

Equine veterinary practice in perspective

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Summary

This paper is a summarizing discussion of research done on the social and economic position of equine practitioners in the Netherlands. Observations made and trends signalled are analysed and compared to available publications in Europe, North America and Australia. It is discussed how the relationship of the equine veterinarian with the horse, the owner and other parties might change over time. Further, suggestions are given how the equine veterinary profession could best prepare itself for the upcoming and unavoidable changes in the smoothest possible way to benefit of the horse, owner and the entire equine veterinary profession.

Keywords: Equine practitioner, workload and skills, quality of care, occupational disability, veterinary medicinal products, job satisfaction

Zur Lage der Pferdepraxis

Der vorliegende Beitrag stellt eine Zusammenfassung der wissenschaftlichen Diskussion über die soziale und wirtschaftliche Situation der Pferdeärzte in den Niederlanden dar. Die Beobachtungen und signalisierten Trends wurden analysiert und mit entsprechenden zugänglichen wissenschaftlichen Veröffentlichungen aus Europa, Nordamerika und Australien verglichen. Dabei wird diskutiert, wie sich die Verbindung zwischen Pferdearzt und seinem Patienten, den Tierbesitzer und anderen involvierten Parteien über die Zeit verändert. Darüberhinaus werden Vorschläge dazu gegeben, wie sich die Pferdeärzteschaft zum Vorteil des Pferdes, seines Besitzers und des Pferdearztes am besten auf kommende unvermeidbare Veränderungen vorbereitet.

Schlüsselwörter: Pferdearzt, Arbeitsbelastung, Arbeitszeit, Fachkenntnis, Qualität der Behandlung, Berufsunfähigkeit, Medizintechnik, Zufriedenheit, Berufspolitik, Niederlande

Introduction

The veterinary profession has ancient roots and originates from the need of care for military horses, which forms a constant line from the Roman "Mulomedici" to the "Grands Ecuycers" such as William Cavendysh, duke of Newcastle and Jacques de Solleysel and the founding of the first veterinary schools at the end of the 18th century (Cavendysh 1674, de Solleysel 1733, Dunlop and Williams 1996)(Figure 1).

When the first vet school in the Netherlands was founded in 1821 the Ministry of War paid the education of equine veterinary students who, after graduating, had to serve the army for ten years and were well paid (Ofringa 1971). It was "the golden age of equine vets". In those days, equine veterinarians were the new elite and many potential students applied. However, the rapid mechanisation that began after World War I and reached completion after World War II made the horse redundant in all its former forms of employment and their importance and numbers declined as a result, reaching an all-time low of 46,000 in 1970 (Ofringa 1981). The need for equine vets decreased correspondingly.

Time was to turn, however, from 1963 onwards the economy in the Netherlands had started to flourish. Based on the craftsmanship of Dutch farmers a successful and efficient agro industrial complex was built, facilitated by European rules, regulations and subsidies. This boosted the development of veterinary medicine at the veterinary faculty and

enhanced growth of private practices throughout the country. Equine veterinary medicine indirectly took advantage of these developments because much of this knowledge could also be applied to horses and, as a result of increased wealth, money was made available to do equine research at government-owned research stations. Therefore, the horse (and equine vet) came back on stage thanks to revival of the horse as a sports and leisure animal from the mid 1960s onwards and equine veterinarians are now (again) prominent part of the veterinary community, justifying the use of the term "second golden age of equine veterinary care" at present. However, circumstances are profoundly different in comparison to the "first golden age of equine vets". Equine vets tend to appeal to the general public as a Herriot-like archetype, but there are also less favourable signals regarding long working hours, frequent litigation, health problems and low income, even to such an extent that in some countries (USA, Australia) it becomes increasingly difficult to attract young equine vets (Lloyd 2006, Clarck 2005, Heath 2004, Jackman 2004, Bristol 2002). Recently, much work has been done on the situation of the present-day vet with respect to working conditions, occupational hazards and job satisfaction. This paper tries to summarise the main findings of these studies to construct a picture of today's equine practitioner and to signal current trends in the profession or in factors influencing it. Based on these observations potential threats and opportunities are identified, leading to some recommendations that may help to steer the profession in the most beneficial way.

The demand for equine veterinary care

Equine veterinarians work in equine practices as well as in mixed practices, in the latter case treating other species to a lesser extent. The most frequently applied skills are those related to locomotor system and female genital system (more than 50% of total time “hands on”). Together with the digestive system and pre-purchase examinations these activities account for two thirds of the total workload (figure 2).

In general, it can be said that the backbone of equine work is formed by a relatively small amount of activities for which only a limited number of skills is necessary. When asked to estimate the hands on time spent on horses, equine vets estimated this would be 61% of their time available. In reality, not more than 50% of this time available is actually spent applying skills hands on, with additionally 20% travel time. Therefore, 30% of time is spent on additional administration, communication and/or management. There is thus a rather large discrepancy between the perception by the equine vet of his or her activities and reality (Loomans et al. 2007a).

During the last five years there has been an increase in more sophisticated diagnostic skills such as broncho-alveolar lavage (BAL), radiography of the locomotor system, ultrasonogra-



Fig. 1 From *La méthode nouvelle & invention extraordinaire de dresser les chevaux etc.* William Cavendish (1674). The author as “Grande Ecuyer” in front of his property. (Universiteitsbibliotheek Utrecht).

Über die neue Methode und außerordentliche Erfindung der Dressur der Pferde. William Cavendish (1674). Der Autor als “Großer Stallmeister” vor seinem Anwesen.

phic examination of the respiratory system, abdomen and locomotor system, endoscopy, gastroscopy, local and intra-articular anaesthesia, but also of certain interventions like (colic) surgery under general anaesthesia and (advanced) dental work. Although there seem to be hardly any skills that can be claimed as a prerogative for the equine specialist, the number of practices where equine specialists work increases and has doubled in 5 years time (Loomans 2008c). This growth of demand for specialised services and new technologies is a world-wide phenomenon that creates a flow of clients from mixed practices to specialised equine centres; the trend has been identified as a potential problem for the profession in Australia and the USA, as low caseloads in mixed practices in areas with a relatively sparse equine population make these practices unattractive for young equine vets (Lloyd 2006,

Heath 2004, Bristol 2002). Although the supply of equine care has improved considerably in both quantitative and qualitative terms in recent years, this does not mean that the market demand is completely met in all areas. A survey among top equine sportsmen highlighted ineffective or lacking communication between providers of equine healthcare and insufficient knowledge on the specific treatment of sport horses by the equine veterinarians at large as main shortcomings of the equine veterinary profession (Loomans et al. 2008d).

The quality of equine veterinary care

Given the dynamic character of supply and demand of equine veterinary care, quality control and client satisfaction are topics of considerable interest that can be used to monitor performance. The quality of healthcare at large can be assessed by evaluating the structure, process and outcome of care (Campbell 2000). *An analysis of court cases filed against equine practitioners showed that frequent failures include the insufficient availability of adequate care in certain defined situations (a structural problem), incompleteness of diagnostic procedures and insufficient information of the client (both procedural deficiencies).* Right out technical failures did occur, but featured only in a minority of the incidents (Loomans et al 2008a). When assessing veterinary care for top sport horses bad communication between the private equine vet and the team vet and the lack of regular veterinary checks of the horses are the main complaints (Loomans et al 2008d). Here again we see incompleteness of diagnostic procedures as a problem. More specific for the area is the complaint that equine vets in general are not knowledgeable enough with respect to the various equestrian activities at top level. These two studies have evaluated equine veterinary care focusing on client satisfaction. Not much information is available to assess the technical outcome of equine veterinary care. Figures on the present health status of the equine population as measures of the outcome of care are not readily available in the Netherlands.

Economics of veterinary practice

Equine veterinary care has become a widely available commodity and horse owners and their horses travel easily to other practices and even to other countries, as does the equine vet to distant clients. State of the art clinics, populated by well-trained equine veterinary professionals, who are eager to keep up to date through continuing education programmes, are readily available in the western world. However, a critical economic analysis of the profitability of the activities of the equine vet shows that better equipped practices are no guarantee for economic success and many economically interesting skills can be performed without the availability of hospital conditions (Loomans et al. 2007b). Unlike in human medicine, where income is guaranteed through 3rd parties (insurance companies, state health systems), the equine vet has to be an entrepreneur in his own right. This latter aspect is generally not the reason why he/she has opted for a veterinary career in the first place, as most of them are more clinically than commercially driven. There are, indeed, large differences in practice performance using economic benchmarks (Loomans et al. 2007b). The fact that economic skills and an entrepreneurial attitude are weak points of many equine practitioners (Loo-

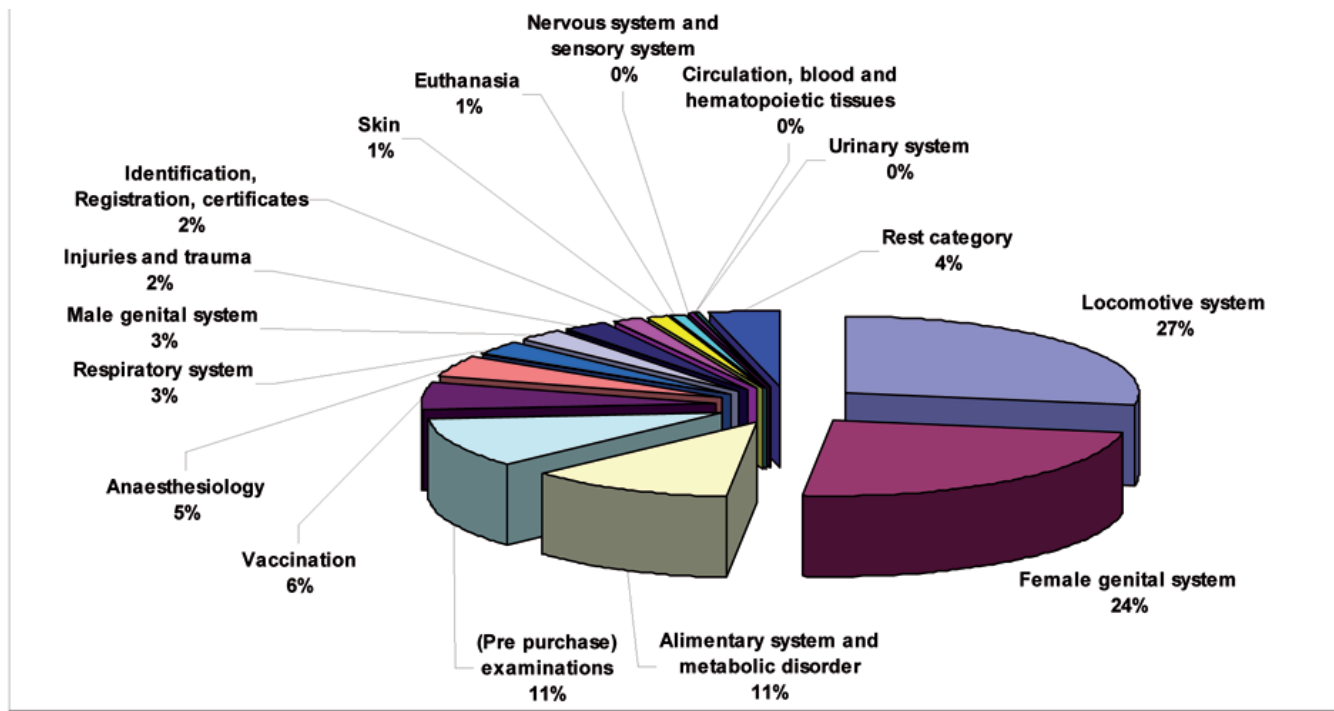


Fig. 2 Percentage of time spent "hand on" according to organ system and to a number of non-organ related activities by equine veterinarians in the Netherlands (from Loomans et al. 2007a).

Prozentanteil kurativer und nicht kurativer Tätigkeit von Pferdeärzten in den Niederlanden (aus Loomans et al. 2007a)

mans et al. 2008c) is aggravated by the current societal trend towards liberalisation of the market, which has led to a ban on fixed rates and hence to more competition on price.

Regulatory affairs

Apart from the ever increasing bureaucratic burden posed by all sorts of regulations regarding working hours, hazard protection, environmental affairs etc., every independent entrepreneur has to cope with, the equine vet is confronted with very specific regulations that directly affect his or her daily working routine, i.e. the legislation on animal medication. Practising equine veterinary medicine in the Netherlands in agreement with the code of good veterinary practice as agreed upon by the veterinary profession and thereby using only authorised equine veterinary medicinal products is impossible

(Loomans et al. 2008b). In most cases equine vets have to recur to the so-called "cascade" that regulates off-label use or to the list of so-called "essential substances" that are allowed to treat horses despite being not officially registered is needed to legitimise the use of medication. In some cases illegitimate use of drugs is the only way out, exposing the equine vet to possible prosecution. Different outcomes of procedures for obtaining a marketing authorisation in different EU member states create in this way a disparity in legal situation between equine veterinarians practising within these EU member states that is inexplicable to owners and cannot be justified.

The human factor

Equine vets are driven by their love for horses and fascination for the equestrian world, as is evidenced by their background

Tab. 1 Weekly working hours, comparing veterinarians in different countries and the total workforce within the Netherlands. Wöchentliche Arbeitsstunden im Vergleich zu den Tierärzten unterschiedlicher Länder und die Gesamtarbeitszeit in den Niederlanden.

Veterinarians		Total	Male	Female	Sign. P<0,95
the Netherlands	(Loomans et al. 2008c)				
	Working week	43.0	47.2	35.4	*
	After hour duty	9.4	9.5	9.2	
	Total	52.4	56.1	44.5	*
Belgium	(Meers et al. 2008)	55.7			
USA	(Volk et al. 2005)	50.0			
Australia	(Heath 2003)	53.0			
Finland	(Reijula et al. 2003)	44.3	(excluding after hour duty)		
Total work force					
the Netherlands	(Parent-Tirion et al. 2007)	31.0			

that includes some level of equestrian activity in almost 100% of cases and by the frequency they still participate in horse-related activities when in practice (Loomans et al 2008c). Seventy-eight percent of the equine vets experience their work as their hobby, despite the fact that they have long working weeks (Table 1) and admit to find it difficult to balance work and private life.

Working with horses poses a serious health risk in terms of accidents (18% of equine vets has experienced injuries related to accidents with horses) and the development of more chronic ailments (61% of equine vets suffer from recurrent or chronic job-provoked ailments). Sixty-seven percent of all diseases and injuries amongst equine practitioners are related to work with musculoskeletal problems as most frequent (Loomans et al. 2008c, Meers et al. 2008, Pasquet et al. 2005). Dental work, obstetrical work and inspection and treatment of the distal limb were identified as the most strenuous and demanding activities. Despite the physically demanding job, equine veterinarians hardly take a sick leave. Apart from the physical workload there is mental stress too, because working with horses is one thing, working with horse owners is another. Whereas satisfaction of the owners' needs was the most important motivating factor for equine vets, working with horse owners was one but last (Loomans et al. 2008c). Emotional workload, physical workload and economic concerns have negatively contributed to job satisfaction, for both male and female equine vets, albeit the impact is relatively small. Driven by a strong motivation, the equine vet appreciates his or her job, is aware of the risks involved and takes them more or less for granted.

Prospects of equine veterinary practice

The prospects of equine veterinary practice are intricately linked to the position of the horse in society. The prospering economy of Western society in the past decades has provided the financial means and time for many people to have a horse for sport or leisure. The current popularity of the horse is unprecedented and is not limited to children but also involves older age groups and all social classes (Anonymous 2006). In fact, the horse industry has become an important economic entity, the viability of which depends, however, heavily on the unpredictable and at present somewhat shaky prospects of Western economy. Most owners have a strong emotional bond with their horse and will not see it as merchandise, which means that it will not be the first item to be given up in economically hard times, but ultimately it is the availability of sufficient financial resources that decides the animal's fate. There are other societal developments as well that heavily influence the equine sector. The increasing popularity of the horse has led to more regulations by the European Union and national and local governments. The equine sector has not remained unnoticed by the animal welfare lobby either. Here the vet may and should come in. Given the code of good veterinary practice (FVE 2002) equine veterinarians have to play an important role as guardians of animal welfare, a role that may become more important in the future, as it may be formalised in new legislation.

The popularity of horses in society also has its effect on the popularity of the equine veterinary profession. The profession

is still very popular, at least in the Netherlands, and the equine track of the veterinary curriculum at Utrecht University attracts yearly many, mainly female, students with a history in equitation. The feminisation of the profession proceeds rapidly and it has been estimated that already in 2012 the 50% mark of female equine vets will be passed (Loomans 2008c). Besides the gender change there are also other signs of the emancipation of the equine veterinary profession in line with changes in the society at large. There is less interest for being a (veterinary) entrepreneur and the willingness for long working hours in a full-time job and for participation in after hour duties is decreasing.

However, prospects of a profession do not only depend on changes in society, but also on the way the profession anticipates on these changes. Based on the observations made and trends signalled in the preceding chapters some recommendations for the future development of the equine veterinary practitioners can be given, for the benefit of the horse, owner and the entire equine veterinary profession:

- Make expertise and quality visible at all levels, i.e. from the recently qualified equine track student, general practitioner, acknowledged equine practitioner and qualified pre-purchase examination vet to the board-certified specialist, and inform all stakeholders in the equestrian community what can be expected from them, how they obtained their expertise and how this is maintained.
- Consider, depending on market demand, the introduction of new "specialists", for instance in the field of equine sports medicine.
- Communicate to all relevant stakeholders including owners, insurance companies, equine organisations, local and national governments, etc. how the equine veterinary care system works and what the referral system means.
- Improve the (financial) accessibility of equine healthcare by stimulating and/or developing equine health insurance policies, emphasising the significance for equine welfare.
- Improve skills of equine vets on how to communicate with modern owners, trainers, colleagues, the general public, etc. and train them how to balance the concerns regarding the owners' interests, their own interest and the horse's welfare.
- Train vets in practice economics, especially with relation to their time spending and billing for all practice-related activities, including travel, advisory work communication and administration.
- Avoid competing on price, compete on quality instead. This generates more financial stability, but also improves the esteem by the client and thus the status of the entire profession.
- Make a long-term planning for personal and practice development and calculate the underlying economics before investing heavily in equine hospital facilities, acquisition of specialised knowledge and skills, or expensive equipment.
- Separate the entrepreneur from the doctor and think of practices owned and managed by 3rd parties with the vet as a (well-paid) employee, or hire a professional practice manager if being an entrepreneur is not your (or your colleagues') vocation.
- Improve practice organization and create possibilities for part time workers, but also improve working conditions for pregnant colleagues and terms for pregnancy leave.

- Take job-related hazards seriously and try to improve working conditions, not only by investing in “hardware” but also in the education of all staff members with regard to body posture during the performance of (specific) veterinary activities, and regarding time management.
- Safeguard the availability and development of equine veterinary medicinal products and exert political pressure to achieve harmonisation of the admission procedures at a European level.
- Invest in skills and knowledge on equine welfare issues to justify the role as the horse’s principal ambassador in this upcoming market
- Cherish the devotion of equine practitioners to the horse and the equine veterinary profession, but on a basis of sustainability, thus protecting their health and their wallet.

Conclusion

The equine vet is back on stage after an absence of a couple of decades. Many of them are doing well, but there are also alarming signals from the profession. As in other professions, from time to time a critical and comprehensive analysis of the position of the equine vet is necessary in order to take timely action to ensure a sustainable development of the profession. A strong drive based on love for the horse and affection for equestrian activities is an excellent starting point, but is not enough. Economic viability, appreciation and social esteem are important factors for maintaining motivation at long-term. There are several ways for the profession to take action in order to achieve these goals, some of which have been discussed in this paper. When the equine veterinary profession is aware of the threats and opportunities of its current status and, based on these, takes adequate and timely action, the exciting technical advances of the modern era may make that the equine vet in his “second golden age” may flourish as never before. However, some caution is in its place as it should not be forgotten that the fate of the equine vet is intricately and inseparably linked to the fate of a single species that is not indispensable for the survival of mankind anymore.

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