



GENERAL ASSEMBLY, ROISSY, PARIS

22ND FEBRUARY 2014

Introduction and welcome by Giorgio Ricardi (president, FEEVA).

Attendees (Each delegate announced themselves) :

1. Keith Baptiste (Den)
2. Nuno Bernardes (Port)
3. Jeff Blea (USA)
4. Andrea Brignolo (Ita)
5. Donald Collins (Ire)
6. Michael Due (Ger)
7. Vivienne Duggan (IRre)
8. David Foley (USA)
9. Christine Hinterhofer (Aut)
10. Heidi Kusleinen (Fin)
11. Oysolya Kutasi (Hun)
12. Ulrika Lagerquist (Swe)
13. N Lebourk (Fra) OIE
14. Miguel Llorca (Spa)
15. Lena Malmgren (Swe)
16. Ben Mayes (UK)
17. John McEwen (UK) FEI
18. Cristian Molnar (Rom)
19. Iancu Morar (Rom)
20. Malcolm Morley (UK) BEVA/VDS PPE
21. Jesper Moller Nielsen (Den)
22. Roly Owers (UK) WHW
23. Julius Peters (NL)
24. Celine Respouhes-Piviere (Fra)
25. Giorgio Ricardi (Ita)
26. Claire Scicluna (Fra)
27. Istuan Seos (Hun)
28. Juris Tolpeznikous (Latv)
29. Mette Uldukl (Den)
30. Stefan Wachtarz (GER)
31. Franziska Wohlfender (Sui)
32. Constanze Zach (Aut)

Jean Yves (AVEF president) welcome (left after first session, not included in above list)

TOO MANY VETS GR ran through his presentation highlighting the FEEVA issue of overproduction of vet graduates in Europe. Presented at UEVP GA in June 2013 where there was a similar presentation from the Czechs. FVE are now commissioning a Europe wide survey on the issue.

VetCEE (GR) - attempt to achieve standardisation across Europe in specialisation. FEEVA questionnaire about the situation in each country. Also determine the number of Diplomates and Certificate holders in Europe.

NEW GRAD CORE COMPETENCES AAEP and Vet Ireland have surveyed members to determine what practitioners expect from new graduates (core competency). RCVS have day one and year one core competences, but too generalised.

New Grads competent, but client expectations are high and practitioners expectations high. In France would like an intermediate year before becoming equine "specialists". Not just interns. France have a Diploma system, equivalent to a Certificate system, acknowledged vet exams now available too. In Italy, there are specialisation colleges, but specialisation is by the vet's declaration. In Sweden there is a 3 yr equine specialist course in practice including surgery, medicine and repro. In Portugal there are private institutions that offer specialist diplomas but not regulated -also offered by the faculties. Not many employers in Portugal and people work alone, only one or two practices of 2 or 3 partners. In Ireland, working to European Boarded Diplomates in the College, internships in private practice, Certificate in Sports Medicine from Dublin Vet School, some take RCVS (UK) Certificates. In Finland, no European Boarded vets, internships in the University, two or three well known clinics that if you get a job there you are a horse vet for life, but the market is saturated. In Holland vets wanting to do horses need to go and do an internship, pre-internship (externship) system too. AAEP trying to set up an internship standard. Austria. Germany has a 40yr old programme of equine specialisation. Medicine, surgery or repro, 3yr post grad education – about 300 or 400 of these. This is done at a clinic which has existing Internships available that have to be directed by a Diplomate. No regulation from the government. Switzerland has a 3yr specialist programme.

CONCLUSION - survey of each member's organisation listing number of equine FTEs (in equine and mixed practice), number of equine practices (1FTE+), number of large practices (10+vets), number of medium (5-10incl), small (2-4) and single vet. Method of post grad education, e.g. CPD, certification, acknowledged equine specialists, European/USA Boarded equine specialists and approx number of these (medicine and surgery). Discuss the possibility of an additional survey of individuals.

COFFEE

Horsemeat fraud (CS). Problem of irregular passport, transponder records. Solutions: regulation is complex, reversal of the burden of proof to the owner/holder in Section IX, problem of rendering at the end of the horses' life. Implementation of EC reg no. 504/2008 now very strict. In France looking at 6month holding period for horses with irregular passport/transponder issues or unknown Section IX status. Accepted that 6 month is safe for the consumer, but this is purely by extrapolation. France to commission research into phenylbutazone residues, to establish a MRL. Other drugs sit on the forbidden list. In Ireland the proposed solution was to offer free euthanasia on welfare grounds, but not for these horses to enter the human food chain. The horsemeat scandal is in fact a mislabelling of beef scandal and this will not be addressed by changing the regulations. There is no horse slaughtering for human consumption in the USA. Humane slaughter association looking at banning transporting horses for human consumption slaughter – which is opposed by the AAEP. Currently there are EU incentives to establish MRL in equine drugs, so it will only cost pharma companies half the usual amount. But still not coming forward.

OIE presentation by N Leboucq - World Organisation for Animal Health, head of European office in Brussels. Founded in 1924 as the Office International des Epizooties, 28 founding countries. Not part of the United Nations, 178 Member Countries in 2013, one Member = one vote. 53 in Europe, 52 in Africa, 20 in the Middle East, 30 in the Americas and 36 in Asia and Oceania. Core mandates – transparency, collate data and assist WHO in sanitary international trade. OIE Terrestrial Animal Health Code, vol 1 horizontal chapters, vol 2 Disease specific chapters. Available freely online. FEEVA can have input as a regional organisation. OIE List of notifiable disease:

capacity for international spread, zoonotic potential, capacity for spread and emerging disease with significant morbidity/mortality. 12 equine diseases. OIE International Standards, Sect 1 diagnosis, surveillance and notification of these disease. Chapters 1.4 and 1.5 describes the surveillance system, including vector surveillance expected. Notification to the OIE has to be within 24 hours. Section 5 is trade measures. For horses Official OIE disease status only applies to AHS. Self-declaration on Dourine, EI, Glanders, WNF, Rabies and VEE. Section 8 is multispecies disease and section 12 is equine only disease. Even temporary transport across a border, eg for one day of competition, is considered trade. Competition horses are “international jetsetters”. High Health High Performance concept – present a low health risk, identified and traceable and biosecurity so can be proposed as a sub-population. HHP – 2000 horses/60million horses. Develop temporary importation requirements, reduce pre-export quarantine requirements and the transportation/destination facilities are treated as a biosecurity bubble. Concept of HHP Card. Biosecurity control at each stage (National Federation Vet/FEI). Permanent and Temporary HHP cards (3 months to change). HHP status can be transferred from the FEI database to the WCO database to allow fast-track border controls. Currently there is a draft Chapter 4 X and FEEVA can comment. Will then be presented to the General Assembly in November, many comments so may well not be passed in May. FEEVA meeting Suzanne at OIE on Monday. Michael Due asked about the problem of the very different health status of horses in the animals’ home yard. FEI, Group One TB horses, breeding TB mares are the only ones included - John McEwen answered.

LUNCH

European Equine Transport by Roly Owers (CEO of World Horse Welfare) Enforcement of the Regulation no. 1/2005 and its interpretation is a huge issue. E.g. Annex 1, chapter 1, para 3 physiological or physical weaknesses, injured animals can be transported under certain circumstances. Production of Guidelines is required as review of the Regulation is not going happen. Based on adult Bovine Guidelines produced in 2012. Scope – all equidae, all methods of transport, all journeys, all member states. Overview of legislation, what is unfit for transport and when further assessment is needed, whether further action is required and how to go about it. Stakeholder Platform (SHP), Secretariat by FEEVA and WHW. Vets, Transporters, Meat trade, Sports, Researchers, NGOs (WHO, Animal Angels). Had 3 SHP meetings, key interested parties kept informed and initial draft has been produced. Next meeting 11/03. Finished in various languages by the end of the year. Jo.white@progressiveideas.co.uk

FEI Update by John McEwen (VP of FEI). Apologies for FEI Director of Vet Services, Graeme Cooke who’s at an OIE transport meeting in HK. Equestrianism is an IOC Group C Sport instead of a Group B sport despite successful London2012. FEI has strong partnerships with OIE, IOC, WADA, WHW, EU and individual governments (e.g. Sweden). FEI: GA, Bureau, HQ, regional groups, Communications Unit etc. Our interest is the Veterinary Committee Equine Anti-Doping and Controlled Medication (EADCMP). Good memory stick with all info about this on it – contact FEI vet department for this if wanted. Veterinary Services Manager - may be just one vet at show or a leader of the FEI Vet Team at an event, providing a link between vet care and show organisers. FEI vets – OV’s and Permitted Treating Vets. 3658 vets on the database. Online exam every 5 years, course every 5 years for OV’s, just online exam every 5yrs for PTVs. EPSL: banned substances vs Controlled Medications List. Medication Log Book – only used for a tribunal, yard book. Laboratory harmonization. Integrity unit – intelligence-based investigation and testing. Security and introduction of CCTV, treatment areas, courses for grooms etc. Problems: cyclosporine implants, permanent ETUEs, Cushing’s (pergolide), active substances and trade names on website now. FEI Injury Monitoring. 38 fatalities for FEI events in 2012. Need to identify risk factors. FEI Injury and Illness Endurance Pilot Card now in use. To become tablet friendly and introduce for all FEI sports.

Vets working across borders (GR): becoming more common. Regulated by Directives 2005/36 supply of professional services and As these are Directives, open to interpretation by individual member states. In Italy have to contact the Ministry, and has to be in over 30 days unless an emergency. Spain – State. France contact the Conseil Superior de l’Ordre Veterinaire and have a list. Similar for RCVS in the UK. Job for host country to contact the organisations when organising an international event? FEEVA wish to list the contacts for each country.

USA changes to racing by Jeff Blea (AAEP President) – uniform policy between the 38 racing states on 24 therapeutic medications. Must be FDA approved and single therapeutic drug, doesn’t include ceterazine

(antihistamines). Cat A,B, C drugs – cat A should never be used in a racehorse. Points system like driving points. Lasix still allowed on race day. AAEP support 3rd party administration of Lasix but this remains a bipolar issue in the USA. Welcome step in the USA and congrats to the AAEP team. Now FEI and racing authorities working together – again a good thing. Meeting next month.

FEEVA Equine Horse Network activities update by Jesper Muller Nielsen . MEP Lunches – 6 meetings in last 3 years, on average 6 MEPs (max 9) and a Commission rep. Many topics discussed, incl Equine Research. Equine Welfare, Equine Health. 2014 action plan – 2 MEP lunches Horse and Education, Horse and Social Benefits. Equus conference at WG 1st Sep.

Callisto Update (JT) - FVE project on zoonoses. Way of looking of routes to research for Horizon2020? Expert Advisory Group 1. List of 40 pathogens (400 for all the companion animal species). Describe how animal health organisations are organised across the EU. Multiple agents that are transferable between horses and humans. Sick horses can seriously injure the owner's psychiatric state. The SA people think similarly in that dog bite wounds are a form of zoonosis. YOPIs are vulnerable. Year three report now beckons and FEEVA definitely learning from the experience of being involved. AWARD FOR MOST ENTERTAINING PRESENTATION OF THE DAY (TO BECOME AN ANNUAL AWARD)

FEEVA AMR Survey Results (CS) – AMR vet perception, factors affecting AM choice. Client demand is not an influence according to 71% of cases. List of AB choice –penicillin the most prescribed, then TMOS, then Genta, then C3-C4, then quinolones. ABs used in 61% of coughing, 52% say never for diarrhoea. Sick foals ABs(C3-C4) are often used. Penicillin is first choice in cellulitis and endometritis again. Clear that the AB choice in sick foals needs looking at. 8000 French vets marched in Paris.

PPE Variations in Europe by Malcolm Morley (BEVA). Described the system in UK/Ire (and Denmark similar). Includes 5 stages, guidance notes and an opinion on suitability. In Holland, any vet can vet a horse but only one from a panel of 60 can vet horses for insurance. Grading of x-rays etc. Can act obo seller or buyer. In Germany there is an aspect of the seller's responsibility to provide a warranty so vetting are commissioned by the seller to allow the seller to get liability cover. Removal of conflict of interests is essential. Problem of public liability even more important than professional indemnity. Welcomes FEEVA European PPE Initiative and happy to help.

FEEVA AGM

President's Report (GR). Brief summary of FEEVA Activities, mainly been covered through today's excellent agenda.

Treasurer's Report (ML). 2013 Budget was approved. 2014/2015 Subscription increases to 3Euro/member of each Member Association agreed. Capped at 3000 Euro for the big organisations (BEVA). Concern by VetIre a that this is a 50% increase. ML and Board understood, but no increase for 16 years. Membership increased adopted.

Next GA: May 2015 in Lisbon. AMVE/AEVEE/WEVA Intermediate Meeting – hosted jointly by the Spanish and Portuguese Associations at the Congress Centre of Lisbon (Nuno showed a tourist video). Germany will host in 2016.

FEEVA Statutes: modifications proposed and adopted.

Vote of thanks to CS and AVEF for hosting meeting.

CLOSE OF MEETING. Reconvene in 45mins for departure to Show in Paris.

Recorder: Ben Mayes (VP FEEVA)