

Where Have All the Rural/Production Veterinarians Gone?

Testimony to the Pennsylvania House Committee on Agriculture and Rural Affairs

October 11, 2023

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In rural areas, a veterinary workforce shortage has persisted for years and appears to be worsening. The shortage appears to be more acute following changes in veterinary practices in response to the Covid epidemic. National veterinary organizations have explored the issue in an effort to better understand and address solutions to this problem (Salois, 2021). A study published in the Journal of the AVMA ranked the factors that both attracted individuals to a first job as a rural veterinary practitioner/practice (RVP) and why individuals were no longer in RVP (Villarroel, et al, 2010). This testimony will suggest some starting points for discussions that could lead to measures that rural agriculture in Pennsylvania could adopt to help ease the RVP shortage.

Both recruitment and retention efforts are necessary to encourage and keep veterinarians in rural areas. With increasing numbers of graduates, now approaching 4000 per year (American Association of Veterinary Medical Colleges, 2019), fundamental factors that contribute to a shortage in the rural areas remain (Price, et al, 2006). Large animal exclusive practitioners tend to have a high average salary but they also tend to become specialists. A majority limit the focus of their practice to one species or even one sector of food animal (FA) production (e.g., dairy vs. feedlot) (Ouedraogo, et al, 2019). Major changes have occurred in agriculture in the past few decades. Farm numbers have decreased while animal density on farms has greatly increased. Farm support infrastructure is contracting. This matches a model that fosters specialization for a relatively small proportion of the veterinary pool who serve a practitioner/consultant role in the cattle, swine, and poultry industries. Large animal exclusive veterinarians who specialize tend to have the highest salaries of all private practice veterinarians. As specialists, they also tend not to be as responsive to small herds or flocks of food animal species outside their specialty category (Ouedraogo, et al, 2019).

There are some concerns in the veterinary field concerning standards of care for species with which a practitioner may not be as familiar. The Pennsylvania Veterinary Practice Act and the Pennsylvania State Board of Veterinary Medicine expect that standards of care be upheld. The economics of diagnosis and treatment can cause conflicts in the field when the value of small food animals may be relatively low. Clients may expect sophisticated and state of the art care, and then be reluctant to accept the fees associated with such care (DRW personal knowledge of veterinary private practice and State Board of Veterinary Medicine).

As an American Association of Bovine Practitioner's study (AABP, 2011) reported, most large cattle operations have sufficient veterinary coverage, the real challenge is distribution of veterinarians with a FA skill set. This is especially lacking in regions with smaller and more diverse FA herds and flocks. Many young veterinarians are intrigued by diversity in medicine and surgery. In fact, caseload and variety were the third highest ranked factor that attracted veterinarians to RVP. Other factors in the top five reasons for a first job in RVP were: practice atmosphere, practice location, mentorship, quality of facilities and equipment. The same study listed family concerns seventh, salary eighth, emergency duty ninth, and time off twelfth (Villarroel, et al, 2010). At this time a great many efforts have been aimed at encouraging more young veterinarians to enter RVP. This remains

critical as a great proportion of the pool of candidates who enter veterinary school have little or no exposure to livestock or RVP. Examples for recruitment include: exposing more youth to livestock through clubs, private practitioners encouraging youth to shadow them in practice, changes within veterinary colleges to include more FA curriculum and faculty, scholarships, and in some cases debt forgiveness. These are extremely important and should be continued and even expanded when possible.

However, it can be argued that the greatest challenge is retaining individuals in RVP. For some time it has been known that as many as 80% of veterinarians who enter RVP leave within 5 years (Prince, et al, 2006). Similar veterinary service problems exist in Europe (Federation of Veterinarians of Europe, 2020). It is fine to acknowledge the problems, addressing and finding solutions has been difficult. In contrast to the factors that attract someone to RVP, the survey of factors also listed why individuals left RVP. This study listed these as the top five: **emergency duty, time off, salary, family concerns, and practice atmosphere** (Villarroel, et al, 2010). For those who have practiced in a rural mixed animal practice these factors as challenges ring very true. It is welcome that more young veterinarians wish to enter RVP, but until there are better solutions to resolve why individuals leave RVP, shortages and poor distribution of veterinary services will persist.

Retaining and enhancing RVP would be good for the profession as well as enable the profession to: better serve clientele in rural areas, improve animal welfare, enhance food safety on small farms, detect and help control emerging diseases, increase profitability of small farms, and ultimately the profitability of RVP. To date the largest effort to address RVP retention has come via loan forgiveness and grants for training and equipment by the federal government. Specifically, these come from USDA/NIFA as Veterinary Medical Loan Repayment Programs (VMLRP) and Veterinary Services (VS) grants (web sites listed in references). Perhaps it is time for rural agriculture along with veterinary organizations to take greater action and initiatives to address the problems that drive RVP shortages. The following are offered as starting points for discussion to help address the RVP issues. It is hoped that these ideas can be debated vigorously with strategies, better ideas, and innovations emerging.

First, the issue of profitability has to be addressed. There is no way to sugar coat the problem of receiving adequate compensation for knowledge and service on many farms vs. an equivalent amount of time and skill in companion animal practice. Small farms are very reluctant to pay for veterinary care at a rate commiserate with the medical skill provided. Single animal medical or surgical care is often viewed as a financial loss to the producer even if the procedure is successful. Veterinary educators should work to help develop programs that enhance the veterinarian's ability to teach/coach producers. Programs should be expanded that emphasize flock or herd production medicine as an extension of excellent individual animal care. This would enable producers to spread the cost of one case into improved herd and/or flock productivity. This adds value even to an emergency call while providing an avenue to reduce future emergency calls. Such changes can increase preventative medicine visits and increase profitability for both parties (e.g., protocols, nutrition for small ruminants, pasture management, reproduction programs, avoidance of parasite and antibiotic resistance). This takes an adjustment in mindset along with additional training, marketing, persistence, and promotion. It is one thing to think and talk about these practice changes vs. their implementation. Faculty at Penn Vet and Penn State Veterinary Extension can be recruited to assist this effort.

Second, the Pennsylvania Veterinary Medical Association (PVMA) and Penn Vet could encourage and help develop a better system to track as well as encourage veterinarians willing to help with relief and part time coverage. Family and time off concerns were highlighted as especially important to young veterinarians. There are a greater number of veterinarians willing to fill-in for companion animals while the pool who will to do mixed practice or FA is smaller. Making it easier to know who and how to contact someone willing to fill-in part time could be a win-win for both those offering relief services and those needing part time help.

Third, experienced mixed and FA practitioners within the Commonwealth could be recruited and encouraged to serve as mentors to those new in RVP. The PVMA (or other organizations, e.g., Farm Bureau) could develop a list of practitioners willing to share their collective knowledge and experience. Mentorship was listed as one of the top factors in attracting veterinarians to RVP. Longer term relationships and the combined knowledge of several experienced practitioners could enhance RVP retention. This could include elements of remote/electronic medicine with the appropriate Valid Client Patient Relationships (VCPR).

Fourth, equipment is expensive but newer technologies allow more sophisticated practice which is expected by both companion animal and FA clients. Equipment could be shared between RVPs. Alternatively, a practitioner could become proficient in a specific technology and serve as a consultant to other RVP in that region (e.g., breeding soundness of bulls and rams, ultrasound for pregnancy in multiple species and back fat analysis, portable x-ray, endoscopic surgery). Nearby companion animal practices could offer clinical pathology, CBC and Chem screens, by adding large animal profiles to their lab repertoire. Such sharing could spread out the cost, improve medical care, and make equipment investments more profitable for all concerned.

Fifth, continued efforts to make rural Pennsylvania a more attractive place to live should be promoted. Innovation should be encouraged to help small farms increase profitability. Niche marketing opportunities, such as custom slaughterhouses, could enable small producers to improve their margins. While young families often enjoy the outdoor opportunities of rural areas, there are some drawbacks that come with living in a rural area. It is important that public/private support for infrastructure improvements be continued (e.g., internet service, schools, access to medical care, etc.).

This is not an exhaustive list of suggestions on strategies to address the RVP shortage. However, it is hoped that these will serve as starting points for discussion and action. For decades, a shortage in the RVP workforce has been acknowledged. For the good of the profession, animal welfare, the safety of our food supply, and profitability on small farms, it is time for stakeholders in rural agriculture both in and out of the veterinary community to act more intentionally to solve the RVP shortage.

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