works?

ERICA KENNEDY: Yes, it's contracted. They just call up and then we send them an invoice and they pay it. But, at the end of the day, we charge our travel out per kilometre and, when you're travelling those big distances, it actually—feasibility-wise, to send a vet when you can only drive so fast and the amount that they could then be generating back at the practice sometimes really doesn't add up. But we obviously do it because we're providing a service and we love what we do. But for those sorts of big contracts where it might be very far out west—a long, long drive—there could be issues, particularly at short notice when we've got many jobs booked in over the next three days and it needs to happen now.

The CHAIR: Can I put a question to you both, on notice, on that layperson thing? Outside of the people offering advice over the counter at the rural supply store, can you give us an exhaustive list of the types of services laypeople are performing? You mentioned the dentistry and you mentioned the preg testers, but are there others that we need to perhaps look at as a committee in terms of how we rope them in and provide some controls and some standards around what they are doing? Perhaps on notice, you can come back on that.

ERICA KENNEDY: Yes, perhaps on notice. I think artificial insemination is another area—in sheep—that might be of interest, but I'm not an expert, so I will have to take that on notice.

The CHAIR: We want to try to capture all of those laypeople.

ERICA KENNEDY: Sure.

The CHAIR: That takes us to the conclusion of your session. Thank you very much for your time. You have taken some questions on notice, so the secretariat will be in touch with you both. Thank you for taking the time out of obviously a very busy career to come and talk to us. It is much appreciated.

(The witnesses withdrew.)

(Short adjournment)

Mrs CAROLINE WINTER, Journalist, Creator of podcast series *Sick As A Dog*, affirmed and examined

Mr GARRY PUTLAND, Founder, Sophie's Legacy, affirmed and examined

Dr JOCELYN BIRCH BAKER, Consultant, Smooth Operating Vets, and Practice Owner, before the Committee via videoconference, affirmed and examined

The CHAIR: Welcome back to the inquiry into the veterinary workforce shortage in New South Wales. We now welcome our next lot of witnesses. Does anyone want to make a short—and I mean short—opening statement? We will then go to some free-flow questions.

CAROLINE WINTER: Firstly, thank you for giving me the opportunity to appear at this inquiry. As a journalist and a dog lover, I've spent the last 18 months immersed in this topic, but, as someone outside the industry, I think I bring a different perspective to the issues that it faces. In creating *Sick As A Dog*, I was very privileged to be able to travel right around the country and speak to a range of people—in excess of 40—from the vet community and near to the vet community in large cities, in small regional areas and in varying sized clinics and operations to get a sense of what they face. And I learnt a lot.

I learnt that vets, first and foremost, love what they do. They signed up to save animals, and they just didn't know that they would be the ones who need saving. I learnt that they're passionate, perfectionist and private people, who have high expectations of themselves and will work a 14-hour day without lunch and without a toilet break, if needed, just to do the right thing by the animals they treat and the clients that they have and also because there is not often someone else to pick up the slack.

But I also heard from too many how they're burnt out, stressed, underpaid and underappreciated. For some, if they had their time again, they would have chosen another career, which I found terribly sad. Shockingly, every vet that I spoke to knew of at least one vet colleague who had taken their life, with that horrible statistic around the suicide rate in the vet community of one vet suicide every 12 weeks but with a realisation that's likely actually to be a lot higher.

These are many of the reasons that vets are leaving the industry, but the issues facing the industry are complex, layered and many and so too will be the solutions. Some are already being put in place across the industry, but there is a lot more that can be done. I think that that comes down to government assistance, industry assistance and also a much greater understanding from the community, from all Australians, because we all rely on vets. Whether you're a pet owner, whether you just love wildlife, you eat meat or you drink lattes, vets are essential to all of our lives.

Some of the recommendations that I sought as part of my podcast—along with the issues, I wanted to find some solutions—came down to those three levels. Government support is sorely lacking across funding and general support and education, whether it be for wildlife vets, who need assistance to do the job that they do to take pressure off everyday vets who are trying to do the job that they do. We need funding for disease surveillance for private vets so that our borders and biosecurity can be kept safe; policy changes to identify the public good that animals have; and some recognition to show that the vet profession is in fact essential and not optional. Finally, in regional and rural areas, we need HECS and debt forgiveness, or some other incentives, where the shortage out there is the most critical and could be addressed by helping young vets to move out that way and fill that shortage.

I think industry and universities still have a long way to go. I spent some time with some university students at all levels of their vet degree, and one, at the time I spoke with her, had dropped out just from the stress and the pressure. So that mental load is starting even earlier. I think there needs to be assistance in transitioning young students into the workforce and a lot more support for those who have just moved into a clinic for the first time. In terms of an industry body, I know you'll be speaking to the AVA, who are doing work around individual businesses and clinics taking responsibility for the mental health of their staff and the support that they can give them internally, as well as finding business efficiencies. I think there's also a massive piece of work, education-wise, for our entire community to understand just what vets do for us. They are providing a whole lot of public good from a very private industry. I will leave it at that. There's a lot more to say, but thank you.

GARRY PUTLAND: Thank you for the opportunity to speak to you today. Sophie's Legacy was established after our daughter, Dr Sophie Putland, tragically died by suicide just under two years ago. In fact, her memorial is Monday next week. Sophie was a highly respected, loved and compassionate vet; the kind of vet you wanted by your side when your pet was seriously ill. But, sadly, the industry finally broke her and she decided to take her life. As Caroline has said—and perhaps as a matter of transparency, Caroline and Sophie's Legacy have been working very closely together. We were part of a story in *Sick As A Dog* and Caroline has been very supportive of the work that we've been doing with Sophie's Legacy.

Our goal is to reduce the suicide rate because we think it's actually a damning statistic for the profession, and I'll tell you why. If you take that suicide rate and you apply it to a larger population—because vets are around about 14,000 to 15,000—say, doctors, you would lose one doctor every two weeks, not every 12 weeks. If you applied that to nurses, you would actually lose two nurses every week. If you took that to the construction industry—which, by the way, does have a high suicide rate—you would lose one person every week. We think that is a very damning statistic. That's why we want to do something about it, largely because Sophie loved her colleagues and I'm sure she'd be supporting us in actually helping them to improve their lives.

Our goal is not to dissuade people from getting into this profession. It is a wonderful profession for those people who like to do it. It is just that it's a pretty tough profession. We want to make changes in that profession, and we think that this needs to be done urgently. The figures that we quote were quoted in 2008. So they are 15 to 20 years old and, as Caroline has pointed out, it is likely that they've got worse, particularly over the period of COVID because the amount of pet ownership in Australia has actually gone from 61 per cent to 69 per cent. In fact, I saw a statistic that said that there are more pets now than actual Australians. This is a significant issue for meeting that demand.

I think the other thing that Caroline has pointed out in her *Sick As A Dog* podcast is that we do actually undervalue what this industry brings to the community. I'll particularly talk about the small animal area, where in fact looking after pets and keeping them healthy means that the mental health of many Australians is improved as well. I think that we actually undervalue that both as governments and industry—and even the community.

We've been running the "We're Only Human" campaign since May. The feedback we've got from the vet community is they've been so appreciative of the fact that we've raised this issue around client abuse. The other thing that has come out to us is that few people know about the challenges out there in the vet industry. We want to make sure that not only do we inform and educate the public about what's going on and ask them to be polite and respectful, but at the same time we want governments and industry to address these key issues that are affecting what is a wonderful profession.

JOCELYN BIRCH BAKER: Thank you very much for inviting me to be here today. The veterinary profession is my life and has been for over 40 years now. I absolutely love it. It's a complicated profession combining empathy, emotions, welfare, legislation, evidence-based scientific data, communication and finances. To me, our priority is—and it should be—our people because when we care for them, they can care for the animals, the people, their peers, the rules and the finances. Working together, we can achieve better outcomes. I thank you all for being here today and bringing your skills, knowledge and abilities to help us within this profession move forward and achieve better outcomes for our people.

The CHAIR: Thank you. The Committee has resolved to have some free-flowing questions. I might start off and see where we go. My question is around the university preparedness. Did you get a sense when you were interviewing the university students that perhaps the universities were selling the degree and not necessarily selling the realities of the career that the degree was attached to? Did you get a sense that students weren't really prepared for the rough and tumble of being a vet, notwithstanding that no-one should be subject to abuse, but just the long hours and the workload? Did you get a sense that universities weren't really selling that part of it when they were bringing people on to do the degree?

CAROLINE WINTER: Thanks for the question. I got a sense that they in theory knew about the demands of the job, absolutely. I think it's something that is actually well covered. Certainly at the University of Adelaide, which is where I sat down with four different students to talk about this, there were conversations around how preparedness in theory had been covered, certainly in more recent years, and support mental health-wise in terms of what to expect. But I did get a sense that the jump from the classroom, so to speak, to the workplace was a rather large one. Depending on what practice you might end up in—and perhaps the culture of that practice or the expectations that existed in that practice—it could be very different from one graduate to the next.

For those who had done some practicals and gone on placement, certainly one of the students I spoke with found it to be quite ethically challenging for her. She took some time out and had some quite serious mental health issues following that. She has continued on in the program and has gone part-time, and I think that that has helped a lot. That is also something I understand hasn't been offered particularly broadly; it's sort of full time or nothing. I think the universities are coming to understand that the reality doesn't match the theory, necessarily.

I did speak with the dean of the campus at the time—he's now stepped back from that role—and there were initial conversations being had with the other universities around Australia around some kind of transition program and what that might look like but, as I understand it, that hasn't gone any further. But I certainly got a feel for the need for something far more stringent to ensure that that transition went smoothly. I did preface this by saying in the podcast that you could say that about any graduate from university, from theory to reality. But,

much like doctors and nurses, we're talking about lives here. They're saving lives. If their confidence isn't there, or the experience as they walk in the door is not a great one from day one, what hope have they got?

The CHAIR: Picking up on what you said about them doing practicals or practicums, I know from my education background that it was mandated. You had to do X amount of weeks in a school. Is it the same case here? You sort of insinuated in your answer that some of them had done practicums. Is it mandated that they have to do it?

CAROLINE WINTER: To be honest, I can't answer that fully and honestly without knowing, particularly at individual universities. I could potentially defer to Garry, whose daughter went through the program there.

GARRY PUTLAND: Sophie did practicums. She would have done two or three practicums during her time. It is interesting. I think she would have discovered the toughness that's required when she would go out into the workforce. But I think that when she got out into the workforce, her experiences of businesses was very different. Having two or three practicums doesn't give you the worldly view of what is actually going on out there from a broader industry perspective. That's the thing that is really challenging here. Many of the vet practices are private and individually owned. Some of them are corporate. There's a vast difference in terms of the experience that you might have. I think this is something that we would like to see addressed. It's something where, for Sophie, it became a cumulative thing over time that actually wore her down. It wasn't just one practice and another; it was over time.

Can I go back to universities? I have been working with Adelaide university because Sophie was in the first year when they started that course. They're very mindful of working with their students around mental health. Believe it or not, mental health actually starts in universities. Many of these students are highly intelligent. They're compassionate, they're perfectionists and they actually do start having mental health issues because the courses are quite challenging. Universities are starting to recognise that. I know that Adelaide uni is starting to recognise what skill sets do we give the students to become resilient and to have the right expectation about what they might get out there? I think that the experience when you go out there is so vastly different that it's a bit hard for the university to do that completely.

The CHAIR: Did Sophie ever come back and have a debrief with her university lecturers about those practicum experiences? A debrief, after experiencing the real world, would be a valuable thing.

GARRY PUTLAND: She did. In one of the practicums, they failed her because she turned up late two days in a row by 20 minutes after having spent the morning working with racehorses and then rushing off to work. Because she was late, she had to repeat that practicum, so she had to do another two weeks. The answer is that I think they do a debrief, but whether that's extensive enough to give them the broad view about what to expect out there is a really good question.

The Hon. CAMERON MURPHY: In your submission, Mr Putland, I think in point two on the second page, you say that one of the steps to easing the vet industry crisis is:

Transparent and consistent fixed pricing and guidelines to alleviate financial shock for pet owners – and curtail overcharging by unscrupulous clinic owners.

I presume that's linked to client abuse where people suddenly get a bill that they're not expecting.

GARRY PUTLAND: Yes.

The Hon. CAMERON MURPHY: I was going to ask what you think could help improve that. Is it following a model that other industries have? I know from my background in law that you have to provide a client with a costs agreement that sets out everything you charge. You then have to provide them with an estimate of the cost and, any time that changes, you have to update them before you do any work about what the likely new estimate is so that they can make a decision about whether to go ahead. Do you know if that is common in the vet industry or whether it should be brought in? What is your view?

GARRY PUTLAND: I've had experience of it in the last two months where one of our dogs was very ill and had to go into emergency and we had exactly what you described. They gave us an estimate and whenever it was changed we were advised on that. I think the big issue around bill shock is that people go, "What do you mean this is going to cost me \$5,000?", when in their experience of human health—where we're subsidising—a lot of the costs tend to be hidden. I think the issue around bill shock is more about the fact that people don't understand that we don't have a subsidy that supports the vet industry, so what you are paying is the true cost of delivering the services. I might just qualify what I said in that dot point. I don't believe there's a large number of clinics out there that are ripping off clients. I think many of them are genuine in what they're actually putting out.

I think what we were trying to say there was how do we set that expectation that when you buy a pet, it could be costly.

The Hon. CAMERON MURPHY: So there should be an education response for pet owners?

GARRY PUTLAND: With Sophie's Legacy, one of the things we're doing is raising that issue to say that when you are buying a pet, you really need to be thinking about putting away up to \$10,000, perhaps, because if you've got no insurance some surgery like that could be as much as that, if not more. You are paying the true cost. Part of this is about how does industry be much more open and transparent about that pricing and then how do we get the expectation of clients to be much more realistic about the true cost of delivering the service?

The Hon. CAMERON MURPHY: But you do think it needs some regulation of industry to make sure they're all doing that?

GARRY PUTLAND: I think that would actually help, yes. But if we have regulation—in fact, we've had some conversations with people to say, "You can't fix prices because that is anti-competitive", but you might be able to regulate the way in which this would be communicated in advance to potential clients.

The CHAIR: I was informed by my colleague that Dr Baker wanted to chime in and give some comments on my questions.

JOCELYN BIRCH BAKER: Thank you. Just talking about vet students coming into clinics, because we do have vet students coming into our clinic. I did have one vet student who had done all her prac—prac is part of their course and they go to various clinics and go to pracs—and she said this was the first time she had actually enjoyed being in a clinic. Obviously the other clinics that she had been to—she didn't fit in and she found it quite stressful, whatever the issues were.

I think we talk a lot about students being practice ready. I think a lot of practices are not student ready. I think there's high expectations of those students when they come in and I think a lot of practices may not be run as efficiently and well organised for students to be able to step in there seamlessly and adapt to the culture that is going on in that clinic. There's a lot of understanding about the culture and that's where you were talking about—I mean, to be 20 minutes late and to be written up and failed I think is ludicrous. If a student is late I just go, "Tell me why. Are you okay?" It's not a write-up issue.

I think we need to start looking at that transition to even the clinics that we are sending our students to to do their prac. They need to be realistic, kind, well-organised clinics. Those are the clinics that the students need to go to for their first job as well. As you were saying before, clinics really need to be well organised and well run, and that's a big issue at the moment when we haven't got enough staff to become well organised and well run. That is what I wanted to say about actually having students come to us. You've got to spend a lot of time with them and mentor them and work with them.

Regarding the estimates thing, we do estimates all the time. We coach our clients all the time as to what's going to happen with their pets, when it's going to happen, how it's going to happen and how much it's costing—they're updated all the time. Even clients with a puppy come and we have a conversation with them about the surgery. If they buy a French bulldog, there are going to be some issues and we talk to them about those issues. It's a big education thing that the vets are doing all the time anyway.

Ms ABIGAIL BOYD: Thank you to all of you for coming along. Obviously mental health is a very complex issue, as you've said, Mr Putland. There's a sort of trying to plug the holes and provide the support when people are falling on hard times and then there are these systemic changes that we might be able to make to stop those stressors in the first place. Throughout so many of these submissions, we have heard of contributing factors to poor mental health, such as moral stress—having to euthanise animals that you don't feel you should have to, or because of money or whatever—compassion fatigue, long hours, poor pay, the impact of HECS debt, financial stress and client abuse. What could we do, if we were to take one urgent thing that you think might make the most difference to helping people's mental health once they enter the profession?

GARRY PUTLAND: It's a complex issue, and to take just one—that's a really interesting question. I think one of the things that you could help out with is getting the workplace culture right. We heard quite a bit about the fact that the workplace culture can be toxic, so I think that's one aspect. I know the AVA are looking at how do you—there are practices out there that actually do really well in looking after their staff. We know it can be done but, systemically, we are hearing that it's not done well by lots of practices. So, you know, that is one area where I think you could do that. Clearly at the moment—and I can't just do one actually.

Ms ABIGAIL BOYD: It is complex.

GARRY PUTLAND: Because we actually surveyed vets after Sophie passed. One of the reasons we did that was that we had seen the wellness survey that AVA had done, but we were very keen to get a voice from younger vets. So 60 per cent of the people who responded to our survey were 35 and under and, actually, 92 per cent were female. That is the other thing that I think we need to take into account here too: We have an increasingly feminised workforce out there that potentially can be threatened by alpha males who might come in and demand things and things like that. But I wanted to come back to things like workplace conditions. One of the things we think that should be done—there is no-one really looking after the individuals within the industry. We know that there is a vet union, but we don't believe that is very strong at all. So where do they go if they're having to negotiate contracts? Where do they go if workplace conditions are not that good? Where do they go if there's a stigma around admitting that you're suffering from mental health?

We heard that a lot from many of the people who responded to our survey—that there is a stigma. And Sophie was probably a classic one there, being the kind of kid that did well at school, a bit embarrassed about the fact that she would have to admit that kind of thing, so she probably didn't. This is the other thing too: We have to be very careful about saying that we want these people to be resilient, and Sophie was definitely trying that, when, in fact, there are a whole lot of pressures within that industry—long hours, workplace conditions and things like that. So the workforce shortage that you tacked in there, maybe that's the number one issue we have to be addressing and finding out how we can get an increase in the number of vets. And one of the issues with that is that the retention rate at the moment is quite low because they're not happy with the conditions they find in the industry.

CAROLINE WINTER: May I add something to what Garry said? I think I came at this from—the mental health piece is right at the centre of it, but it's the pressures around it that, if they can be eased, will make a lot of difference. From my perspective, government genuinely understanding and crowing about the role that vets play in our lives will go a long way. Conversations that I had with my educated friends, with my family, even while I was doing this project—pet owners themselves really didn't have an understanding just what vets do, not just for their animals but for the broader community. So when we talk about wildlife—and I spoke to the amazing Dr Bree Talbot from Byron Bay Wildlife Hospital. I know you will be speaking with them in the hearing. When she worked in clinic, she was doing 14-hour days. At the end of those days, having not had a break and tended to all her clients, someone, rightly so, a good citizen, brought in some wildlife at the end of the day. She took an oath to help to treat animals. Of course, it sat in a box for most of the day, and she got it to at the end of the day. She either had to pay for that, or it was just her free time at the end of a very long day.

How can we assist wildlife vets in doing the job that they need to do? I am aware of the funding that was, unfortunately, revoked recently, to Byron Bay Wildlife Hospital. That was a perfectly good example, where the cost of just those basic treatments for an animal that comes in off the streets is 550 bucks. That's before you do anything major to it. That's one, taking the pressure off there. Regional and rural areas—we talk about what's happening on farm or what's happening when it comes to biosecurity. If we don't have vets out in regions and in our rural areas, they're not incidentally on farms, they're not looking for that risk. We're shooting ourselves in the foot by not actually looking at the ways that we can support them, hence the idea for some sort of incentive to get vets out there. Not to mention that they come out with a huge HECS debt, which they'll barely cover in a lifetime, especially if they're finishing up in the profession after five years, which we're hearing more and more.

The other thing is, of course, natural disasters. Our private vets will jump when we need them to. Bushfires and floods have been ravishing this country for the last few years. The moment that they do that—and, rightly so, they will, for livestock and wildlife—that means that there's no-one to service pet owners and clients in so many of the clinics. In trying to alleviate the mental health issue over here, there's actually a lot of stuff that government, I think, can do, whether it's financially supporting, in an education sense, really just understanding and teaching the community how valued they are, that they're not just a private business, as I said in my podcast, like a laundromat, where you go, "Well, I like your service," or, "I don't like your service. I'm going next door." But that's how it can be seen because it is a private industry. But the public good is just immense and it needs to be valued. Thank you.

The Hon. SARAH MITCHELL: Did you want to offer something, Dr Baker?

JOCELYN BIRCH BAKER: Yes. Can I just add to the original question about the one thing that could be done to reduce the mental health and our workforce shortage? Something we do at High Street is—all of our vets are casual or part-time. They see the ads, and they're all looking for full-time. The full-time issue is the expectations of a vet. The full-time issue is that vets do full-time and then they're expected to stay back and then they're expected to do after-hours as well. Our vets do part-time, casual. They pick their hours, and we fill the roster with what they can and can't do, or what they can do. They all do it after-hours as well because we're in a regional community. If one vet's away or children are ill—because, as you said, it's a feminised industry. We need

to cater for a different type of workforce. Our workforce is women. There is society's expectation that they are the primary carer for the children. That's just how it is.

I see the whole industry has changed because, if you look at—the women in our industry are 97 per cent. If you take into context the vet nurses, the support staff and the vets, 90 per cent of our industry are women and they have to look after the family as well. So it's a different type of workforce. We cannot continue to have the expectations of a previous workforce that worked 24/7 and were available all the time because they had the backup of a family. I think that's a little bit of what's happening. Because, as you said, it's a feminised industry, we have to have different expectations. These women are dropping out of the industry because they just cannot do that 24/7 ongoing, ongoing, ongoing expectations. It didn't work in the past, really, and it's certainly not working now.

That's something that we do up here in a regional community, and it works fine. Our vets—if they look like they're getting burnt out because of life, everything, they're getting unwell, whatever, they actually have time that they can take off and another vet can step in because that vet's only doing part-time. They're not already doing 50 hours a week and haven't got any spare time. They actually have the capacity to fill in for another vet. That's a system that we're using to prevent that mental health and that shortage of vets up here. And we talk about this stuff all the time. I hear you talk about the culture. It's really, really important that veterinary clinics develop this culture of talking about stuff, talking to each other and working collaboratively. I think women and the feminisation of our workforce will really help that as well, because we do have a tendency to work together really well if that's how we choose and are allowed to.

The Hon. SARAH MITCHELL: Thank you all for being here. My question is to Mr Putland to begin with, and then I am happy for the other witnesses to chime in. Firstly, on behalf of the whole Committee, condolences on the loss of Sophie. I think that what you are doing as a dad in terms of her legacy and your advocacy is really admirable. Thank you for being here. You are obviously very passionate about it, and we appreciate that. I want to drill more into the We're Only Human campaign. Mrs Winter, I know you also talked about how we can raise awareness of what vets do. I think the other committee members would agree that a common theme in a lot of the submissions is the lack of respect for the profession, whether it's people not understanding that the vet doesn't have to clip your poodle's toenails through to: You might have worked a 15-hour day and you're slightly delayed because there's an emergency.

Do you think there would be any benefit in some form of government advertising to help get that message across? I'm just thinking about other professions—and again, it may be a poor analogy—where people are reminded not to call 000 unless it's an emergency. Or in trying to get more investment from the community in terms of, "This is what your local vet does that you see, and this is everything they do that you don't see," and how we can try to just get a bit more respect for the profession more broadly. Is there something in that space that we could be looking at? Does that happen anywhere else in the world? Are there things that we could be doing here? Do you have any thoughts on that?

GARRY PUTLAND: Thank you for the question, Sarah. One of the things we have learnt, when we launched "We're Only Human" back in May, we did not realise the enormous support and gratitude that we've got from the vet community, so much so that we have people raising money for us now. We've got a charity event coming up fairly soon that a vet practice decided to put on, on our behalf. They're saying that this is so important that we get this message out to the community about the importance, as Caroline was saying, that this profession brings to our community as a whole. One of the other things we have learnt from the "We're Only Human" campaign, too, is that people in the community were going, "We didn't realise this was a problem."

Part of the "We're Only Human" campaign, and one of the things we wanted to do—I'm going to leave some posters for you guys later on, so I want you to stick them up in Parliament. We actually have a QR code there. The idea behind the QR code was that when clients would come into the clinic and they would scan that, it was the opportunity, we thought, for people to just take that deep breath and just have a view of, "Oh, I didn't realise that mental health was such a problem. I didn't realise that bill shock could actually cause—I didn't realise they do have tough days." It's the highs and lows. And then the last step is to say, "And we're going to advocate for this industry." We have just ticked over 5,000 people who have completed that process.

What we are really trying to do in this is really broaden knowledge out and make sure the vet community feel like they're valued, and I can tell you it's worked beautifully. And I will say this: When we first started this with my son—I have got two sons—we actually trialled this QR code with clinics and they said, "Nuh, it ain't going to work." So we got some professional marketing people to come in and change the messaging around so it's a much more positive message. I love that concept: We're only human, so when you're in the clinic don't forget that we're people too. Think twice about actually being polite and respectful.

Has this been done anywhere else in the world? Let me tell you, we've had Canada, the US and Switzerland saying, "Bring it over here," because I don't think this has been done anywhere else in the world.

Perhaps the last thing I will say is that the South Australian Government has been very supportive, and in fact has funded us to actually get a broader reach. Yes, we would love governments to support what we've already done because we think it has been very successful and we're going to continue. In fact, we've got a second part of our campaign. Caroline and I were talking about it this morning. We might delay that because the "We're Only Human" part has been so successful and we don't want to confuse the message.

The Hon. SARAH MITCHELL: Does anyone else want to add anything?

CAROLINE WINTER: Yes, just to add something short on the back of that, I guess that for me the reality is that we rely on animals for comfort, for food, for export and for our tourism. We even celebrate them on our Commonwealth coat of arms. I think that it's actually, dare I say, incumbent on all levels of government to step in at this point. I know that this is predominantly a private industry, but I think we've got to a point where people are dying and it's really sick and it needs some help. I do think that there's a role for governments to now play, in whatever capacity. I think that the education piece is a really valuable one, and one that can be done probably fairly simply and quite effectively.

As I said before, I think there's also a role—whether it's incentivisation for vets to get out to the regions or support financially in the mental health space. But I really think this one is a bit of a no-brainer, in terms of what it is that we ask of our animals. They don't survive in a vacuum. Who is it that is there for them when they are sick or injured? Once upon a time—I was only reflecting on this recently—you would think of wildlife warriors as these people who hug trees and join The Greens and whatever else but that's just not the reality; the reality is that animals are really important to our survival and hence vets are too. I think that there's a big role for governments.

GARRY PUTLAND: Chair, can I just ask for your indulgence? Very quickly, in response to Sarah's question, I've got some feedback from people about our campaign.

The Hon. SARAH MITCHELL: That would be great.

GARRY PUTLAND: This one says, "Can't thank you enough for bringing to light this important issue. Like every vet, I've experienced client abuse that led me to question why I chose this profession." Another one says, "I'm not sure if it's the posters, but we seem to be getting less abuse from clients. I spoke to a couple of young vets at Rose Park the other day and they both raved about Sophie's Legacy in the podcast that Caroline did. You could paraphrase what they said, 'I can truly tell the difference that Sophie's Legacy is making. People are being kind and we are getting lots of chocolates.'" So if we get that, that might be a good sign of what we do. I have some others. "Thank you very much for what you do. I myself am a vet and I have survived a suicide attempt some years back. I came across your site today and it deeply touched my heart. Greetings from Switzerland." We are getting lots of those.

The Hon. SARAH MITCHELL: Can I pick up the point—and, Dr Baker, you might want to chime in here too—about that workplace culture? You mentioned what you do in your practice to ensure that people are talking and I know that there was mention in your submission, Mr Putland, about a red tick or how do you identify good workplace practice—as we sit here in Parliament. We are pretty good these days. How do you identify the gold standard of what that looks like? How do you have other vet communities wanting to pick up the same kind of culture that you obviously have in your practice? How do you identify it and how do you spread what good workplace culture looks like in a way that people will take on board?

JOCELYN BIRCH BAKER: That is something I am finding really hard, actually. Like you are saying, you talk to the younger vets who are working for clinics and they are struggling. It seems to be put back onto them to fix it—become resilient, sort it out, go and do a wellness program, go and do this and do that. I really feel that it is up to the practice owners and the practice managers to actually step up and do what they say they are going to do. If they say, "You're on call one weekend in four," then you're one weekend in four. I heard Mr Butler or Mrs Butler say that Sophie was told she was one weekend in four and she was working full weekends. They don't have anywhere to go to and say, "The agreement that we made isn't working."

I've had vets that have come to work with me and have been to clinics that just treated them not well. It is, I think, for the practices to start stepping up and organising themselves, running a better business and developing good cultures. At Smooth Operating Vets we are trying to do that. We are trying to say, "Hey, look, we only have casual and we only have part-time vets here," and it works a treat. You can do it. Yes, it's a bit of fiddling around with the roster. Yes, it's more communication. Communication is great. Listen to your people, see what they want and work with it.

The old expectations are out; they're just not working. You just can't work, as you are saying, 14 hours and not make mistakes, which runs over and then you get more stressed because did you make a mistake? Did you not put that dog on fluids? Did you put the right stuff in the bag? I've been a vet wondering if I've done the

right thing and had to go back to the clinic to check. It's a very stressful job if you're tired and burnt out and worried all the time. If you can step back and do the hours that you could do really, really well, it's such a beautiful and wonderful job. I really think it's up to veterinary clinics also to lift their game and become well-run clinics and think about the people that they're working with as people who can do lots of different things.

I delegate so much. I delegate the financials to someone. I delegate the rosters, the business plan, the clinical stuff. I've only got a small clinic, but I've got a clinical director and a business manager. Get them to do the stuff that they're really good at so I'm not stressed, and if they need an extra vet they just call me in and I can do a bit. I am sort of lost on the question again, but it just needs to be run better. Vets become vets and then they go and buy a business, and they're not trained how to run the business and they're not trained in HR and they're not trained in how to look after people. But they can learn that, and they really need to learn that, and we really need to learn that now urgently. You need to learn to look after your people so that they will stay there.

I've heard vets who go onto—what do we call it now?—parental leave, not maternity leave. They go on leave, have their children, want to come back, and they want to come back part-time and the owners goes, "No, full-time or nothing." That's just ridiculous, especially in the rural and regional areas. What's going through their head? I really think that businesses need to look at what they are doing to get and retain our staff as well. I don't see a lot written by them saying, "Oh, what are we going to do to fix this problem?" I think there's a little gap in our profession there. They put out the wellness things—tick this off; it will be okay—but something should be done before our team needs to be on a mental health plan. I would be very upset if my staff needed a mental health plan. I would hope one of us would be stepping in there to look after them before they got there.

The Hon. WES FANG: Thank you for that answer. That almost perfectly segues into the question that I was going to ask. We train vets really well around anatomy, medicine and all the things they need to do to be a perfect vet, except a lot of them end up with a veterinary practice or in business of some sort. Is it the case that we are not perhaps setting up newly graduated vets to fully appreciate the skills that are needed to run a veterinary practice—particularly in rural and regional areas, where they might be the only person—and all that that aspect of it requires? Do we need to give them more skills and better training in order to relieve a lot of that pressure?

I know, for example, if you are a doctor and you go and hang your shingle up somewhere, you effectively become a doctor and a business manager, and the AMA or the colleges might actually provide some of the assistance to provide the background to set up a business. Do veterinary associations provide the same assistance? Is there somebody that a vet can go to? Do we make that well known? Mr Putland, do you feel like there were additional pressures, not just the aspects that you have spoken about, but the other life pressures that come with being a vet that might have placed undue pressure on the vets that you have spoken to throughout your consultation and experience with Sophie's Legacy? I will start with Dr Birch Baker, then move to the panellists in the room.

JOCELYN BIRCH BAKER: I think we are finding many of our students are coming from the urban areas. We do have Townsville up here in Queensland, and I think you guys have got Wagga down there, picking up a lot of our rural and regional students. Because coming out into a rural or regional area is actually quite a different culture to running or being in a practice in a city area. There is a bit of a culture gap there, so there could be some input. I think doing prac work is really, really essential and I think there should be extended prac work—go out there for three months, meet a bunch of people, live the life, see how you like it. I think that would be very helpful and that would be a way of learning to live out in those communities and be a part of it and the wonderfulness of it, not be thrown out there for two weeks and go, "This is scary." I think that's really important.

I think the prac work that we do with clinics is really, really important, so that you can get a feel of the culture of the clinic, how the filling out gets done, why it gets done and understand the business side of it as much as you can, because you're still learning all that "I need to hold this animal. I need to get a vein. I need to spay this dog—like, it's right here—I need to find all the bits and get them out." So there is a lot going on in a student's mind and I don't think that's the right time to teach the business.

If a person buys a business or starts up a business, it's their duty to go and find out how to run that. There are some private companies that will help you with that. But I would dearly love to see a university or an official sort of a course for people to go to and that would involve leadership, HR, all sorts of things to actually train them and say, "Look, if you're going to take this step, you need to know this as well. Running a business is different to spaying a dog. Spaying a dog is great. You will have to do that as well, probably. But, running a business, you've got to look at your HR, you've got to organise your people—and people are very interesting. You're going to rely on them to do what you used to do." So, yes, I would love to see some sort of proper course for people to come back to do when they go into business, to look after the next step. It's a whole different ball game. I struggled with it, I can tell you, when I first bought the business. It was really scary. I made some mistakes, learnt from them, read as much as I could, do any course I can to learn how to work with people. And then they can do the things that I can't do so well.

The Hon. WES FANG: Thank you. Mr Putland, do you have any feedback on those other pressures, like business, that impact on vets?

GARRY PUTLAND: Do you mind if I actually answer the first question, which is really about what skill sets we can give young vets coming out, because I think that's a really interesting question. In fact, I was asked to speak to the graduates from the Adelaide university last year. My message to them was to be agents of change in the industry. Now, that's very easy for me to say—an old fella in an industry—but I really was actually saying to them, "Don't accept some of the things you might find out there, and be prepared to stand up," because we want them to eventually be the leaders in this field. But they won't be for some time, so there does need to be work done on the existing leadership—people who own businesses.

I think, as Dr Birch Baker was saying, this is something that, again, is complex. I mean, managing people and building cultures is very different to, as we were saying, spaying a dog. So I think there does need to be some work around "How do we actually manage that?" There are a lot of corporates that are coming into the industry as well at the moment. Corporates have great HR and things like that. My slight concern about that is that, in a corporate setting, how well the culture might actually be developed does depend on who your manager is. So let's not assume that the corporates will actually solve the problem. They'll try, but they may not be able to do it consistently.

You asked a question about other pressures that Sophie found. Again, I think what Sophie found—I mean, let me just say, Sophie loved being a vet, absolutely adored it. But what she found really difficult was the long hours and, in fact, some of the most difficult timings. I remember one time she was working from 10 o'clock at night until about four or five in the morning on a short shift. I don't know why. She found that that impacted on things like her social life. For someone who was single, you know, she was dedicated to being a vet but she found that she really did have little time for developing a social life because her life was largely, in terms of being a vet, at the time when her friends were actually having a social life. So I think that was another thing.

Sophie, a year before she passed away, actually did say to me, "Dad, I'm going to do a leadership course because I can see that, in many of the practices I've been, the leadership is not good." She found that pressure of having to go into places where the culture was not good, trust was not good, there was some bullying, there were some unethical practices that were going on—she found those difficult to cope with. Again, I think the whole notion about how we develop a culture that supports our vets and vet staff to flourish is actually something we really need to have a close look at.

The Hon. EMMA HURST: First of all, I also want to say thank you, Mr Putland, for your submission. It was extremely helpful. Thank you for being brave enough to come here to share your story with us. I am really sorry for your loss.

GARRY PUTLAND: Thank you.

The Hon. EMMA HURST: Obviously the mental health of vets is a major concern, and it's come through a lot in the submissions to this inquiry. Previously, I have spoken to Ministers who are responsible in this area around suicide prevention, around the prevention programs and the funding that is going in from government around prevention programs. While there are some programs going forward, none of them are directed at vets, despite the fact that vets have one of the highest suicide rates of any profession. Do you think there needs to be work done from the Government to ensure that some of these programs are actually directed at vets or are vet specific, to make sure that, given it is an area where there is such a high suicide rate, there is some sort of targeting to that profession?

GARRY PUTLAND: The simple answer is yes. I think the fact that we now know that this is one of the professions that has the highest rate of suicide, I am surprised that it's actually—and I'm not saying it's being ignored; it's just that people are not responding to that. In fact, Cam, who's in Caroline's second episode, he's a vet in WA. He said, "The problem at the moment is that when someone dies"—and he had two people he knew die very close—"it was kind of like we'd go to their funeral, we'd say thoughts and prayers, and then we'd just go on with what we're doing. Nothing gets changed."

I think what's really important about where we direct funding at the moment is—there is a reasonable amount of funds going towards supporting people who have poor mental health and are trying to get help. It's the preventative side of things. How do we stop vets getting to the point where they go, "My only option is I'm going to get out of this world"? I think that's really important for us to start thinking about—the preventative side. That's why we chose the education campaign, because, in a survey, what vets said contributed significantly to their poor mental health was client abuse and unrealistic expectations by clients. That's why we targeted that first. In fact, we asked people what would you do with the money that we'd raised to that point, and they said, "Do a national education campaign," and that's what we did.

The Hon. EMMA HURST: I think, Mrs Winter, you also talked about easing pressures on vets, to be able to help in this space. One thing we've heard a lot about through the submissions is that difficulty with people being unable to afford veterinary care and the expectation that people have, particularly because we've got things like Medicare in place, so people have cheaper human health care and they expect the same for animals. One suggestion that has come through in a lot of the submissions is government funding and support, particularly, I suppose, for people on lower incomes, people who might be retirees, they might have a pensioner card—things like that.

That also goes back to something you said, Mr Putland, about people having the expectation that they need probably \$10,000 in the bank ready to have an animal. Then, of course, the other side of that is that obviously having a companion animal has major mental health benefits, particularly for pensioners and other people who may not necessarily have that money backup. Do you think that a system whereby people who were, say, on a pension card were able to access some kind of funding or support—so that didn't put the pressure on the vets and vets could actually reclaim those costs for certain lower income earners—would that be part of a mental health benefit for vets as well?

CAROLINE WINTER: To me?

The Hon. EMMA HURST: Yes. To both of you, please.

CAROLINE WINTER: It's a great question, and the simple answer from me is yes. I don't know that I'm convinced we need a Medicare-style system for pets across the board, but as you rightly point out, and certainly post-pandemic, we have so many more pets that are companion animals, that are for people in lower socio-economic situations and that are for comfort. There is the idea that, in some cases, their pet is the thing that keeps them going, that keeps them getting up in the morning, that keeps them moving physically and that gives them something to care for and look forward to. I think that those benefits can't be underestimated. While I wouldn't expect that a government would suddenly pour money into subsidising costs for all of us, I think that there's certainly a role to play for people on a pension, in those sorts of circumstances.

I do also think, though, that it is very much up to individuals to be reminded that owning an animal is a privilege, not a right. That does go back to education, and it may start in schools. I understand Victoria had a program in their schools around, when you get a pet, what this means, how you should take care of them and the commitment that goes with that, financial, emotional and physical. It should start at that point. When my husband and I got our dog, we sat down and had a conversation: "Do we want to get pet insurance or can we afford to put some money away should something happen?" While I was making this podcast, my dog got hit by a car. He was up for \$6,000 for basically a knee reconstruction—a TPLO. We didn't have pet insurance, but we'd had that conversation. So I felt like I was being a responsible pet owner in at least having that conversation.

The pet insurance part of it is for those perhaps not being able to take advantage of some kind of subsidy. There's a conversation that needs to be had. Pet insurance in this country has one of the lowest take-ups across the world. It's a conversation that's difficult for vets to have. We saw only recently in the news that, depending on the policy, it can cover some things but not other things. It's harder than figuring out what health insurance to pay for for yourself. There's definitely a role there for pet insurance. There are other things like payment plans. Rather than have a go at your vet when you find out that you have a \$6,000 bill for your dog, have a conversation: "Okay, is there a payment plan? Is there something we can do around this?" I think there's actually a lot of work that can be done by individuals too, as well as what could be done in a subsidy sort of fashion, yes.

Can I possibly briefly pick up on the question prior to this around suicide? It's kind of the reason that I started doing this in the first place. I couldn't believe that this situation was occurring, and that was prior to meeting Garry and Kate. The fact is that we have a situation, as Garry said, that is there, and everybody knows about it, but no-one seems to be rushing out the door to get something done. Garry and I have spoken at length about the need for some updated information. That research from 2008 was based in Victoria and WA alone. It is 15 years old. From our conversations anecdotally, there's potential that the rate could be higher. If we're going to make some inroads and have something to benchmark against to see how we're really doing, we need some updated information around the suicide numbers among the vet profession.

The next stage that I've been looking into is some kind of funded research to do that. At this stage, rather than phone calls to coroners' offices and health departments in every State or Territory, because there seems to be no central point at which I can just grab information, it seems that there needs to be a greater piece of work. Any government assistance in that area would be excellent but, that said, we're planning to go down this route anyway, because I think that everyone loves data and statistics but without having actual data to work with, how do we know how great we're doing in five to 10 years' time?

The Hon. PETER PRIMROSE: I'll ask my questions on notice, if I can, given that we're over time. I have two questions. One is—and you'll get copies of this—that Service NSW has significant resources and ongoing support for small businesses, including some intensive training. It has for a couple of decades now. I was wondering if you could come back to us about how appropriate you think they would be and whether people access those to provide support to take pressure off in the small business of running vet services. The second thing is—and you'll see it online—the Australian Veterinary Association has given us their recommendations in submission 16. I am asking all witnesses to have a look at those and see if there are any you strongly support or any that you strongly disagree with. If you could let us know, please, that would be valuable.

The CHAIR: Once again, thank you all for your time. Certainly, it's been invaluable. Many thanks for coming and sharing your thoughts in, obviously, what is a very emotional subject for you, particularly for you, Mr Putland. Thank you very much. You will have 21 days to get back to us for those questions you've taken on notice. Thank you for your time.

GARRY PUTLAND: Chair, I've got three posters. I don't how you're going to divide them up amongst this group, but I want to see a photograph of them up in Parliament at some stage.

The CHAIR: We'll fight over them later.

The Hon. PETER PRIMROSE: We'll have an arm wrestle.

(The witnesses withdrew.)

Mr MICHAEL DONNELLY, President, Animal Care Australia, affirmed and examined

Ms KARRI NADAZDY, Horse and Livestock Representative, Animal Care Australia, affirmed and examined

Mrs ELLIE ROBERTSON, Individual, sworn and examined

The CHAIR: I welcome our next witnesses. Starting with Animal Care Australia, would either of you like to make a short opening statement?

MICHAEL DONNELLY: Yes, we will, thank you. Chair, can I ask that the statement also be tabled? We have copies for the Committee. Animal Care Australia represents keepers and breeders of pets and companion animals nationally, and our goal is to promote and encourage high standards in all interactions with the animals within our care. Our members rely on the veterinary industry for everything from check-ups on litters of puppies and kittens to assisting with impactions in reptiles or colic in horses and, most painful of all, helping us to say goodbye to a pet who has, over the years, become a part of the family.

Their commitment, dedication and empathy are what most of us respect. In return they endure long hours, poor wages and an ever-increasing level of abuse from a changing society, and this clearly takes a toll. Yet this is not unheard of. We know emergency workers and health system workers all experience the same. During the COVID pandemic, those workers rightfully received a lot of praise and recognition. Strangely, despite the veterinary industry also being listed as essential workers, that hasn't carried through after the pandemic. Yet they are essential. They help us protect the wellbeing of our pets and animals.

We need to educate society on how to respect those who help protect us and our loved ones, and that includes the vets. We need to help the industry accelerate the education of the new workers. We need to improve access to veterinary services. We need to improve the services that the vets rely on. That is housing, improved wages and safer, free access to mental health assistance when they need it. As any other essential worker will tell you, the experiences they have in one day are more than most of us will face in our lifetime. We are here today to support the veterinary industry, to share how vital they are to us pet owners and to offer some solutions for this Committee and the Government to consider. We would like to thank the Chair and the Committee for inviting us to appear today, and we welcome your questions.

The CHAIR: Thank you. Mrs Robertson, would you like to make a short opening statement?

ELLIE ROBERTSON: Yes, thank you. Thank you for inviting me to the committee hearing to share my thoughts and experiences. I'm deeply concerned about the veterinary workforce shortage in New South Wales on so many levels. I'm speaking to you today on how it affects me personally. Vet charges are very expensive, even if it's just a consultation. This creates a monopoly for customers who want to treat their animals, which for most people are considered family. There is a shortage of emergency clinics—just two in Sydney, that I know of. Just this year I spent many thousands of dollars, all of my savings, and had to borrow some funds as well in order to save my 10-year-old boy. We had to drive over 40 minutes to rush him to emergency. He died 24 hours later.

These high costs in turn increase costs to pounds and shelters. That will also flow on to consumers and result in thousands of healthy animals having to be euthanised. My heart breaks. I would like to see caps on medical procedure fees and, most importantly, the implementation of the Victorian model of Veticare to make vet care affordable and accessible for all. The AVA president, Dr Bronwyn Orr, welcomed the proposal but stressed that there hasn't been enough investment in the profession, leading to some rural and regional places actually not having any vets at all.

My family vet of many years has repeatedly expressed fatigue, hopelessness and frustration in relation to working long hours and difficulties in finding appropriate staff. He has also expressed incredible sadness at not being able to take on the hundreds of unwanted cats and dogs that people try to bring to him. I follow a few small and large rescue groups that struggle to access and pay for veterinary care. I've witnessed the emotional exhaustion these volunteers suffer when coming across neglected and abused animals that desperately need care. It is a constant battle to keep on raising funds to cover costs. I'm one of those people who tries to help where I can.

Our precious wildlife also suffers enormously. As wildlife rescuers and carers, it is a challenge finding vets experienced enough to train and care for the animals. I've personally taken native birds to the vet, who were then euthanised because they haven't been able to be saved, through lack of training. A lot of the stress and pressure on animal caregivers—whether they be voluntary or professional—can firstly be alleviated by: reducing the number of unwanted animals by cat curfews, subsidising pet enclosures, compulsory neutering, supporting TNR projects, seriously restricting the number of animals bred, banning puppy farms, banning animal sports, allowing renters to have pets in rental properties, making it easier for veterinary nurses and assistants as far as education

and training costs go, reducing university fees, supporting students in choosing veterinary professions, supporting graduates with the costs of establishing clinics and bringing in trained vets from overseas.

The Hon. PETER PRIMROSE: I'm asking all witnesses the same question. Take it on notice, please, so you don't have to do it today. The Australian Veterinary Association has given us 16 recommendations in its submission. I'd be grateful if you could just have a look at those in your own time and come back to the Committee. If some of you strongly agree with and some you strongly disagree with, just let us know why. It's an important organisation, there are serious recommendations and I'd be interested in any input that you have.

The Hon. EMMA HURST: I have a few questions for Mrs Ellie Robertson. Your submissions are detailed. I know you mentioned in your opening statement that you spent all of your savings on very expensive vet care. You talk a little bit about a government scheme for people with animals so that they can access care. Can you give us a bit of an understanding on how you see that working? A lot of the submissions—some of them have said, "We would support a Veticare system for people on pensioner cards", or something like that. Other people wanted a full Veticare system. Other people thought that a Veticare system was just entire vet practices that were funded by government. What do you see as a Veticare system?

ELLIE ROBERTSON: I would see it—anything at all would be welcomed, any help at all. But I would see it along the lines of the Medicare system, maybe where pet owners themselves can contribute a fee every year. Apparently models in America have worked out really well, where something like \$25—from as little as \$25 a year. If enough people do it, then that would cover a lot of the costs for people that need subsidising. So, yes, people on concession fees, on concession cards—and also helping vets themselves.

The Hon. EMMA HURST: You talked a little bit about some of the pressure on pound systems and wildlife care as well. Do you support the idea of something like a publicly funded wildlife clinic to take that pressure off vets, or where vets can potentially reclaim the cost? We heard from somebody this morning who gave evidence of the amount of cost that it costs her clinic to actually do all the veterinary work that they do on wildlife. As a member of the public, do you think we need to be having wildlife-specified clinics with specialised vets that are funded by the government or a system where we could have a regular veterinary clinic actually reclaim some of those costs?

ELLIE ROBERTSON: I think it should be a collaboration of both. We definitely need clinics specified for native animals, particularly the current conditions that our wildlife faces at the moment as far as bushfires and land clearing goes—but vets as well. Veterinarians have to be trained in first response to be able to care for these animals, even if it is, as I said, first response until they can get to a proper clinic and be taken care of properly.

The Hon. EMMA HURST: This might be for everybody. I know, Mrs Robertson, you talked about the pressure on the pound systems and overflowing pound systems because people can't afford certain veterinary care. Some of our submissions also talk about the stress on vets to go into pounds and potentially euthanise large numbers of healthy animals and how that contributes to mental health issues within the industry and then, of course, the pressure on some of these pound systems if there's one vet in, say, a regional or rural area who doesn't want to go to the pound and do that work, which would be a reasonable thing to not want to do. Do you have any suggestions for the Committee around that space and how we deal with that complexity around pounds?

ELLIE ROBERTSON: As I mentioned earlier, we need to try and stop these pounds from having so many animals in the first place. We need to be doing preventative measures and nipping things in the bud, so to speak, and, as I mentioned, neutering animals and making things compulsory—curfew on cats so that they are not roaming around, helping people with subsidising cat enclosures and stopping breeders from bringing more and more animals into the world when our pounds are already overflowing. So, yes, I think just preventing that in the first place. If it wasn't such an overwhelming problem, then it wouldn't be so overwhelming for vets to have to do the occasional euthanising, which I would have hoped would be because the animal is too sick or for any other drastic reason. Euthanising healthy animals is very sad.

KARRI NADAZDY: Could I add something to that? There is an inquiry into the pounds at the moment, and ACA has written a 26-or-so-page submission to that, which will cover a lot of these issues. I would refer the Committee to read that as well because it has got a lot of overlapping issues. The other thing that we did just last week was ring all the pounds and ask them if they're having a problem accessing vets. A couple didn't have time to get back to us before we had to appear today, but most of them said that they were not having an issue with accessing veterinary care. The ones that said they were were the very remote pounds that only had access to a vet one or two days a week. Obviously, paid clients are going to be coming first. They are going to be prioritised, and that's fair enough. So those pounds were struggling. They're also the pounds that have the least animals in a lot of the cases, from what they told us on the phone. So you might want to look into that a little bit more, as far as pounds are struggling, and saying it as a broad, sweeping statement, because we are finding that that's not the case.

The Hon. SARAH MITCHELL: Can I ask a follow-up on Veticare? I'm not trying to pit you as witnesses against each other, but I know in your submission you guys talk about a forum that you were at recently where there wasn't a lot of support for a Veticare model from the vets that you were at a conference with. You talk about how a telehealth option might be a better way to deal with urgent care. Can you elaborate a bit more on that for the Committee about why you think there might be some challenges with Veticare? My understanding is that in Victoria it's relatively new, or it was about 12 months ago that there was something in that space, but I'm far from an expert; hence why we're here. What are your thoughts on that in general and on telehealth specifically?

MICHAEL DONNELLY: I will let Karri answer about the actual telehealth aspect first. Our concern in our submission was the fact that with the Victorian system, the Veticare system, there isn't anything available to actually look at—a model. There is not an actual outright model. There is no plan, there is no funding, there is no announcement of how it would be funded and so on. We would most certainly love to look at that when or if it becomes available and then be able to provide further feedback on that, which is why we are aiming towards more of the telehealth system.

On top of that, though, we're already aware that there are a number of telehealth systems that are out there, but they're all being privately run and predominantly by insurance companies or supported/funded by insurance companies. We are being told that they are continually referring people away from the vet. So you ring up for veterinary assistance, but you are actually encouraged not to go to the vet. The driving force behind that, of course, is that once you do actually turn up at the vet, you suddenly now have got vet fees, you suddenly now have got an insurance company that has to fork out and pay returns and things like that. Those current telehealth services are things that we don't encourage, whereas we are encouraging a telehealth service that would be supported by government in some form or another, just to avoid that conflict that there seems to be out there at the moment. I'll let Karri explain more about how we would see telehealth working.

KARRI NADAZDY: Yes, our concern with the Victorian model is that there isn't one, and that's a big problem. I've got Andy Meddick's motion in front of me, and, really, all he has asked for is "a stronger framework for the wellbeing of companion animals and wildlife" and "open publicly funded vet clinics across Victoria". New South Wales is, geographically, very different to Victoria, and to plonk one veterinary clinic that would be free to the public, which is what they are starting with in Victoria, just wouldn't work here. It's just not feasible. One of the things we felt, rather than Veticare, was vet e-care, which would be an electronic system. I know from my perspective as an animal owner—I've got cats, I've got horses, and I've got small ponies. We had a colic incident in January. It was a Sunday afternoon. My vets were closed; they don't have an after-hours anymore.

Trying to ring around all the different vets—having a list in my shed of all the vets, I am already prepared for all these sorts of things. Ringing the vets and finding out that they've now stopped their after-hours service—in that emergency, it was not the time I wanted to find out. Then I just worked my way down the list till I actually accessed a vet that was available. It turns out that vet, their clinic was an hour away and he was another hour away. I'm in Sydney—I'm not rural or regional—and I still had a vet two hours away. It turned out the colic was a minor issue. We could resolve it. He helped me over the phone through first aid. It ended up being okay in that instance; it might not have been. So then we're waiting two hours. It also meant that instead of caring for the animal, I was ringing around all the vets. Someone in rural and regional New South Wales, they may have to leave that animal to go to the phone to get reception to get access to somebody. If they have to ring five or six different vets, like I did, that takes time. That was like an hour in itself.

That's one of the reasons we're suggesting more of a telehealth model, a vet e-care, and that way it's more so that you could ring a central number that's government operated. They can then triage you. They can sift out the people who are worried about nothing, which, speaking to all the different vets I've spoken to in the last couple of months, they estimate between 10 to 30 per cent are people who are just worried about nothing. That is potentially 30 per cent that are now not taking up the time of a vet. Then through that call, especially if it's a video call, they can at least triage. They can help you with first aid, which is primarily what you need in that instance. It might be able to get you through a few hours, or overnight, to get you to your normal vet the next day.

I've spoken to a few of the private operators that are doing this sort of service—not the insurance company run ones—and what they're telling me is that people are not abusing that service. I expected they would say that, but that's not the case either. What they were telling me is that everyone would prefer to see a face-to-face vet. We all want that for our animals; we want a vet to handle them and check them and do it properly. But in an emergency, it's sometimes just not possible when it's 1.00 in the morning or it's a Sunday afternoon—it's just not possible. So to have access to a professional who can give proper first aid advice that can get us through that emergency and back to our normal vet would be enormously helpful. That would be cost effective. It wouldn't cost as much money as setting up a whole bunch of free clinics—which would then compete with our private practice vets. We want to support our vets. We don't want to take work away from them. We don't want to pit them against a Medicare system, effectively.

Ms ABIGAIL BOYD: My understanding is that Animal Care Australia is effectively a lobbying org for pet shops and breeders. On that basis, what is the commercial threat or the threat to profit that comes from having government-run vets or public funding for pet services, and why are you so opposed to a Veticare concept?

MICHAEL DONNELLY: Can I correct you? We're not actually a lobby group for pet shops or breeders. We actually don't represent pet shops at all. That's the pet shop industry association's responsibility, not Animal Care Australia's. We represent all pet owners who also happen to be breeders.

Ms ABIGAIL BOYD: When you say you represent them, what do you mean? In what way? What is the structure?

MICHAEL DONNELLY: The different animal species association are members of Animal Care Australia.

Ms ABIGAIL BOYD: So the breeders associations?

MICHAEL DONNELLY: Some of them are breeders associations, others are not. They are just pet owner associations, from that perspective. As for where the conflict of interest for that would be, I couldn't answer that. You'd actually have to ask the vets that question, not us. There would no loss, as far as our pet owners are concerned, because the pet owners would still need to seek veterinary assistance.

Ms ABIGAIL BOYD: You've dedicated half of your submission to what you call the findings of "a small informal survey of veterinarians". Obviously, that's got no scientific basis. You have not told us how many people—is this, basically, that you've had a chat with some people?

KARRI NADAZDY: This is literally me talking to all of the vets I have contact with; all of our members who are vets; all of our committee members who are veterinary nurses; member groups who have had veterinary workers that are in their membership, who have contacted us. It's personal opinions from individual vets and from the conferences that I've been to in the last two months since this inquiry opened and started asking—as well as I have small companion animal vets and I have my horse vets. I have spoken to all of them. I've also done some calling around of all the vets I know. I was the one actually collating all that data, but it's come from a wide range of sources from regional, rural, city, conferences—all of those have gone into that. But it is informal because it's just the people we personally could reach. That's all it was.

Ms ABIGAIL BOYD: It sticks out. Out of all of the submissions, I can't think of another one from any vets—from anybody—who is opposed to Veticare. Yet you've got in your submission that there was a resounding no to the idea, so it really sticks out as being quite in contrast. Is there any way that you could do a more scientific research study given the contacts that you have?

KARRI NADAZDY: We're not a scientific body. We represent pet owners. That's what we represent.

Ms ABIGAIL BOYD: Breeders.

KARRI NADAZDY: We're not breeders. Sorry, you keep saying that, but we're actually not a breeder organisation. We don't have a single breeder within my area. I'm a horse and livestock representative for ACA. We don't have a single breeder organisation within our horse and livestock members; we are all training organisations. We are not representative of breeders. We do have breeding organisations as members, but it is not what ACA is about. We don't represent commercial interests. We represent, specifically, pet owners. That's why we're here today. That's what we have been invited to represent.

MICHAEL DONNELLY: On top of that, I would suggest that's something the Government should be doing—surveying the veterinary industry—rather than us. We just reached out to the people that we knew.

KARRI NADAZDY: Could I just add one note to that? We submitted to this inquiry specifically saying that we are not vets. We are not here on a veterinary panel and we are not here representing the vet industry. That's why we talked to our vets. We like these people, we respect these people and we all want them to do well. We want to support them however we can. That was why we went to them and asked them these questions. It's up to them to put the submissions in. Some of the vets I spoke to on Sunday were saying, "Oh yes, we're going to write a submission to this inquiry," not realising it's already closed. This is why we asked them questions so they could get their opinions heard.

Ms ABIGAIL BOYD: The reason I ask these questions is because, if you were to look at the name—"Animal Welfare is Animal Care" as your logo—you would think that perhaps you were an animal-welfare organisation. But as you've said clearly on page 9 of your submission, you've gone and asked people—I don't know why you've asked this question—"Are Animal Rights and Animal Protection helping improve animal welfare?" The answer you state is "No", and you go out of your way in this submission to attack those people who would be trying to support the rights of animals. It's important to clarify exactly what your organisation is for.

MICHAEL DONNELLY: I think the testimony given by our counterpart here in regards to her suggestions to limit the number of breeding animals and things like that explains exactly why we asked that question: to actually clarify that point and find out the answer to whether the vets are experiencing the exact things that were claimed alongside of that.

Ms ABIGAIL BOYD: We have the vets that we can ask.

KARRI NADAZDY: I think it's relevant. It is absolutely relevant because animal rights is not animal welfare. They're opposing forces a lot of the time. There is some overlap—and we have had this conversation with you before as well that these are separate issues. Animal rights is a political issue. It's an ethical issue; it's an issue that is dealt with on the side of campus that is where ethics is discussed, whereas animal welfare is a science. Animal-welfare scientists are over in the agriculture department. They're over doing veterinary. It's a very different department. These are overlapping issues but they're not on the same track to the same solutions. That's why we asked our vets how they were being impacted by these things. The interesting thing, as we said in our submission, was that their opinions—I was surprised by some of the answers as well. But it was their opinion that they were on top of these things, they were aware of the issues and that, in a lot of ways, they're not in control of what is happening in that space. That's up to them to deal with.

ELLIE ROBERTSON: Can I add something too, please? The way that I envisage Veticare wouldn't be as specified clinics, as Karri mentioned earlier; it would be more along the lines of bulk billing. You wouldn't be putting veterinarians out of work because it would be just an agreement that is done with the—as we have with doctors in a doctor's surgery. You don't put doctors out of work by having Medicare; well, you wouldn't be putting veterinarians out of work by having Veticare. Triaging over the phone, for myself and for a lot of people, it would be very difficult to be looking after an animal with a video and rushing and trying to help it over the phone. I would like to be able to rush it to the vet and let an experienced person look after it.

The CHAIR: Any more questions from anyone?

The Hon. GREG DONNELLY: I will place mine on notice, Chair.

The CHAIR: To be clear, you say at the end of your submission—this is to Animal Care Australia—that you're not against some sort of assistance for people of low income that own pets to get the treatment the animals need; you're just concerned about the lack of details on a Veticare proposal.

MICHAEL DONNELLY: That's correct. We would love to look at a full proposal and see how that would be fleshed out and what it would look like. We would most likely support something around that if we had those details. Could I add one quick point in regard to native wildlife? I recognise that native wildlife is the responsibility of the Government and, therefore, there should be some sort of cost coverage by the Government. But what I would also suggest is that, at the moment, the public have already funded that. During the 2019-2020 bushfires, there was quite a large raising of money for native wildlife care.

There is \$80-plus million dollars sitting in a bank account that's not being made available to the Government and would most certainly be able to be utilised for the use of funding for wildlife care. Yet it is sitting there raising funds and raising interest, and it is not being accessed at all. If that were true that the Government is responsible for the care of native wildlife, then that money that was raised for that very purpose should be being utilised, accessed or at least maintained or overseen by the Government and its use. That would be something that I would like to add on that note. That would most certainly set up a couple of wildlife clinics.

KARRI NADAZDY: There is also the AWL truck that they have—their veterinary truck. That sort of system is fantastic. I saw it on Sunday at a festival that they were at, and the way they've set it up is really terrific. The work that they're doing, travelling around regional areas and making sure they can do desexing and whatnot, something like that that was expanded would be terrific, under the AWL model. If Veticare was proposed as something like that, where we can see productive results already happening—these models already exist. We don't need to reinvent the wheel. There are a lot of different models we could adopt.

The problem with the question of Veticare at the moment is that we don't know what it is. We are trying to source—it could be this, it could be this, it could be this and what do we think of that? Tell us what it looks like and we will give you a definite answer. There are a lot of different options we could take down the Veticare route that would be terrific. Even no interest loans from the Government for people on social security, and things like that, would be really helpful. I'd rather see money go into that than building specialised clinics that are going to compete with other vet clinics.

The CHAIR: That takes us to your 30 minutes. We did run a bit over time, but we were late from the previous session. You have agreed to take some questions on notice. The secretariat will be in touch with you,

and you have to get them back within 21 days. Once again, thank you for your time, for your submissions and for answering our questions.

(The witnesses withdrew.)

(Luncheon adjournment)

Dr STEPHEN VAN MIL, Chief Executive Officer, Byron Bay Wildlife Hospital, affirmed and examined

Mr MATT FRENCH, Head of Wildlife Welfare, Wildlife Information, Rescue and Education Service (WIRES), affirmed and examined

The CHAIR: Would either of you like to make a short opening statement before we get started?

MATT FRENCH: I will keep it very brief. Firstly I want to say thank you for this opportunity to participate. The rehabilitation sector needs vets because the animals that we work with need vets. Veterinary medicine is an irreplaceable service in appropriate animal-welfare outcomes. Society needs vets. Vet service provision has become critically challenging as our protected wildlife, which are categorised as property of the Crown, continues to face ever-increasing pressure. It's our hope that this inquiry proves a turning point for the future of the veterinary industry and ultimately for animal welfare.

STEPHEN VAN MIL: Similarly, thank you for conducting the inquiry. Next year marks 40 years since I graduated as a veterinary surgeon, and I've been predominantly a general practice vet throughout those almost four decades. The Byron Bay Wildlife Hospital is a dedicated wildlife hospital that treats only Australian native animals and is based in the Northern Rivers of New South Wales. We've been active now for almost three years. The vet shortage issue in Australia is quite chronic. I recall that I addressed a conference in Hobart 25 years ago and basically highlighted the fact that Australia was then facing a veterinary shortage. At one period I owned three veterinary hospitals in Sydney and even back then—20-odd years ago—we were having to sponsor vets from overseas. I really commend this inquiry because this is a growing, chronic issue and it does need to be addressed.

The CHAIR: We've agreed to go free-flow with the questions. Can I start by picking up on that point you just made? We had testimony from other witnesses this morning to say that six or seven years is the time period since there has been a workforce shortage issue, but you are saying you presented at an AVA conference 25 years ago that there was a vet shortage?

STEPHEN VAN MIL: Correct.

The CHAIR: Invariably nothing has happened to address this issue, or did it just fall on deaf ears from an industry perspective?

STEPHEN VAN MIL: No. I think, Chairman, the new veterinary schools have emerged in Australia since then, particularly addressing the rural sector. But Australia now has the highest pet ownership per capita of any country in the world, I believe. So the demand for vets and vet services is greater. We deal with far more emergency work these days—far more specialised work these days. A lot of pets are insured, so people are expecting a very high level of service. What we got away with, I guess, 40 years ago, is very different to what it is today. Whilst it was an emerging issue 20-odd years ago, it's become a significant issue today.

The CHAIR: Can I just pick up on a couple of things from your submission about the treating of wildlife? You say that the OEH's review of the minimum value of free veterinary services is around \$1.8 million, but you are talking about equivalent labour costs of \$288,000, and we've just had previous witnesses say their value was around the same. So that is two veterinary officers, basically, coming close to half of that \$1.8 million. Would it be fair to say that you would view the OEH's review as quite invalid in terms of their estimation of the work you guys do in wildlife? Do you think they have underestimated that dollar value?

STEPHEN VAN MIL: I think, if the question is how much pro bono work is provided by veterinary surgeons throughout New South Wales, it's a very difficult thing to measure. As a general practice veterinarian, as I have been for a long time, most days people turn up with wildlife in boxes, cages, whatever they could capture them in, and, most of the time, those animals would wait out the back for a long time, until there's a break in traffic, to be attended to. And then it's the value of the consultation and the procedures that are done—whether it's anaesthetised, X-rayed, whether surgery is performed or it's given intravenous fluids—and a lot of that stuff is not recorded. Whilst when we see our domestic animals or we see our livestock we have to record all their data, most of the work on wildlife is simply not recorded and, therefore, not charged for. So it's very hard to put an accurate dollar figure on how much pro bono work is provided by veterinary surgeries on an annual basis.

The CHAIR: But clearly \$1.8 million is nowhere near the mark.

STEPHEN VAN MIL: I would say that's probably very short of the mark.

The CHAIR: Sure. It's been noted in your submission and by other witnesses that you've recently lost funding for your facility. Can you break down what that will do in terms of the treatment of native wildlife in that area? How many animals are you seeing in a year, or in a week or a month? Extrapolate that over a year. What will that do?

STEPHEN VAN MIL: Great question. As I said, we've been going for near three years now. We've treated well over 4,000 cases; it will be at least 2,000 cases this current year. We've got a return rate, to the wild or back into care, of over 50 per cent, which is pretty high by normal standards. We've averaged out the cost per animal that we treat as around \$550, and that covers a consultation, anaesthesia, pathology, X-rays and not a lot else. I think, if we didn't exist, and in reference to the funding that didn't eventuate, then it would revert back to what it was in the Northern Rivers in New South Wales, and that is, wildlife would just go to general practices and those general practice vets would do their best. The outcomes for the wildlife, I would suggest, would not be anywhere near as significant as they are with the expert care that we are able to provide.

The Hon. EMMA HURST: Thank you both for coming today. I just want to start with Dr Van Mil. In your submission, you argue that native animals are the legal property of the Crown and that the New South Wales Government is responsible for providing finances for veterinary care, specifically for wildlife. Can you expand on that and on your explanation as to why that should be government funded and how you see that working and functioning, particularly for rural and regional areas where there might not be a specialised wildlife veterinary clinic?

STEPHEN VAN MIL: There was a report that was tabled in Parliament on Thursday, that was led by Dr Ken Henry. It was a review of the Biodiversity Conservation Act of New South Wales. There's a number of recommendations in there. One of them includes the recommendation that the New South Wales Government funds wildlife hospitals and general practice vets that are providing care for wildlife. In his submission, it clearly states that wildlife is the property of the Crown and, therefore, the Crown should take responsibility for that. The anomaly is that it is behoven on anyone, a member of the public or a wildlife carer, to attend to injured or ill wildlife and it's behoven on any veterinary surgeon to provide treatment for that animal. That might be pain relief. It might be euthanasia. It might be a full workup. But there is absolutely no provision in there for compensation or remuneration for that. That doesn't exist in any other occupation or profession. That is quite unusual, that the legal obligation is there but there's no provision to cover the cost of that.

The Hon. EMMA HURST: Mr French, we heard earlier today—some evidence was put forward to us—that, because some of the wildlife charities have raised a lot of money during the bushfires, they therefore should be responsible for paying for veterinary services. I wanted to give you an opportunity to give your opinion of that generally, but there's a couple of questions I've got around that. First of all, I wanted to know—obviously, you've got the issue of vets having to cover the cost of that at the moment—what kind of pressures that would put on charities if it was just to switch to charities being responsible to pay that and, even if one charity had a chunk of funds, whether that would be suitable in the long term and whether that is a solution or whether we do, as we've just heard, need to actually switch it towards a government-funded model and, if so, why.

MATT FRENCH: It's a very good question and one that we've thought often about, obviously. This is a systemic problem across the entire State. It's a question of whether the rehabilitation sector itself should fund the cost of providing services to animals that are property of the Crown, that are managed by, that are regulated by—the regulators themselves obviously have a role to play in this as well. It's not necessarily a sustainable outcome for the charity sector, which is largely driven by volunteers, to fund that work. We work with over 500 vets around the State. We provide quite an amount of remuneration to those vets. We have very different relationships with different vets in different parts of the State. Obviously, there are some vets who do a lot of the work for free. There are some vets who will do some of the work to a point before they will charge. Then there are vets who will charge for everything that comes through.

We're in a unique position of trying to work out what does the future look like, how do we manage that, how do we sustain that. The money that's come into the rehab sector is not a sustainable source of income. It doesn't come in every year, certainly. It's never come in like that before. So it's a matter then of how do we appropriately and responsibly manage those funds. We try to respond to that by paying for an amount of services that we provide where we can. We have grants programs running as well. There's a lot that we try to do to responsibly disburse that money, I guess, into the greater space, because it's a plan for the future. The challenge, as Dr Van Mil was pointing out before, in terms of that remuneration, that paying for funding—it's not something that, I don't think, the rehabilitation sector is able to maintain long term, certainly. Is it the responsible of the rehabilitation sector to do that?

The Hon. EMMA HURST: What do you think it would do to some of the smaller wildlife charities if a larger one was to start to take on that responsibility? What kind of effect would that have across the board for—

MATT FRENCH: WIRES is very fortunate in that we have a large structure. We have a large organisation now. We're growing. We have a lot in place now that we didn't have in the past. Sorry, can you restate the question for me?

The Hon. EMMA HURST: If a larger charity did have some money and they started to shift that model and compensate vets entirely, what would that do to some of the much smaller organisations that are working to rehabilitate wildlife?

MATT FRENCH: It's a similar question to the regulatory management of the sector as well, because the compliance management of the sector is now explicitly put back on the rehab sector. The regulator does not specifically enforce any of the compliance measures that exist within the Biodiversity Conservation Act, other than from a very top-down approach. It already falls upon the rehab sector to manage its own compliance, and a lot of the smaller groups simply don't have the resources, the capability, the knowledge or the expertise to do that. We are already seeing animal-welfare challenges arising from that expectation on the sector to manage itself, let alone if we've got smaller—and the rehab sector covers every corner of the State. They are absolutely everywhere.

WIRES is not everywhere. WIRES is the largest, obviously, in most places, but there are a lot of other smaller groups that critically operate in those areas. Were the expectation to be placed on them to have to compensate vets for all the work that gets done, it would simply not be able to be done. Ultimately, it's about animal welfare. As Dr Van Mil pointed out earlier, what was done 20, 30 or 40 years ago is not something that can be done now. Our strong preference, going forward, is that animal welfare is the most critical part of what we do, and vets play a crucial role in providing that animal-welfare provision—that service, knowledge, guidance and direction. We simply couldn't provide the best welfare outcomes for animals without vets being a part of that conversation at every single turn. But it costs a lot of money, obviously.

I'll just add to Dr Van Mil's comment around the dollar value being assigned. It is incredibly hard to come up with an appropriate dollar value because a lot of what we see, and a lot of what we actually go to vets to get records to find out—it's just simply not recorded. It's very, very difficult for us to get case notes and records on animals, and a lot of animals end up sitting in vet clinics for an extended period of time, often sitting next to predatory species that they would not choose to interact with in the wild. No fault to the vets in any way, shape or form, but they often end up in breach of the codes of practice, essentially, in terms of how animals should be housed and how they should be managed. That is something that we are seeing more and more of, as time goes on.

The Hon. EMMA HURST: We also heard this morning that vets play a crucial role during natural disasters like bushfires and floods, but that a lot of those vets aren't compensated for their work in those emergencies. We also heard from vets, saying, "I couldn't possibly leave the vet clinic because of the extra pressures there." Considering the reliance that we have on vets during those emergencies, coupled with the veterinary shortage and the pressure already on vets, is that a sustainable model going into the future? And, if not, what recommendation would you like to see from this inquiry around vets and their interaction with helping on natural disasters?

STEPHEN VAN MIL: I might take that one, Emma. If we go to the catastrophic bushfires of 2019-20, it's a great example. WWF estimates that three billion native Australian animals were killed during those fires. We probably all recollect images of koalas sitting in laundry baskets in school halls in South Australia and many, many other native animals throughout Australia being affected. There are wonderful organisations like Vets Beyond Borders and Vets For Compassion, so a lot of vets from around Australia gave up their time. I know a lot of the zoos deployed their vets. A lot of vets from overseas turned up. A big part of the challenge there was that this was an uncoordinated approach and a lot of even Australian graduates, general practice vets and particularly overseas vets simply don't have the knowledge and skills to deal with the vast array of wildlife that we have here in this country.

One of the salient points about being a wildlife vet is that the anatomy and physiology of the vast range of species we see is incredibly different and it takes many, many years to acquire that knowledge. Whether it's down to what medications you use to anaesthetise the animal, what drugs you use to treat their issues, or surgical applications, it's a highly, highly skilled area. I think that those catastrophic fires were a real shining example of what could and couldn't be done. Yes, if you're a general practice veterinarian and you've got clients to see and staff to pay and bills to pay, to give up your time voluntarily—which is what it all was—to attend to these crises is a big ask. Even last year, we were at the epicentre of the catastrophic flooding events at Lismore and beyond. We saw a lot of flood-affected wildlife. The Animal Welfare League turned up to attend to livestock and domestic animals. Vets Beyond Borders was there. Vets in the region banded together and created an emergency centre. But, again, it was an uncoordinated approach. It was simply organisations seeing a crisis and attending.

The Hon. EMMA HURST: When you say an uncoordinated approach, are you suggesting that there should be some sort of strategy within the Department of Primary Industries set up prior to these natural disasters taking place so that that can then be deployed when and if we know more natural disasters are likely to occur and that there needs to be some sort of organisation, which is currently lacking?

STEPHEN VAN MIL: Absolutely. We note in our submission that we are working with State and Federal governments. We have been talking to various organisations. In this State there is an entity called EMPLAN. The EPA is involved with that, and other emergency responders. But, again, nothing has been formalised, as far as that response goes. In our region, we are part of the Northern Rivers wildlife network. The entire focus of all the meetings that we've been holding for near two years now has been on emergency response. But we talk about wildlife being a crisis during peace time. The vast majority of animals that we see are hit by cars—50 per cent or so—attacked by domestic pets, caught on barbed wire fences, attacked by feral animals, shot, poisoned, orphaned or diseased. The list goes on. It's not just crisis times that we need to focus on response; it's every day, to be honest.

MATT FRENCH: If I could just add to that—I agree absolutely—one of the challenges we found since the big bushfires of many years ago was that DPI have now passed wildlife management in emergencies over to EPA. So DPI don't actually now; they deal with domestics and livestock. EPA have run some wildlife listening sessions, I think they were called. We all attended and various groups attended. We are waiting to find out what is happening with that: where are we going, who is coordinating and who is managing. There are a significant number of small charity groups that are trying to access that emergency space and trying to coordinate, but there is no central coordinating body and there is no particular agency. At this point, we are not aware of what plans are in place and what would happen tomorrow if the fires broke out: who is controlling it, who is in charge, who is being activated, what resources do we all have or how do we share those resources.

The focus of many of those meetings, as Stephen was saying, is who is in charge or who wants to take charge. The WIRES response since the fires has been that we've actually bolstered our emergency response capacity. We actually have a numbers of vans that we are placing regionally. We have volunteer emergency response teams that are made up of volunteers that are all appropriately trained around the State. If an emergency broke out tomorrow, we would have a significant response. But that is only one group responding and getting out there. We need a coordinated approach. We need authority to be able to give access, to direct and to control those resources. That's really what we are waiting for in that space. Until that happens, as we have been talking about, we are all, individually, as organisations, trying to do something, but just not in a coordinated way.

The Hon. SARAH MITCHELL: I have a couple of questions for both of you. I will start with you, Dr Van Mil, in relation to your submission. You talk about how effectively you run as an organisation through donations and support. You don't get any government funding to run? This is separate to the \$6 million. I want to ask about that. But up until that grant process, how are your day-to-day operations funded and supported?

STEPHEN VAN MIL: It's funded almost entirely by donations: foundations, philanthropists, school groups, individuals, and mums and dads. We have a couple of smaller corporate partnerships and we have other NGOs and not-for-profits that have supported us. We have received a number of grants from various organisations over the years. But, fundamentally, it's through donations.

The Hon. SARAH MITCHELL: How big is your team? How many of you are working there?

STEPHEN VAN MIL: For this submission for the grant earlier this year, we commissioned an independent economic impact study. It showed that the \$1.5 million a year that we raise and give away in services—because we charge nothing for anything we do—has a \$4.3 million benefit to the New South Wales economy and 19 full-time job equivalents. And we are seven days a week. In a short time, it's become a very needed service and a reasonably significant service. We certainly don't want to have to shut the doors.

The Hon. SARAH MITCHELL: That takes me to the questions about the grant which had been allocated to you by the previous Government and has now not been made available. You say in your submission that you only found out a week before and there haven't really been any discussions about whether there's a way forward, just that it wasn't value for money. But if you've got an independent look at that—you said \$1.5 million equates to some \$4 million—what does not having that grant mean in terms of the services that you will be able to provide or not provide in the community? Where would that money have taken you as an organisation and, without it, where will the gap be?

STEPHEN VAN MIL: The \$6 million over four years—\$1.5 million a year that was due to kick in on 1 July and was announced on 6 February by the previous Government—we did only find out on 23 June that we weren't going to be receiving any of those funds. It's put us in a tailspin, to be honest, and I guess the allocation of those funds over that four-year period gave us certainty about being able to keep the doors open and would allow our team to focus on raising capital for projects and growth, rather than just paying day-to-day overheads. So we are scrambling. We have had numerous meetings. We were here in Parliament House last Tuesday having a number of meetings. No-one wants to see the doors close, but we don't have any certainty of any government funding as I sit here today.

The Hon. SARAH MITCHELL: That is not a good place for you to be in as an organisation. That probably segues into what I was going to ask Mr French. I apologise for my ignorance, but again in terms of WIRES, obviously you've got a lot of volunteers but do you get any government funding, State or Federal? Is it all volunteer run and, again, all through donations and the like?

MATT FRENCH: Yes. WIRES runs, just like any charity, on a fundraising model. So all of the money we bring in we bring in based on the back of our fundraising campaigns. We were very fortunate, obviously, to be the beneficiaries of a significant amount of money that came through after the fires, and we are still obviously working and we have lots of structures in place. As I said before, some of those structures are our emergency response capacity. We also run a 24-hour call centre that receives the vast majority of calls. We deal with 130,000 animals every year that come through to us, and they're just the animals that come through to WIRES.

If you extrapolate that across the rest of the sector and the work done by all the other groups, it's a staggering number of animals. There is not 10 minutes that goes by on any given day of the year where somebody is not calling our contact centre wanting to report an injured animal, a displaced animal, a concern, advice, a snake. You name it, they're coming through every day. It's a far bigger issue than I think the general public is aware of, in terms of just how big and how many animals require assistance as well. So, no, everything that we have that comes through we continually fundraise and work towards that space.

The Hon. SARAH MITCHELL: To try to unpack a little bit more, obviously you've got a dedicated wildlife hospital in Byron for your volunteers and people there—somewhere that you know you can go and the animals can get that care. One of the other things that we've heard from some of the private-practice vets that we've had throughout the morning has been not just that they have an obligation under the law but fundamentally they want to care for and treat injured animals, including wildlife. That is a challenge sometimes when they are a private practice trying to take that on—what that presents to them in terms of their workforce and workload, and the cost. Obviously they have to do that—or they want to do that, from the evidence that we've had today—but it also adds to that financial burden. How important is it to have those separate wildlife hospitals that exist, like the one in Byron Bay, to provide that support, and what pressure does that take off other local vets in the area to be able to offer those services?

MATT FRENCH: It's undeniably critically important and completely undervalued. For us, any veterinary hospital that has a wildlife vet on staff, let alone a hospital that is dedicated specifically to it and has staff employed within it that are specialists in wildlife, are worth their weight in gold. There's very, very few of them across the State. But most of our issues, once you get away from the city and once you start getting regional and remote, it gets harder and harder. Obviously, all service provision gets harder the further away you go. But for us to be able to access clinics across the State that have that specialist knowledge—we couldn't do what we do without vets, full stop. We couldn't. The whole sector could not run in an appropriate animal-welfare model without our vets to service it. But, as Dr Van Mil was saying before, it's the complexity, not just of the physical medicine nature of animals, but also the behaviour of animals that come into care.

Vets do have an obligation to provide pain relief, at the minimum, to refer an animal on to another vet, where possible, or to euthanise, depending upon what the call is. It can be critically difficult getting vets. A lot of vets don't understand or appreciate, necessarily, what that might mean, or they're young vets or they have other pressures that are coming at them. So to be able to be turn up—for one of our volunteers to say that they're attending such-and-such clinic that is a specialist wildlife clinic, we know straightaway that that animal will be getting what it needs at that clinic, appropriate decisions will be made, considerations done, appropriate services will be carried out to discover what's wrong with that animal and what the pathway is, what husbandry plan needs to be put together.

General practice vets are amazing. They're under incredible pressure, not just in terms of the number of animals coming through their door but financial pressure from every quarter. So for us—and it's in our submission as well—we would desperately like to see that investment in facilities across the State that are actually able to service and provide those services for native animals.

The Hon. GREG DONNELLY: Thank you, gentlemen, for coming along. I appreciate the submissions received. I'll start off with what's called a question on notice that you can take away and return an answer to in due course. The Australian Veterinary Association in its submission No. 144 made 16 recommendations. I invite you, on notice, to have a look at that submission and the recommendations and, if you can, come back with your thoughts about any particular ones that you think have some merit.

Can I move on to the matter of the structure of the business models that operate in the veterinary industry? I don't like the term "veterinary industry". I don't know if that's the terminology used, but for the purposes of the discussion let's call it the veterinary industry or the veterinary care industry. From information we've received from previous witnesses and in other submissions we've read, that's been evolving and changing over time and

over more recent time there has been the advent of the corporate model, which is starting to become pre-eminent. I would be interested to hear your thoughts about the sustainability of the business model that can cater for what's been that sort of broad spectrum of veterinary operations in the past, from those very small, single-vet practices with maybe a receptionist and a nurse or two, through to the larger standalone ones. With the change that's been taking place in the industry, what are your thoughts about whether that's a good thing or not, it's advantages and disadvantages? Is it an irresistible change that is going to continue or are there new things emerging?

STEPHEN VAN MIL: I might start that answer. The corporate model is inevitable; it's been happening for quite a number of years in Australia. There are pros and cons to all of that. The bottom line is vets aren't well remunerated, as a profession, and the bottom line in private practice is not great, so to have amalgamation and strength in numbers makes economic sense and there are more and more organisations emerging doing that. I guess the problem from the perspective of wildlife being treated is if profitability is the motivator then treating wildlife free of charge does not help your bottom line.

Just to the Byron Bay Wildlife Hospital, for instance, we have vet student, vet nurse and vet placements booked out to the end of 2024, and that's from all around Australia and all around the world. We've got a vet from Spain right now and we've got a student from Murdoch University right now. What we constantly hear is these vets are passionate about wanting to learn wildlife because none of the undergraduate courses have a focus on wildlife in Australia at all, of the seven universities, the seven faculties, and that has been the case since I went through. The feedback we get is a lot of vets that want to treat wildlife are basically withheld from doing that by the practice owners because it's a cost that they can't justify. That side of the equation is not a good side, from the point of view of wildlife, but it is a harsh reality. As I said, there is a significant amount, as we flagged earlier, of pro bono work provided by vets throughout New South Wales and Australia in general that is being held in check, in many instances.

MATT FRENCH: I'd follow that up by saying that these are animals that are property of the Crown—defined under the legislation as properties of the Crown. There's a battle every day from our carers, and right across the rehabilitation sector, to have these animals appropriately managed within that industry. And at no fault to the veterinarians trying to treat, but there is no money to be made. There is no profit from treating a koala other than maybe trying to fundraise off the back of it. But there is no money to be made in holding these animals in your clinic. They take up space. A lot of vets, as was discussed, and in our submission as well—there is very little provision within the education space for time dedicated to native care, and right through, so not just in that graduate and undergraduate space, but also across many other levels of educational provision as well.

I am not sure if it has changed, but there is also very little provision within there for vets to learn how to run businesses and manage themselves. You have vets who get consumed by the corporate model and get consumed by the big role—and I understand why they would go for that—but there are also vets out there who still run on passion alone and try to provide services across. There is an incredible spectrum of business models that run in the veterinary industry, from some vets who are still on flip index cards to vets who run completely full, monster corporate models. There is an incredible disparity in that provision. We would love to see vets being appropriately remunerated in some way because these are animals that are managed—are owned—by nobody but the Crown. It's just baffling to see that—while it's wonderful to be here, it's baffling in some sense that we've got to this point and we need to be here talking about the provision of care for these animals.

The Hon. SARAH MITCHELL: This is just a follow-on. You just prompted me on the education component. We've had other witnesses today talk about that, not lack of business skills, but how running a business is very different to what you learn when you're at uni to become a vet. In terms of the course itself—and we've got the universities appearing tomorrow, I think. We've obviously heard about small animal and large animal vets. That wildlife part, in an average vet course, which I know can be up to six years, what is the percentage or component, or how is it structured? Is it something that you go and specialise in to get that wildlife expertise? How does that work in practise for someone studying? Then once you are out working, can you go back and do—because I notice in the WIRES submission you talk about whether you could have some more specific focus on how to treat injured wildlife. What happens now and where are the gaps in terms of that training process? I'm happy for either or both to answer.

STEPHEN VAN MIL: I might start that answer by saying that, as I mentioned earlier, in none of the veterinary faculties in Australia currently is there any significant component of wildlife training at all. I don't know what the percentage is, but it would be very low, if at all. There is some training on exotic animals—you know, avian species and reptiles—but more, I guess, for the pet area than wild animals. To become skilled in that area, a lot of vets do volunteer work, as I mentioned earlier, with the placements that we've got ourselves. They do a lot of online training. We've conducted a lot of webinars through various organisations to upskill general practice vets, and I know WIRES does the same thing. Fundamentally, people learn on the job and reach out.

In general practice, before we created Byron Bay Wildlife Hospital, we'd be ringing Taronga Zoo or Currumbin Wildlife Hospital and asking what are, in essence, pretty basic questions. So it's a very ad hoc situation, and it's driven purely by passion. As Matt French said, it's not about making any dollars out of doing wildlife work; it's simply that you care and you want a better outcome for wildlife. That's simply why we created Byron Bay Wildlife Hospital—it's simply that. The Byron Bay region is a very biodiverse region. We've treated, in our almost three years, over 200 of the threatened species listed in New South Wales. So we see everything. It's extraordinarily biodiverse, and we know that if we didn't exist the outcomes for those animals would have been very poor. It's a big issue. We're working with Southern Cross University to establish a new veterinary faculty. There's going to be a strong focus on wildlife within that curriculum. There's also going to be a strong focus on business acumen and understanding, and also on mental health, which is one of the biggest issues that faces this profession in Australia.

The CHAIR: Before I pass to my colleague, can I pick up on what you were saying, Matt, about how it's not about making money, but I think we'd all agree that it would be fair that your costs are covered. Is a potential solution some sort of reimbursement scheme that's organised by OEH, where you as a vet can say, "I've treated X amount of animals this week. These are my costs." You submit it to OEH, and then you are reimbursed for that treatment. In principle, is that a potential solution?

MATT FRENCH: We would be very happy to work and discuss any potential solution that would help vets manage, even if it was to break even. I'm sure vets would like to do more than break even because they need to live as well. It's incredibly expensive being a vet. If a vet treats an animal for us and does a radiograph or some blood work, they can be out \$1,000 straightaway, easily. There are some vets who will then submit to us a costing for that, and then we'll work that out. There are other vets who will do that free of charge, and I don't know how they survive. I don't know how pro bono vets get by in what they do and how they treat it. We would be open to discussing or providing input into anything that would enable vets to keep going for the industry to survive. Essentially we can't do without it.

The Hon. EMMA HURST: Continuing the discussion around the capacity and training for vets around treating wildlife, it sounds like there are some good courses coming forward that will give vets those skills, but it sounds like we're still potentially going to have a gap in getting those vets to actually commit to that work. Is the only solution that they are provided the finances for that? Or are there other things that we need to consider to make sure that we have more vets that are able to treat wildlife and, of course, deal with wildlife in natural disasters?

STEPHEN VAN MIL: From our observations over the last few years, there's a big percentage of vets and emerging vets in Australia that do actually want to do good wildlife work. We're very certain of that. Matthew French referred to 500 vets throughout New South Wales alone that provide their services pro bono to WIRES, and other organisations I'm certain. So there's no lack of desire. It's going to come down to training. How do those people upskill? And then, of course, there is remuneration. Everyone has bills to pay, and it would be far fetched to imagine that people would commit to training and upskilling in wildlife care and receive nothing for that.

MATT FRENCH: It's also an issue of mentorship and access. If a vet is lucky enough to find themselves employed in a major institution such as Taronga Zoo, Australia Zoo, Currumbin et cetera, then there's that access to these animals. There's an access to mentoring. There's an access to shared information resourcing experiences and running and people to talk to. But for most vets, they just don't have that. It's very difficult for them to access the animals themselves. Vets also have a creed to do no harm, and sometimes doing no harm might mean doing nothing, because you don't know if what you are going to do may cause more harm or not. Vets find themselves in a really difficult space of "Do I do something? Do I understand the physiology of the brush-tailed phascogale, and if I use this certain drug, what's going to happen?" There may not be a good answer to that, but that's vets' capacity to ask that question, number one, and then get good advice on that question in a timely manner. These are all challenges within the space as well.

The Hon. EMMA HURST: I have a question. It might seem a little bit left of field. I think it's relevant to both of you working particularly in the rescue space. My understanding is vets can be put in quite a complex situation when coming forward to report animal cruelty because of obligations of confidentiality but also because a vet could potentially be sued for giving evidence to, say, the RSPCA on animal cruelty. It's been suggested that vets should be given indemnity under the Act so that, if they report animal cruelty, they can't be sued. Could I get your thoughts on something like that going into the Act?

MATT FRENCH: That's something that in previous existence for myself I've grappled with as well. In terms of vets coming forward and providing information in conflict to the privacy Act, for example, is what's often cited. The RSPCA do have the capacity. I wouldn't want to speak on their behalf at this point but they do have the capacity to issue instructions to a person to provide certain information. That then provides protection

under section 24 of POCTAA. But it would be critical in that vets are often the people who see things that nobody else sees and they can form opinions based on their expert knowledge of certain issues, occurrences. Domestic violence is another factor that plays into that as well.

Vets often find themselves on the front line of a whole range of things, which contributes significantly and often negatively to the mental health outcomes that we all are very, very aware of in this space as well. It can be very difficult for vets who may wish to report something to then take into consideration the implications that that could have on their own career, the practice they're working for, their job. There's a whole range of factors that play into that as well. It would be laudable and moving forward as a society if vets were free to communicate those issues, I would think, as well. Because if we don't know about them, we can't do anything about them and we can't provide that assistance.

The Hon. EMMA HURST: You mentioned something about when the RSPCA requires them to give evidence, that's kind of at a later stage. That requires the RSPCA to activate that, doesn't it?

MATT FRENCH: Yes.

The Hon. EMMA HURST: If a vet had a case where they thought it could be animal cruelty, they couldn't do anything unless RSPCA contacted them. Is that correct?

MATT FRENCH: Unless that vet chose to contact the regulator, whether it was the RSPCA or whether it was the Animal Welfare League or the police, and report the matter—the three agencies that have that power under POCTAA—if they were able to ring that through, they would have to provide information and detail on it, obviously, in order for the RSPCA to have grounds to investigate. If general information goes through—and again I wouldn't want to speak on behalf of another organisation—there is certain space within the legislation to either require information to subpoena somebody, obviously, to give evidence if that was necessary. But we also find ourselves in a position where we, as an organisation, want to maintain the highest level of animal-welfare practice as well.

We have a welfare team now established at WIRES that manages compliance because the compliance management has fallen back on the sector. So we've also invested in a welfare team. We have no statutory power, obviously, but we do have the capacity to work with regulators. We have a relationship with regulators and we do refer matters to regulators. If a matter comes before us that's an internal matter, it will be referred to a regulator. We won't hide that away or shy away from that because there's always something that needs to be managed and dealt with. So WIRES has also invested in that space as well.

The Hon. EMMA HURST: Thank you. We've also heard quite a bit today around mental health and the high suicide rate of vets. I just want to get an understanding from you both around, potentially, if that's the same within vets working in the wildlife space, what some of those contributing factors are and what recommendations you would like to see from this inquiry over all, I suppose, but also in that mental health space.

STEPHEN VAN MIL: Yes. It's a big and growing concern. It's something that I've been directly involved in over many, many years in exploring this and trying to mitigate and help find solutions. The reality is the suicide rate in the veterinary profession is four times the normal population. Mental health and burnout are huge issues. Marriage dissolutions and all sorts of things like that are all part of a practice. I think there's probably three strong compelling factors. One is the hours are long and, particularly in a rural area, can be really, really demanding and the remuneration simply doesn't match the time put in.

The other reality is that death isn't a mystery to veterinarians. Half the animals we see in the wildlife hospital in Byron Bay don't make it. They either die in our care or we euthanise them. So there's no mystique wrapped around death. Then I think the third big issue is we've got access to the drugs that do that. There needs to be far greater regulation on the supply and administration of those euthanising solutions. There was a period when I did some locums throughout Australia and I could pretty well tell you in every practice I walked into within a few minutes where the euthanising solution was. And it almost never was inside a safe.

There have been instances where groomers have taken solutions home and, you know, vets themselves and vet nurses and other support staff, so I think there needs to be more regulation around it. But fundamentally there needs to be far greater support for veterinarians to address the mental health issue. It is vast and, as I said earlier, growing, and it's unsustainable. We're many vets short in this country as it is right now, and we just can't afford to lose any more through burnout, dropout or suicide. We just can't.

The Hon. EMMA HURST: I know we've talked a little bit about the loss of the \$6 million grant from the New South Wales Government. Could you give us a little bit of information about the impact on the veterinarians that you're working with as well? We've talked a little bit about the impact on the animals and the

local community, but could you talk about the veterinarians that were working there and what impact that loss of money will have on them?

STEPHEN VAN MIL: To find wildlife-skilled veterinarians is hard enough as it is, and our two full-time veterinarians that we have now—and there's quite a number of part-timers—moved from remote locations to the Byron Bay region specifically for the job. When we broke the news to our hospital team that the funding had been revoked, there was consternation and deep concern. The first question they asked was, "Should we be looking for new jobs?" These are people that have relocated; they've settled their families into the region and kids into schools and things like that. If the wildlife hospital ceases to exist, these people are going to have to try to find other jobs, and they're not skilled in general practice. That was a long time ago for these vets, so they would be looking for other jobs in the wildlife sector that at this stage don't exist in that region. It would be an enormous upset, and it was certainly a big shock and concern when we broke the news.

The Hon. GREG DONNELLY: I'll put this proposition to you; it might appear a bit naive, but forgive me for following it up. I've been reading the submissions to prepare for today and hearing from witnesses about the matters of profitability and the ability to sustain a model of a vet industry over time. Applying normal market principles of supply and demand, one normally expects the market to adjust by raising its prices to make it a more profitable return on investment for the proprietor or the operator. Does that thinking around the market and as a business, in fact, not apply to the veterinary industry? Is there something about it that makes it different from other markets that produce a profit return, with people entering and leaving on the basis of thinking, "This is going to be something sustainable over time, and I can see and understand that; accordingly, I'll invest my life and my career into doing this work"? Is the veterinary industry different from other markets?

STEPHEN VAN MIL: One of the complaints we regularly get in general practice, at least, is that everything costs a lot, and the reality is we don't have a Medicare scheme in the veterinary world. If a human goes into the public health system and has a total hip replacement, it might only cost them a few hundred dollars out of their own pocket. That's not the case in the veterinary world, so we have to justify the costs of everything we provide. The equipment is expensive. The X-ray machine we have in the wildlife hospital, for instance—which is the same as our general practice in Lennox Head—costs \$120,000. When people complain about being charged a couple of hundred dollars for an X-ray, it's hard to explain that.

The answer to your question, though, is the only way to remunerate vets more handsomely is by charging more for their services, but there's just this constant pushback because we're already perceived as expensive. Yet the profitability for most general practices is well below 20 per cent. So it's not a money-making exercise. Most of the vets that have done well in their careers—it's not through what they've generated through general practice. It's a quandary. Unless there was some sort of—pet insurance has certainly helped a lot. You know, when someone comes in with their dog and it requires a cruciate surgery, it's going to be \$6,000. If they're insured, they're happy. If they're not, they're not happy. That has changed.

But that's only still a small percentage of pet owners in Australia that have fully insured pets. And of course in the wildlife sector, there is zero. There is nothing available at all. We're constantly saying in media quotes that the wildlife don't turn up with credit cards. And we don't charge anyone, whether it's care groups, members of the public or other veterinary practices. We don't charge anything for any of our services. That's another challenge.

MATT FRENCH: I'd add to that that the difference in the business model with the veterinary world is that everybody owns pets—everybody from every walk of life, every capacity to manage. People who can pay for the services own dogs; people who can't pay for the services own dogs. Animals are pervasive right across every social structure and system. There are a lot of people for whom those animals mean absolutely everything to them but will never be in a position to afford to pay for the services. So the vet industry has to compensate in some way, and is expected to compensate in some way, for people from all walks of life walking into the clinic from people who can pay and can afford and can meet those costs to people who just cannot and will not. There are a lot of social programs that are run by animal welfare charities that try to address those issues and try to bridge those gaps. It's a big impact on those organisations as well to provide that shortfall, because what you have at the end of the day is animal welfare issues generated from that.

The Hon. GREG DONNELLY: I'm not saying I support the proposition, but historically speaking has this been a feature of veterinary science and vet work—that there has been this gap that's been picked up on a pro bono basis or a compensatory basis by the vet in his or her business to carry as part of what they do? Is that historically the nature of vet work?

MATT FRENCH: Definitely there will be vets—just like any profession and any walk of life, there will be vets on this spectrum of their understanding and knowledge and exposure to some of those social issues that generate a lot of animal welfare outcomes and issues. There will be vets that throw themselves into, at their

own cost, social programs and involve themselves with trying to provide services to animals of people who—animals are often victims of their owner's circumstances and their owner's situation. Animals just get caught up in it a lot of the time. There are vets who will throw themselves into that space and there are vets who don't, because they're on that spectrum like any work. But, yes, I think historically there would be a lot of private practice vets across the State who will do things for people that they can't sustain, that they can't afford themselves as a business—in exactly the same way that wildlife makes no money for them.

The Hon. SARAH MITCHELL: I want to come back to the grant again. You said that obviously you've been having some meetings in the last week or so. Has there been any indication from government about other pathways for support? How is that tracking for you as an organisation?

STEPHEN VAN MIL: Right now we're seeking some emergency funding from the New South Wales Government. So we're working on a submission along those lines. That will buy us a period of time while we sort of restructure and figure out a sustainable model. With the grant we felt we'd arrived—that that provided a sustainable model for at least the next four years. To have that rug pulled has been a big shock. We're just literally regrouping and working out how to keep going. There are a number of options and we've been exploring those over the last two months. I guess the sentiment is no-one wants the doors to shut but it requires capital to ensure that.

The CHAIR: That concludes today's session. There was probably one question that you took on notice. The secretariat will be in touch and you'll have 21 days to get back to us. Thank you for your time. It was much appreciated.

(The witnesses withdrew.)

Mr STEPHEN ALBIN, Chief Executive Officer, Animal Welfare League NSW, sworn and examined

Dr LIZ ARNOTT, Chief Veterinarian, RSPCA NSW, affirmed and examined

Dr ANN-MARGRET WITHERS, Senior Manager, Outreach Programs, RSPCA NSW, affirmed and examined

The CHAIR: I welcome our new witnesses. Would you like to make a short opening statement before we go to questions?

STEPHEN ALBIN: I'm the CEO of the Animal Welfare League NSW, previously the interim CEO for the Australian Veterinary Association. Thank you for taking our submission and thanks for the opportunity to speak to you today. I think the overarching analysis that we've done is that the vet shortage that is occurring in the market at the moment is creating some really material animal welfare outcomes that shelters like ours—and I think the people before from Byron Bay Wildlife Hospital—are feeling. Unless we address these shortfalls in the veterinary industry and in the veterinary labour markets, I think there will continue to be material problems in the welfare sector.

LIZ ARNOTT: RSPCA NSW has been operating in New South Wales for nearly 150 years. In the pursuit of caring for animals and investigating and prosecuting animal cruelty, RSPCA regularly relies on veterinarians in private practice, employed by governments and universities, and those employed by RSPCA. We operate three veterinary practices in New South Wales—one in Broken Hill, one in Rutherford and one in Sydney—and employ approximately 40 vets and 40 veterinary nurses and additional support staff. RSPCA NSW veterinary teams have a large and varied case load. Our shelters are the largest and regular clients of our veterinary services, with approximately 14,000 animals, including 1,000 inspectorate animals, coming into RSPCA NSW shelters every year. All three veterinary practices provide veterinary services to privately owned animals presented by full-fee-paying clients and also clients of our subsidised and free services, delivered both on site and at other veterinary clinics and also in our outreach and community programs.

Fully understanding the complex and intersecting reasons for high rates of attrition from veterinary clinical practice is not straightforward, much less the way to effectively address these issues. What is clear is that the extraordinary demand on veterinary services across New South Wales has had significant impacts on the vet teams themselves and the communities seeking their services. This inquiry will continue to elaborate on the range of issues resulting from the current veterinary service shortage. However, RSPCA NSW is uniquely positioned to describe one in particular, and that's the growing barriers to accessing vet care and the associated risk to animal and human wellbeing.

As expected from the laws of supply and demand, the cost of veterinary services has increased significantly over recent years, where millions of people around the State are also dealing with extreme cost-of-living pressures and, in many cases, experiencing poverty. The Committee will note in our submission that we report an increase in demand for subsidised veterinary services and note that barriers to accessing vet care are greatest for the most vulnerable in the community: those living in remote New South Wales, the financially constrained, the elderly, those experiencing homelessness and people suffering from mental and physical health problems. The risk is that excessive barriers to veterinary care will result in animals not receiving veterinary treatment when necessary. The cost pressures on owners will force animal relinquishments or euthanasia of treatable animals.

It's not proposed that this is a problem for small business, that is the veterinary businesses, to solve. However, it is an issue that impacts everyone, including those in veterinary practice: the wellbeing of the vets that face these challenging situations is at risk; the owners that are distressed by their lack of options; and the animals who may suffer or lose their lives as a result. To try and provide some relief to those experiencing barriers to accessing veterinary care, throughout the year the RSPCA has supported veterinary costs in excess of \$200,000 at RSPCA clinics for those who have not been able to afford it. We have paid \$100,000 to private clinics for bills for 144 clients who could not afford their bills. An amount of \$85,000 has gone to subsidising the vet care for those who have enrolled in our aged care program and \$71,000 in veterinary cost was covered for those enrolled in our homelessness program.

In addition through our outreach activities, 2,959 animals belonging to 2,200 people experiencing socio-economic disadvantage were supported to obtain core preventative veterinary services, and this includes the delivery of Indigenous Community Companion Animal Health programs travelling in remote New South Wales. Despite this investment, it is clear from the inquiries we receive and the communities we visit that this is not meeting the demand for accessible veterinary care around New South Wales, and it's in the interests of the people of New South Wales, their animals and the vet profession to find strategies to do so.

The veterinary industry challenges, the subject of this inquiry, impact a range of stakeholders from governments to animal industries, universities, animal charities and not for profits, pet owners, primary producers and of course the staff and animal themselves. Therefore, it seems the solutions will require a coordinated effort and contributions from many to effect some positive change, and we hope that this inquiry will hasten the process of doing so.

The Hon. CAMERON MURPHY: I have a question that arises out of evidence given earlier today. Both of your organisations are approved charitable organisations under the Prevention of Cruelty to Animals Act. Is that right?

STEPHEN ALBIN: Yes.

The Hon. CAMERON MURPHY: So you can investigate and you can prosecute offences. Earlier today we heard evidence that there are laypeople out there performing veterinary services, including things like using anaesthetic on horses in order to perform dental work. Have you prosecuted people that have been engaging in that work for offences of cruelty to animals?

LIZ ARNOTT: I think your question crosses over two pieces of law that I think it is an interesting and difficult conflict. The Veterinary Practice Act lists in its regulations what are restricted acts of veterinary science. Obviously, our organisations don't have jurisdiction where it's a breach of that legislation and veterinary acts are being performed, such as anaesthesia by laypeople—in New South Wales, it's for the Veterinary Practitioners Board. If it is demonstrated that it's a breach of the Prevention of Cruelty to Animals Act and it is reported to us, then that's something we can investigate. But that would have to require an animal to have been caused unnecessary, unreasonable or unjustifiable pain, distress, suffering. There are, I believe, circumstances where those sorts of cases have been investigated by our organisation, but I don't have examples for you.

The Hon. CAMERON MURPHY: Are you able to provide that on notice? One of the things we heard this morning is that these people are out there advertising their services, and I wondered whether you've ever used your powers to investigate what they're doing and whether it's resulted in any acts of animal cruelty that could then be prosecuted. How it has come up today is from vets saying that's one of the things that's making it difficult to maintain a practice, because they're competing against people who are undercutting them, who simply aren't qualified and are performing what is dangerous and perhaps cruel to animals.

STEPHEN ALBIN: That's almost a therapeutic goods administration issue, with the access to the drugs more than anything else, and it happens with mulesing to sheep. But I can't recall us looking into it at all. We give a lot more money to low-income people to help with their vet bills but we're a lot smaller than RSPCA in terms of our inspectorate, I think about one-tenth of the size. I will take it on notice as well.

The Hon. CAMERON MURPHY: We have a number of public and private charitable organisations that have the power to investigate and prosecute. Having that arrangement, with several different authorities responsible, is it the case that things like this are falling in the gaps between those different authorities and what they focus on in terms of investigations and prosecutions? I am happy for you to take that on notice.

STEPHEN ALBIN: I'll take it on notice.

LIZ ARNOTT: In my view, the structure of the enforcement organisations isn't a risk to it falling through the gaps. What I feel is a consistent issue is these three pieces of legislation that are all quite old and in need of review. Obviously we're not investigating competition with organisations. What you describe is a real animal welfare risk—and I don't doubt that—but it does rely on someone to report it and it does rely on the evidence being available. As was pointed out, where there is the illegal supply of drugs to someone, sometimes your witnesses in a certain case are hard to get evidence from. Obviously, trying to protect where that information came from is difficult in some circumstances. Where there is evidence, we investigate it. But we can take on notice circumstances where that's occurred.

The CHAIR: We've been exploring, obviously, different models of veterinary care, from the small model right up to the corporate model. But I guess both of your organisations sit in a weird position off to the left where you do provide some veterinary care but it's, I guess, a model of a charity—but I note that RSPCA has corporate partners. I want to ask some questions around how you fund that veterinary care so we can get an idea of profitability and how that works. You mentioned you've got 40 veterinarians and 40 veterinary nurses across three facilities. Are you able to give us a breakdown as to how many are at each facility? I'm happy for you to take it on notice.

LIZ ARNOTT: I can do that, in the spirit of taking as little as possible on notice. At our Sydney facility we have 14 full-time equivalents. I think I made the point in our submission that our total number of employed is much greater than our full-time equivalents because of the nature of the part-time workforce. At Sydney, we have

14 full-time equivalent vets and 17 full-time equivalent nurses. At our Rutherford practice, we have about 7½ full-time equivalent vets and 13 nurses; and at Broken Hill, two full-time equivalent vets, with some assistance from locums when we can, and five nurses.

The CHAIR: How is that all funded, given that you are a charity? I note that you've got your pet insurance as a corporate partner listed on your website, and it says that a percentage of the premium goes towards some of the work that's being done in your facilities. How much of that premium is going towards funding those services?

LIZ ARNOTT: I imagine there's some more detail in our annual financial statements, but essentially, as you know, we're largely funded by donors—fundraising. That includes the funding of our vet salaries. We also make some revenue from full fee-paying clients annually. Often those clients come because they know their money is going into supporting our other shelter work. So private clientele and fundraising are our main sources of income as a charity, as I understand it. You mentioned corporate partnerships, and we do have those. I don't understand entirely the distribution of that. Some of our corporate partnerships are about things like supplying food to our shelter animals or vaccines at lower cost.

The CHAIR: Yes, I did know that. It seems like a lot of it is goods in kind, but the pet insurance is obviously a separate issue that we're also looking at as part of this vet inquiry—and the uptake of pet insurance across the board. I'm just interested in whether the pet insurance model that you have at RSPCA is profitable. Is it something that is adequately funding your staffing? Your website states that a percentage of your premium goes to that.

LIZ ARNOTT: It's managed by RSPCA Australia, and I don't know how the distributions are made. I don't know its profitability.

The CHAIR: Are you able to take that on notice?

LIZ ARNOTT: Yes, I can.

STEPHEN ALBIN: Chair, we have five vets on site. Each animal that comes into our shelter in terms of veterinary costs is about \$1,793 for a dog—this is part of the pound inquiry submission as well—and less for a cat. It's about \$1,200 per cat. Those costs are material. We make all of our money out of fundraising and very generous donors and benefactors. We also provide the mobile vet truck, which is now known as the animal care truck. It's 21 destinations around the State in a 12-month period, providing vaccinations and microchipping with the support of the New South Wales Government. It has been highly successful. But the veterinary costs per animal done internally is significant. We spend \$1.2 million a year on our CADS and CAAS programs. One is for desexing—the vast majority of that is for desexing—and the other is for emergency vet fees. That also comes from donations alone. We've been finding it tougher given the vet price rises over the last couple of years. People's access to our programs has been lessened, but about 2½ thousand people received support from us last year from our own money.

The CHAIR: Before I pass to someone else, you mentioned the truck. In your submission, you talk about regulatory constraints making it harder for you to do your work with the truck. Many of us have seen this truck in other inquiries and are amazed by the work that you guys do. I believe RSPCA has a vehicle as well.

STEPHEN ALBIN: Yes.

The CHAIR: Can you talk us through what some of those regulatory constraints are? My understanding is that you have to re-register this vehicle every time it moves to a new location. Is that correct?

STEPHEN ALBIN: The Veterinary Practitioners Board has changed their view on that a little bit. We're getting, in some instances, an annual licence. In a place like Dubbo, we've got an annual licence. But the real issue is that that truck can do surgeries and desexings—given that it's mobile, I don't think it was ever contemplated, when the Act was originally drafted, that you'd have mobile veterinary services. It's very hard. You can't get approval, unless you're in a pound doing the desexings, to actually do the work on the truck. Last week we went to Deniliquin, Broken Hill and then back to Young. The issue is that in places like Broken Hill, RSPCA vet clinics are getting refurbished, I understand. In other places, like Parkes, there are no vets. We could easily do the desexings and the surgery there, but we just can't get the licences. That's the major regulatory impediment, because we're a mobile vet truck.

The CHAIR: That's the main one, but are there other—

STEPHEN ALBIN: That's the main one. They've been pretty good. They're working within their constraint by the regulations as well—the Veterinary Practitioners Board. That's the major one—the desexing.

The CHAIR: I might ask them to provide a bit more detail. If there are any other constraints that you think of, perhaps on notice you could come back to us with those, because if the regulations are making life hard for vets because of silly little things that we haven't caught up with, we should look at that.

The Hon. SARAH MITCHELL: Mr Albin, you just mentioned that, for instance, in Dubbo you might have a 12-month licence or permission to be there. Does that work per locality, or local government area? How does it actually work under the Act? I am not familiar.

STEPHEN ALBIN: I'm not an expert in that.

The Hon. SARAH MITCHELL: I'm happy for you to take it on notice.

STEPHEN ALBIN: I'll take it on notice. But my understanding is that it's done by region, by area. In Dubbo, we get the annual licence because we desex on the pound site there.

The Hon. SARAH MITCHELL: But then you've got to go through for every community to do that.

STEPHEN ALBIN: Every community, yes.

The Hon. SARAH MITCHELL: Any suggestions on that, on notice, would be good. I have a few questions to ask the RSPCA, from your submissions. Some of it relates to evidence that we have received earlier today. In the second paragraph on page 5 of your submission you talk about certain personality traits and people having high resilience, but if you're a bit of a perfectionist that trait can sometimes make it a bit challenging. What we've heard from some earlier witnesses today is whether there should be scope to look at, particularly for the admissions process into university, a combination of not just the academic marks but also that aptitude and those personality traits that are may be better fitted to people who are wanting to become veterinarians. Do you have a view on whether that process should be looked at in terms of the admissions into university and what that skill set should be?

LIZ ARNOTT: I don't purport to have any particular expertise. I can only speak from my experience as a vet and seeing students come through. I think there are benefits to having an increased scope of admissions in universities, the same way we would for a job interview, in setting clear expectations about the role and understanding people's capacity. It is a fraught area because, as you know, you may become a vet to become a pathologist so maybe you don't need the same skill set as a vet in clinical practice. I think it's still valuable to change that admissions process because there's some evidence that the universities that are doing an interview-style admissions process are having some good outcomes. I think that is definitely worth investigating and considering as a useful exercise. It is hard, though, because often it is a profession to which you want to attract people who are compassionate and who have a high standard of care and might be detail focused.

I did hear a view that it was a little bit of victim-blaming to have people go into an impossible profession and then blame their personality traits. I quoted the evidence; it's a very good recent paper in the *Irish Veterinary Journal*. It's interesting and useful information but ultimately it shouldn't distract from finding ways—and I don't have all the solutions—to create a working environment that people can still excel in, despite certain proclivities.

The Hon. SARAH MITCHELL: We have certainly had some evidence along the lines of that today about that safe workplace and what you can do to provide support, and for early career vets who might be starting out. I turn to issues around overseas-trained vets again. We've heard some evidence today about there being quite a large percentage of overseas vets coming to study here—and obviously universities have their financial models in terms of student intake—but I've also heard anecdotally speaking to a few vets, particularly in regional areas, that sometimes when you have overseas-trained vets it can be quite an onerous process to have them registered and accredited here. Again, you want a high bar because it's an important role but from your experience in terms of that overseas workforce, are there ways that that could be improved?

ANN-MARGRET WITHERS: I don't know that we have the experience. We have had overseas-trained vets working for the RSPCA and it's a really difficult process to actually get them on board and then retain them. It is a complicated process.

LIZ ARNOTT: As I understand it—and again we don't have a lot of visibility of it—it can take two or three years to pass your exams and during that you need an income, so it's not uncommon for those vets to be employed as veterinary nurses so they still get some experience. They do need to be examined in both large and small animals so they're always needing this quite intensive training to get over the line. I think it's worth looking at the efficiency and the fairness of the process while still maintaining a standard that's befitting of the need of the welfare of our animals and our clients, I suppose.

The Hon. SARAH MITCHELL: Another area that we've discussed at length is that regional, rural and remote challenge. I know you've got a clinic at Broken Hill. There's been quite a bit of evidence today, not with

specific solutions, but looking at things like regional incentives and how you can get people to come and work in those areas by waiving HECS debts and the like, and that's been quite a common thread. Interestingly, we've also had a few witnesses talk about access to child care and the impact that that has, particularly for a workforce that is becoming more and more female-dominated, and you do reference that in your submission about when access to child care is either expensive or just not available.

Full disclosure—I live in a regional community myself, so I am aware of the challenges. On the surface, it doesn't seem like a natural connection to make between child care and vet shortages. But I think it's an underlier, from what we have heard today, for people not being able to move or work the hours they need to when they're managing their childcare responsibilities as well. Just because you referenced it in your submission, is that something that you've seen in your clinics?

ANN-MARGRET WITHERS: Yes, I would say, absolutely. Just last week we did a program out at Orange, and I was speaking to an ex-staff member who is a vet nurse. She moved there to have children and she was only back working one day a week because she couldn't get child care. She's a really qualified veterinary nurse and yet she cannot get a childcare place. With our own workforce as well, people leave and have children, and they only come back part time as well, because a vet is not a very child-friendly place to work, unfortunately. As much as you try to make it family friendly, it is really difficult, if your child is suddenly sick, to just drop what you're doing and run out and get them from the school or whatever it is. Having somewhere to put them by making child care more available would definitely make a difference.

The Hon. SARAH MITCHELL: I just have one more question, going back to the vet nurses and the role that they play. It is not something that we have explored too much today, but I am interested in how we can better support the vet nurse workforce as well. You talk about there being an absence of a nursing regulatory framework in Australia. Could you expand on that a little bit more, if possible?

LIZ ARNOTT: Yes, I can. Veterinary nurses can be employed without training. Obviously, you can't be a veterinarian without a degree, but you can certainly have nurses in a practice without qualifications. You can also have nurses that have completed TAFE certifications. Ultimately, however, there is no regulatory body that has any requirements for continuing professional development and no clear pathways for development whereby you might be able to become a senior nurse or acquire certain additional qualifications. I suppose, what has been supported more broadly is, if there was a regulator in the same way the Veterinary Practitioners Board is, there'd just be more opportunities for upskilling that group of veterinary team members. It allows them then, potentially, the opportunity to take on more responsibility.

And while there obviously has to be that balance, for animal welfare reasons, on what are restricted acts to veterinary science, certainly veterinary nurses have extraordinary potential to contribute more. If you look at vet clinics in terms of their profitability and if you believe there is going to be a limit to what they can charge for people to access that care, then efficiency is the other way to be profitable. Leaving vets to do things that only vets can do while nurses do more is one way to achieve that. Some sort of formalised structure that insists on a certain standard, provides pathways and makes clear who can do what in that space, I think, has some value.

The Hon. SARAH MITCHELL: I visited a vet clinic in Dubbo a few weeks ago, and that was something we were talking about. That practice owner was saying some of the vet nurses, particularly those who have been there for decades, would have the skills to do things like vaccines and some of the lower-end skills—for lack of a better term—but without that framework to make sure people have the full qualifications. As a committee, I think that we should be exploring whether there can be a middle level between being a vet nurse and moving into being a fully qualified vet where you can recognise those skills and expertise and take off some of that workload burden so that the more complex matters can go to the vets.

LIZ ARNOTT: Agreed. And I would like to see it bring about greater nurse retention in the profession. When you have nowhere to go, you go and work for industry or you do something different, so I think it's great for a pathway as well.

The Hon. SARAH MITCHELL: For sure.

The Hon. EMMA HURST: Thank you all for coming today and for the amazing work that you guys do. We have had quite a lot of submissions talking about the telehealth and its benefits, but I just wanted to get your thoughts. I know we talked about telehealth in the regional and remote health inquiry for hospitals and there was a concern about over-reliance on telehealth. I know that you mentioned that Parkes doesn't have a vet, for example. Is there a risk with telehealth that it's over relied on, particularly in regional and remote and rural New South Wales? How do we find that balance where there are benefits to telehealth while we're also making sure that we are not leaving certain areas without anyone being able to actually see a human vet?

STEPHEN ALBIN: I think there are a lot of benefits to telehealth, especially with that regulatory issue I was talking about before. If we're desexing in Parkes, you need to actually have follow-up. So telehealth for us and ensuring those regulations are changed and can be effective is pretty important. There are a lot of changes in practices going on around the veterinary world. If you go to the UK, for instance—you were just talking about paraprofessionals doing a lot of the work—that is what is occurring a lot in England, in US markets. We should adopt that more here. But telehealth is just another arrow in the quiver to provide better services to people in rural and remote regions. We think that it should be used a lot more than it presently is in this industry.

LIZ ARNOTT: As I understand it, there are quite a few organisations offering a degree of telehealth services. That's a good thing. I think advice for people is important. I think it increases access to vet care. I think the tricky things to resolve are the prescribing issues. At the moment, as I understand veterinary practitioners' regulation, you can't prescribe unless you have an animal under your care, which means that you may have seen it in perhaps the last six months. So I think there's real value, as was just alluded to, in following up cases where you've seen it, and I think it would be invaluable. But there is, again, this crossover of different laws and the risks associated—understanding prescribing issues.

Also, of course, at the end of the day most serious conditions require some kind of physical intervention for that animal. So we struggle with what to do to support our team in Broken Hill, who are doing a lot of on-call. As we know, on-call creates a 10 times risk of leaving the profession. It's really one of the real kickers in this profession. These triage services are available. But ultimately, if it's an emergency, there's not much you can do. But we would certainly be in favour of looking at ways to make telehealth accessible and considering all the regulatory implications while still protecting animal welfare and the human health risk as well.

The Hon. EMMA HURST: How do we find that balance within the regulations? Obviously, if we're opening things up to make sure that telehealth is more available, how do we make sure that it doesn't replace veterinary care directly in regional and rural areas where we're struggling to get vets?

STEPHEN ALBIN: Telehealth hasn't really replaced—in a human sense, it hasn't replaced doctors' surgeries. It is more prevalent, but it hasn't replaced it yet. There'll still be a need for actual vet practices, I think, even though we hope that telehealth does get more of a foothold in this sector over time. Some of these areas, the biggest problem is access to services. If it can be delivered by telehealth, it's better than not actually having it at all. I've got some figures in the submission there, which actually shows the economic impact or the welfare benefits of having a vet, which is significant. One vet saves 4,000 animals a year. They're worth about \$729,000 in avoidable economic costs to the economy. If you can get it through telehealth, it's a good way of doing it as well.

LIZ ARNOTT: I just think it probably needs further consultation with the regulators to understand the risks—the Veterinary Practitioners Board and NSW Health. I'd be very interested to consider a model, but they're probably the keepers of the best idea of what they consider the risk, I suppose.

The Hon. EMMA HURST: Thank you. I also wanted to ask about the barriers to accessing veterinary care and how there is a disproportionate impact on vulnerable members of the community. We've been talking about the veterinary shortage over the years, but we've also got this cost-of-living crisis on top of that at the moment. Can you give the Committee some insight into the cost-of-living crisis and the accessibility of veterinary care for vulnerable people and for lower income earners, and what needs to be done in that space?

STEPHEN ALBIN: At the moment, it's huge. We normally have what's called a kitten season, where your shelter gets all these—the kittens get born and they come into the shelter. That season has now been going for a year. There's no season; it's now virtually permanent. The reason it's permanent is because you have people not taking their animals to the vet and getting them desexed, not getting supported and not being able to afford it. The way that cats breed, it just gets worse and worse and worse. It grows exponentially—the cat populations. We are sort of at the front end of it now, but it is a material and real problem. The cost of living and the fact that people aren't going to the vets is major.

We are getting more calls. We serviced 2,500 last year—we gave money to supplement desexing for cats. The year before, we had 5,400. But the calls are triple that at the moment from people needing assistance to get their animals desexed. If we don't give them money, then those animals are going to come straight back to the shelter. The cost of living and vets—and there are other issues as well, if you look at parvo and cat flu, especially in regional areas. If parvo gets into a pound, that pound is out of action for seven years. If the animals are not getting vaccinated, there are some material avoidable economic costs as well.

The Hon. EMMA HURST: Before we move on, I have a follow-up question. In regard to the cats, I think \$1.5 million was given last year by the Government for desexing programs. Based on what you're saying, is that just a drop in the ocean? It's still needed; I am not discrediting it. But are you suggesting that it needs to be a lot more than that, and much more ongoing funding to just desex cats?

STEPHEN ALBIN: It certainly does need to be significantly bigger. I think that everyone sort of put their heads in the sand for a couple of years, thinking that if you kept your cat indoors everything was going to be fine. Suddenly the population has exploded. Now you've got people, especially in Western Sydney, who aren't getting their cats desexed—also aren't owning the cats, so they're not microchipping them either—and we're hit with some real problems. We've got a lot of volunteers out there trying to manage populations at the moment.

ANN-MARGRET WITHERS: I certainly agree. We have a particular project, Keeping Cats Safe at Home, but at the core of that is actually intensive cat desexing and all the modelling that we've done—that the money is great but, yes, we need a lot more to support high-intensity cat desexing to actually have an impact.

The Hon. EMMA HURST: Will that reduce the pressure on vets? Obviously, getting these big desexing programs does put some extra pressure on vets, but we're also hearing from vets that they're getting a whole lot of homeless animals dropped to them. Where do we find that balance?

ANN-MARGRET WITHERS: It would certainly improve animal-welfare outcomes. We regularly get calls every week from someone who started off with two cats and now they've got 30 cats and they can't afford to look after them or desex them, and they're sick. We could spend all year servicing just those particular phone calls, so it is a real issue. The more services and money that can be directed there—it will definitely make a big impact.

STEPHEN ALBIN: In our submission, we talked about injured strays as well. Back in the day, vets used to—we've got a rule in our shelter where our animal ambulance needs to drop the injured stray off at the local vet. We're finding it a lot more difficult to drop those strays off at vets to do welfare work—and understandably. They're busy; this is no criticism of the vets. You make a very good point.

The Hon. EMMA HURST: In regard to councils—I know both of your organisations interact a lot with councils—how is the vet shortage impacting on them and their ability to care for animals that are dropped there?

LIZ ARNOTT: We have been approached by several councils asking us to help them process their animals through for adoption—just the simple work of desexing them and vaccinating them—because every clinic that they approach has enough work and too much work to fit it in in a timely manner. It's causing capacity issues. They are under pressure to retain these animals longer. It's also causing welfare issues. Shelters and pounds are not the place for animals. As with every other vet clinic, we are struggling to fit it in to help them. We have organised weekend desexing days for certain local councils just to try and get some of their animals through.

Ann-Margret spoke to some of our programs around the State that look at funding the desexing of cats. One of the greatest limitations is finding the vets to do it; it's not even the money at this point, in some of the areas. We are hoping to set up a desexing clinic to do it. I think that there is interest from vets even sometimes to volunteer for that work, perhaps even vets who are part-time or considering retirement. I actually think there's an interest in doing it. It's straightforward and it's satisfying work. It's about actually having the facilities available to do it. There's an example from Albury, I think, where Dr Withers' team went down because it was a closed vet clinic. We could make use of the facility to try and provide some services to that area. There are ways and means—where there is some funding—to do it but it's a constant struggle because of the staffing shortages.

The Hon. EMMA HURST: I have one more question. Mr Albin, you mentioned that Parkes has no vet. What does that mean for people and animals in that area? How far are they travelling to get to a vet? I understand that you are travelling out there to try to create a bit of a stop gap.

STEPHEN ALBIN: It's got more of a deep-seated impact than you would expect. This is anecdotal, from the truck. When we take the truck around, we have been averaging about 120 animals in a four-hour period—vaccinations, microchips. We work closely with the vets in each regional area. Now that vet has gone in Parkes, we had the lowest number of people turning up, because there is no connection between the animal and the organisation. Vets are really important for a local area to ensure that there is someone for animal owners to turn to. Parkes was the toughest one to get people to. There are people travelling hours to get to the vet, but a lot of people simply don't go to the vet. If you go to some of these rural and remote regions, the animal welfare issues are material. We have had our inspectors go out to Cobar and we have previously been out to Bourke. There are real issues out there. That is not just to do with the vets. But when you lose a vet you are in real trouble.

Ms ABIGAIL BOYD: I want to ask two main questions. We have heard a little bit about the idea of having an animal in your family being a privilege and not a right. We often talk about that in terms of, "As a responsible pet owner, you need to care for your animal and you need to take certain steps. It's not a right for you to just have an animal." But at least when I say, "It's a privilege and not a right," I don't mean it's a privilege just for those who are very wealthy. A beautiful paragraph in the RSPCA submission talks about this. It talks about these, I think you call it, antiquated attitudes that confine animal ownership to this wealthy group of people who

can afford it. Can you talk about the impact of government not taking any proper responsibility for the financial burden of pet ownership? Can you talk a little bit more about what you meant in that paragraph?

ANN-MARGRET WITHERS: The reality is 68 per cent of Australian families have a pet. A significant number of those live on or below the poverty line as well. Due to sheer force of requests, the RSPCA has actually started up a subsidised veterinary program—we call it our own access to vet care—where we provide a 35 per cent discount on services. It's means tested, so it's people on Centrelink benefits. Then we have another pool of funding that people can apply for if it's an expensive procedure. It's not something that we actually advertise, but the sheer force of the weight of requests for assistance has just meant that we have had to go there, as well as externally we've provided veterinary care around the State as well. We are trying to fund a private clinic to fund our work, we are trying to look after our shelter and inspectorate animals, but we are also trying to service underserved communities as well. It's not only us, AWL does it, the universities have programs as well to support low-income people. There are other people out there doing stuff, but no-one can actually advertise it and say, "This is what we are doing." because we don't have enough money to cover the need.

If you look all around the world, in the United States, in the UK, in Canada, even in Victoria, there are lots of models there for access to vet care that is government supported. In Victoria the Government put out a lot of grants to try to get low-cost clinics to be developed. If there was more funding then we would be able to support that need, and that would have the flow-on effects of improving animal welfare. It decreases stress on vets in the community because we know that one of the greatest stresses is the ethical distress because they can't treat animals, and they are either euthanising them because the owner can't afford something. Actually having that will have lots of flow-on benefits for the vets, for the animals and for the community.

Ms ABIGAIL BOYD: If pet ownership does become something only the very wealthy can afford, I think there is a current misconception perhaps that would be okay, we would have less animals being bred but what we would end up with is a lot of animals needing homes, wouldn't we?

ANN-MARGRET WITHERS: There's a saying that people who have the least need a pet the most. Our most vulnerable, aged people, people with mental health issues, homeless, these people all have animals and they're family; they are their emotional support. Every time we have ever done some kind of survey of our clients, whether they are from our Indigenous community programs or whether it is our aged-care, homelessness programs, "What does this animal mean to you?", it's like everything, they are family. Income is not an indicator of the importance or impact that the animal actually has and that bond is so important. That's why we have started these—this is how we have actually prevented animal cruelty as well, if you support the human-animal bond it stays in a healthy relationship in the home and it doesn't get surrendered to a pound or euthanised. The more support we can have there, the better.

LIZ ARNOTT: I think to your point, because I've thought about it a lot as someone in practice who has experienced that ethical dilemma, I have thought, and it's a logical thought, "I wish you didn't have this pet, you can't afford it." But to your very good point, when people say that I think they are not testing their beliefs about what they would like done with the 14,000 animals in the pound and the shelters. It seems to be a strong community consensus they would like those animals rehomed. If those animals are not to be euthanised, I assume people would like them homed to loving homes, which is not going to be the most affluent in our community. To Ann-Margret's point, I believe people probably like the idea that the elderly have health benefits from having animals and that they don't feel as isolated and so, again, they are going to need support, a lot of them. There is almost no point in the philosophical discussion because the animals are there and are going to be there. There's the logic, and there's the reality, so what are we going to do with the reality I suppose?

Ms ABIGAIL BOYD: In the time I've got I want to ask Mr Albin about the fabulous vet trucks that you have, the Animal Care Trucks. You say in your submission that there's an obstacle at the moment to being able to run, is it surgical procedures, from the trucks?

STEPHEN ALBIN: Surgical and desexing, yes.

Ms ABIGAIL BOYD: What is the change that we need to make there?

STEPHEN ALBIN: You need to allow mobile vehicles to be able to do surgeries and desexing. On notice, I will write a clause that you can maybe put in—

Ms ABIGAIL BOYD: Is it similar to with medical professionals, where you have people who are licensed to do the surgery but then you also need licensed premises? Is it the licensed premises issue?

STEPHEN ALBIN: Yes, that's it, and it can't be mobile.

ANN-MARGRET WITHERS: Can I just say something to that point? We've been doing remote desexing services since about 2006 and we've done it under the regulatory framework that currently exists, the

veterinary regulatory framework. With our work with NSW Health Aboriginal environmental health unit, we've been getting restricted temporary licences for dwellings within communities to do that. Over a three-year period, we serviced over 1,600 animals and desexed, I think, 800 or something of those. But it's a temporary licence.

STEPHEN ALBIN: And you need a dwelling as well. That's how you got around it. You do it through dwellings.

ANN-MARGRET WITHERS: Yes. We didn't "get around it"; we get a licensed dwelling, yes.

STEPHEN ALBIN: Sorry. You get a licence, yes.

The Hon. GREG DONNELLY: My first question, on behalf of a colleague who couldn't be here this afternoon, is a question on notice. Could you please have a look at the 16 recommendations that the Australian Veterinary Association has provided in their submission No. 144 to the inquiry and provide any feedback that you might have in regard to the recommendations that stand out as perhaps being the most supportable or that you think are good ideas?

LIZ ARNOTT: I'm happy to respond now, but you'd rather it on notice?

The Hon. GREG DONNELLY: I know you don't have an aversion to taking them on notice.

LIZ ARNOTT: Either way, whatever you'd rather, that's fine.

The Hon. GREG DONNELLY: There are 16 of them, but if you'd like to respond now, then of course.

LIZ ARNOTT: I think 7 and 8 resonated with us because we really understand that that rural situation is crucial, and so we would really be supportive of those that are seeking to find solutions to the after-hours situation and to get vets there. Also, I think recommendations 9 and 10 were ones that are hard not to support, aren't they? We've heard so much about the veterinary profession doing everything for everyone for free and so we'd also support those, along with recommendation 12. I think we refer in our submission to the access to veterinary care report done in the US, and while financial restrictions were the greatest barrier there were also definitely barriers around language and those sorts of cultural issues, so we are supportive of number 12.

The Hon. GREG DONNELLY: My next question—and this is a pretty crude calculation, but I'll just provide it to you and welcome your response. These numbers are well known. The value or the worth of the pet industry in Australia is \$13 billion. That's a figure that we hear regularly. There are over 13,000 vets in Australia. So, if you break it down, there is \$1 billion for every 1,000 vets. If you take the number of vets and apply that crudely as a divisor, you end up with that figure—\$1 billion for every 1,000 vets. I'm trying to work out in my mind, listening to the evidence that we've had today and in reading submissions, who is making the big bucks out of pets. I don't know whether it's the pet food manufacturers or if there are other elements in there; it's not quite clear. It is highly profitable. But what we do know from the evidence we've received is that the vets, certainly, and the vet industry do not appear to be making the big dollars. So who is? The reason I raise that is it may be that whoever is making the bucks may have a greater responsibility to make a contribution.

STEPHEN ALBIN: This is a very good question. There are two parts to this industry, and in our submission we say it could be due to the corporatisation of the industry. You've got private equity in this industry, who is running your vet clinics. Right? Private industry are motivated by EBITDA—earnings before interest, tax, depreciation and amortisation. The more money, the more earnings you get in a clinic, the higher the valuations, the more private equity you can get in and buy more clinics. It's a very interesting scheme. This is being done in other industries, like Cardno in engineering. It's a playbook. Then you've got the traditional practices. They're chalk and cheese. And these traditional practices, they're selling into the private equity because there is a get-out clause. Typically they don't have—in the old days it would be difficult for them to sell their practice at a reasonable return. Now they can take a scrip offer in private equity and they've got their retirement income.

So you're seeing the industry change materially, and I reckon that's part of the reason why, at the moment, you're seeing what you're seeing with workforce shortages and some of the pressures in the veterinary workforce. But it's not just one; there are completely different pressures. I was trying to find submissions to this inquiry from Green Cross and Apiam, but I can't find them. Maybe they were anonymous here. But they're major employers and they're major parts of the veterinary workforce structure, and they have different motivations from people who run the traditional practices.

The Hon. GREG DONNELLY: I have a follow-up question. About the charging-out rates for the procedures that vets do, obviously from something quite simple through to a complex piece of surgery, is there a schedule that's actually understood to be the going rate for what vets charge, either formally or informally, or is it set in some other way—what the market will bear?

LIZ ARNOTT: I'm no expert but I would have thought that was anti-competitive to be comparing prices. I don't think there is. I think the way most people set their fees is to look at their costs and then add a margin. We use a lot of external vets, so we have a feeling for what the general prices of things are, but there's no set schedule of fees that's understood to exist.

The Hon. GREG DONNELLY: There must be an informal understanding out there. I mean, it's hard to believe that vets don't have a general sense of what their competitors are doing.

LIZ ARNOTT: Yes, of course we have a general sense, because we're the clients of veterinary practices as well as veterinary practices ourselves. We know what the average salaries are and how long it takes a practitioner to do a certain job. There is certainly a feeling of what certain procedures would cost, but there is nowhere you can look that up; you just have the experience of that across the board, I suppose.

The Hon. GREG DONNELLY: Do you think vet services are actually undervalued in terms of what the value is, for charging what they do?

LIZ ARNOTT: I think it would really vary across New South Wales. Generally speaking, yes, because there's a limit to what people will pay for their animals. I think my experience of working in regional New South Wales is that it's an unsatisfactory existence to price people out of your services. You want good outcomes for those animals so, absolutely, being able to repair a cruciate ligament on a dog after you've ultrasounded its abdomen and done blood work and done its epidural and done all of that in an afternoon's work is worth a lot more than what we were charging for it 10 years ago. I guess I don't know what the price elasticity is, but certainly in the country you had to be mindful of what people could pay.

STEPHEN ALBIN: The expectations of the customer have changed materially.

The Hon. GREG DONNELLY: Could you please explain?

STEPHEN ALBIN: A cruciate ligament injury on a dog—when I was growing up in Brisbane, I don't think we would have ever gone there, and owners wouldn't have. I think now that people want to keep their dogs and animals alive longer. They're very important companions. Community expectations have changed. They're getting more work done. A friend of mine has got to give a diabetic injection to the dog. He had corneal implants for his dog. The thing is that the costs are going up as well because the type of work that's being done is materially different to what was done in the past.

ANN-MARGRET WITHERS: In the last 20 years things have changed significantly. Vets have gone from being generalists to incredible specialists, and highly skilled. They are starting to really charge for what they're worth and, unfortunately, that's leaving a lot of people behind. They can't afford it.

LIZ ARNOTT: It's been used, I know through discussions with vets, as a mechanism for reducing their workload. If you are too overwhelmed with work, you increase your prices so fewer people can—you have a lower customer base that you can't service anyway. I think, as a small business, they have every right to do that, but I guess, from an animal welfare organisation—and this is what part of the inquiry is about—are we comfortable with the consequences of that, and is there anything we can do about it?

The CHAIR: In the one minute remaining, you probably won't have time to answer this, but obviously the nature of the work that your vets do—they probably see things that other vets may not. Do you guys have a higher attrition rate with your workforce than the broader vet workforce? If you don't, what are you guys doing differently in terms of supporting your vets so they don't burn out?

LIZ ARNOTT: I can provide a quick answer to that, on the basis of some internal engagement questionnaires from our staff. You're right—they see some horrendous cruelties, and there is every reason to think that that would have an impact on them. And I believe it does, but what they value about their jobs and the reason they stay with us is often the large team. I know in the AVA workforce survey, peer support was noted as a really important factor for people. I think the large team and, certainly in our larger practices, not having to do a lot of overtime and not having to do on call also seem to be protective in terms of burnout. Interestingly, where I struggle mostly to keep our vets from burnout is in our Broken Hill practice, where they don't do a lot of animal cruelty work, but they do a lot of on call and are at risk of having to do longer hours in a smaller team. I do think it's an interesting question, because I can say, personally, there's a toll that is taken on you from seeing this work. But if you have time to recover and you have people around you, it seems to be something you can cope with better than the day in, day out, on-call relentlessness of remote practice.

STEPHEN ALBIN: I've got to agree with Liz. We are a lot smaller than you, but the pressures on our vets are enormous. We have to engage in various mental health techniques, training programs and support services to ensure that we look after their wellbeing. It's very similar to the RSPCA. They love the team. The people around them are really, really important.

The CHAIR: Perhaps on notice, any information on those mental health programs you do run your teams through would be great, because it may be a model that we could expand on. That will take us to the end. Thank you very much for your time this afternoon. It is much appreciated. You've taken some questions on notice, so the committee secretariat will be in touch, and you'll have 21 days to get back to us. We will now break for afternoon tea for 15 minutes.

(The witnesses withdrew.)

(Short adjournment)

Ms KATHY RANKIN, Acting Head of Policy and Advocacy, NSW Farmers, sworn and examined

Dr ROBYN ALDERS, AO, Member, NSW Farmers, affirmed and examined

Professor IAN LEAN, Member, NSW Dairy Action Plan Implementation Panel, sworn and examined

Mr ROB COOPER, Chair, NSW Dairy Action Plan Implementation Panel, sworn and examined

IAN LEAN: I am also an adjunct professor at the University of Sydney and managing director at Scibus and Cows R Us.

ROBYN ALDERS: I am also an honorary professor with the Australian National University, with the Royal Veterinary College in the UK and with Tufts University School of Veterinary Medicine in the US.

ROB COOPER: I am also a practical dairy farmer and member of NSW Farmers.

The CHAIR: We will go to opening statements.

ROBYN ALDERS: NSW Farmers applauds the establishment of this inquiry into the shortage of veterinarians and thanks you for reading the association's submission. Over the past three decades, the relative decline in veterinary and other frontline personnel associated with animal health, welfare and biosecurity in rural areas has been presided over by governments of all stripes, and we believe that this situation requires bipartisan support to achieve sustainable solutions. Having said this, we also recognise that shortages of veterinarians in rural areas is not unique to New South Wales or to other Australian States. Indeed, it's a challenge facing many countries, including many high-income countries. Therefore, we would like to briefly explore three approaches being employed internationally that may help to ensure that the New South Wales Government is better able to ensure appropriate access to veterinary services in rural areas.

Firstly, lobby the Federal Government to incentivise new graduates to practise in under-served rural areas by waving student loans. This is done in a number of high-income countries—for instance, in the US. However, when implemented in isolation, this approach does not solve the retention problem with veterinarians moving away to higher paying positions on the completion of the required minimum period. It can also lead to an over-reliance on a less experienced veterinary workforce in rural areas, which can directly impact on animal welfare as well as the mental health of newly graduated veterinarians and animal owners and carers.

Secondly, implement government initiatives that ensure the availability of appropriate, affordable veterinary services to livestock producers. In Canada in livestock producing areas, such as the provinces of Manitoba and Ontario, governments are supporting a range of initiatives to ensure the availability of appropriate, affordable veterinary services to livestock producers. These initiatives include rolling out tele-veterinary medicine, grants to equip mobile veterinary clinics and travel subsidies or cost sharing to reduce the cost of call-outs incurred by clients.

Thirdly, enter into public-private partnerships. The World Organisation for Animal Health, of which Australia is a member, emphasises the potential to improve veterinary services overall through greater partnership between the public and private sectors. In fact, recognising the lack of surge capacity within Australian veterinary services, the DPI, in line with national guidelines, has approved the involvement of private veterinarians in emergency animal-disease responses. Given the dire shortage of veterinarians in some rural areas, we would like to suggest that the New South Wales Government consider extending the engagement of private veterinary services to cover key veterinary functions, such as disease investigation and preventive-medicine activities.

Here's an example as to why such an approach is required. As a result of the ongoing government veterinary services response to repeated biosecurity incursions and natural disasters, Local Land Services veterinarians have been called in to provide relief to the DPI veterinarians who have been overstretched. During these secondment periods livestock producers have been left without access to local government veterinarians, meaning that timely disease investigations, including post-mortems and sample submissions, are compromised.

By entering into routine contracts with private veterinary practices operating in rural areas, the Government would help to ensure improved access to the services required to support animal health and welfare and disease surveillance and provide additional financial support to these private practices for a sum less than that required to add full-time government personnel. In conclusion, the importance of having efficient and sensitive animal-disease surveillance has been highlighted recently in relation to the outbreaks of foot-and-mouth disease and lumpy skin disease in neighbouring countries. Such surveillance systems depend on much more than sample submission and laboratory diagnosis. The key to rapid detection and response is the quality of the relationship between the animal owner or carer and government veterinary services. Put simply, trust between livestock producers and veterinarians is essential and must be maintained over time.

IAN LEAN: Thank you very much for the opportunity to present. I want to start with a little bit of a perspective and also to highlight that we're really talking about a limited area of veterinary science, but it's such an important area. Historically, the profession really arose out of the major livestock plagues in Europe in the 1700s and the response was to form a veterinary school at Lyon. Subsequently, the profession has been hugely successful, especially in this country. We've eliminated major diseases that affect both animals and humans, including tuberculosis and brucellosis. We've also removed infectious leukemia. We've removed pleuropneumonia and we've controlled a lot of the major outbreak diseases that affect livestock.

Unfortunately, of course, such success has its down-comings and those have been a failure to adapt, a failure to change, and those things have had significant impacts. They have been exacerbated by changes in the agricultural environment. Farms have changed dramatically in the last—2006 to now, we've lost 44 per cent of the dairy farms in New South Wales, and dairy farms were a very substantial employer of veterinarians in practice. I can attest to that. What we've also seen is a change in those herds. We're now seeing many herds over 600 head of cattle. These are major enterprises that are incredibly complex and require intellect, skill and deep knowledge to service. Very simply, those businesses are worth somewhere between \$10 million and even \$100 million. This is not a place that will readily sustain the inept.

Fundamentally, we've got a situation where the profession, at the same time, has changed. There is, as you've heard in the last two sessions, an increasing level of sophistication, interest and application of very sophisticated medical techniques to animals. Unfortunately, at the same time, core skills and new skills have not been gained for the agricultural industries. We've seen a focus that's shifted at the universities towards the veterinary specialists—the small animal specialists. Consequently, we've seen a diminution at the same time of core skills that are required to service the agricultural industries.

Put simply, industries that fail to adapt fail to exist, and that's what we're seeing across the rural communities. It is a failure, in part, of the profession, but there are challenges as well. The universities have substantially failed in their charter, and this is the charter that the Federal Government actually funds them for primarily—that is, to service the agricultural industries of the country, which are the drive chain of part of our economy. What we've got is a situation where there is a loss of focus and, with that loss of focus, we're now seeing the results come. This was predictable; I've supplied you with a paper I wrote in 1998 that predicted this exact outcome. At that stage we were starting the crisis; we are now beyond the crisis point. We are becoming increasingly vulnerable to exotic disease, we're certainly vulnerable to failures of animal care and we need to build new structures.

I note that there are two submissions to you that I think are very important, one from the Australian Veterinary Association and another from the Veterinary Schools of Australia and New Zealand. While I have huge respect, especially, for the colleagues who wrote the piece for the veterinary schools, their deep knowledge of animal agriculture is not there now. They are profoundly talented people and there are a lot of good recommendations there, but what they've failed to grasp is the magnitude of change that we have to establish to actually provide the agricultural community with the profession it needs.

At the very least, we need to support recommendations for increased selection of students. We need to think about the opportunities to provide HECS redemption for people who go into rural areas. But we also need to think about significant streaming of the university courses. We need to think about the formation of centres of excellence. A great example is one that has been supported by the New South Wales Government and that's the Dairy UP initiative, based around the University of Sydney, Scibus and New South Wales DPI. There are over 70 people now researching dairy activities, and 12 PhD students, and it now involves more than 10 or 12 universities and significant private sector support. It's an example of how the land-grant system that is used in the universities of America might be applied into Australia, at least in prototype.

We've provided you with a number of recommendations. There is an opportunity for significant animal wellbeing benefit; there's opportunity for significant financial benefit. The dairy industries of New South Wales and Queensland are short by two billion litres of local consumption. That represents about \$1.6 billion to \$1.8 billion that is not being gained by these industries. There is ample opportunity, as my good colleague Rob will support, to develop new facilities to develop that market. Thank you.

The Hon. SARAH MITCHELL: Thank you to both organisations for your very comprehensive submissions. I want to start with some questions around those rural and regional incentives, because it is obviously something that you both touched on and it's been quite a common theme amongst the submissions and from the witnesses we've heard today. The Committee will obviously look at those incentives, whether it's some form of HECS payback system or another way that you can provide that incentive to go out and work in the regions. There have also been some suggestions around that admissions process to universities, looking at aptitude, looking at people who actually do want to go out and work in regional communities, particularly in agriculture and large

animal veterinary. For both organisations—I don't think I'm putting words in your mouth when I say that it is something that you think we should pursue and as a committee maybe look at to make some recommendations around how that's structured and what we can do to get the vets that we need into regional communities.

KATHY RANKIN: Thank you for the question. Yes, it really is a challenging environment to both attract and retain, particularly when you describe veterinarians as a caring profession. Quite often people go into these sorts of professions because it is about caring, and sometimes the reality is slightly different—that you are caring but you are also facing some quite challenging and confronting situations. One of the things that I think is really critical is understanding that from NSW Farmers' perspective we really are focusing on large animal veterinarian services, because they really are the critical things for the management and maintenance of our agricultural sector.

The appropriate thing is not only understanding what's driving somebody to come into the profession but also understanding their knowledge of the profession as well. If you've got somebody who comes from a regional community who is prepared to engage and train and then go back into the regional community and work with large animal services, that's going to be more supported if these people have actually come from that background. It's very difficult to help people to move into that environment if they don't have good mentors, if they don't feel that there is a trust and a development process that can come through as well, because they are working in a completely different environment to the small animal veterinarian practices.

ROB COOPER: I think the financial incentives are definitely needed, not only with vets but others. But also there's the education level of getting into these courses, so rural people are disadvantaged because they have to travel for study often. You know, it's harder to get the higher marks, so they're at immediate disadvantage. So that'd be an area. I don't think I'm speaking out of turn, but mainly females tend to be better higher achievers in that area as well. So we need to get a balance. There needs to be a balance between male and female in country vets as well as trying to get the intakes right as well. That's where I'd see that this Committee could make improvements

The Hon. SARAH MITCHELL: Interesting. It has come up today that access to child care, particularly in rural and regional areas. With a more female-dominated profession over the last period of time, that's been a barrier for people coming back to work, which again is not unique to veterinarians but something that needs to be looked at.

ROB COOPER: Yes, in the Manilla and Barraba area that I'm in, it's all female vets, which is great—you know, really good vets. They're younger and having children and babies, so that would be where child care is important, but we've sort of got out of balance between male and female a little bit too. So there's probably a little bit of work to do in there.

ROBYN ALDERS: If I can just follow up on that—personally, having a slender arm is much easier when you're delivering a calf. But what I'd like to say is—

The CHAIR: We'll take your word for it.

ROBYN ALDERS: Yes—the ongoing discussions here. So it's relating to education. Having some process in the short term of selecting and going into university may well be a useful thing not only in terms of ensuring that people understand what it is to be a vet—because if all you've done is look at animated films, you maybe have a bit of a different idea. But I do want to go back to the issue of local schools. If I wanted to be a vet in my local area today, I wouldn't get the grades. I went through at a time when we just had the student-to-teacher ratio and the teacher's ability to concentrate on individual students and give them what they needed to get where they wanted to go, which was fabulous. I don't know how to advise high school students in my area now, because local high schools are not getting the support they need. That's not exactly answering your question but relevant.

The Hon. SARAH MITCHELL: It all feeds in. Yes, it's relevant.

IAN LEAN: Can I maybe just take that question a little bit—firstly, there is an initiative by Sydney uni to actively try to enrol with scholarships 10 rural vets a year. I think that's a very good thing. I totally agree with all the others on the panel around the need for HECS forgiveness to bring people in. I absolutely agree that I think the Charles Sturt initiative of interviewing has been reasonably successful. It's not perfect but it's quite good. Unfortunately the students are sort of learning how to sort the system a little bit and give the answers that they believe are wanted.

I'd also highlight two really important areas that Robyn has hit on. The first one is that there's now a statewide lack of agriculture teachers that is profound and serious. That's partly because the agricultural salaries are really positive, but it's also teaching conditions and all those things, and it's a serious matter there. Lastly I want to touch on something that I believe is incredibly serious for the sort of people we need for the profession.

That is that the salaries offered to PhD candidates are unbelievably abysmal. They are \$35,000 to \$40,000, theoretically. Fortunately we have been able to fund a couple better, but I cannot believe that the best and brightest are offered that sort of salary to do three years' worth of work when they are about 30, 35 years old. It is just frankly an obscenity that needs addressing rapidly, because we will not fill the positions. They need HECS forgiveness and they also need a salary that allows them to be human.

The Hon. SARAH MITCHELL: I have just one more, and it relates to both of your submissions in different ways, particularly from the dairy aspect and I guess those specialities that you talk about in your submission in terms of skill shortages for those who assist in the animal welfare and the kind of hands-on day-to-day life of a dairy farmer, but also the issue around those allied support networks available to vets. We spoke earlier about vet nurses and the role that they can play, but we also heard evidence this morning from a couple of regionally based vets, who talked about some of the challenges around people who can do preg testing or artificial insemination and how that impacts their business.

From your perspective as industry experts in the ag space, how do we come up with a model or a system that recognises how those sorts of people can maybe complement the work of vets? We did talk earlier about regulations. In some areas, there was some concerning evidence around sedation and the like and about equine dentists who weren't actually appropriately qualified. Where's that balance in terms of skills and training that can assist vets with their work but also the ag industry as well in the various areas?

ROB COOPER: Can I answer that?

The Hon. SARAH MITCHELL: Please.

ROB COOPER: I just put a few notes down here because I thought it might have been helpful for the Committee to look at how we actually use vets on our place, which has changed a lot over the years to become more proactive, instead of reactive—A lot of people think if you get a problem on farm or with even a cat or a dog, you ring up the vet and you take the animal there. We have moved away from that model, and it comes to what you're talking about, where we are much more proactive instead of reactive. I use three vets on our farm at different levels. One is a colleague of Ian's. He comes and does consultative work for us; his main one is the nutrition. We actually get the nutrition right so that the cow is more healthier and balanced and can produce more milk as well as be healthier—so you're not getting those health problems. It's a wellbeing thing.

The Hon. SARAH MITCHELL: Like preventative.

ROB COOPER: Preventative, yes. That's really important. It leads to better outcomes, obviously, profit-wise, which is important—we're in that business for the general economy—and also for the wellbeing of the animal. That is a top priority for farmers. There are a few outliers, but it is a top priority. The second vet we use is to come in and actually check our procedures to do basic health operations. We do our own AI, we do our own hoof trimming, treating mastitis, treating basic issues so they come in and actually train the staff. They're not coming out all the time. Because if we've got a sick cow or one that's getting sick, we want to treat her immediately. We don't want to wait until the next day for the vet to come out and that; we want it within a very short period. So that's a better outcome.

Then the third level is the older way where we may have a caesarean or some operation where we have to get the vet out. We are actually trying to do a lot of those basic levels, like the vet nurses—we obviously do all the vaccinations and hoof trimming. We do dehorning. But we need good, well-trained vets to do the nutrition and advwhich goes more into whole-farm management. We do need trained vets to offer that advice. We need advice getting people to do some of these operations, so that you're not getting the vet out to do basic things. We, on our farm, have trained a lot of vets that come on holidays. It's really good that they do that, if the local vet comes out. Often our knowledge may be better than them, so we can actually train them. That is important as well.

That whole thing is really important, but then you look at the bigger picture. We're talking about schools. We've got to get that right, not only for vets—vets aren't on their own—it's for all services in agriculture. We've got to have good ag teachers—good vocational ones that are promoting ag. In the dairy industry, the Dairy Action Plan was put in because it was all Woolworths "down, down, down"—nobody wanted to be involved with dairy. We've got to start in the schools for a good education to give all these—not only vets, but we've got to have good education services like at Sydney university and well backed up. Also, things like Tocal then become important because they train vets. They also train the next level down, coming back to what you're talking about.

The Hon. SARAH MITCHELL: Yes, so you've kind of got that pathway.

ROB COOPER: It's a bigger picture as well and that solves quite a few issues, is probably the point. Sorry for getting more off the subject.

The Hon. SARAH MITCHELL: No. That's good.

IAN LEAN: Something Rob raised that we've discussed—and it's quite a serious issue—is that one of the problems the universities face is that the Federal funding is not sufficient for the course. It's way short, and I know you've got plenty of submissions around that. What that's led to is the universities have developed a model of enrolling a lot of overseas students. Essentially what they're doing now is training students for overseas placement. They're meeting the qualities and the qualifications for a DVM course that is really designed for American graduates. What you've got is a situation where we've got a lot of graduates who have been trained by the universities with no intention of staying in Australia.

Now that's got two impacts that are pretty direct. The first is that farmers—and I've written a textbook that is actually dedicated to farmers who will teach you everything they know. Those farmers have been incredibly generous in training the profession. Yes, they've had a vested interest. But there was a generosity of spirit that existed. That has been largely dissipated because of the intake of people going into the veterinary course who have zero interest in agriculture—and, even worse, some who consider agriculture a peasant activity. What you've got is an alienation of that community. The short-term nature of a lot of veterinary appointments into the rural areas—they leave quickly—has exhausted farmers in terms of training.

One of the things we can do that is a very positive step out of this Committee is to re-establish a connection between farmers to the education process so that we have an engagement around what is required—and Rob's enunciated quite a bit of the things that we need. We also need to perhaps even do a new degree course that separates the small animal components from the large animal components. The large animal course can be taught by people who are going to get positive feedback, and the farmers will then see people who want to learn about farms. What we've got at the moment is an alienating process of people who just don't give a damn about being on farm, and that feeds back. The other problem is that because we are not producing veterinarians fit for purpose, what we've then got is that part of the veterinary alienation comes from not being valued. And they're not valued because they're not delivering what they need to deliver to be valued. What you've got is a circular feedback mechanism that's negative on a number of levels.

ROBYN ALDERS: I think when vets are saying that they would like to do more preg testing and more AI, it's an indication that there's a problem with the remuneration system. I don't know of any vet who'd really like to spend their time doing preg testing—

The Hon. SARAH MITCHELL: They just made the point it was part of their business model in some of the rural practice, and if others come in—

ROBYN ALDERS: Indeed, and clearly it is an important part because there is a problem with the remuneration structure. One thing that the World Organisation for Animal Health stresses is linking up those various service providers so that vets do work with AI technicians, who can also be your frontline people, or people who work at community level, and having everyone understand their role—how they contribute to animal health and to the wider public good of animal health and human health. That's an important point. But clearly while people are going to be fighting for their own self-interest because of their income in relation to the overhead costs of running their business—that's really what you're hearing, I think.

The Hon. WES FANG: Thank you for appearing today. If I was to distil the issues, as I see them, in relation to vet shortages in metropolitan areas versus vet shortages in rural and regional areas, which I think are two distinct issues, and focusing more on the rural and regional issues—because that's predominantly where my interest would lie—we know that, for example, when we have a doctor shortage, which we have discussed at length in a number of inquiries, there have been efforts made to have the rural medical schools implemented, which allows country people to train in medicine in country areas. There has been a lot of talk around the idea that we are going to implement a rural generalist program, which will allow those people who want to stay rural or regional the opportunity to study in that field to give them that wide variance of medicine, as opposed to the focal point that a specialist might do. It sounds to me that that model could almost be replicated for the veterinary industry.

I note that in a lot of what you've been saying there has been a focus on whether we talk about the larger animals versus the smaller animals, and training close to home. How would we actually progress a model like that? Obviously you've got NSW Farmers, which is the peak industry body for those people who would potentially be looking at that; and you've got people like, as you said, the dairy industry, where now all of a sudden I think dairy is coming back on song and there's money to be made there—and a shortage, as you said, of milk. How do we get those people that need to be invested in this model involved and start to progress it? Do you have any thoughts and ideas about that?

KATHY RANKIN: I'll make one observation. The delivery of veterinary services is very different to the delivery of medical services. In a medical service environment there is a lot of government support in various ways. There is Medicare; there is private insurance. I am concerned about how you might build a real awareness

of what happens in terms of veterinary practice for farm animals and how you actually fund that, given that there is an incredible expense for the patient. The patient doesn't travel to the vet; the vet travels to the patient. The challenge is being able to identify and then manage what the response should be, whether it is health management or whether it's something more determinative around the end of life of the animal. Every time that an animal becomes unwell in a farm environment, there is a question as to whether the farmer can afford to undertake that same sort of process and procedure that was talked about, in terms of some of the smaller animals, around cruciate ligaments. For high-value animals, yes. But for a lot of the animals, there's a real question about how they can manage the best response to health within a financially viable environment of operating a business as a farmer.

ROBYN ALDERS: You've touched on an issue that for decades the veterinary profession has discussed as to whether there should be tracks so that before you graduate you start your process of specialisation. On the whole, most schools have not done that. What is it to be a veterinarian? Kathy touched on the need to make an income. For most private veterinary practices in rural areas, they're mixed practices. They do small animals, they do large animals. Some of the training and the basic skills you need are common across those. There is also the problem now of the schools that have moved to the DVM model: People are now taking six years to get out. It's a very long time. But they move to that because of the shortage of funding to run the courses. I think there's a deeper issue. I don't know that just going with different tracks is going to solve that problem. Before we finish, I want to mention we have spent a lot of time talking about farm animals, but it's also important to think about aquatic animals. Vets also play a role there. We do also have a lack of specialisation for aquatic animals and for veterinary pathology. There are some areas where we're in deep trouble. That's a generational thing to address.

IAN LEAN: If I come back to the structure, I think it is contentious. That's why we need to have a broader series of inputs into it. Certainly I wouldn't like to see the universities solely in charge of that area. At this point, after 30 years of abrogating a capacity to change, you need some really fresh thoughts in there. It is really important to engage both with farmers and those who know agribusiness deeply. I do believe, though, that there is a core of understanding around physiology, pathology and other areas that is necessary to inform those who might become much more oriented towards the preventative medicine pathways. Our goal as a company—speaking from a company hat—is to never treat an animal, because we will have prevented it. That's our goal. It is an ambitious goal that won't ever be met, but it's a goal.

One of the things that is very important is the creation of centres of excellence. We need universities to work together to get critical academic mass and research mass. This is happening, as I said, with the Dairy UP model, but it could happen at Charles Sturt around sheep or beef cattle, or it could be UNE. I don't see any problem in moving around those communities to provide the critical mass in certain areas that then provides for excellence. The excellence is required because, as an academic community, we can't communicate with the best in the world unless we have got some real quality behind us. In some areas, we're lagging behind. It's very serious because those who are in the age group that's getting near retirement are the ones who are communicating overseas. We missed 30 years of people. We are trying to rejuvenate now, but we literally missed 30 years of people. Those that we have graduated didn't necessarily go into career paths that were able to sustain them. We have got some serious policy thinking to do around that space of rejuvenating these professions.

Lastly, one of our recommendations is to support the redevelopment of both Tocal and Sydney uni. The new dairy at Sydney uni is a really important thing to do. You can't teach advanced skills to people in anachronistic facilities. Modern facilities are damned expensive, so you have to bite the bullet and encourage the universities to invest so that they can get better facilities. We are lagging so far behind. I have good friends at the University of Guelph in Canada. Their facilities are absolutely impeccable. They now have the leading faculty across North America on the back of really good facilities, really good people and really good selection processes. So it can be done, but we have a challenge in front of us.

The CHAIR: You said that we possibly need to redesign our university courses—whether that's streamed or not is up for debate—but you also mentioned our TAFE courses and getting better investment in vocational education. Do you think our vocational education courses like certificates in agriculture and certificates in primary industries need to be looked at to see whether they are really hitting the mark in terms of what needs to be delivered?

ROB COOPER: I think they are. They have had changes. It is a good system that we've got but, again, it's a bit short on funding. We've got to look at the veterinarian shortage, but we've got to also consider the bigger picture. A facility like Tocal can—the vet students go there for practical as well as the certificate courses, so you can cover a few different bases there, but you definitely need training all the way through.

IAN LEAN: I think one of the things you'd say, Rob, is that one of the impediments to seeing that industry grow rapidly in this State is the fact that we don't have qualified managers. If you are starting to talk about—the minimum entry level is about \$4 million but \$20 million is a reasonable asset in terms of the dairy

industry now. You just simply can't ask somebody who is underqualified, or indeed has solely learnt on the job, to be in charge of these sorts of businesses, especially if you want to make sure that people thoroughly understand the importance of animal care and wellbeing in those structures. I think we've got a good system, but I think it needs building on.

The CHAIR: To pick up on that point, in just a short answer—yes or no—do the current educational courses, whether at TAFE or uni, adequately prepare someone to manage a multi-million dollar farming operation encompassing everything that it takes?

ROB COOPER: No, definitely not.

IAN LEAN: No.

ROB COOPER: In saying that you've nearly got to go to a national level because we are getting less and less farmers and less and less dairy farmers. You can't have something in every State. We can be like Tocal and do the certificate III and certificate IV and encourage certificate II at the high school level, but then we do have to go to the Marcus Oldhams for a management course. We need to help that in New South Wales.

The CHAIR: Our vocational courses are managed nationally anyway through ASQA, so that would be the logical place to do it.

The Hon. CAMERON MURPHY: I have a short question which you might want to take on notice given the short time. Both of your organisations, in your submissions, identify that the retention of veterinarians is a massive issue and that there is a high churn rate. I'm wondering, as clients of these vet services—as farmers—do you think you've got a role to play in improving that retention? Most workplaces and most businesses have changed the way they operate. They've moved to models that are more family friendly. They've had outreach programs that engage with people they do business with. Is there anything that farms have done, or can do, in terms of changing the way you interact with vets that might make it easier? A lot of the submissions that we've had identify things like late-night call-outs. I know animals get sick at times that you can't predict or manage, but some of the submissions have talked about going to the middle of nowhere, driving hours to get there, in the middle of the night. Are there things you do to engage with local vets that might make it easier so people feel welcome and want to stay in that industry servicing your businesses?

ROBYN ALDERS: In terms of dairy, I'll let you discuss. I think the cooperative mechanism you have with the dairy structure does make it easier to put preventative medicine practices in to retain skilled personnel who provide that support to improve animal health and prevent problems. At the same time that we are having problems retaining vets, the number of family farmers across Australia has also been decimated because of farm gate prices. So if you have got a problem making your ends meet—as Rob said, farmers love their animals. No-one wants to see them—but if you have got a choice between sending your kid to school, or, where things are very tough, of course it is going to be difficult to make those decisions.

Yes, farmers recognise there is a problem. What you will find is that where you have got a good government vet, farmers depend on that person a lot, and what's been happening is that the system has driven those vets out. Many of them have taken early retirement, and you have got young people coming through who are inexperienced, without mentors, and farmers are losing hope. Yes, farmers—I'm sure they would love to do better and in many cases they do try to work together, but there is pressure across the rural industries that is being felt by everybody, and it does create issues at times.

ROB COOPER: I think one thing we can do is to actually choose the right people to do vet studies and be trained. I think that's where we have gone off the rails.

The Hon. CAMERON MURPHY: Who are they? Is it people from rural areas?

ROB COOPER: And what we have talked about with incentives—getting more rural people would really help. But then, getting them involved in local communities—it's so difficult if you haven't got contacts there, if you have come from a totally different place to an isolated place. Most communities try, but it's tough to keep the local doctor—all professionals. But we could really start by choosing the right people first.

The Hon. GREG DONNELLY: On behalf of a colleague, I have a question you can take on notice. Just in regard to the Australian Veterinary Association submission, which is submission 144, the organisation proposes 16 recommendations. I'm wondering, when you get an opportunity after the hearing, on notice, if you would have a look at those recommendations. I appreciate any feedback about any recommendations in particular.

KATHY RANKIN: We would take that one on notice.

ROB COOPER: Yes, happy to do that.

The Hon. SARAH MITCHELL: Can I put mine on notice as well? Sorry, it is a little bit convoluted. I had someone in the dairy industry on the mid North Coast tell me recently that there is a rule or regulation where, if you haven't had a vet on farm for, I think, 12 months and you want to get an antibiotic or something which normally farmers could do, you have to know to put it in the muscle, not the bloodstream—or whatever the rule is. But they didn't realise that had changed, and they try to have good practices so they don't have to have the vet out all the time. Are there examples of little things like that where someone who might have been a dairy farmer for 20 years should be able to do some of that to help with the workload? Happy for you to come back on notice, but that one was raised with me as a recent example, and there are a few nodding heads. Is there some low-hanging fruit around that workload where you could give farmers a bit more autonomy to do what they know how to do and maybe look at something in that space?

IAN LEAN: It's a really difficult one. Let me maybe just give you a couple of perspectives around that. Yes, it's done, but it's done with trust. But there is also a concern because of the Veterinary Surgeons Act and the Veterinary Surgeons Board being a very activist board at the moment, where they could be viewed as basically breaking the rules. So they need to have a bona fide relationship with that client to be able to dispense that way. And there are good reasons. We did see one murder case in New South Wales. Actually, the veterinarian raised an alarm about it. Some of these drugs are just not benign, and they shouldn't be handed out. Things like routine antibiotic therapies, yes.

The Hon. SARAH MITCHELL: Yes, and that was the example.

IAN LEAN: But, much more, there needs to be a bona fide relationship. If you think about that farm, and if no veterinarian has been on that farm, those are the sort of foci where we may end up with exotic disease.

The Hon. SARAH MITCHELL: Yes, that's fair.

IAN LEAN: That's part of the vulnerability. Once a year won't fix it, but a bona fide relationship will certainly help.

ROB COOPER: We're definitely trying to do more proactive—again, coming back to what I was saying. We've got systems in place, standard operating procedures, so you know where that line is. We were talking about removing a tooth out of a horse. I could do that, give the injection, even do a caesarean. But there's a line there. If a dairy farmer isn't getting a decent price for their milk, they'll try and cut corners, where now if we're running good businesses—it's a bigger picture too. If you're running a good business, profitable business, you can afford to have the vet come out maybe twice a year and really look through your program, set and define things. Then you know when to call the vet out and when you can do it yourself.

ROBYN ALDERS: Clearly, there are challenges, certainly for farmers who do a great job, whose animals don't need attention, but then they need—

The Hon. SARAH MITCHELL: Yes, and that's that balance.

ROBYN ALDERS: Maybe there's something to look at through the accreditation system. Farmers have to go through accreditation with MLA. Maybe there are options there for ensuring that there's been appropriate training.

ROB COOPER: We are doing that with a lot of things in agriculture—effluent and climate change, trying to get our greenhouse gases down. There's all the way through the way we do business and contracts and dealing with staff. It is part of it. I must say Dairy Australia is really trying to train farmers. It is available. We're doing it through the action plan as well—really lift the level up, because things are changing.

The CHAIR: That takes us to the end. You've taken questions on notice. The Committee's secretariat will be in touch with you. You'll have 21 days to get back to us on that. Thank you very much for your time and evidence. It is much appreciated.

(The witnesses withdrew.)

Dr BRETT HODGKIN, Chief Veterinary Officer, VetPartners, sworn and examined

Ms ALEXANDRA THOMAS, Chief Executive Officer, PetSure, sworn and examined

Dr CLAIRE JENKINS, Veterinarian, Founder and CEO, VetChat, sworn and examined

The CHAIR: I welcome our last panel for today. Would any of you like to make a brief opening statement before we go to questions?

BRETT HODGKIN: Yes, I think so, if that's okay, just really probably by way of introduction. I've been an employee and employer for over 34 years in the profession. I think the workforce shortages in part are a result of increasing demand and decreasing retention rates. I think, as a profession and generally as a society, there's been a lack of adaptation to that a little bit. I think there are a lot of real solutions available to us, but we need a collaborative approach to those solutions. I think we need to get away from the fixes just being on one side, which is just the supply of veterinarians through our university and new graduate numbers. I look forward to answering questions of the Committee.

ALEXANDRA THOMAS: Thank you very much for the opportunity to appear before the Committee. I'll just make a short statement in the interests of time so we might answer questions. PetSure's vision is to create a better world for pets and their people. Importantly, this includes vets also. We're the only dedicated pet insurer in Australia helping to fund vet treatment for over 190,000 dogs and cats across New South Wales. We're also a significant employer of vets and vet nurses. We're trying to advocate for and alleviate the stresses on veterinarians, where mental health challenges are exacerbated by conversations about costs.

We are taking action in three ways. We are improving pet care affordability through GapOnly. GapOnly allows insurance claims to be approved on the spot at the vet clinic. Similar to HICAPS in private health insurance, patients at GapOnly clinics pay the gap. We have 300 clinics across New South Wales enabled so far and we are progressing the rollout quickly. About 80 per cent of our customers across New South Wales live within five kilometres of a GapOnly clinic, with significant work underway to improve the availability in regional areas. We are supporting vet mental health and wellbeing. For every GapOnly transaction, we set aside a dollar for our GoWell program in support of vet mental health and wellbeing. The third area is improving vet access with 24/7 telehealth. Through our association with VetChat, we are making pet health advice accessible via telehealth operated by qualified veterinarians to complement and support in-clinic services. We know that this activity alleviates the load for many vets, particularly after hours and in regional areas.

I take our submission as read, but I want to touch on two things where I think PetSure could do more. Firstly, to advocate for vets through public education. We have more than 20 years of data-led insights on vet care in Australia. We would like to work alongside government and other interested groups to drive the design and mobilisation of a campaign focusing on the benefits and costs of veterinary care. Secondly, we are developing a program which we call Safety Net as part of our sustainability strategy to drive positive social change, and we would like to collaborate with government and industry partners to launch a sustainable co-funded vet care model for vulnerable and disadvantaged pet owners. Thank you.

CLAIRE JENKINS: I have been a vet for over 18 years. I graduated in Queensland and I've worked in the UK, in Melbourne and in Sydney. I'm a member of the Australian and New Zealand College of Veterinary Scientists in the subject of small animal medicine. I've seen firsthand countless cases where the delay in getting the best veterinary advice for a pet has resulted directly in poorer pet health outcomes, and that's why I started VetChat in 2017. I wanted to improve 24/7 access to quality Australian-registered vets to better support carers, pets and vets. We connect pet carers directly to experienced Australian-registered vets online or on the phone within minutes, 24/7. We are helping about 4,000 pets a month at the moment. We employ 39 veterinarians across Australia with six in New South Wales. We also partner directly with veterinary clinics to help with their out-of-hours triage. We partner with 50 clinics and 10 of those are in New South Wales. They are all regional locations—everywhere from Albury to Brunswick Heads—and we do a mixture of small animal and mixed animal practice.

Clinics are partnering with us because their after-hours services are no longer sustainable for their teams. Sadly, it is causing stress, and it is making recruitment and retention harder, as you have heard. They want to continue their critical out-of-hours services, but they are burnt out and have got fewer vets that are sharing the workload on top of their normal hours, so they have less vets doing more work. Tele-triage is positively supporting these vets and the clinics to reduce after-hours stress and unnecessary call-outs and reduce interruptions and time spent on calls where they are not needed so that they can deliver patient care where it is needed and get rest when it isn't. We know that about 70 per cent of phone calls out of hours are not urgent. We know that the triage has also been used by clinics as a recruitment tool to help attract vets, and as a support system for new graduate vets

and a layer of safety for the potentially dangerous work that vets do. Myself and the VetChat team appreciate and welcome this inquiry and the opportunity to help collaborate and develop strategies to tackle the issues.

Ms ABIGAIL BOYD: Hello, and thank you to all of you for coming along. Perhaps I could go to Dr Hodgkin first. There are a couple of interesting things in your submission that I want to touch on. The first one was that you state that, due to the inability to recruit vets, you have had to divest practices in rural and regional areas. Your submission states:

We have divested several clinics across Australia, particularly in rural and regional areas.

That seems to be a bit of a recurring theme. Could you tell us a little bit more about that? Is there a case study that you could tell us about?

BRETT HODGKIN: Yes, probably in rural Victoria. The issue has been that often the practices we buy, the practices we acquire and the practices of our owners, who often have had to show strong leadership in those practices—the succession plan for those leaders is after stepping out. But it is the actual recruitment of the core leadership to those communities which is actually what provides a lot of the stability and retention in those practices. Recruitment in our city-based practices is tough enough, but in the rural space it's getting more and more difficult to recruit to those spaces. Our data shows that in general. I think I put in the submission that it's about twice the overall vacancy rate compared to city-based practices.

Ms ABIGAIL BOYD: Is it a product of size? Is there an element of it being easier to recruit people to bring up the leadership chain in a larger practice than you have in regional areas?

BRETT HODGKIN: Yes, generally our model is exactly that. We tend to want to acquire practices where there are larger numbers—so minimum four-vet practices—because we understand that in size there is less risk post those leadership moving on and then a little bit of us installing into the leadership. So size does matter. Veterinarians feel a lot more comfortable. Sharing the after-hours load and rostering for work-life balance are all really important areas, which then lead into the recruitment and retention issues that we face. But sometimes when you lose leadership—and it's very difficult to replace because sometimes some of these veterinarians have 30 or 40 years' experience—it's very hard in the profession and in the market to go and find that level of leadership easily.

Ms ABIGAIL BOYD: The other thing that jumped out at me was the suggestion of redirecting a portion of taxes from horse racing, for example, into animal welfare provision and access to vet services for disadvantaged individuals. We have been talking a lot about this idea of a Veticare kind of system—let's just call it some form of government funding for vet services—particularly for people who are otherwise unable to afford vet services. Another suggestion that's been made is the idea of perhaps taxing or putting some sort of levy on the sale of pets that are coming straight from breeders, as opposed to pets that are being adopted. Is that something that you have considered in your thinking?

BRETT HODGKIN: Yes. I think one of the parts of society that falls through the cracks when there is a supply-demand mismatch is people who are disadvantaged in society. For those people, the human-animal bond is just as important and often more important for their wellbeing as a group of people in society. I think it's about everyone making contributions. I think the private sector in the veterinary industry has made a huge contribution to that space through free services over the years to come. I think contributions from other people that benefit from the profits of the animal industry, whether you can put it in—I know that example and I used that example about the Victorian racing industry because I think the Victorian Government is proposing putting a levy on to redirect funding from a taxation position. But I think breeding establishments, licensing, how we use our funds, registration fees and breeding fees are all possible ways that we could redirect into wellbeing and perhaps make veterinary care a little bit more affordable to those people who are disadvantaged.

Ms ABIGAIL BOYD: I have a question for you, Ms Thomas. We have heard a lot about the idea of pet insurance and if there is a way to shield the family finances from sudden shocks, whether it is putting money away every month or it is putting money into pet insurance. I guess the counter to that is those people who simply can't afford either of those things, whether to put money aside or to have pet insurance and the dangers of having a two-tier system. How do you envisage that working in an ideal world?

ALEXANDRA THOMAS: I do think insurance helps good pet healthcare options. It is true that when you buy a pet sometimes the full cost of those care treatments are not immediately known to you. My own opinion on that is I think very few of us understand the true cost of human health care because we put our Medicare card on the table and a large part of those costs are subsidised by the Government. The other factor is that, when you buy a pet, that animal ages very rapidly. You go from having a puppy or a kitten to a senior citizen in about 13 years, which is very different from a human, so those costs really accelerate.

The options that are available to people when they buy a pet are, firstly, understanding the true costs of pet health care, then they have a couple of choices. You can self-insure, and not everyone has the means to do that. Secondly, you can put aside some money via a savings account. Our research says that anything above \$3,000, a lot of people don't have that money in their bank account. Or you could insure, or you can get short-term funding. Those are the options that are available for those people who have the means to do that.

We think there is a gap, which is why we have been setting some dollars into this GoWell program that we have, whereby we receive applications from charities to put money into things for vet mental health and wellbeing. We have been contemplating directing that into a program which we are calling Safety Net, which enables pet health care for those people who are unable to access those four options I mentioned before, by way of either a telehealth option or by way of subsidised care options in-clinic. That's one thing that we do want to collaborate with government and industry on, to develop that in a scalable way, recognising that we would like to be part of that, realising that we think that we are part of that ecosystem that's important for vet sustainability.

The Hon. CAMERON MURPHY: I have one question for Dr Hodgkin. In your submission you outline that a significant proportion of your workforce is from overseas-sourced veterinarians. When I look at the list of recognised degrees from the Australasian Veterinary Boards Council it seems to be extremely Anglocentric. It is really only former British colonies outside four courses that I can see; one from France, one from Mexico, one from the Netherlands, one from South Korea, and they say they are working on one from Hong Kong. Do you think that's an issue, where if we recognised degrees from other universities, particularly in our region, it could improve access to the veterinary workforce that they want to come here and fill some of those gaps?

BRETT HODGKIN: Yes, definitely. I think it is a short-term solution. To give you an idea, I have attended the London Vet show every year for the last four or five years and we have a recruitment stand there. The number of practising veterinarians from degrees in Europe who have actually been practising under the royal college in Europe has been significant. These people often are interested in coming to Australia and New Zealand to work but the barrier of the university and having to sit the NAVLE and the costs are a major barrier to that actually happening. Yet, they have been practising at a standard that the royal college accept for 10 years in an English-speaking position and there is a willingness and a want there. There seems to be this barrier that is actually stopping their entry.

The Hon. CAMERON MURPHY: One of the things that came out of me putting this question in a private session we had with the AVBC was that it's about an English language requirement. I saw that as two different things. Somebody can have a degree from some other university and also be perfectly competent at speaking English and communicating with people. That was one issue. And another issue that was raised was that it's different animals and different areas. Do you have any comment on those two things?

BRETT HODGKIN: Yes, I think there is this sort of—like, the NAVLE exam. If I even had to sit that exam—it's sort of across species—it's a pretty tough entry exam. The concept of restricted registrations, like, the problems in rural Australia, I think the medical profession do this. They have restricted registrations; they can sort of do it. Restricted registration might be that that veterinarian only can work in species like cattle or horses, or there is a rural sort of restriction under the guidance of a qualified Australian vet degree that has to meet certain criteria potentially of what they could practice. So I think there are probably solutions outside the square that are there for us.

The Hon. CAMERON MURPHY: I just have one question for Dr Jenkins. In your submission, under "5. Recommendations", you say:

- ... Regulatory reform around digital innovation in veterinary health must be a priority ...

What specific regulations do you think need to be changed to make way for your platform and other innovation? I'm happy for you to take it on notice if you want to come back with a list of particular laws you think need to be changed?

CLAIRE JENKINS: Yes, I'll definitely come back to you, but I'll give you a brief overview now. Particularly around acts of veterinary service and also prescribing laws—not even just prescribing but advising on actual first aid for an animal overnight that can't get to a clinic—and over-the-counter medications, the rules are really vague. That's on purpose, I believe, so it is open to interpretation after the fact. But that's not helpful for a vet that's trying to give the best advice, the best help for a pet remotely when there is no chance of hands-on care at that moment. I think they're the—it's the prescribing and the acts of veterinary service.

The Hon. EMMA HURST: I have a question for Ms Thomas. You raised an interesting point in your submission that the fact that animals are not allowed on public transport in New South Wales hampers access to veterinary care for many people. Can you expand on that a little bit for the Committee, please?

ALEXANDRA THOMAS: Well, if you don't have access to a car or don't have access to someone to drive you to the vet, it's very difficult for people to get to their vet. So we think that having rules that allow responsible pet owners to take their companion dog or companion cat on public transport to enable good pet healthcare options is something that should be considered.

The Hon. EMMA HURST: Do you think that expands on some of the issues that we've been talking about, even in this session, about ensuring that everybody can have a companion animal because of the mental health benefits of having companion animals. We've been talking about whether or not people can afford insurance but also there is this whole idea about then you also have to be able to afford a car.

ALEXANDRA THOMAS: I think there is a symbiosis between good human health care, pet health care and just the overall benefits for the environment, which probably needs to be explored in some more detail here in Australia. In the US they call that the One Health plan. What I've read about that seems to make a lot of sense, so I think enabling people to access pet health care in the fairest way possible should be a priority.

The Hon. EMMA HURST: Dr Jenkins, we have been talking today a little bit about the telehealth services, and what has been mentioned is the need for some regulatory reform in order to enable vets to properly use the telehealth services and operate more broadly in New South Wales. How are you currently working within the current regulatory framework and what changes need to be made specifically in regard to regulatory reform?

CLAIRE JENKINS: As a vet that started it, obviously being really conservative and being really careful to make sure that the way that we deliver our services is safe for veterinarians, namely, because we're responsible for the advice that we give, and obviously helpful for pets, so not just performative—like, how do we actually help in these situations?

I think the way that we are giving general advice and triage, so we're working within the frameworks, it does get a little bit uncomfortable and then it's not clear when we're talking about over-the-counter medications, pain relief for animals.

It might be that they're in a regional area, the clinic's closed at 12.00 and they may have no after-hours and not be able to see anyone until Monday. It's not an emergency; they don't need to drive for four or five hours somewhere and can wait. We should be able to advise on some levels of medications at that time. At the moment it's very much up to the vet's discretion of how urgent it is and obviously the need. But I think it needs to be a lot clearer in what we are able to do. I think that, even with COVID, there were no real changes to the regulations. We've got a real opportunity now to see how this is a tool that can help improve access to care. It's not instead of; it's a tool to help. We need to improve those rules so that we're still working in the framework in the way that we need to, but we're also delivering help to the people who need it.

The Hon. EMMA HURST: So rather than there being some sort of tweak to some regulation, probably what we need is a review of the whole space now that things are moving in different directions.

CLAIRE JENKINS: Absolutely, yes.

The Hon. EMMA HURST: I've got one question for Dr Hodgkin as well. One of your recommendations in your submission was to have stronger government support in financing animal welfare groups, and you also talked about financial support for desexing. Can you explain how that would help the veterinary profession?

BRETT HODGKIN: Yes, I think in the shortage—for some societies, like northern Europe, in different areas they actually finance and fund, through different societal taxes, routine sterilisation. They make the sterilisation more mandatory, which then controls the stray animal issue and problems and all of the resourcing that that then requires. Generally speaking, sterilisation has been a loss leader for the profession. When we break it down to the actual cost of us performing that service, we are performing that service at about 50 per cent of the cost per client. So there is a societal input into that that we take seriously because it benefits the overall—you know, overpopulation, stray animals filling our shelters and those sorts of areas.

But the cost sits with us. So when we are in a supply and demand mismatch, we've got to sometimes make choices. I think if we are having assistance in that space, it promotes good animal welfare and increased sterilisation of our pets, which leads to better overall—and it also leads into wildlife issues. Cat and feral cat populations do cause a lot of damage to our wildlife. Controlled sterilisation does help to control that. But again that has often been funded privately, where I think it's more equitable generally if we potentially share the costs of those benefits to society.

The Hon. EMMA HURST: There was a small grant from the Government for some desexing last year. First of all, do you think that grant needs to be a lot bigger? I think it was about \$1.5 million for desexing. You mentioned resourcing. I'm just wondering, if we significantly reduce the number of animals that end up in pounds

and things like that, and homeless animals, how that will overall help the veterinary industry and the fact that we've got a shortage?

BRETT HODGKIN: It's less lead time, so they're problems that we're already supplying vet hours to. Because we're a compassionate profession, we see that as our ethical responsibility. But it's always at a cost. That's one of the problems with the issue of the workforce shortages, whether it's wildlife, whether it's veterinary services to disadvantaged people, whether it's the right societal thing as far as desexing. If we're reducing the number of animals that we actually have to provide shelter to, it frees up time and resources and reduces the need for some of those resources, or redirects them into other areas.

The CHAIR: Can I pick up on one comment you were making to Ms Boyd's questions about redirecting taxes from animal industries? We've heard today that the veterinary industry is \$13 billion.

The Hon. GREG DONNELLY: That's the value of the pet industry.

The CHAIR: The vets are saying, "We're not making much money from performing the work." So do you think that we should redirect some of the taxes from those people that are making big money, whether it's pet food or whether it's the pharmaceuticals that are prescribed to our animals? Should they contribute to the assistance for low socio-economic people owning pets as well?

BRETT HODGKIN: I can only speak from ourselves. We are obviously a large corporate with 270 practices that are contributing to the economy in lots of different ways. By paying our taxes, we are providing charitable free services with our veterinary resources. We're in the middle of setting up a VetPartners Cares program which is going to redirect funding that we'll make direct donations to in the first place. My opinion would be that we pay a fair share of taxes. We create jobs and employment for people in that sense as well. Whether some of those taxes are actually put aside to specifically redirect from our industry—absolutely. Paying extra taxes or levies on top of that—

The CHAIR: It wasn't necessarily paying extra tax, but redirecting the taxes that you do pay to like causes.

BRETT HODGKIN: Absolutely. I think some recognition of working together in some of those areas where we are providing—one of the things that we're looking at is really understanding where we are locally providing charitable services in our business, and what that, from a quantitative point of view, relates to—from an hours point of view and also from a dollar point of view. And then saying, "Okay, this is how we break down", and perhaps being more strategic about the way we direct those charitable services and funds.

The Hon. GREG DONNELLY: That was a good question and was going to be my first one. It is good to try to understand the actual finances of the industry. My second question is to Ms Thomas. Thank you all for your very good submissions. But specifically to yours, Ms Thomas, in terms of pet insurance and the numbers of people who have their pets insured in Australia, it seems to me that there's a lot of blue sky there for the pet-insuring industry. What's the forecast about what is going to happen into the medium term and longer term about what people are going to do with respect to their pets? Is the insurance of pets a growth industry in itself, or is it something that is only going to, from your forecasts, develop gradually and slowly over time? What's your understanding?

ALEXANDRA THOMAS: Before I answer your question, the rate of pet insurance penetration is anywhere from 8 to 13 per cent. I think Animal Medicines Australia quote 13 per cent. It depends on the type of insurance you have. You could have some insurance as part of your home insurance. That has a small cover for pets. What we do is dedicated pet health insurance, and I think that number is roughly around 8 per cent or 9 per cent of companion dogs and cats in Australia. It varies around the world. You've got the UK, who have sat on about 25 per cent of market penetration for the last eight years. Whereas you've got Sweden where 85 per cent of pets are insured, and it's regulated to be insured there. If you look at Sweden—

The Hon. GREG DONNELLY: Excuse me. What does that mean? Is there an obligation or a mandatory requirement?

ALEXANDRA THOMAS: If you are a pet owner, you have to have insurance.

The Hon. GREG DONNELLY: Including your budgie?

ALEXANDRA THOMAS: For dogs and cats.

The Hon. SARAH MITCHELL: Where's that, sorry?

ALEXANDRA THOMAS: Sweden. I think that drives very different health outcomes for pets. Animals live longer and those sorts of things. It's difficult to predict what it will be in Australia. Suffice to say that the

industry is growing, growing well and, particularly over the last year, growing quite responsibly, acting on feedback from customers to include more in terms of our product cover. I would hope that over the next five years, for dedicated pet health insurance, we're in excess of 10 per cent. That's very, very important for the veterinary industry as well, because the sustainability of the vet industry is important to my business but, equally, my business is important to the sustainability of vets as well. Providing options for people to be able to afford pet health care is important, and that program that I spoke about, about increasing the awareness of the true cost of pet health care, I think is really overdue and one that we would like to contribute to and with.

The Hon. GREG DONNELLY: Just following on from that—I know the time is creeping by—could you elucidate that about this communication or informing of the population at large about the cost of pet care?

ALEXANDRA THOMAS: I can only share my experiences. I grew up, you know, a long time ago. We had an Aussie terrier. I think we would have taken that dog to the vet very, very infrequently. I now, in addition to two human kids, have two fluffy dogs. One of those dogs has a chronic condition whereby he's on medication for the rest of his life. He goes to the vet every three months for diagnostic services. That costs money. Added to the point I made before about the fact that you go from being a puppy or a kitten to being an old age citizen in about 13 years, the range of services that are available to you have really increased and, as we've learnt today, they are being provided by highly qualified professionals with hospital grade equipment and pharmaceuticals, so there's a cost to that. For example, oncology treatment from the time I've been part of PetSure to now, that's increased by 700 per cent. Pets are living longer. They're getting better health care. People need to understand what their options are in terms of that quality pet care health care when they buy the animal. I think an education campaign is extremely important to raise that awareness.

The Hon. GREG DONNELLY: I have plenty more questions, but I might have to place them on notice.

ALEXANDRA THOMAS: I'd be happy to take them on notice.

The Hon. GREG DONNELLY: Thank you. I have a general one on notice on behalf of a colleague. The Australian Veterinary Association's submission to the inquiry is submission 144. It contains 16 recommendations. Could I invite you respectively to have a look at those recommendations and reply with any feedback you might have?

ALEXANDRA THOMAS: We'd be delighted.

The Hon. GREG DONNELLY: I would be grateful for that. Thank you.

BRETT HODGKIN: Just to support that answer a little bit, I suppose, from an optimism around the insurance, we think the market does have further corporatisation and we're actively marketing to that space. But the main reason we think it is—and Alexandra put this in her submission up-front—is that we think that it takes a lot of pressure off our veterinarians sometimes around the cost in the relationship that they have with their clients. But also we know—and we have the data that shows—there's earlier intervention. So the clients are getting often much better value because of the earlier disease and prevention side of what insurance provides them. It might be a dental disease that they're bringing in earlier, so the cost is actually less to them. You get better patient care outcomes because of that earlier intervention as well and hence better value.

The Hon. GREG DONNELLY: Yes. I saw Woolworths advertising on television about pet insurance. I guess this is something which is going to grow.

BRETT HODGKIN: Yes. And then we get access to—we just recently sent out 500,000 emails around insurance to our database around educating the benefits of insurance and health plans.

The Hon. GREG DONNELLY: Thank you.

The Hon. SARAH MITCHELL: Could I ask one quick one in the time we've got left?

The CHAIR: Ms Mitchell, bring it home.

The Hon. SARAH MITCHELL: Thanks. It's a question to Dr Hodgkin about that international workforce piece. I know it was touched on a little bit earlier in terms of the training, but in your submission you talk about whether there could be some benefit from having provisional licences for people who are overseas qualified but working here, which I think is something the Committee should explore. I was interested in the part of your submission where you mentioned "a greater age tolerance for veterinarians with the right qualifications to apply for visas". Is there an age limit that after a certain point, you can't? I'm happy for you to take it on notice.

BRETT HODGKIN: Yes, I think I was just saying—

The Hon. SARAH MITCHELL: I just thought that was interesting. I agree with you. I think if people have the expertise, we shouldn't be cutting them out. I just wondered where that sat and if you had any thoughts on what we should increase it to.

BRETT HODGKIN: Yes. I'm a little bit unsure of where the age cut-off is on the immigration visas for professionals—I go back to the older 457 visas—but there was definitely an age cut-off. I know New Zealand, for instance, maybe there was a five- or 10-year difference. Often we had veterinarians that were coming in from Europe that were either looking for sort of working holidays that had 10, 15, 20, 30 years' experience sometimes, but there was a barrier there for them getting in under the age restriction. But I must admit at the moment I'm not exactly currently aware of that situation.

The Hon. SARAH MITCHELL: That's all right. To your point, even if it is a short-term solution, if you can get someone in on a working holiday who might be older and more experienced but coming in for a period of time, that could be something that we could explore.

BRETT HODGKIN: That would be useful, absolutely.

The CHAIR: Thank you all very much for your time. You have taken some questions on notice. The committee secretariat will be in touch for you to come back to us with answers. Once again, thank you for your time this afternoon.

(The witnesses withdrew.)

The Committee adjourned at 17:15.