

REPORT ON PROCEEDINGS BEFORE

PORTFOLIO COMMITTEE NO. 4 - REGIONAL NSW

VETERINARY WORKFORCE SHORTAGE IN NEW SOUTH WALES

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**At Charles Sturt University Convention Centre, Wagga Wagga on Thursday 4 April
2024**

The Committee met at 2:00 pm

PRESENT

The Hon. Mark Banasiak (Chair)

The Hon. Wes Fang

The Hon. Emma Hurst (Deputy Chair)

The Hon. Sarah Mitchell

The Hon. Peter Primrose

PRESENT VIA VIDEOCONFERENCE

The Hon. Cameron Murphy

** 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.

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The CHAIR: Welcome to the fourth hearing of the Portfolio Committee No. 4 – Regional NSW inquiry into the veterinary workforce shortage in New South Wales. I acknowledge the Wiradjuri nation, the traditional custodians of the land on which we are meeting today. I pay respects to Elders past and present, and celebrate the diversity of Aboriginal people 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.

My name is Mark Banasiak and I am the Chair of the Committee. I ask everyone in the room to please turn their mobile phones to silent. Parliamentary privilege applies to witnesses in relation to the evidence they give today. However, it does not apply to what witnesses say outside of the hearing. I urge witnesses to be careful about making comments to the media or to others after completing their evidence. In addition, the Legislative Council has adopted rules to provide procedural fairness for inquiry participants, and I encourage Committee members and witnesses to be mindful of those procedures.

Given that some witnesses are appearing via videoconference, I make a few notes on virtual hearing etiquette to minimise disruptions and assist Hansard reporters. If a participant loses their internet connection and is disconnected from the virtual hearing, they are asked to rejoin the hearing by using the same link as provided by the Committee secretariat. I ask Committee members to clearly identify who questions are directed to and I ask everyone to please state their name when they begin speaking.

I ask witnesses on videoconference to please mute their microphones when they are not speaking and to please remember to turn their microphones back on when they are getting ready to speak. If you start speaking while muted, please start your answer again so that it can be recorded in the transcript. Members and witnesses should avoid speaking over each other so that we can all be heard clearly. To assist Hansard, I remind members and witnesses to speak directly into the microphone and avoid making comments when their head is turned away.

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Dr KENNETH JACOBS, Veterinarian, sworn and examined

Dr SARAH POLLARD-WILLIAMS, Veterinarian, before the Committee via videoconference, affirmed and examined

The CHAIR: I welcome our first two witnesses. Thank you for making the time to give evidence. I will start with you, Dr Jacobs. Would you like to make a short opening statement? Try to keep it to around two to three minutes because we want to ask you guys some questions as well.

KENNETH JACOBS: Of course. I am an equine practitioner and farmer from Wallendbeen. I am also an adjunct associate professor at CSU. Firstly, I thank the Committee very much for coming to Wagga. It's quite a hot place to be at the moment, particularly in here. Thank you again. I think the first aspect that I am sure that the Committee has already addressed or heard about is identifying the problems that are affecting the profession. Those problems are veterinary professional problems—so problems affecting the profession itself. Mental ill health is an example but there are many others, like attrition and so forth.

The second group of problems, I think, are community problems. Those problems are fairly wideranging, from increased cost of services, availability of services and risks associated with managing exotic disease and so forth which, again, I'm sure you would have heard about. Identifying the problems is one thing and I think that's the easy bit, to be honest. I think the hardest bit is identifying solutions. I've thought that solutions are threefold and there are three groups of solutions.

Firstly is the group of solutions that help—or "solutions" because they will only help—and assist the problem without spending significant money. In my view, if the Committee identifies those solutions, I think that will help. They are immediately implementable or they should be implementable. The second group of solutions are groups that have a financial return. The pilot project that I have suggested potentially has a financial return, in that, if you have improved productivity and improved animal health, you should have improved community return.

The third group of solutions, which I think are very common, are solutions that lots of people have opposed that involve expending community money. We can all say that we can spend community money but, at the end of the day, there's only a certain amount that the Government will allocate to a profession that's quite small. We have to really be focused on the first two of those solutions and hope that we get some of the third group up. That's my opening statement. A lot of that stuff is in the recommendations and the documentation.

The CHAIR: Thank you for that, Dr Jacobs. Dr Pollard, do you have a short opening statement?

SARAH POLLARD-WILLIAMS: I do, thank you. The veterinary workforce shortage is a global problem. The veterinary profession is run as a private enterprise and aims for a public good in the treatment of owned animals. Government posts, such as those with the Department of Primary Industries and the Local Land Services, monitor animal diseases and maintain biosecurity. In addition, there are veterinarians employed in teaching, research and laboratory enterprises, just to name a few.

Stressors frequently cited by veterinarians in practice include poor remuneration, long hours, threatening clients and the ongoing problem of clients who cannot afford to treat their pets. The State Government is not in a position to resolve the many issues in a profession with a historically very low profitability. They are, however, able to channel and fund certain services within the animal care and welfare sectors to relieve the pressure on private businesses. These areas include the provision of local pounds, and I ask the Committee to cross-reference to the many submissions to the pound inquiry.

Local government animal services need to be properly funded and staffed to remove the pressure on private veterinary practice to take in and treat stray or injured animals and wildlife. Similarly, the subsidy of desexing costs for low-income pet owners will do wonders to reduce backyard breeding and strengthen the pet-owner bond. Clinics in small towns are often the first point of contact for injured or unowned animals. There may be no pound or ranger in these areas and so payments to these clinics for handling these animals should be considered. This will improve clinic cash flow and also reduce the emotional and financial stress on vets.

The CHAIR: The Committee has resolved to have free-flowing questions, so the questions will come from any number of Committee members.

The Hon. EMMA HURST: I want to start with a question for Dr Pollard-Williams. Thank you for your submission. I am interested in one of the recommendations in your submission around a mass parvovirus vaccination clinic. I was wondering if you could talk a little bit more about why that's important. I understand that at the moment pounds often don't vaccinate for parvo. I'm just wondering how such a clinic could actually help with the veterinary shortage that we are seeing.

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SARAH POLLARD-WILLIAMS: Sorry, could you rephrase that, please?

The Hon. EMMA HURST: Can you hear me well?

SARAH POLLARD-WILLIAMS: Yes, I can hear you. It's a bit patchy. I'm actually in Perth.

The Hon. EMMA HURST: I noticed in your submission that you had made a recommendation around a parvovirus vaccination clinic. I understand that a lot of pounds don't actually vaccinate against parvo. I was hoping you could talk about why a parvovirus vaccination clinic is important and how that would also help overall with the veterinary shortage.

SARAH POLLARD-WILLIAMS: I think any vet in practice dreads those parvo puppies coming in, because they are generally puppies. The recommendation now for parvovirus vaccination by the World Small Animal Veterinary Association is that dogs should have their final puppy vaccination at 16 weeks of age, so four months of age. Until they have had that 16-week vaccination, they are not considered to be effectively protected against parvovirus. As with any vaccination, dogs that have been vaccinated can still contract parvovirus. But, I tell you what, they very, very rarely die and they very rarely get extremely unwell. The problem with parvovirus is that it is extremely good at surviving in the environment. It loves hot, dusty, dry conditions and it is absolutely rampant over most of Australia. Clients can inadvertently spread it on their clothing, on their footwear, by taking their not fully vaccinated dog to a public park. It is just absolutely everywhere.

For clients, it is heartbreaking when they bring in a parvo puppy and they are told that the treatment cost for that dog will be \$2,000 or \$3,000 for a few days in intensive care. They really do need intensive care. It is heartbreaking for vets to have to euthanise dogs that people can't afford to treat. It is a real issue in pounds and shelters, because sometimes there is no appropriate quarantine and there is no appropriate barrier nursing in the so-called quarantine in pounds and shelters. That is why it is also my recommendation—in my statement I suggest that you look at many of those comments that came into the pound inquiry because they are often very relevant to some of the stressors on vets in clinical practice.

The Hon. EMMA HURST: So stepping in early with something like a parvovirus vaccination clinic that does mass vaccinations would take off a percentage of the load that is already on overworked vets?

SARAH POLLARD-WILLIAMS: It would reduce the stress on vets of having to deal with those cases where often the clients are not in a financial situation to pay for appropriate treatment, or have not been in the appropriate financial situation to vaccinate the dog in the first place.

The Hon. EMMA HURST: Talking about pounds, I noticed that your submission also recommended that all local councils have properly trained employees to deal with the animals. What are some of the issues that you are seeing? What sort of training and qualifications would be needed in that space to remove that burden on vets?

SARAH POLLARD-WILLIAMS: The other issue is that many of the public, if they pick up a stray animal, actually don't want to take it to the pound. They will tend to prefer to take it to a vet clinic. The word on the street, if you like, is that if the dog goes into the pound and the owner is tracked down, they will be hit with a fee for it being in the pound, they will be hit with a fee for it being out on the street, they will probably be hit with a fee for it not being registered et cetera. The clinics are often the first drop off point for any stray or abandoned animal rather than it being the local government service.

The Hon. EMMA HURST: You also talked quite a bit in your opening statement about burnout. You have addressed that quite well in your submission. I also note that you talk about a lot of that coming from clients who are distressed, sometimes possibly even angry, and that is being put onto the vet who is trying to run a business and actually help animals. We have talked a little bit about subsidies for vet care, particularly for pensioners or lower income earners. We have talked about wildlife clinics as well, to sort of remove that burden from vets who are dealing with wildlife rescuers. Is that something that you think would really help to address some of those burnout issues and those very difficult clients that come in?

SARAH POLLARD-WILLIAMS: I don't think that some of those subsidies would necessarily reduce burnout. But if a vet clinic takes in an unidentified dog and holds it for a few days, they are still paying to feed the dog, they are paying their staff to clean the dog cages, walk the dog—all that sort of stuff. It is a cost to them. One of the fundamental issues with the dissatisfaction with the veterinary career is that the remuneration is very poor because historically profitability has been very low. Where this really overlaps with the pound inquiry is if the pounds were properly funded—and I have got to say, I did go as a witness to the pound inquiry and it became very apparent from many of the submissions from local councils that they did not feel that they had adequate funding or staffing to do their job properly—that would just remove a huge sector of pressure on private practice, basically.

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The Hon. EMMA HURST: Going into that low salary, I note that you said some of these things are outside any government intervention. Are there any kinds of recommendations that can be made or is there something happening in another State or country that allows vets to be properly compensated? If there was some kind of subsidy system for wildlife or other things, would that help to deal with some of those low salaries, given that at least vets could recover some of those costs, whereas at the moment it sounds like vets are having to actually take those cost burdens on themselves?

SARAH POLLARD-WILLIAMS: I'm not aware of anything that I consider is the gold standard model in any other country or jurisdiction. I think the issue often with wildlife is that they will be initially presented to a vet clinic, and then they will be handed on to a carer as soon as possible, if that is possible. They basically move out of the clinic quite quickly into a local, often unsubsidised, voluntary group. I think this is the thing that came up very clearly with the pound inquiry. There are a lot of voluntary groups picking up the work that should be done by local government. If that could be removed—having to go through those vet clinics in the first place—that would reduce stress any financial drain on those clinics. The other point about clients is that, again, it is not necessarily an aggrieved client who might be threatening or aggressive directly towards the veterinarian, but now that we are in a world driven by social media, there can be very negative comments put on social media pages that can be very detrimental to businesses.

The Hon. SARAH MITCHELL: Dr Jacobs, I have a few questions for you. Thank you for your detailed submission and your recommendations. It is very useful for the Committee to have that. There are a couple of issues I want to cover. Your first recommendation—and it leads to the second one as well—talks about better integration between LLS and those with local mixed practices in regional communities. It was something we heard today. Obviously the Government is a big employer of vets, but then that has ramifications in terms of the work that others, particularly in a small rural practice, might be trying to cover. You talk a little bit about their business models and also the role of pharmaceutical companies and farmers. Where do you see some of the potential solutions or recommendations the Committee could make to improve that? Is that having LLS contract local vets rather than employ them? Or what do you think that would look like in practice in a rural community?

KENNETH JACOBS: As far as that integration process, there are multiple ways of doing it. One is the way you just discussed. I think that LLS already does that in places, where they have been unable to find LLS veterinarians and they employ local vets. The second is that the Local Land Services acts as a referral centre for local veterinarians. Part of the problem with this is that at the present time there is a lot of—and we have actively encouraged this in our local area. We have local veterinary branch meetings and we invite the Local Land Services veterinarians to those meetings. Often they are not AVA members. We ask them to give a round-up of the cases that they have seen and the specifics of what is happening to get a better understanding of the farming community. That integration can occur—which is what I suggested in my submission—on a referral basis from local vets.

The problem also is that, because of the sensitivity of many farm disease investigations, they've got to remain private to the veterinarian undertaking the procedure. That privacy often means that the local vet isn't actually aware of the disease distributions and so forth of, say, footrot in a particular area. The local vet may not be aware of that, so that integration—I think there's an opportunity to improve that with minimal costs and, in fact, better outcomes. Does that answer your question?

The Hon. SARAH MITCHELL: Yes, it does. You talked about, particularly, the pharmaceutical companies and some anaesthetics being removed from the prescription list. Could you explain that?

KENNETH JACOBS: One of the problems that we have at the present time as rural practitioners is that, under the prescribing guidelines, we really are not able to give out drugs for routine pain relief procedures for farmers without visiting the farm. That's all very well, but you go out and visit the farm and you're sitting in the kitchen, visiting the farm. The Veterinary Surgeons Board could quite easily give directives that you go through a formatted discussion of how local anaesthetics and anti-inflammatory drugs should be used, and do that on an in-clinic basis, and save that farm visit as being an additional cost. It really annoys farmers, that, and you'd probably—

The Hon. SARAH MITCHELL: I've had some dairy farmers on the Mid North Coast raise exactly that with me.

KENNETH JACOBS: It's just ridiculous because the vet doesn't have to go there to do that. Similarly, in terms of the horse stuff, there's a lot of pressure on us. We service a lot of big thoroughbred studs and it's very difficult for us. They have to have drugs such as drugs to sedate horses with and some drugs on hand. Otherwise, we would not be able to live our lives, because they've got yearling thoroughbreds that are completely unhandleable or very difficult to handle that need minor things done to them. We need to help, and so our process is to have those drugs on the farm and talk to the stud before they're used. But still that's not compliant, fully, with

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the legislation—that we should be prescribing for an individual animal on the farm. So there are veterinary practitioner guidelines that are just not implementable on an on-farm basis.

Again, that really annoys farmers because, if you're a farmer and you've got a sheep with a foot abscess, you don't want to have to have a vet necessarily come and visit the farm to deal with that sheep, but you do need medication for it. In fact, that's what happens: The legislation isn't fully complied with in the majority of cases. The sheep won't be looked at and the vet will prescribe antibiotics after discussion. But those sorts of things can be made a lot better by the Veterinary Surgeons Board being specific about prescribing guidelines and also about controlling use. In other words, there needs to be capacity to investigate the fact that a bottle of xylazine, for argument's sake, goes onto a stud but only gets used on that stud, and the animals that it's used for are documented and the in and out amounts are recorded. That's easily done, but we haven't got prescribing guidelines that allow us to do that—except, actually, in deer velvetting. They agreed to it years ago in deer velvetting, but it hasn't happened since. It hasn't happened more widely.

The Hon. SARAH MITCHELL: On a different issue, in terms of mental health programs and support, in your submission you talk about the THRIVE initiative from the AVA. We had them give evidence at an earlier hearing in Sydney as well. But in your experience, particularly as someone who's worked in the regions for a long time, where do you think some more of those mental health provisions and support need to be coming from? Do you think that vets will take them up if they're made available to them? Is it a lack of access, or is it a bit of a stigma related to asking for help? I know it's a hard question, but what's your perspective on that?

KENNETH JACOBS: My perspective is that we need to turn it on its head. We need to be thinking about mental health in the context of enjoying the work that we do—not looking at, "Oh, everyone has mental ill health", but rather trying to make our positions and our jobs and our lives fulfilling and—

The Hon. SARAH MITCHELL: Positive, yes.

KENNETH JACOBS: —positive. I think the THRIVE initiative has got capacity to do that. I think that's part of its mantra. I think focusing on ill health is something we obviously need to do in the context of people that are mentally ill. But let's focus on—and there's a whole range of things that I think feed into mental ill health, the most important of which, and I know when I feel mentally ill, is when I make a mistake. When I stuff up, I'm worried about it. One of the key recommendations that I'd like to see this Committee come back with is looking at what the AVBC has got, which is the guidelines for day one competencies. I'm happy to tender that document.

The Hon. SARAH MITCHELL: Yes, that would be great.

KENNETH JACOBS: That document does not include risk management associated with each case as part of the diagnostic process. That's appalling, in my view, because if you're not teaching students to tell clients every single time about the prognosis for a case and the risks associated with the problem, and you're not teaching the students about informing the client of the risks associated with the treatments, then the outcomes in terms of mistakes are going to be sheeted home to that person. The consequences for mental ill health are hugely worse.

I am really strongly of the view that risk management must be a higher priority, both in terms of AVBC day one competency standards and in terms of undergraduate education, and obviously that underpins that. I think it's also critical in terms of Australian Veterinary Association postgraduate education, because those issues are educational issues at all times. Every time we look at an animal, always, our protocols are that we've got a structured diagnostic process that I go through with my colleagues and my staff so that we end up with a structure that ends up at the end point where we're dealing with risk management. Mental ill health happens because things go wrong. It happens because clients don't understand what we're saying. It happens because we haven't, maybe, offered a referral when we could have. That's risk management, and so all of that stuff is how do we feed that into—how do we prevent that from happening? We need to address that internally as a profession, in my view, but also as professional leadership from the Veterinary Boards Council.

The Hon. WES FANG: Thank you, Dr Jacobs, for appearing today. In your opening statement, you spoke about what you view broadly as three ways of tackling the shortage issue. I think the last one—and I'm paraphrasing—was effectively that, where there would be a cost to the community, those dollars are obviously limited and have to be spent wisely. If we are unable to improve the vet workforce shortage in the long term, can you see a point where we may have to intervene with public dollars to tackle the problem? Could you provide some insights as to where you might see the problem escalating to if work isn't done to implement public funds into the veterinary industry to continue its viability?

KENNETH JACOBS: I've thought a lot about this. It's a very good question. In terms of the risks to the community, first, the biggest risk is emergency animal disease and exotic animal disease. And there are two risks there. The first risk is failure to diagnose. For years I've been advocating to put vets at the centre of the diagnostic process. In fact, that has now changed so that they're doing that. So it's, "Call your local vet or the

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emergency animal disease hotline." That's very important because veterinarians diagnose many diseases. The real example is Japanese encephalitis. It was across half the country—a full half of the country—before it was diagnosed. Diagnosis is not something that just happens. It requires a combination of good laboratory services, astute veterinarians and astute farmers identifying a problem. There's a huge community cost. For instance, foot and mouth in England, if it's in sheep, I think—correct me if I'm wrong, somebody. In one of the species—I think it's sheep—it's very difficult to diagnose, and it mimics other diseases quite easily. We have huge community risk there for failure to diagnose. The equine influenza outbreak of 2007 or 2011 reflected the necessity to have people on the ground doing the work.

Those are the two biggest risks to community. How does the community manage that? That is your question. I think it manages it by making sure that there are vets in positions that are there, and that's part of my submission. You need to figure out how you can get a business model for rural practitioners that gets young vets onto farms. When I graduated, we had BTEC—the bovine tuberculosis eradication campaign—and we had brucellosis eradication, as I said in my submission. Those government-funded processes got us onto every single farm, including the farmers that were no good.

That had a hugely beneficial effect on those practices, and it really established many of the mixed practices around here. They underpin them. I think that there are systems to do that using existing structures, such as integrating with livestock production assurance processes. Livestock production assurance processes involve all farmers. I'm a farmer so I know about these things. All farmers have to complete their livestock production assurance paperwork every three years and audit every several years after that, and I have done both. We actually did the audit only a couple of days ago. It's a substantial amount of work. We should just involve veterinarians within that.

The Hon. WES FANG: In the circumstances, you've put forward the proposition that there are three solutions.

KENNETH JACOBS: Sorry, I didn't answer your question properly.

The Hon. WES FANG: The first two of them are obviously the preference, which is where you'd like us to go. What do you think the likelihood is that we would be able to at least start to tackle the issue if we start to implement the first two recommendations that you have? The biggest one is, as you said, make a business model that's viable enough to get young vets onto farms and make it at least viable and profitable for them. Do you think we can start to tackle the problem by doing those things first, and will that be enough?

KENNETH JACOBS: As Sarah said, it's an international problem. It's associated with a huge increase in demand for veterinary services. Will it be enough? No is the short answer. I think reducing attrition is really important. Producing more graduates is almost certainly important and getting the "right" graduates. You would've heard lots of people talk about that.

The Hon. WES FANG: In that circumstance, then, where the first set of two solutions probably isn't going to tackle the issue, we might end up having to fall back to the third position, which is expending public money. Do you think there's an argument to be made that we need to do that sooner rather than later, to stem the bleeding?

KENNETH JACOBS: It's an interesting question.

The Hon. WES FANG: And if that's the case, what could we do now to try to tackle the problem?

KENNETH JACOBS: I think a lot of the suggestions relating to things like fee relief will help at the margins. At the end of the day, if people don't love their job and they go out to a rural practice and do the small animals in a rural practice, they may as well do the small animals in a big city, hugely well-equipped practice. That's part of the solution, and certainly I would support that. In terms of the here and now, I think we really need to understand whether or not mandatory involvement of veterinarians with LPA planning will help. I don't think it should be done without a pilot project. It needs to be a pilot project only. But there needs to be a mechanism to figure out whether that is economic for the farm and also provides additional incomes. That's government money spent. The farmers aren't going to do it. They're going to kick up a hell of a stink if it's not paid for. It has to be government funded. I think that form of government funding would cost about \$14 million a year to do every farmer every three years. It's not a lot of money, really, but that's what it will cost.

The Hon. PETER PRIMROSE: Can I ask two questions? The first one is to Dr Jacobs. Your recommendation 4 is that any response to the veterinary workforce shortage should be based around maintaining and increasing work for veterinarians to maintain the viability of small regional practices. I was wondering if you could elucidate on that please.

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KENNETH JACOBS: It's counterintuitive because here I am saying that we need more work for vets, whilst at the same time there are not enough vets. It's completely counterintuitive. I fully acknowledge that. The reason I think that it's important is that young vets, when they leave university, are quite competent. But of the things that they have to do—even though I don't do it myself—some of the hardest things that I've had to do in my career is work up farm-level disease processes, because they are often complicated and regulatory related. The individual animal problems are not so serious, but the farm-level problems are often hugely economically important. Parasitism, for instance, is hugely important. Parasitism is often treated by the farmer going to the local merchandise store and buying a drum of drench. It should be a problem that is evaluated properly, worked up and effectively treated through selection of the appropriate anthelmintics and—

The Hon. PETER PRIMROSE: We're talking about squaring the circle, as you indicated at the beginning. I'm trying to understand how increasing the workload would assist with dealing with the shortage.

KENNETH JACOBS: Because I think what happens is that those young vets don't want to stay in rural practices. They think they're coming out to be multiple-practice vets. Because they're, I think, 80 per cent women or more, they're often left to do the small animal work while the older male person does the large animal work. And oftentimes we see basically young country veterinarians doing the small animal work in a country practice. In other words, we need easier work. We need work that can be done by young graduates, just like bovine tuberculosis was 47 years ago when I graduated—work that they can do in those country practices. They need that work.

The Hon. PETER PRIMROSE: Can I ask both witnesses, maybe starting with Dr Jacobs, in terms of dealing with vet workforce shortages what do you see is the role of increasing the roles of veterinary nurses and veterinary technicians?

KENNETH JACOBS: There are a number of points in my submission where I deal with that directly. I think it's very important. It's particularly important at a mental health level. It's important at a case management level, a case efficiency level. Our practice has a nurse with us—each of our vehicles has a nurse at all times. We do it. Not only that, I think the emergency animal disease management structures need to be structured around veterinary teams, not around veterinarians, in order to have that whole-of-practice involvement. You absolutely hit the nail on the head with that question. I think it's absolutely critical.

The Hon. PETER PRIMROSE: Dr Pollard-Williams, do you have a comment on that?

SARAH POLLARD-WILLIAMS: I've found this a bit hard to hear. Could you just repeat that question, please?

The Hon. PETER PRIMROSE: In terms of dealing with veterinarian workforce shortages, what do you see is the role of veterinary nurses and veterinary technicians?

SARAH POLLARD-WILLIAMS: Okay. Big question. I think that it's certainly worth considering the role of vet nurses and veterinary technologists in the veterinary profession. It should certainly be considered to maybe consider some regulation of those who are qualified as vet nurses or vet techs. I do think that they should be able to pick up a lot of the slack in vet clinics in terms of admitting animals, preparing animals, maybe taking blood samples, maybe doing the lab work that goes with that. I'm very hesitant to say preparing animals for anaesthesia. But if a vet nurse or a vet tech could place an IV catheter and safely put an animal onto an IV fluid drip, that would relieve a lot of pressure from veterinary graduates. The other thing is that because graduate wages are so low there hasn't been a very clear delineation between many of those essential but relatively menial jobs that go on day to day in veterinary practices. I've certainly been in clinics where vets have been cleaning the cages. No vet should be too posh to clean up parvo but it's really not—they should be able to focus their energies on what they're really trained to do. There are very few clinics that are set up to enable that to happen, in my experience.

The CHAIR: Mr Jacobs, you spoke a lot about the business model—I'm just picking up from my colleague's question about vet nurses and vet technicians. Is there any risk to the viability of a veterinary practice from greater involvement by vet technicians? I'm trying to predict what the pushback will be. Do you see any issues, in terms of the viability of veterinary work, with giving greater responsibility to vet technicians and vet nurses?

SARAH POLLARD-WILLIAMS: I think the viability really is that we need to encourage graduates to stay in the profession. As I said in my statement, I don't think there's actually a shortage of vets. I think the fact that they don't stay in the profession is the issue. While corporatisation has been criticised by some people, I think the fact is that a corporately run veterinary practice is far more likely to accommodate part-time employees and, with feminisation of the profession, that's also something we really have to consider.

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KENNETH JACOBS: I think there are almost no risks associated with a veterinary practice itself employing technicians. Where the risks and the area becomes grey, and this does happen, is when you get people doing veterinary procedures—what are, in terms, "veterinary procedures". The real example is pregnancy testing cattle in Queensland, which has been deregulated in Queensland. If you get veterinary procedures being done by everybody, there are risks to the profession and the regulation becomes such that the quality becomes more questionable too. I think that within practices the more help the better. People operating outside that, I think we've got to be really careful because of the risks associated with quality of—and regulation and quality of service. So veterinarians are registered—

The CHAIR: These risks are not insurmountable by having appropriate legislation and regulation that legislates responsibility.

KENNETH JACOBS: Potentially not.

The CHAIR: Thank you very much for the information that you both provided and for your candour. I don't believe you took any questions on notice, so you won't have any homework for later, which is always good.

KENNETH JACOBS: You guys have got plenty of homework.

The CHAIR: Thank you very much for your time.

(The witnesses withdrew.)

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Professor SHANE RAIDAL, Professor in Veterinary Pathobiology, Charles Sturt University, sworn and examined

Professor SHARANNE RAIDAL, Professor in Equine Medicine, Charles Sturt University, sworn and examined

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

SHANE RAIDAL: Only that my submission was my personal opinion and not any opinion from the CSU.

SHARANNE RAIDAL: I echo that comment. I have no particular comments.

The Hon. EMMA HURST: You both highlight the high costs of running veterinary degree programs. That's something we heard a lot about on our tour this morning. This obviously causes a lot of difficulties for universities to continue to run at the high standard that's needed for this kind of degree. What is some of the funding that's needed to assist the veterinary programs? What can we, as a Committee, make as a recommendation to help deal with this problem?

SHARANNE RAIDAL: I think it does go to accountability at all levels around responsible disbursement of funds. There's a meme that's been going around since I was a student that managing academics is like herding cats and I think that's been true to some extent. We often go cap in hand up the hierarchy chain with great ideas about how to teach more effectively but forgetting that we do need to live within our means. I think accountability does start with staff. It then goes through to management to ensure that there's responsible disbursement of the funds that are available for teaching. Universities have been quite innovative in the way that they've offset teaching costs, but typically disbursement of funds within a university can be quite contentious and most universities—their vet schools are regarded poorly because other courses see themselves as cross-subsidising veterinary costs. To some degree that may be necessary. There are ways of working out minimal effective teaching strategies to ensure that we meet accreditation standards and that we look at best teaching practice as the most effective and fiscally responsible practice.

SHANE RAIDAL: Having taught at three institutions over nearly 30 years, it's the high cost of clinical teaching which is the problem and always has been a problem. Another issue is what is the school budget because it's never quite known and you never know—there's no agreement between universities. That's part of the reason why I recommended number two, that each university's annual report to the New South Wales Parliament explicitly states how much is spent on veterinary training.

SHARANNE RAIDAL: Can I just clarify that? That actually has to be real costs because, as an accreditation requirement, we're expected to provide annual and certainly seven-yearly returns on perceived cost of cross-delivery per EFTSL and they're very rubbery figures. I think certainly there needs to be genuine accountability in that, and that can go right down to the teaching practitioner at ground level—to be responsible to deliver their course within the allocated budget.

The Hon. EMMA HURST: One suggestion that was made to us in one of the previous hearings we had was around some level of HECS forgiveness for some veterinary students. I want to get your thoughts on that—a removal of some of that HECS debt and a recognition that they're spending an enormous amount of money to also do this training and then going into jobs which aren't necessarily that highly paid in comparison to the number of years and the amount of debt that they've had to take on as a burden as well.

SHANE RAIDAL: I don't think it would change the attrition. I think they're making that decision to leave the profession anyway and providing some HECS relief is not going to change that. Personally I don't think that'll have any effect.

SHARANNE RAIDAL: I disagree. I think that it actually worked quite successfully the generation before us in terms of the department of ag scholarships that people undertook veterinary science under. We've had some incredibly successful scientists emerge from that background. I suspect that that could work in terms of directing graduates into government positions and a similar scheme could work to push students or graduands into rural placements, I would suspect. That is a simplistic approach because when you listen to retention issues, particularly in rural and regional veterinary suppliers—it's dear to our hearts. It's little things, like not being able to get child care, for example. That is one of the reasons that many of our graduates will cite when leaving practice. I think we're unlikely to find a silver bullet.

The Hon. EMMA HURST: Yes, it's going to be a range of factors rather than one simple solution, definitely. I also want to ask you, because I know that the submissions also highlighted the reduced clinical training opportunities that are available for students that are studying at universities and the lack of vet teaching

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hospitals, what impact this is having on the students or the way the actual courses are run? What feedback have you received from students about that potential impact that's coming through?

SHARANNE RAIDAL: I can speak to that because I work with live animals. It's as much the loss of animals for practical skills development that's problematic because of the high cost of keeping animals on farm, and also because of issues around social licence and animal care and ethics requirements. There's a perception that it is inappropriate, perhaps, to subject a healthy animal to venipuncture practice for a student. There's been quite a lot of innovative work going into developing clinical models and simulations for clinical skills development, as there has been in medicine. I think that is good. It's hard to get the negative implications of that, though, because there's publication bias in favour of papers that state, "Here's my innovation and clinical simulation teaching. This is what the student said about it, and it worked really well." Nobody's going to publish the fact that the students were actually even more scared about taking this to an animal because they've only practised on a doll in the past.

Talking to students, there's certainly recognition that live animal skills development is important. There's apprehension about trying a procedure for the first time on a client horse with the client watching. There's adverse consequences. We had a horse a couple of months ago—there was a student under my direct supervision who gave an intra-carotid injection to the horse. Fortunately I was watching and I stopped the student very early but not early enough for the horse not to have a seizure-like response. Those kinds of situations will arise inevitably, even for a skilled veterinarian, but are more likely to happen to an unprepared or underprepared graduate. I think that's really important.

Clinical case exposure is a little bit more nuanced. Universities have proven themselves to be quite poor at managing enterprises and I think there's quite complex reasons for that. Private practitioners are highly motivated but not necessarily well-skilled as educators, so I think we need to develop effective relationships where universities are able to do what they do well and private practitioners are able to do contribute where they are able, and respect strengths and weaknesses across the divide.

SHANE RAIDAL: I'd like to add that over the decades there's been a decrease in the number of animal handling skills acquisition opportunities for our undergraduates and I don't see that changing. That's a problem for our graduates because they come out, having sat in a lecture theatre, and it's not good for them to go and see an animal.

The Hon. EMMA HURST: We've heard a lot today about the potential for increasing the role of vet technicians to assist with that veterinary shortage and what sort of legislative changes would be required. Obviously when we're in one of these hearings we can actually put things on the record, so I just wanted to hear a little bit more on the record about what you see as the role of vet technicians. What kind of legislative changes are required to make sure that that's recognised to help shift the way that the industry's currently functioning?

SHARANNE RAIDAL: I think registration—and I caught the end of Dr Jacobs' presentation or representation—is sage. Perhaps we could look to our South-East Asian neighbours; they have registration of vet nurses and meat inspectors and a lot of the para-vet professionals in a way that we don't yet have. But I think that would be excellent. I can see our nurses are more than capable of instructing students how to place a catheter. I would think that a similarly qualified vet tech graduate could easily be vested with responsibility to undertake directed tasks, in a similar way to, say, a nurse practitioner. I think assisted reproductive technologies is another area where already there are laypeople performing quite advanced acts of veterinary science under a banner that is not legislated. I think equine dentists would be another area where there's already quite a lot of activity there. The animal-owning public would only benefit from greater accountability from those people. Certainly, working with them would be advantageous.

SHANE RAIDAL: Yes, the Veterinary Practitioners Board already has the legislative framework to allow for limited registration of overseas-trained veterinarians. That could be expanded to veterinary technicians. That was one of my recommendations.

The Hon. PETER PRIMROSE: May I just jump on that? This was my question.

The Hon. EMMA HURST: Yes, that's all right. I've got some follow-ups, too.

The Hon. PETER PRIMROSE: We're all focused on this one as well. It's to both of you, but I know in Professor Sharanne's submission, at (f), you say, "The possible contribution of veterinary technicians to ameliorating the shortage of veterinarians might be explored, considering opportunities analogous to the nurse practitioner position in human health settings ... registration and career pathways for vet tech graduates". I was wondering, for both of you—and you've already elucidated in the earlier questioning your views on that—but who should be involved in that exploration and the development of that?

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SHANE RAIDAL: I think it has to be the Veterinary Practitioners Board. It's the logical place to house it and they already have mechanisms to deal with veterinarians, so why not veterinary technicians?

SHARANNE RAIDAL: Yes, I think it's an unholy alliance. State's rights are seldom more apparent than—well, it was apparent over COVID, wasn't it, but it's certainly apparent over issues around veterinary registration and licensing. I think there certainly wouldn't be a smooth pathway forward but I think that would be the umbrella body that could manage it. Similarly, if we learn from medical fields, I think there's better national unity of medical registration, ironically, than there is of veterinary registration.

The Hon. EMMA HURST: I've got another follow-up question on that. There have obviously been concerns from the vet industry itself about bringing in vet technicians and allowing cert IV nurses to take on more roles. Do you think that actually having them registered and having that as a requirement of oversight would alleviate some of those concerns?

SHARANNE RAIDAL: I think so. To my mind, the pushback has to be attributable to people being apprehensive that there will be future shortages in jobs available for veterinary graduates. I can't see any other real reason to fail to consider that possibility. One of my concerns when we both started teaching vet tech was that we perhaps as a profession have failed to regard and value our vet nurses. They tend to be potentially paid relatively poorly. Having a tertiary degree and then still being paid poorly was, I thought, not necessarily a happy step forward. But I think giving them professional standing, recognition and career pathways so that they are valued, in the same way as allied health professionals are valued as part of the human healthcare team, is a useful strategy to explore.

The Hon. EMMA HURST: Professor Shane, I noticed in your submission you talked a lot about animal ethics committees and the effect of the vet shortage on them. There's often talk about how difficult it is to find category C and category D members—the animal welfare representatives and also a layperson being on these AECs. It sounds as though that vet member is now becoming harder and harder to source. Obviously there are different types of animal ethics committees. You've got a large research institution that has its own animal ethics committee and they've probably got their own vets on staff, so it's somewhat easier. Can you talk a little bit about some of those animal ethics committees that struggle to find a vet to sit on them? How do we deal with that?

SHANE RAIDAL: I've never sat on an animal ethics committee so I can't comment from that side of things. All I can do is reflect on many years of dealing with them. It's part of the difficulty of being an academic that you end up not using animals because it's just too hard to do the process.

The Hon. EMMA HURST: For teaching purposes, you mean, predominantly?

SHANE RAIDAL: Yes, for teaching purposes. It's just one of the difficulties that you have as an academic.

The Hon. EMMA HURST: Again, having a vet onto an animal ethics committee, my understanding is that's a voluntary role as well. We're asking vets, who we've already heard at these inquiries are getting paid very little, particularly in regional and rural areas—doing nightshifts, doing callouts, working weekends and possibly having two vets to cover an entire area, and then being asked to volunteer at an animal ethics committee. It's just not even possible.

SHANE RAIDAL: Yes.

The CHAIR: My first question is to both of you. We've heard throughout this inquiry and talking to vet students that there seems to be an almost hands-off approach from the universities in terms of practicum experience. The students have to source a lot of their own practicum, and they express concerns, issues and problems with getting a lot of knockbacks and having to travel great distances. Do you think there's a greater role for universities to play in helping bridge that divide? Given that they should already be connected with that industry as universities, should they be doing some of that legwork to encourage those clinics to take on practicum students?

SHANE RAIDAL: Yes, it's part of the cost of providing that access to clinical training. When we first started here at CSU they shut down the dairy. It's like, why would you do that when you're about to start a veterinary course? We have to now send our students down to Victoria so that they've got dairy practice. It would be way too expensive for us to start up a dairy now. The cost involved in those sorts of things, it's just huge. We're not funded adequately enough to make that access available, I guess.

SHARANNE RAIDAL: I think there are two impediments. One is that at the university level, from a university administration perspective, the administrative staff that support these placements are more used to placing teaching and healthcare profession students within the public sector, so they're economies of availability and scale and funding in that environment that are completely different to where we're looking at private business

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placements, effectively. That's the first thing, that the approaches that universities might take in other professional degree programs may be ill suited to veterinary science. That may be reflected in what the students are saying.

I think the flip side is that some universities have gone completely the other way and are using distributed placement models, where they don't run their own teaching hospitals. I think that it's probably been since 2015, I want to say, or thereabouts. No vet school that's started since then has undertaken to provide in-house veterinary clinical training. Every new school that has been developed since that time has outsourced some or all of their clinical training through formal distributed teaching models. In that arrangement, you've got a select number of practices who are paid to take students and the universities are very hands-on in managing that task.

Somewhere in the middle there there's a sweet spot. I think, certainly, there's been some effort to bridge that gap between core placements where we can more rigorously control the experience that the student's getting and a more agile response to the individual student's preferences placement opportunity so that they can pursue areas of personal interest themselves. Certainly there is opportunity for universities to learn how to do that more effectively. Perhaps the perspective that students have may reflect their frustration and some of the challenges they're facing. Fiscal support of placements—living away from home, not being able to work, and social support when they're away from their support networks and structures—need to be evaluated also.

The CHAIR: Sticking with you, I'm going to your submission where you talk about non-clinical employment options being less visible in previous generations. You talk about the closure of some government-run laboratories. Are there any other examples where you feel that those non-clinical settings have become less visible as career paths?

SHARANNE RAIDAL: Yes, I think across the board. We interview students and most veterinary programs now do include an interview process as part of selecting their students. It's seldom that we have a student who comes in and says, "I really want to do vet because I have a passion for food security," or, "I have a passion for One Health," or public health. I'm a horse vet. I look after rich people's ponies. I kind of think that the student who graduates and can move into biomedical science or into disease prevention or biosecurity is going to do much more for national health and prosperity than I'll ever do. Those kind of career avenues could be made a little bit more attractive, perhaps, to our undergrads.

The CHAIR: Where do you think the responsibility lies with that? Do you think that's a multi-pronged approach in terms of the Government providing some support in promoting those career opportunities but also universities presenting those opportunities at perhaps that interview stage? Or do we dial it way back and go to kids in year 11 and 12 when they're looking at career opportunities? Is that where we need to hit them?

SHARANNE RAIDAL: Yes, look, all of the above. I think also it goes to even a more basic societal need to look at vocations as opportunities to serve the community rather than opportunities to serve ourselves. I think a lot of what we're seeing by way of dissatisfaction comes from a sense of entitlement and self-gratification. I'm about to head off to the American College of Veterinary Internal Medicine specialist conference in America. Their theme is "As Far As You Want To Go", and I think that's talking about vets rather than clients. We're sort of seeing our careers as an expression of ourselves rather than an opportunity to serve our clients or the animals that they bring with them. That's a very naive and idealistic kind of response but we really do need to be looking at what do we do that benefits other people?

The CHAIR: Yes, but do you not see that into the job satisfaction and career progression? Even just the idea that you're continually learning, don't you see that as an important part in terms of that job satisfaction and that retainment that we heard a lot of?

SHARANNE RAIDAL: Yes. I don't know how we convert that from woolly, fuzzy sentiments like I've just expressed to earnest goals for our graduates. We can model it, but I don't know that they see it in academics.

The CHAIR: Yes, because we've heard from a lot of the vet students there seems to be a bit of a career ceiling and whether that's linked to salary or not, there just seems to be this stop. It may be 10 years or 15 years into your career as a vet, and then you're just left stagnant. Maybe it's because we're not advertising those other parts that they deviate off to.

SHARANNE RAIDAL: Yes, it is. Again, looking at what our students bring in with them, they bring in high academic achievement and high aptitude, and then an expectation that they will find expression and professional fulfillment in operating to a similarly high standard as in medical practice, perhaps. Even when we look at retention within clinical practice, or even coming back to just the practice down the road, a lot of the satisfaction perhaps is in fiscal stability. Very few students come in thinking, "I want to be a successful small business owner when I graduate."

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The CHAIR: We've heard a lot of evidence from veterinarians that have said, "I went into this to look after animals. I love animals. I didn't come into it wanting to deal with being a small business owner." Do you think universities should be doing more to prepare potential vets for the small business component?

SHARANNE RAIDAL: I do.

SHANE RAIDAL: I disagree because it's a veterinary science degree and not a veterinary practitioner's degree. There are so many other options for them as scientists. They don't have to be a practitioner.

SHARANNE RAIDAL: I agree.

SHANE RAIDAL: That's one of the pathways, but it's not the only pathway.

The CHAIR: Do you think there should be a stream off where, if they want to go down the path of opening up a practice, there's a suggestion of some business management courses that they could do, and if they want to go down the science—

SHANE RAIDAL: There's so many post-graduate opportunities for them to do that. There's many, many opportunities to do that post-graduate. I would say it should be post-graduate.

The CHAIR: Do you think we're doing enough at university level to push students into those post-graduate specialisations?

SHANE RAIDAL: They see the different opportunities as part of their workplace learning.

SHARANNE RAIDAL: I don't know that we are doing that, because if we really were opening up to our students about the career pathways available to them on graduation, I feel we'd be keeping them within the profession. The fact that they're getting to that 10-year post-graduation ceiling and changing courses completely suggests to me that they're not seeing valid careers within the profession.

The Hon. PETER PRIMROSE: From your experience, just following on from the Chair's questioning, we've heard a lot about mental health issues associated with people who are working incredibly long hours for all sorts of different reasons in different settings and labels are being put on that. I was wondering how much of that you believe could be associated with a lack of basic acumen in terms of dealing with a business that they're being asked to run? So it's the business model rather the individual themselves who are being labelled with having a problem.

SHANE RAIDAL: I don't think it's the business management. There's plenty of help out there—accountancy-type business help that they can look to. It's more the dealing with clients. It's the people. It's the psychosocial stresses. It's dealing with someone as a client who has lost an animal. That sort of strain wears away at you. It's that rather than the business side of things.

The Hon. PETER PRIMROSE: You would say that the concerns that have been raised in relation to suburban vets, particularly, but not only those, don't relate to the business model that basically they're operating?

SHANE RAIDAL: Yes. I think there's plenty of business support out there, but it's not that much mental health support. It's very hard to get in to see a counsellor. It's delayed and mental health first aid training—there's not enough of that. There should be more of that sort of thing.

SHARANNE RAIDAL: I think the business stressors are telling. Particularly if you have a professional who's graduated essentially with a skill set similar or comparable to a medicine graduate, the medicine graduate goes into a subsidised healthcare system with potential for quite extensive career development. In veterinary science, I think that is relatively more limited and every discussion with a client is predicated on what they will want to pay. That is a stressor, I think, for many people, particularly when business is not why they came into the profession in the first place. The other thing we fail to do at university is that we tend to look at providing health care and mental health care support as a service to the student rather than actually helping the individual develop skills that will go towards—I know there is some tainting around the word "resilience" now, but I think the General Medical Council in the UK has got a very proactive approach to explicitly stating to med students that ensuring their own wellbeing is a professional responsibility.

I'm quite attracted to that because rather than turning the sufferer into a victim or a patient, it actually gives each individual student agency and a responsibility for their own wellbeing. I think we could probably do a lot in that space. That's not to negate the difficulties that people have, because I respect that they're very real and costly in many circumstances, but I think we can do more to actually empower people to look after themselves rather than to just tell them where the helplines are, important though those are.

The Hon. EMMA HURST: I have a follow-up on that one. Obviously the causes of psychological stress and burnout are many, and that also makes it quite complicated. I find what you say really interesting around

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including some kind of a resilience, or something like that, within the actual course. I'm wondering, on top of that, once somebody has left their university course, what more we can be doing to make sure vets are better supported to stop some of these issues arising in the first place. I know that's an enormous question, because there are an enormous number of factors that are causing burnout and stress. Have you got any thoughts on what recommendations we can make as a Committee to bridge some of that and what are some of the most important things that should be put into place to try to stop that from happening?

SHANE RAIDAL: I think a simple one would be better access to mental health first-aid training. It's quite difficult. I've done it several times, and it's very beneficial. That first-aid training is a really critical thing. We've actually run one at a veterinary conference. It was one of the best things that we got feedback on.

The Hon. EMMA HURST: And that's part of that continued development of training courses?

SHANE RAIDAL: Yes. And getting together and networking with your colleagues and having a session is part of that support. But, from a government point of view, access to mental health first-aid training, I think, is important.

SHARANNE RAIDAL: I think the other thing would be communities of practice, and it does come back a little bit to business models, potentially. I look at some of our recent graduates and some of our postgraduate students who have left and gone into a one-person practice. With rare exception, one-person practice is seldom going to be anything but a lonely place to be. Encouraging graduates to be aware that if they're not working within a supportive community of practice, that is a liability and they need to find appropriate support in other channels—whether that's through the AVA, whether it's through graduate support programs, or whether it's through keeping in touch with classmates. Again, it comes back to agency, where it's important for us to realise when we're well what we need when we're sick. When you talk to people who've been through this, when they're unhealthy, that's not the time to make decisions and it's not the time to find help, other than in a reactive, responsive way.

The Hon. EMMA HURST: Something that I've talked about with Ministers previously is that the government has historically put funding into different mental health support programs and suicide program prevention programs, for example, that may be targeted at men that are a greater risk of suicide or might be targeted at young people in regional areas who are a higher risk. Nothing has ever been targeted at vets. Should we be also making sure that vets are a target group for some of these government programs that are already running to make sure that these programs are actually reaching people in those early stages?

SHANE RAIDAL: I think the profession would be very receptive to that approach.

SHARANNE RAIDAL: I think the profession has done quite a lot in itself in articulating the problem and recognising it and removing stigma. But I think, absolutely, the ability to learn from other areas is welcome always.

The Hon. EMMA HURST: I know that you've put quite a few really great recommendations within the submission, but now that you've got an opportunity with the Committee here, what key recommendations would you like to see in the report that we put together? We will obviously put all of the evidence into a report and we make certain recommendations to government. What are the key things you would like to see in that report?

SHARANNE RAIDAL: I think ensuring that our graduates have realistic expectations of what the profession is and that we see ourselves as service providers first and foremost. I referred to the Herriot-esque romanticised picture of what many in the public see. I think that's ludicrous, but I think equally it's unreasonable to expect that we're working other than to ensure that our clients and the animals that they interact with are serviced well. So there needs to be some concrete pride and resilience around that. We need continued development of mental health strategies, as you've suggested, within the profession; we need to look to share the load across members of a care team that may have a different skill set to what we have; and I think we need to make universities accountable to ensure that there is responsible delivery of clinical skills training and appropriate modelling of professional conduct amongst academic staff.

SHANE RAIDAL: For me, the number one thing really is developing the vet tech profession as a support for the veterinary profession and working together, because that is going to happen naturally—it is happening naturally now—and there needs to be either some regulation, some support or some mechanism. Some way of helping that along I think is probably the best way.

The CHAIR: That pretty much takes us to time. Thank you very much for appearing before us and for being quite candid in your responses. It's much appreciated.

(The witnesses withdrew.)

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The Committee adjourned at 15:30.