

Charting a path forward

AVMA leaders and Dr. Travis Meredith discuss the future of the workforce, technology and education in veterinary medicine.

Facing demand for new services, increasingly individualized care and a widening array of technology, veterinary leaders recommend focusing on quality solutions that address the profession’s current workforce needs—and ensure future sustainability.

This was the consensus in a recent roundtable featuring leaders of the American Veterinary Medical

Association and a Pennsylvania practice owner. The discussion, which was held on Zoom, was moderated by Fountain Report publisher Chris Kelly.

“What we care about is what, truly, are we going to need going forward,” said Dr. Janet Donlin, executive vice president and CEO of the AVMA.

Donlin was joined in the discussion by AVMA President Dr. Lori Teller and Dr. Travis Meredith, a veterinarian and multi-practice owner. (Meredith is director of veterinary practice initiatives at Animalytix, which contributes the Fountain Report’s weekly VetWatch data.)

In addition to the question of veterinary care shortages, the roundtable featured discussion on telehealth (and, specifically, telemedicine), veterinary education and the importance of technician utilization.



Dr. Lori Teller



Dr. Janet Donlin



Dr. Travis Meredith

Highlights:

- AVMA leaders Drs. Lori Teller and Janet Donlin agreed it’s unclear if the veterinary profession will face a shortage of companion animal veterinarians in the coming years and that more analysis is needed.
- For practice owner Dr. Travis Meredith, the problem goes beyond numbers. If new graduates aren’t prepared to meet demand for care, the profession will continue to face what it sees now: too much demand, too little capacity and no clear solutions for a path forward.
- All panelists agreed the profession needs to find ways to improve efficiency and empower all team members.
- They also agreed veterinary telemedicine is a valuable resource for the profession as long as an in-person veterinarian-client-patient relationship is established first.

Here are highlights from the roundtable, edited for length and clarity:

There’s disagreement about whether the United States faces a shortage of companion animal veterinarians. Where does that disagreement stem from?

Dr. Lori Teller: I think everyone does agree that we have challenges around the tightening of the labor market. This is across all industries, not just veterinary medicine. We know even before the pandemic, there were shortages of veterinarians in particular segments—rural

(especially food animal and public health), emergency services, some specialties, academia; and also a clear shortage of credentialed veterinary technicians.

And then the pandemic exacerbated these issues. But I think it's really important that we not let what happened during the pandemic dictate future plans for the workforce.

Dr. Janet Donlin: Speaking of the future state, it's also important to note that—in contrast with information circulating in the media—AVMA's data suggest that it's not clear that the profession will be facing a shortage of companion animal veterinarians in the coming years. We keep seeing reports that are based on the number of graduates entering companion animal veterinary medicine stating that we have 2,600 veterinary graduates entering companion animal practice annually. It's true that approximately 2,600 graduates entered companion animal practice in 2020; however, those numbers obviously go up each year.

In 2022, there were approximately 3,400 graduates headed into companion animal practice. And that number is expected to continue to increase to 4,700 entering companion animal practice by 2030. So, when you add that up, theoretically we don't end up with a shortage of 15,000 veterinarians by 2030, which is what the media has been reporting. And that estimate doesn't include new colleges of veterinary medicine under development and continuing class size expansion beyond what has

been typical. Theoretically, we maybe actually have just a little overage.

All that said, workforce numbers are important, but they're not the only thing. We have to look at the entire picture, such as impacts of new service models; work-life balance expectations, including the number of hours veterinarians might choose to work; and actual service demand—which, by the way, also appears to have been overestimated in those back-of-the-envelope calculations leading to claims of a 15,000-veterinarian shortage by 2030.

Dr. Travis Meredith: I agree, it's not just a question of numbers. It's the capacity of these individuals within their professions to contribute.

If the market demand was a thousand, yet what was coming out [of veterinary school] was only 50% capable, then a thousand doesn't solve that. Until you really capture an understanding of what the market actually needs, then you can't establish what a topline number is in terms of, "The profession needs x or y."

What can the veterinary profession do to address existing care shortages across the country?

LT: I think one of the main things that regulators could do is improve license portability. There are a lot of relief veterinarians out there, and they would love to be able to go to locations that are underserved. If they could get a license, even a temporary license, I think that would help tremendously.

JD: We're really trying to help our veterinarians with their efficiencies.

For example, record-keeping is a time-sink. How can you help with that? And I do think we need all-hands-on-deck to attract more veterinary technicians into the field.

TM: I think we need to work on ways to accelerate competency. What we can fit into our day and what we're capable of has gone down in my practices. I think there's a gap in productivity right now. We need to help our technicians and our doctors become more proficient and more confident to be able to manage their day.

In Colorado, there's an effort to introduce a new credentialed position to the veterinary team. (It's often compared to a physician assistant in human medicine.) Is that a potential solution to staffing issues we face today?

LT: We've just had this conversation about whether there's really going to be a workforce shortage. Until we've resolved that, adding another layer is probably very premature. We need to maximize utilizing our veterinary technicians. We can also encourage more veterinary technicians to become veterinary technician specialists, which further increases their technical skills and can increase what can be done under indirect supervision with veterinarian oversight.

And until we figure out the retention problem for veterinarians and veterinary technicians, adding more people into the mix without finding ways to retain them isn't going to solve any of our problems.

JD: There hasn't been good role delineation yet. It's unclear what this role would actually do. This individual would be subject to practice restrictions under existing state laws. Additionally, under federal law they would be unable to prescribe.

We're also very worried that the introduction of a mid-level practitioner could jeopardize our ability to leverage and retain veterinary technicians. So, let's really focus on that.

TM: There doesn't seem to be communication yet about what this role is and what these practitioners can do. As a practice owner, someone who maintains licenses, facility licenses, local compliance, all the local taxation... any type of situation that skirts [existing regulation] or can be mobilized and used in an inappropriate fashion for truly the sole purpose of capturing easy revenue, redirecting pharmaceuticals, things like that—you know, at the end of the day you just worry how this role is going to be deployed.

Will this role be deployed as a true physician assistant like in human medicine where they're truly part of the team? Or will they supplant the existing veterinarian-client-patient relationship?

And the other thing is, we're a state-governed profession. So, what happens in Colorado may not ever be applicable in Pennsylvania. I'm more motivated to look at things that can benefit me today than something like this.

Are veterinary schools producing graduates who are prepared to enter the workforce?

TM: I interviewed a veterinary student from a long-established school, graduating in May of this year, who had completed one-half of one spay procedure. That's a perfect scenario of an individual that's not prepared for practice. Even if that individual is the only one in their class [who hasn't completed a full spay], that's still one too many.

If you are just increasing the class size of clinical veterinarians who are not necessarily in a position for whatever it means to be competent or ready when they leave for the workforce—more of that is not helpful.

LT: Agreed, that doesn't make a day-one-ready veterinarian. In the past few years there have been pretty significant changes in curricula, switching to competency-based veterinary medical education. Some schools have fully embraced that. Other schools are just now making that transition.

The idea behind it is that they have to graduate with certain competencies. And as they build skills through four years of the program, then of course they're not going to be experts on everything on day one, but they should be proficient and competent at these identified skills so that they can go into a practice upon graduation.

What is the AVMA Council on Education's role in determining class sizes and curriculum content?

LT: The COE's role is accreditation. Whatever market demand is, they

are completely separated from that and they don't base accreditation decisions on that. They have standards that each [accredited] school has to meet. If a veterinary school puts in an application for accreditation, it's COE's role to make sure that the school meets the standards of veterinary education.

With respect to the number of students the school wishes to train, what the COE looks at is whether the school can meet COE standards for that number of students. Beyond this, the COE has no influence on class size.

JD: The COE really cares about outcomes assessments, which means making sure graduates can do what they need to [when they enter the profession]. It's not about controlling numbers. It is about standards and the education system that is necessary to deliver on those standards.

How can telemedicine help address veterinary care shortages? What precautions does the profession have to take to ensure telemedicine is an effective mode of care?

LT: Telemedicine itself when done with an established VCPR can help with follow-ups, behavior cases, nutrition cases and management of chronic diseases. It can help improve practice efficiencies, and it can particularly help people who have to travel long distances to see their veterinarian.

I think telehealth is an amazing tool for practices to adopt and utilize. In addition to telemedicine, telerriage plays a tremendous role in being able

to prioritize patients according to their needs so you can better plan your schedule and get patients in when they need to be seen.

The AVMA strongly believes that the VCPR needs to be established with an in-person visit first. One of our big concerns with some of the direct-to-consumer platforms is the veterinarian has not had the opportunity to have this in-person visit and examine the patient, nor do they have an opportunity to learn things about their client that become evident during an in-person visit. As a result, they may not be able to really get a full picture of what's going on.

Veterinarians are constantly defending our use of antimicrobials and, in both human and veterinary medicine, overprescribing is associated with virtual visits occurring outside of an established relationship. It's a real concern that our continued access to antimicrobials for our patients can be undermined by direct-to-consumer telemedicine companies whose activity is focused on product sales rather than patient care.

TM: Telemedicine is not new; we've been doing it for a long time and using it effectively. It only works for us because we have an existing VCPR. We use telemedicine a lot [in my practices], but we use it for triage and we use it for follow-up. And that's where it fits a role. I don't think I was ever taught anything during my four years of [veterinary school] education that said I can make a diagnosis without putting my hands on the animal. We are a branch of medicine, but we're not human medicine, and

what applies for human medicine doesn't necessarily apply for us. What I would say personally is without the establishment of a live, in-person VCPR, that's not an appropriate use of the technology.

It is important that veterinarians sometimes get out of the way and let veterinary technicians do the job they are trained to do.

There's often discussion of empowering credentialed veterinary technicians to ensure they can practice at the top of their skill set. How can the veterinary profession, including veterinarians, ensure this happens so that it relieves stress for all team members?

TM: I love my technicians; they're spectacular. We are very fortunate to have the ones that we have, and we work very hard to support them. One of the things we need is to be able to see those individuals grow not just clinically, but developing the [personal confidence, interpersonal skills and conflict resolution skills] to really let them shine in the exam room.

LT: I agree that focusing on communication skills of our technicians is important because I depend on them for that when it comes to client engagement. Also, it is important that veterinarians sometimes get out of the way and let veterinary technicians do the job they are trained to do.

JD: When looking to improve utilization, a valuable exercise is to

look at who is doing the technical tasks within the practice—is it the veterinary technician? Sometimes we find it's the veterinarian, and that shouldn't be the case; the veterinarian's focus should be

diagnosis, prognosis and treatment, including prescribing of medications and surgery.

Well-trained technicians are capable of a wide range of tasks, including taking patient histories and collecting specimens, assisting in surgery and providing specialized nursing care. For veterinary technicians who are interested, certification as a veterinary technician specialist in areas such as internal medicine, anesthesia and analgesia, emergency and critical care, ophthalmology and other areas identified as augmenting a practice is possible.

The AVMA offers a variety of ideas and resources to help practices meet engagement and utilization goals, and you can find those on our [website](#). Appropriately directing and fully utilizing the skills of all our valuable team members—veterinary technicians, veterinary assistants, customer service representatives, office managers and veterinarians—ensures that everyone feels like they are contributing to the success of the practice and is empowered, and it can help reduce everyone's stress.