

1 **EQUINE VETERINARY PRACTICE IN**
2 **PERSPECTIVE**

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28 **Summary**

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

37

38 **Introduction**

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



44

45 Figure 1.

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

49

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

58 Time was to turn, however, from 1963 onwards the economy in the Netherlands had started to
59 flourish. Based on the craftsmanship of Dutch farmers a successful and efficient agro
60 industrial complex was built, facilitated by European rules, regulations and subsidies. This
61 boosted the development of veterinary medicine at the veterinary faculty and enhanced
62 growth of private practices throughout the country. Equine veterinary medicine indirectly
63 took advantage of these developments because much of this knowledge could also be applied
64 to horses and, as a result of increased wealth, money was made available to do equine
65 research at government-owned research stations. Therefore, the horse (and equine vet) came
66 back on stage thanks to revival of the horse as a sports and leisure animal from the mid 1960s
67 onwards and equine veterinarians are now (again) prominent part of the veterinary
68 community, justifying the use of the term “second golden age of equine veterinary care” at
69 present. However, circumstances are profoundly different in comparison to the “first golden
70 age of equine vets”. Equine vets tend to appeal to the general public as a Herriot-like
71 archetype, but there are also less favourable signals regarding long working hours, frequent
72 litigation, health problems and low income, even to such an extent that in some countries
73 (USA, Australia) it becomes increasingly difficult to attract young equine vets (Lloyd 2006,
74 Clarck 2005, Heath 2004, Jackman 2004, Bristol 2002). Recently, much work has been done
75 on the situation of the present-day vet with respect to working conditions, occupational
76 hazards and job satisfaction. This paper tries to summarise the main findings of these studies
77 to construct a picture of today’s equine practitioner and to signal current trends in the
78 profession or in factors influencing it. Based on these observations potential threats and

79 opportunities are identified, leading to some recommendations that may help to steer the
80 profession in the most beneficial way.

81

82 **The demand for equine veterinary care**

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

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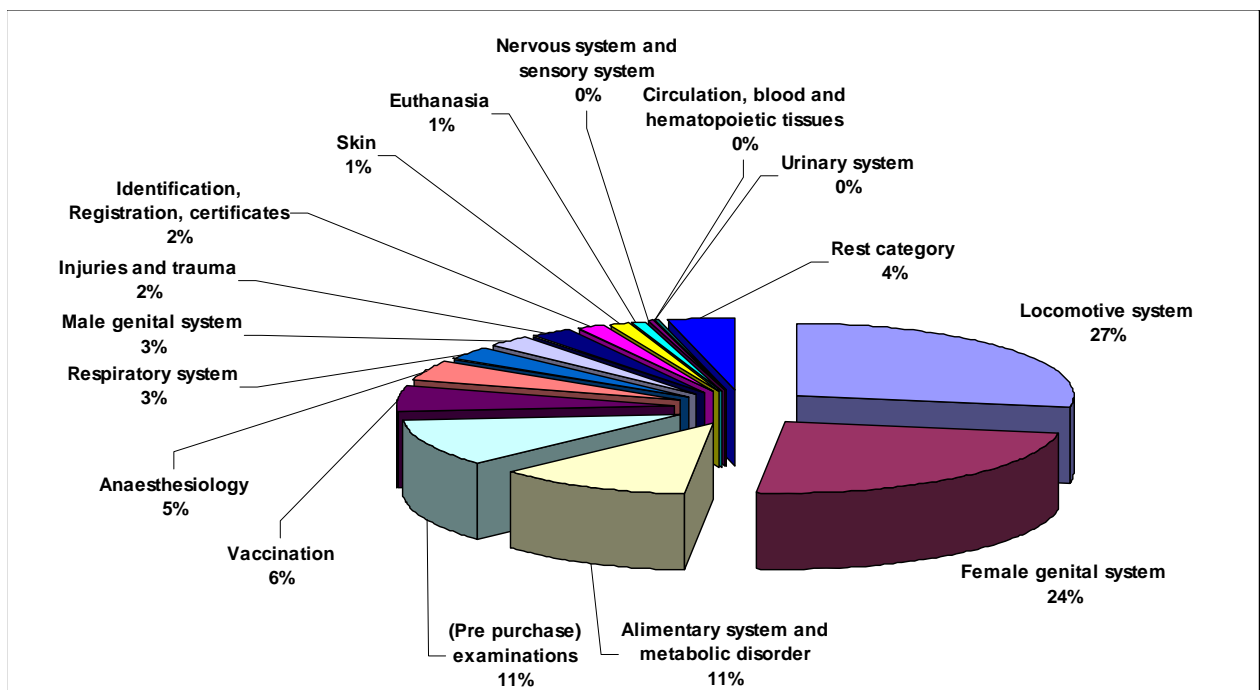
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102 Figure 2.

103 Percentage of time spent “hand on” according to organ system and to a number of non-organ
104 related activities by equine veterinarians in the Netherlands (from Loomans *et al.* 2007a).

105

106 In general, it can be said that the backbone of equine work is formed by a relatively small
107 amount of activities for which only a limited number of skills is necessary. When asked to
108 estimate the hands on time spent on horses, equine vets estimated this would be 61% of their
109 time available. In reality, not more than 50% of this time available is actually spent applying
110 skills hands on, with additionally 20% travel time. Therefore, 30% of time is spent on
111 additional administration, communication and/or management. There is thus a rather large

112 discrepancy between the perception by the equine vet of his or her activities and reality
113 (Loomans et al 2007a).

114 During the last five years there has been an increase in more sophisticated diagnostic skills
115 such as broncho-alveolar lavage (BAL), radiography of the locomotor system,
116 ultrasonographic examination of the respiratory system, abdomen and locomotor system,
117 endoscopy, gastroscopy, local and intra-articular anaesthesia, but also of certain interventions
118 like (colic) surgery under general anaesthesia and (advanced) dental work. Although there
119 seem to be hardly any skills that can be claimed as a prerogative for the equine specialist, the
120 number of practices where equine specialists work increases and has doubled in 5 years time
121 (Loomans 2008c). This growth of demand for specialised services and new technologies is a
122 world-wide phenomenon that creates a flow of clients from mixed practices to specialised
123 equine centres; the trend has been identified as a potential problem for the profession in
124 Australia and the USA, as low caseloads in mixed practices in areas with a relatively sparse
125 equine population make these practices unattractive for young equine vets (Lloyd 2006, Heath
126 2004, Bristol 2002). Although the supply of equine care has improved considerably in both
127 quantitative and qualitative terms in recent years, this does not mean that the market demand
128 is completely met in all areas. A survey among top equine sportsmen highlighted ineffective
129 or lacking communication between providers of equine healthcare and insufficient knowledge
130 on the specific treatment of sport horses by the equine veterinarians at large as main
131 shortcomings of the equine veterinary profession (Loomans et al 2008d).

132

133 **The quality of equine veterinary care**

134 Given the dynamic character of supply and demand of equine veterinary care, quality control
135 and client satisfaction are topics of considerable interest that can be used to monitor
136 performance. The quality of healthcare at large can be assessed by evaluating the structure,
137 process and outcome of care (Campbell 2000). An analysis of court cases filed against equine
138 practitioners showed that frequent failures include the insufficient availability of adequate
139 care in certain defined situations (a structural problem), incompleteness of diagnostic
140 procedures and insufficient information of the client (both procedural deficiencies). Right out
141 technical failures did occur, but featured only in a minority of the incidents (Loomans et al
142 2008a). When assessing veterinary care for top sport horses bad communication between the
143 private equine vet and the team vet and the lack of regular veterinary checks of the horses are
144 the main complaints (Loomans et al 2008d). Here again we see incompleteness of diagnostic

145 procedures as a problem. More specific for the area is the complaint that equine vets in
146 general are not knowledgeable enough with respect to the various equestrian activities at top
147 level. These two studies have evaluated equine veterinary care focusing on client satisfaction.
148 Not much information is available to assess the technical outcome of equine veterinary care.
149 Figures on the present health status of the equine population as measures of the outcome of
150 care are not readily available in the Netherlands.

151

152 **Economics of veterinary practice**

153 Equine veterinary care has become a widely available commodity and horse owners and their
154 horses travel easily to other practices and even to other countries, as does the equine vet to
155 distant clients. State of the art clinics, populated by well-trained equine veterinary
156 professionals, who are eager to keep up to date through continuing education programmes, are
157 readily available in the western world. However, a critical economic analysis of the
158 profitability of the activities of the equine vet shows that better equipped practices are no
159 guarantee for economic success and many economically interesting skills can be performed
160 without the availability of hospital conditions (Loomans et al 2007b). Unlike in human
161 medicine, where income is guaranteed through 3rd parties (insurance companies, state health
162 systems), the equine vet has to be an entrepreneur in his own right. This latter aspect is
163 generally not the reason why he/she has opted for a veterinary career in the first place, as most
164 of them are more clinically than commercially driven. There are, indeed, large differences in
165 practice performance using economic benchmarks (Loomans et al 2007b). The fact that
166 economic skills and an entrepreneurial attitude are weak points of many equine practitioners
167 (Loomans et al 2008c) is aggravated by the current societal trend towards liberalisation of the
168 market, which has led to a ban on fixed rates and hence to more competition on price.

169

170 **Regulatory affairs**

171 Apart from the ever increasing bureaucratic burden posed by all sorts of regulations regarding
172 working hours, hazard protection, environmental affairs etc., every independent entrepreneur
173 has to cope with, the equine vet is confronted with very specific regulations that directly
174 affect his or her daily working routine, *i.e.* the legislation on animal medication. Practising
175 equine veterinary medicine in the Netherlands in agreement with the code of good veterinary
176 practice as agreed upon by the veterinary profession and thereby using only authorised equine
177 veterinary medicinal products is impossible (Loomans et al 2008b). In most cases equine vets

178 have to recur to the so-called “cascade” that regulates off-label use or to the list of so-called
 179 “essential substances” that are allowed to treat horses despite being not officially registered is
 180 needed to legitimise the use of medication. In some cases illegitimate use of drugs is the only
 181 way out, exposing the equine vet to possible prosecution. Different outcomes of procedures
 182 for obtaining a marketing authorisation in different EU member states create in this way a
 183 disparity in legal situation between equine veterinarians practising within these EU member
 184 states that is inexplicable to owners and cannot be justified.

185

186 **The human factor**

187 Equine vets are driven by their love for horses and fascination for the equestrian world, as is
 188 evidenced by their background that includes some level of equestrian activity in almost 100%
 189 of cases and by the frequency they still participate in horse-related activities when in practice
 190 (Loomans et al 2008c). Seventy-eight percent of the equine vets experience their work as their
 191 hobby, despite the fact that they have long working weeks (figure 2) and admit to find it
 192 difficult to balance work and private life.

193

Veterinarians		Total	Male	Female	Sign. P<0,95
the Netherlands	(Loomans <i>et al.</i> 2008c)				
	Workig 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 <i>et al.</i> 2008)	55.7			
USA	(Volk <i>et al.</i> 2005)	50.0			
Australia	(Heath 2003)	53.0			
Finland	(Reijula <i>et al.</i> 2003)	44.3	(excluding after hour duty)		
Total work force					
the Netherlands	(Parent-Tirion <i>et al.</i> 2007)	31.0			

194

195 Figure 2.

196 Weekly working hours, comparing veterinarians in different countries and the total workforce
 197 within the Netherlands.

198

199 Working with horses poses a serious health risk in terms of accidents (18% of equine vets has
 200 experienced injuries related to accidents with horses) and the development of more chronic
 201 ailments (61% of equine vets suffer from recurrent or chronic job-provoked ailments). Sixty-

202 seven percent of all diseases and injuries amongst equine practitioners are related to work
203 with musculoskeletal problems as most frequent (Loomans et al 2008c, Meers et al 2008,
204 Pasquet et al 2005). Dental work, obstetrical work and inspection and treatment of the distal
205 limb were identified as the most strenuous and demanding activities. Despite the physically
206 demanding job, equine veterinarians hardly take a sick leave. Apart from the physical
207 workload there is mental stress too, because working with horses is one thing, working with
208 horse owners is another. Whereas satisfaction of the owners' needs was the most important
209 motivating factor for equine vets, working with horse owners was one but last (Loomans et al
210 2008c). Emotional workload, physical workload and economic concerns have negatively
211 contributed to job satisfaction, for both male and female equine vets, albeit the impact is
212 relatively small. Driven by a strong motivation, the equine vet appreciates his or her job, is
213 aware of the risks involved and takes them more or less for granted.

214

215 **Prospects of equine veterinary practice**

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

233 The popularity of horses in society also has its effect on the popularity of the equine
234 veterinary profession. The profession is still very popular, at least in the Netherlands, and the

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

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

- 247 • Make expertise and quality visible at all levels, *i.e.* from the recently qualified equine
248 track student, general practitioner, acknowledged equine practitioner and qualified
249 pre-purchase examination vet to the board-certified specialist, and inform all
250 stakeholders in the equestrian community what can be expected from them, how they
251 obtained their expertise and how this is maintained.
- 252 • Consider, depending on market demand, the introduction of new “specialists”, for
253 instance in the field of equine sports medicine.
- 254 • Communicate to all relevant stakeholders including owners, insurance companies,
255 equine organisations, local and national governments, etc. how the equine veterinary
256 care system works and what the referral system means.
- 257 • Improve the (financial) accessibility of equine healthcare by stimulating and/or
258 developing equine health insurance policies, emphasising the significance for equine
259 welfare.
- 260 • Improve skills of equine vets on how to communicate with modern owners, trainers,
261 colleagues, the general public, etc. and train them how to balance the concerns
262 regarding the owners’ interests, their own interest and the horse’s welfare.
- 263 • Train vets in practice economics, especially with relation to their time spending and
264 billing for all practice-related activities, including travel, advisory work
265 communication and administration.

- 266 • Avoid competing on price, compete on quality instead. This generates more financial
267 stability, but also improves the esteem by the client and thus the status of the entire
268 profession.
- 269 • Make a long-term planning for personal and practice development and calculate the
270 underlying economics before investing heavily in equine hospital facilities, acquisition
271 of specialised knowledge and skills, or expensive equipment.
- 272 • Separate the entrepreneur from the doctor and think of practices owned and managed
273 by 3rd parties with the vet as a (well-paid) employee, or hire a professional practice
274 manager if being an entrepreneur is not your (or your colleagues') vocation.
- 275 • Improve practice organization and create possibilities for part time workers, but also
276 improve working conditions for pregnant colleagues and terms for pregnancy leave.
- 277 • Take job-related hazards seriously and try to improve working conditions, not only by
278 investing in "hardware" but also in the education of all staff members with regard to
279 body posture during the performance of (specific) veterinary activities, and regarding
280 time management.
- 281 • Safeguard the availability and development of equine veterinary medicinal products
282 and exert political pressure to achieve harmonisation of the admission procedures at a
283 European level.
- 284 • Invest in skills and knowledge on equine welfare issues to justify the role as the
285 horse's principal ambassador in this upcoming market
- 286 • Cherish the devotion of equine practitioners to the horse and the equine veterinary
287 profession, but on a basis of sustainability, thus protecting their health and their wallet.

288

289 **Conclusion**

290 The equine vet is back on stage after an absence of a couple of decades. Many of them are
291 doing well, but there are also alarming signals from the profession. As in other professions,
292 from time tot time a critical and comprehensive analysis of the position of the equine vet is
293 necessary in order to take timely action to ensure a sustainable development of the profession.
294 A strong drive based on love for the horse and affection for equestrian activities is an
295 excellent starting point, but is not enough. Economic viability, appreciation and social esteem
296 are important factors for maintaining motivation at long-term. There are several ways for the
297 profession to take action in order to achieve these goals, some of which have been discussed
298 in this paper. When the equine veterinary profession is aware of the threats and opportunities

299 of its current status and, based on these, takes adequate and timely action, the exciting
300 technical advances of the modern era may make that the equine vet in his “second golden
301 age” may flourish as never before. However, some caution is in its place as it should not be
302 forgotten that the fate of the equine vet is intricately and inseparably linked to the fate of a
303 single species that is not indispensable for the survival of mankind anymore.

304

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